First Aid, Administering Medicines and Supporting Children with Medical Conditions Policy

This policy applies to all pupils in school, including Early Years Foundation Stage and out of school care and clubs.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

This policy takes account of the following documents and guidance:-

- Education (Independent School Standards) Regulations 2014
- The Independent Schools Commentary on the Regulatory Requirements September 2017
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Guidance on Infection Control in Schools and other Childcare Settings Public Health England March 2017
- Equality Act 2010
- Guidance on First Aid for Schools – a good practice guide
- Health Protection Legislation Guidance (2010)
- Managing medicines in schools and early-years settings DfE 2013
- Medicines Act (1968)
- Misuse of Drugs Act 1971
- MOSA Guidance "First Aid Provision and Training in Schools" October 2006
- Public Health (Control of Disease) Act 1984
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995
- Supporting Pupils at School with Medical Conditions (December 2015)
- The Education Act (1996)
- Statutory framework for the Early Years Foundation Stage (March 2017)

This policy is to be read in conjunction with all other school policies. Please particularly cross refer to the following policies:

- Allergy
- Asthma
- Confidentiality
- Diabetes
- Drug Education and Alcohol
- Epilepsy
- Health and Safety including Out of School Activities and Visits
- Management of Critical Incidents
- Risk Assessment
- Sun Protection

INTRODUCTION

Medicines should only be brought into school when it would be detrimental to a child's health if it were not administered during the school day. Staff should only accept medicines which are correctly labelled with a child's name, are in date and the medicine should always be provided in the original container as dispensed by a pharmacist. No child should be given prescription or non-prescription medicines without their parent's written consent. Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

AIMS

To ensure that all the staff are aware of the correct procedure for the safe storage and administration of medicines to children ensuring that children with medical needs receive proper care and support whilst at school.

1. To ensure equality of opportunity in all aspects of school life for all pupils who have medical needs which require them to take medication.
2. To ensure that all staff are aware of the procedure for the safe storage and administration of medicines to children.
3. To ensure that all children with medical needs receive proper care and support whilst at school.
4. To ensure that a child's medical needs are adequately supported to reduce any effect on their ability to learn and make progress.
5. To make parents aware of this policy.
6. To ensure all medicines are kept under the care of the designated First Aider on duty and only be administered by Mrs Wilson or a suitably trained appointed person.

RESPONSIBILILTIES

Headteacher

1. To agree and approve the policy for administration of medicines and arrange for its review on a regular basis.
2. To ensure that there is a named person with responsibility for administration of medicines within the school and that the named person monitors the effectiveness of the policy.
3. To ensure that staff receive proper support and training where necessary.
4. To report to parents on how the administration of medicine policy works in practice.
5. To ensure that all parents and all staff are aware of the policy and procedures for the administration of drugs.

Staff

1. The first aider is responsible for recording the administration of the medicine and this signed/dated record will be kept for up to two years. If the pupil is in Early Years Foundation Stage then an additional slip will be completed and sent home to notify parents.
2. To ensure medication is clearly labelled with the child's name and stored safely. Medicines will be kept in a locked non-portable cupboard or the lockable refrigerator. Staff must seek medical advice if they are taking medication which may affect their ability to care for children, and any staff medication must be securely stored at all times.
3. Staff may only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.
4. Children who need access to their medication such as Inhalers and Epipens, have them stored safely in their classrooms and class teachers are responsible for ensuring that the child has immediate access to their medication if it becomes necessary.
5. To ensure permission is obtained from the child's parent BEFORE any medicine or topical creams are administered or applied. Permission slips to be held by the Administration staff.
6. To undertake appropriate training if administration of the medicine requires technical knowledge which the staff do not possess e.g. administration of insulin intramuscularly in a child with Diabetes.
7. The member of staff who accepts the medicine must:
    - Ensure permission slip is signed
    - Check medication is labelled with child's name
    - Check expiry date
    - Check dose and frequency
      N.B. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
    - Check that the medication has been administered before with no adverse affects
8. If in doubt about any procedure staff should not administer the medicine but check with parents before taking further action.
9. To inform parents when a medicine has been administered. Any change in the child's condition will also be reported to parents.

10. To ensure all used medicine containers or medicine no longer required is returned to the parents of the child in person.
11. To protect the child's right to confidentiality.
12. If a child refuses to take medicine, staff should not force them to do so, but should note this in an individual child's records. Parents should be informed on the same day.
13. To apply topical application of creams as per parental instructions and by the designated members of staff.

Parents

All parents have access to the First Aid and Administering Medicines policy via the school website or they can request a copy and are reminded of where they can find this information in the start of year letter.

We would always recommend that children should be kept at home when they are unwell or may be infectious. However, we will make reasonable adjustments to ensure that we do not discriminate against children with medical needs which mean they need to have medication administered during the school day. The procedure is:

- To notify Mrs Wilson, class teacher, Mrs Choy or Mrs Houghton as appropriate
- Ensure that the medication is in its original container, within date and clearly labelled with the child's name
- To complete a written, signed permission slip at the front desk
- The school must be informed of any changes to the child's condition or medication as soon as possible

If a child becomes unwell during the school day we will contact the parent/guardian and keep the child comfortable until they are collected.

Pupils

1. To treat other pupils with or without medical conditions equally.
2. To show care and concern for others in their daily lives in school.

Designated Person for Administration of Medicines

All members of staff are aware of the First Aid & Administering Medicines policy and **Mrs Choy is the designated member of staff** responsible for the implementation of the policy. Responsibilities are:

1. To monitor the effectiveness and implementation of the First Aid & Administering Medicines policy.
2. To review the policy according to the set dates.
3. To make sure all staff are aware of the policy and the procedures to be followed.
4. To check the storage of inhalers and epipens in each classroom.
5. To check that teachers ensure children take their inhalers on all trips and activities out of school.
6. To help keep good communication links between parents, staff and the children in matters relating to administering medicines.
7. To arrange appropriate training as required e.g. Epipen awareness training

The Administration of First Aid

All first aiders complete a training course approved by Health and Safety Executive (HSE) every 3 years. Their main duties are to give immediate help to children or adults with injuries or illnesses and when necessary to ensure that an ambulance or other medical professional is called in an emergency.

At least one qualified first aider is on the School site when children are present. At least one person with paediatric first aid training will be on site when EYFS children are present and will accompany them on all outdoor activities/visits.

First Aid/Medical Room

The school has a dedicated First Aid/Medical Room where pupils can be looked after if they are injured or are ill or need to lie down on the bed provided. This room, the corridor and any First Aid equipment is kept scrupulously clean. Regular monitoring of the room equipment takes place by the School First Aider to ensure that items used are replenished and the room and bedding is appropriately cleaned.

Location of first aid boxes

First Aid boxes are located in the medical room, nursery, DT room, Workshop, kitchen and outside with duty First Aider during playtime and lunchtime (see appendix 1). Members of staff are informed of the names of the qualified First Aiders (see appendix 2). Mrs Armstrong will ensure that any new members of staff are provided with this information as part of their Induction Training.

Dealing with illnesses and injuries – (See also Health and Safety Policy re procedures in the event of illness/ injuries)

1. All injuries will be recorded in the Accident Log Book kept by the administrative staff. Any member of staff witnessing an injury must provide appropriate information and sign and date the written record. (Confidentiality Code is respected). These records are kept for a minimum of 3 years.
2. Parents MUST be informed immediately if their child has received an injury which causes concern e.g it is more than a minor graze (see appendix 2). The parents of all children in EYFS MUST be informed of any accident or injury sustained by a child on the same day or as soon as reasonably practicable and if any first aid treatment is given.
3. All injuries will be dealt with by one of the school's First Aiders. (see pathway protocol (appendix 3). The Head teacher must be kept informed and involved in any decision making involved in treating a child.
4. Children who become ill during their time in school will be removed from their classroom to be cared for by a First Aider or a suitable authorised person. Parents will be informed immediately by phone if their child becomes ill and will be asked to collect their child from school. All children will be carefully supervised and cared for whilst they are waiting to be collected by their parents. Relevant information about their child's illness will be passed onto parents before they remove their child from school. (see appendix 3)
5. Gloves must be used at all times when dealing with spillage of body fluids. Care must be taken to prevent other children coming into contact with the fluids. Appropriate measures should be taken to clean up immediately and the refuse discarded into appropriate bin.
6. The Gleddings is aware of their duty to prevent the spread of infection. Parents will be informed via an email or phone when an infectious illness is circulating within the school. Parents will also be advised of minimum exclusion periods for infectious illnesses. Any child or member of staff experiencing diarrhoea or vomiting **MUST** remain absent for a minimum of 48 hours following the last episode.
7. An ambulance should be called if it would be detrimental to move the casualty or if there is a life threatening condition. The decision to call the ambulance will be made by the First Aider treating the casualty or Mrs Wilson. See Appendix 5 – contacting Emergency Services.
8. All notifiable diseases will be reported to the Health Protection Agency.
9. Parents will be fully informed about the agreed procedures and policies adopted by the school for dealing with injuries and illness when their child is first registered at the school. School Policies are always available to parents. If any changes/ amendments are made to these procedures/policies, parents will be informed.
10. Report incident under RIDDOR 1995 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) if appropriate: 0845 300 99 23 and complete form 2508 within 10 days.
11. For arrangements for pupils with particular medical conditions such as asthma, epilepsy and diabetes, please see separate policy document.
12. For arrangements for pupils with specific medical conditions such as allergy, asthma, epilepsy and diabetes, please see appendix.

Management of a Head Injury

Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head and whilst at school this is usually due to a fall or sporting activity.
Every minor head injury is different and should be assessed and managed accordingly. The advice below gives details of what signs and symptoms should be looked for in children who have hit their heads in school and when medical advice should be sought.
A head injury is defined as 'any trauma to the head other than superficial injuries to the face'
(NICE Head Injury Guidelines 2007)

Common minor symptoms after a head injury:

- Bump or bruise on the exterior of the head
- Nausea or vomiting once soon after the injury
- Mild headache, younger children may show only irritability
- Mild dizziness
- Loss of appetite
- Drowsy but can be woken

Action:

- Refer to First Aider immediately for assessment
- Apply ice-pack to any bump or bruise immediately
- If open wound apply a pressure bandage
- Complete accident form and a notification of Head Injury form
- Inform Class teacher who will ensure Head Injury form goes home with child
- Consider phoning parents to inform them if necessary

Minor head injuries should not require treatment and most children make a full recovery, however, occasionally a child who is thought to have a minor head injury can develop complications later in the day. All staff must remain vigilant and take the appropriate action if the child develops any of the following symptoms:

- Becomes steadily more sleepy or very difficult to wake up
- Complains of severe headache or visual disturbance
- Two or more bouts of vomiting
- Appears confused
- Has a seizure or fit
- Cries continuously
- Becomes unconscious

CALL AN AMBULANCE IMMEDIATELY IF A CHILD LOSES CONSIOUSNESS OR HAS A FIT FOLLOWING A HEAD INJURY

Diseases notifiable to the local authority Proper Officers under the Health Protection (Notification) Regulations 2010

Acute encephalitis	Haemolytic uraemic syndrome (HUS)	Rubella
Acute infectious hepatitis	Infectious bloody diarrhoea	Severe Acute Respiratory
Acute poliomyelitis	Invasive group A streptococcal disease	Syndrome (SARS)
Acute meningitis	Legionnaires' disease	Scarlet fever
Anthrax	Leprosy	Smallpox
Botulism	Malaria	Tetanus
Brucellosis	Measles	Tuberculosis
Cholera	Meningococcal septicaemia	Typhus
Diphtheria	Mumps	Viral haemorrhagic fever (VHF)
Enteric fever (typhoid or paratyphoid fever)	Plague	Yellow fever
	Rabies	Whooping cough
Food poisoning		

Contact Number: The Proper Officer 01422 392373 or Out of hours 0114 304 9843

This policy was reviewed by Gina Choy in September 2017

Signed:

Headteacher Next review date: September 2018

Appendix 1

SUPERVISION RATIONALE

The reconsideration of playtime and lunchtime as follows

1. To absolutely ensure the total safety, care and well being of all children all of the time.
2. To ensure total compliance with all statutory regulation and our own policies and good practice.
3. To bring clarity and total understanding of all expectations and responsibilities.
4. To ensure all staff have appropriate skill and training to carry out their roles effectively.
5. To establish 'fair shares' in terms of duties.
6. To completely eliminate the need for minor first aid procedures in the Entrance Hall at playtime and lunchtime.
7. To provide rapid response in line with policy in the event of more serious first aid incidents.
8. To establish the habit of the best possible timekeeping at all times with every lesson starting and ending in accordance with the timetable.
9. To create opportunities for all staff to get to know all children and to provide an opportunity for staff to see children outside of the classroom context.
10. To establish teacher leaders input in out of class care to improve end of playtime practices.

When	Who	To Do
9:55 – 10:10am playtime	Stand back teacher as shown on rota	• Ring the bell inside and out at 9:55am • Take the bell and mobile phone outside and remain at the top right hand side of the steps leading to the middle surface. • Observe top, middle and lower surfaces. • Phone any incidents that require assistance to the Front Desk (including more serious first aid requirements). Front Desk to immediately notify Gina in the case of serious injury and Teacher Leader of child in question who will in turn, inform JW if necessary. • Send any minor first aid incidents to KD in the conservatory. • Ring the bell at 10:07am • Return phone and bell • Enjoy own break
9:55 – 10:10am playtime	First aider	• Collect first aid kit from the Medical Room and phone from 2nd drawer in front desk • Receive injuries in the Bottom Pod and treat • Notify Teacher Leaders of any injuries requiring further action and complete any accident records as appropriate • Return first aid kit and phone • Enjoy own break.
9:55 – 10:10am playtime	Top surface staff	• Be outside to receive the children at 9:55am • White gate person to stand at the white gate looking along the length of the top surface • Second person to walk around
9:55 – 10:10am playtime	Middle surface	• Observe & walk as appropriate
9:55 – 10:10am playtime	Bottom surface	• Observe & walk as appropriate
9:55 – 10:10am playtime	All	• All refer any incidents to the STAND BACK TEACHER • All refer any requirements for minor first aid to the conservatory first aider.
10:10am	Teacher Leaders	• Collect children from the surfaces • On arrival at the middle surface and immediately after the bell has been rung call own class (one class at a time) to establish immediate order. PLEASE DO NOT LEAVE CHILDREN UNCOLLECTED

When	Who	To Do
12:15 – 12:50pm lunchtime	Duty Teacher in Lower pod	• Collect mobile phone • Hear readers • Refer any minor injuries to the first aider in the conservatory or request (by phone) for first aider to come to help injured child 'in situ' • Report any incidents to Teacher Leaders and then to JW if necessary
12:15 – 12:50pm 1st sitting lunchtime	Middle & lower surfaces	• Collect the bell • Observe walk and play as appropriate • Report any injuries or incidents to duty staff member in the Lower Pod. Send injured children for treatment in the Conservatory. • Ring the bell for second sitting of lunch and prepare children
12:50 – 1:20pm 2nd sitting lunchtime	Duty Teacher in Lower pod	• Handover from 1st sitting duty teacher • Hear readers if appropriate • Refer any injuries to the first aider Laura Clark (stand back) • Report any incidents to the front desk to be passed on to Teacher Leaders and to JW if necessary • Return the mobile phone
1:20pm	Teacher Leaders	• Collect children from the surfaces • On arrival at the middle surface and immediately after the bell has been rung call own class (one class at a time) to establish immediate order • PLEASE DO NOT LEAVE CHILDREN UNCOLLECTED
2:30 – 2:40pm playtime	Stand back teacher (first aider)	• Ring the bell inside and out at 2:30pm • Take the bell, mobile phone & first aid kit and remain at the top right side of the steps leading to the middle surface • Observe top, middle & bottom surfaces • Phone any incidents that require assistance to the Front Desk (including more serious first aid requirements). Front Desk to immediately notify Teacher Leader of child in question who will in turn, inform JW if necessary. • First aid any minor injuries • Ring the bell at 2:37pm • Return the bell, phone and first aid kit
2:35 – 2:45pm playtime	Duty staff	• Be outside to receive the children at 2:30pm • One duty staff member on the middle surface and one duty staff member on the lower surface, observing and walking • Refer any incidents or minor injuries to the STAND BACK TEACHER
2:45pm	Teacher Leaders	• Collect children from the surfaces • On arrival at the middle surface and immediately after the bell has been rung call own class (one class at a time) to establish immediate order • PLEASE DO NOT LEAVE CHILDREN UNCOLLECTED

Appendix 2

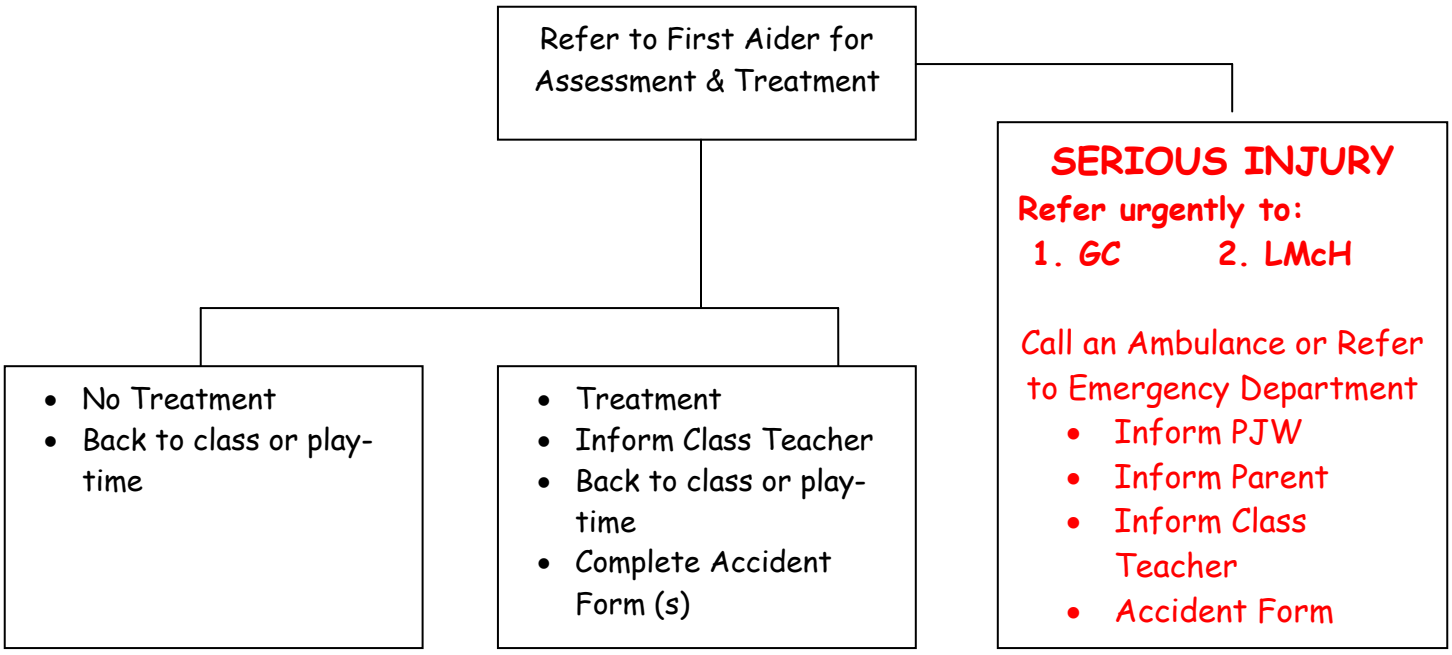
Attendance of First Aid Training Course

The following members of staff hold a valid certificate of competence approved by the Health and Safety Executive.

	Name	Qualification	Responsibilities
1	Lizzie Barlow	Paediatric First Aid Training (12 Hour)	Chef/Cook Manager
2	Gina Choy	Paediatric First Aid Training (12 Hour)	Health Manager & SENCo
3	Laura Clarke	Paediatric First Aid Training (12 Hour)	EYFS
4	Kirsty Davies	Paediatric First Aid Training (12 Hour)	Dining Hall 'You Choose' Manager
5	Dionne Horsfall	Paediatric First Aid Training (12 Hour) Heart Start	Key Stage 2
6	Louise Gaynor	Paediatric First Aid Training (12 Hour)	EYFS & Dining Hall
7	Jay Greenwood	Paediatric First Aid Training (12 Hour)	Administrator
8	Wendy Houghton	First Aid at Work (4-day)	Administrator
9.	Sophie Lawton	Paediatric First Aid (Level 3)	EYFS
10.	Chris Kitson	Paediatric First Aid Training (12 Hour)	Site Manager
11.	Elizabeth McHugh	Paediatric First Aid Training (12 Hour)	PE Specialist Out of School Sporting Activities/Residential Trips
12.	Kath Newham	Paediatric First Aid Training (12 Hour)	Kitchen
13.	Sam Speak	Paediatric First Aid Training (12 Hour)	Bursar
14.	Sam Strawson	First Aid Training (6 Hour)	Art Specialist
15.	Tessa Turczak	Paediatric First Aid Training (12 Hour)	Out of Hours Manager
16.	Lisa Wilde	First Aid Training (6 Hour)	Teacher in Support Cookery, Core Science

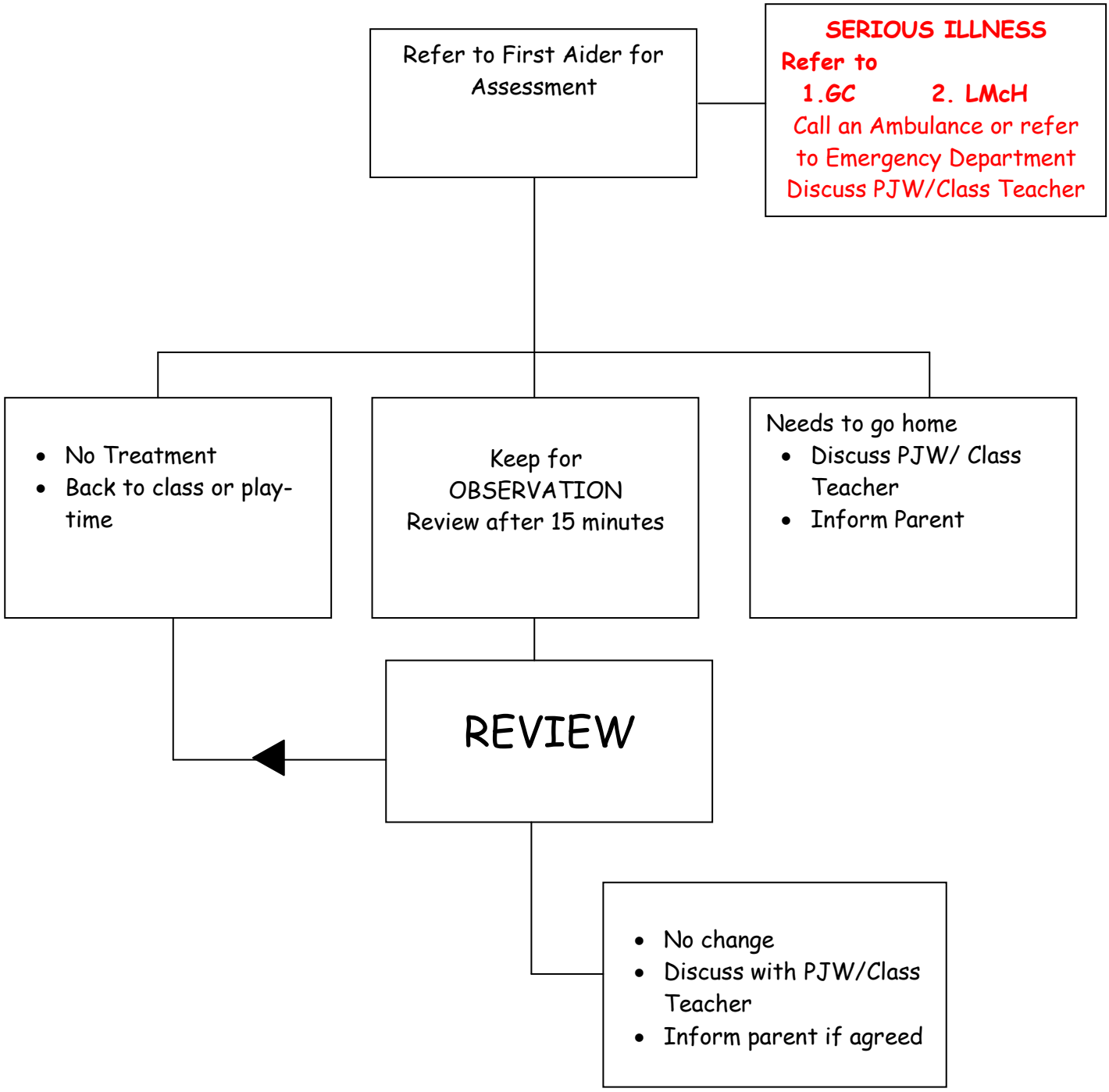
Appendix 3

Pathway for provision of First Aid (Injury)



Appendix 4

Pathway for the care of an unwell child (No Injury)



Appendix 5

Contacting Emergency Services

Request for an Ambulance

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

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number – **01422 354605**
2. Give your location as follows:
   The Gleddings Preparatory School
   Birdcage Lane
   Savile Park
   Halifax
   HX3 0JB
3. State that the postcode is: **HX3 0JB**
4. Give exact location in the school/setting
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Appendix 6

THE GLEDDINGS PREPARATORY SCHOOL

Allergies

1. INTRODUCTION

Research indicates that as many as 1 in 70 UK children may be allergic to peanuts and other food substances.

The most common allergies are:

Asthma

Asthma is a condition that causes swelling and inflammation inside the airways of the lungs. When sufferers come into contact with something that irritates their airways (a trigger) it can cause their airways to narrow. Triggers for asthma vary between asthmatics but include grass pollen, tree pollen, house dust mites, and pets.

Atopic Eczema (Dermatitis)

Eczema is a pattern of itchy skin rash and easily irritated and aggravated by soaps and scents, cold and extremes of dryness or humidity. Allergy to foods may aggravate eczema and in older children it can be caused by house dust mites, pollens and animal fur.

Food Allergy and Food Intolerance

If someone reacts to a food, they may have a Food Hypersensitivity (FHS). Between 6-8% of children suffer from a food allergy. Children with food allergy develop antibodies against certain proteins in foods know as allergens. Symptoms include itching, swelling of the mouth/throat and itchy rashes but can be severe and include life-threatening anaphylaxis.

2. AIMS

1. To ensure that staff are aware of this policy and also the procedures to be followed to help and support pupils in their care with allergy.
2. To ensure that staff who come into contact with pupils with allergy are given appropriate training and guidance as to the procedure to be followed should a pupil be suffering from allergy or suffer a severe allergic reaction.
3. To encourage the pupils with allergy to develop independence, self confidence and responsibility in dealing with their condition.
4. To ensure that the procedures relating to the use of adrenalin injectors are consistent throughout the school.
5. To make parents aware of this policy

3. IN DEALING WITH ALLERGY

The Headteacher will:

- agree and approve the policy for allergy and arrange for its review on a regular basis.
- ensure that there is a named person with responsibility for allergy within the school and that the named person monitors the effectiveness of the policy.
- report to parents on how the allergy policy works in practice.

All staff will:

- ensure that pupils with allergy are encouraged to participate fully in the life of the school.
- ensure that parents complete a pupil detail form each year (or as appropriate) documenting any known allergy.
- ensure staff are fully aware of any child who has potentially severe allergy. They should know who the child is, what they need to avoid, and what the procedure is if the child suffers allergic symptoms.

- contact emergency services immediately if a child needs to have their adrenalin injector administered and any symptoms recorded.
- notify parents immediately if their child has needed to have their adrenalin injector administered.
- provide an accessible safe place for the storage of injectors (Anapen, Epipen or Jext) kept in school which allows staff to have immediate access if required.
- ensure that medication such as an adrenalin injectors is named for the personal use of the child ONLY.
- ensure young children with known allergies are closely supervised when eating lunch including packed lunches. (Catering staff will inform class teachers of any substitutions).
- ensure that on school trips or outside visits that any accompanying staff are aware of the children with allergy and that these pupils have their medication with them.
- work in partnership with parents, health professionals, school staff and the pupils to ensure there are good communication links and the allergy policy is implemented successfully.
- create a school environment that is favourable to pupils with allergy. Care is taken to ensure that the child does not come into contact with the allergen during break and lunch times and in cookery and science classes. The school meals are home made and ingredients are selected as far as possible to provide a nut free menu with nut free products in the kitchen supply chain. Care is taken to ensure that there is no cross-contamination during food preparation and an alternative menu is always provided. The Chef is fully aware of individual children's requirements. Only food prepared in school is served to the children.
- help all children understand allergy.

Parents will:

- notify the school if their child has an allergy.
- supply their child with a clearly named adrenalin injector preferably two if possible and ensure that both of them are within their expiry dates.
- complete an appropriate Administration of Medication permission form.
- notify the school of any change in their child's condition or medication.

Pupils will:

- treat other pupils with allergy equally.
- alert a member of staff immediately if they suspect a child is having an allergic reaction.
- Be responsible for minimising their risk of exposure to known allergens by checking the ingredients of food they eat (depending on age).

The Designated Person for Allergy:

The designated member of staff is Gina Choy. In her absence Mrs Houghton or Miss Greenwood will assume these responsibilities. They will:

- monitor the effectiveness and implementation of the Allergy policy.
- review the policy according to the set dates.
- make sure all staff are aware of the policy and the procedures to be followed.
- monitor individual heathcare plans.
- check the storage of 'Epipens' in each classroom.
- check that individual 'Epipens' are taken on all activities out of school.
- keep up to date with current practice in allergy in school.
- arrange training sessions on the use of epipen.

4. Medication

- The school recognises that immediate access to medication such as adrenalin injectors is vital in severe allergy.
- Epipens will be kept in the child's classroom in the designated "First Aid Bag" where adults can easily access them but NOT other children.
- School staff are not required to administer medication to pupils except in an emergency and are given appropriate training to do this.

5. **Allergic Reactions**

These reactions can be mild, moderate or severe and in some cases life threatening – this is known as **Anaphylaxis.** Prompt treatment is necessary and further monitoring in hospital if a child is given adrenaline.

6. **IN AN EMERGENCY**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. The most common cause is food – in particular nuts, fish, dairy products, sesame seeds and kiwi fruit. Non-food causes include wasp or bee stings and certain drugs such as penicillin. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection.

Signs and Symptoms

Signs and symptoms normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing or speaking
- Flushed complexion
- Abdominal cramps and nausea and vomiting
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing
- Nettle rash on body

Each child's symptoms and allergens will vary. There may also be a dramatic fall in blood pressure (anaphylactic shock). The child may become weak and floppy which may lead to collapse, unconsciousness and – on rare occasions – death.

Treatment of anaphylaxis

- Keep calm and keep the child calm
- Stay with the child but call for HELP and send for adrenalin injector (Epipen, Anapen or Jext)
- Call 999/112 for emergency help and inform Mrs Wilson immediately who will contact parents when she has assessed the situation
- Lay the child down in a comfortable position
- If they feel light-headed or faint – DO NOT sit them up. Raise their legs of necessary
- Adrenaline should be administered by trained member of staff. Note the time given.
- If child becomes unconscious – check Airway and Breathing and resuscitate if necessary
- Arrange for child to be transported to hospital
- MONITOR THE CHILD CONTINUOUSLY

Administration of adrenaline injector (Epipen, Anapen or Jext)

The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Staff who volunteer attend regular training sessions on injecting adrenaline using an Epipen. A second dose of Adrenaline may be necessary if the child's condition does not improve or deteriorates within 5-10 minutes.

Appendix 7

THE GLEDDINGS PREPARATORY SCHOOL

Asthma

1. **INTRODUCTION**

Asthma is a condition which affects the airways and it affects many school children. When a child 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. These reactions cause the airways to become narrower and irritated – making it difficult to breath and leading to symptoms of asthma.

What does asthma feel like?

Children and young people who have asthma say that:

- 'it feels like someone is standing on my lungs'
- 'it feels like I am being squashed'
- 'when I'm having an attack it feels like a rope is being slowly tightened around my chest'

2. **AIMS**

1. To ensure equality of opportunity in all aspects of school life for all pupils who have asthma.
2. To make staff aware of the procedures to be followed to help and support pupils in their care with asthma.
3. To ensure that all new teachers are informed about the asthma policy and are also informed about any pupils in their class who may have asthma problems.
4. To ensure that all staff who come into contact with pupils with asthma are given appropriate training and guidance as to the procedures to be followed should a pupil be suffering from asthma or have an asthma attack.
5. To encourage pupils with asthma to develop independence, self confidence and to take responsibility for dealing with their condition.
6. To ensure that the procedures relating to the use of inhalers are consistent throughout the school.
7. To make parents aware of this policy.

3. **RESPONSIBILITIES**

Headteacher

1. To agree and approve the policy for asthma and arrange for its review on a regular basis.
2. To ensure that there is a named person with responsibility for asthma within the school and that the named person monitors the effectiveness of the policy.
3. To report to parents on how the asthma policy works in practice.

Staff

1. To ensure that pupils with asthma are encouraged to participate fully in the life of the school.
2. To liaise with parents and the special needs co-ordinator if a child is underachieving because of their asthma.
3. To notify parents of Key Stage 1 pupils if an inhaler has had to be administered during the day (Appendix 2). Key Stage 2 pupils will administer their own medication; however, parents will be told if their child is using their reliever inhaler more than they usually would.

4. To provide an accessible safe place for the storage of inhalers kept in school and also allow pupils to have immediate access to their reliever medication. (Staff must not cause delay by locking up medication so that other staff, and where appropriate, pupils, cannot access the required medication).
5. To ensure that each child has a named inhaler for their personal use and is NOT available to anyone else. Inhalers are stored in the 'grab' bags in each classroom and an emergency inhaler and spacers are kept in the Medical Room.
6. To ensure records are kept up to date and are available to all relevant staff.
7. To ensure that on school trips or outside visits that any accompanying staff are aware of the children with asthma and that these pupils have their inhalers. In the case of younger children inhalers must be taken on outside visits by the class teacher.
8. To work in partnership with parents, health professionals, school staff and the pupils to ensure there are good communication links and the school asthma policy is implemented successfully.
9. To create a school environment that is favourable to pupils with asthma. The school has a no smoking policy and as far as possible the school does not use chemicals in science, design technology and art lessons which might be possible triggers for children or staff with asthma. Care is also taken not to expose children with asthma to materials such as fur and feathers which may cause an allergic reaction.
10. To help all children in the school understand asthma.

Parents

1. To notify the school if their child has asthma.
2. To supply their child with a clearly named inhaler and also a spare named reliever and ensure that both of them are in date.
3. To notify the school if their child's medication is to be administered by a member of staff and to complete an appropriate consent form. Also to clearly state what medication the child requires whilst in school.
4. To complete annually an asthma record.
5. To notify the school of any change in their child's condition or medication.
6. To keep the child at home if she/he is not well enough to attend.
7. To make sure that any inhalers which use powder capsules e.g. Ventolin Rotahaler, and volumatics are taken home periodically and washed.

Pupils

1. To treat other pupils with and without asthma equally.
2. To let any child having an asthma attack take their inhaler and ensure a member of staff is called.
3. To treat asthma medication with respect.
4. To show care and concern for others in their daily lives in school.

Designated Person for Asthma

All members of staff are aware of the asthma policy and **Mrs Choy is the designated member of staff** responsible for the implementation of the policy and in her absence Mrs Houghton will assume these responsibilities.

1. To monitor the effectiveness and implementation of the Asthma policy.
2. To review the policy according to the set dates.
3. To make sure all staff are aware of the policy and the procedures to be followed if a child has an asthma attack.
4. To keep the Asthma records and register up to date.
5. To check the storage of inhalers in each classroom and be responsible for ensuring that parents are informed if children's asthma medicines have expired so that they can be replaced.
6. To check that individual inhalers are taken on all trips.
7. To help keep good communication links between parents, staff and the children in matters relating to asthma.
8. To keep up to date with current methods of treating asthma in schools.

Medication

Immediate access to reliever inhalers is vital. Each inhaler is for the personal use of the pupil and will not be available to anyone else. Pupils are encouraged to carry their reliever inhaler as soon as the parent/doctor/nurse and class teacher agree they are mature enough. Younger children or those not able to do this MUST give their reliever inhalers to their class teacher who will keep them in a safe place in their classroom where adults can easily access them but NOT other children. ALL reliever inhalers MUST be clearly marked with the child's name by parents. It is Parents responsibility to ensure that the school is provided with a labelled spare inhaler, which the class teacher will also keep in a safe place, not accessible to other pupils in the class. School staff are not required to administer medication to pupils except in an emergency. However, most staff are willing to do this, providing they are given clear instructions by the parents and they have received appropriate training. All school staff will let pupils take their own medication when they need to.

The use of emergency Salbutamol inhalers

From 1st October 2014 the Human Medicines (Amendment) (no.2) Regulations allowed schools to buy Salbutamol inhalers, without a prescription, for use in emergencies. If a child is without their inhaler because it has been lost, forgotten, broken or run out, they can be given the emergency Salbutamol inhaler provided written consent has been obtained from parents for their child to use the Salbutamol inhaler in an emergency (Appendix 1).

Record Keeping

At the beginning of the school year, or when a pupil joins the school, parents are asked if their child has asthma. All parents of pupils with asthma are given a School Asthma Card for completion and return to school. Cards are then sent to parents on an annual basis to update. If a pupil's medication changes in between times, parents are asked to inform the school. From this information the school keeps its asthma register which is available for all school staff.

Physical Education

At The Gleddings we consider that taking part in physical activity is very much part of school life and is an essential part of the National Curriculum that the pupils receive. All staff who take the pupils for physical education lessons, (including Club and Sport Coaches) will be made aware of pupils who have asthma. Pupils with asthma will be encouraged to participate fully in physical education. Staff will remind children whose asthma is triggered by exercise to take their reliever inhaler before a physical education lesson or some physical activity and to complete warm up exercises. If a pupil needs to use their inhaler during the lesson they will be encouraged to do so.

Role of Staff Taking Physical Education

1. To have a sensitive attitude to pupils with asthma.
2. To remind pupils with asthma triggered by exercise, to take their reliever medication a few minutes before exercise and to complete the warm up activities which form part of physical education lessons.
3. To ensure that all named reliever medication is taken to lessons and is available for any respective children should they need it.

ASTHMA ATTACKS

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- Persistent cough (when at rest)
- shortness of breath
- wheezing sound coming from the chest (when at rest)
- may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- being unusually quiet
- difficulty speaking in full sentences

- difficulty breathing (the child could be breathing fast and with effort, using all accessor muscles in the upper body)
- nasal flaring

What to do

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward – do not hug or lie them down
- Ensure tight clothing is loosened
- Make sure the child takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer (spare spacers are stored in the Medical Room)

If there is no immediate improvement

Continue to make sure the child or young person takes two puffs of Salbutamol every 2 minutes up to a maximum of 10 puffs or until their symptoms improve.

CALL AN AMBULANCE IMMEDIATELY IF THE CHILD:

- appears exhausted
- does not improve in 5-10 minutes.
- is too breathless or exhausted to talk.
- has a blue/white tinge around their lips.
- has collapsed

If an ambulance doesn't arrive within 10 minutes give another 10 puffs as described above.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.

IMPORTANT THINGS TO REMEMBER IN AN ASTHMA ATTACK

- **Never leave a pupil having an asthma attack.**
- **If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil get the emergency inhaler and/or spacer.**
- **In an emergency situation school staff are required under common law, duty of care, to act like any reasonable prudent parent.**
- **Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.**
- **Contact the pupil's parents or carers immediately after calling the ambulance/doctor.**
- **A member of staff will always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.**

Appendix 1

THE GLEDDINGS PREPARATORY SCHOOL

CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER
The Gleddings Preparatory School

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

   Signed: ..... Date: .....

Name (print) .....

Child's name: .....

Parent's address and contact details:

.....

.....

.....

Telephone: .....

Email: .....

Appendix 2

THE GLEDDINGS PREPARATORY SCHOOL

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Date: .....

Dear .....

This letter is to formally notify you that ..... has had problems with his/her breathing today. This happened when .....

- A member of staff helped them to use their asthma inhaler.
- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

  (Delete as appropriate)

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

Appendix 8

THE GLEDDINGS PREPARATORY SCHOOL

Diabetes

INTRODUCTION

What is Diabetes?

Diabetes is a long-term medical condition where the level of glucose (sugar) in the blood is too high because the body can't use it properly. This is either due to the lack of insulin (Type 1 diabetes) or because the insulin does not work properly or sometimes it can be a combination of both (Type 2 diabetes).

Type 1 diabetes

The majority of children develop this form of diabetes when the body is unable to produce any insulin. The level of blood glucose is controlled by injections of insulin each day for the rest of their lives. Children may be required to have insulin injections during the day depending on their condition. Children with this form of diabetes need to monitor their blood glucose level closely and to eat regularly according to their personal dietary plan.

Type 2 diabetes

Most common in adults over the age of 40 and is linked to being overweight. However, recently, more children and young people are being diagnosed with the condition, some as young as seven.

Hypoglycaemia (or hypo)

A hypo occurs when the level of glucose in the blood falls **too low** and each child may experience different symptoms which need to be discussed when drawing up the child's individual healthcare plan.

1. AIMS

1. To make staff aware of the procedures to be followed to help and support pupils with diabetes.
2. To ensure that all staff who come into contact with pupils with diabetes are given appropriate training and guidance to help them understand the condition and the needs of children who suffer from diabetes.
3. To encourage pupils with diabetes to develop their independence, self confidence and to take responsibility for managing their condition.
4. To ensure that the procedures relating to the care of children with diabetes are consistent throughout the school.
5. To ensure all relevant staff receive training about diabetes and administering emergency medicines if necessary.

2. RESPONSIBILITIES

Headteacher

- To arrange a meeting with the pupil and the parents to establish how the pupil's diabetes may affect their school life. This will include the implications for learning, playing and social development, and out of school activities.
- To discuss any special arrangements the pupil may require for extra time with exams.
- With the pupil's and parent's permission, diabetes will be addressed as a whole-school issue through assemblies and in the teaching of PSHEE.

Designated member of staff

- To attend the meeting between the Headteacher and the parents to talk through any concerns the family may have.
- To ensure a record of the pupil's learning and health needs is completed and discuss the need to administer medicines and any staff training needs with paediatric diabetes specialist nurse (PDSN) who will advise on the Individual Healthcare Plan, on how much support is needed and organise training.
- To make all staff aware of any special requirements and complications including hypoglycaemia, hyperglycaemia, ketoacidosis, the impact of diabetes on performance as well as the likelihood of erratic moods or behaviours.
- To ensure an individual healthcare plan (IHP) is written which will contain the information discussed above and identify any medicines or first aid issues. It will contain the names of staff trained to administer any medicine.
- To ensure that all staff understand that children must have immediate access to their blood glucose monitoring equipment, glucose tablets and snacks for the treatment of hypos, water and be allowed to go to the toilet as required.

All members of staff are aware of the diabetes policy and **Mrs Choy is the designated member of staff** responsible for the implementation of the policy.

Responsibilities of the parent

- Provide the school with written medical documentation such as a care plan which includes instructions and medications as directed by the diabetes team.
- Provide the school with a list of up-to-date contacts so that they can be notified immediately if a problem arises.
- Inform the school if their child's diabetes is going through a period of difficult control.

Responsibilities of the child

- Be honest in telling staff how they feel.
- Share with friends, where appropriate, by making them aware of when they might require assistance.

Staff

- To be aware of how to meet the needs of a child experiencing complications associated with diabetes.
- To monitor the child who suffers from diabetes to ensure they are reaching their potential and to create an Individual Learning Plan if appropriate.
- To apply this policy within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or residential trip and every effort will be made to ensure that children with diabetes are not treated less favourably and are able to enjoy every aspect of school life.
- The paediatric diabetes specialist nurse (PDSN) will train members of staff in specialised aspects of care such as injecting insulin, monitoring a pump or testing bloods.
- Children will look after and have instant access to their medication and devices (depending on age), with support from a trained member of staff.
- To hold regular reviews with parents throughout the school year or where there has been some change in circumstances e.g. a child feeling very unwell after a PE lesson.

Injecting and Storing Insulin

- Where a child requires an insulin injection during the day and is unable to self-medicate, (i.e. test bloods, set insulin pen to the correct dosage and inject) then appropriately qualified members of staff are trained and given this responsibility.
- When a member of staff is responsible for setting the insulin dose and injecting the child a second member of staff is present to check the dose before it is given.

- Children who independently administer insulin are supervised to ensure the insulin pen is set up properly and the correct technique is applied.
- The insulin injection device (insulin pen) is stored in a sealed container that is clearly marked with the child's details. This container is held in a secure place that is not affected by extremes of temperature.
- Safe disposal of needles in sharps box which is supplied by parents and returned to parents when full.
- Insulin is only viable for 30 days after removal from the fridge. This date should be documented clearly on the plastic container in which it is stored.
- Insulin and glucose gel is appropriately stored in a secure central location and is easily accessible to relevant children and designated staff members.
- Parents/carers are informed when a new cartridge of insulin is required.
- Children on multiple injections will keep an insulin pen loaded with an insulin cartridge for the administration of insulin at lunchtime.
- Insulin pump users require the storage of an insulin vial in case they need to change their insulin infusion set. This is kept in a labelled plastic container in the medical fridge.
- When medication is provided by parents, the school keeps a record of when this is received along with a note of the expiry date. This is monitored regularly.
- All medications are returned to parents at the end of the school term with the request that new supplies be brought back to school on the first day of each new term.

Hypoglycaemia (hypo)

SYMPTOMS OF A LOW BLOOD SUGAR – hypoglycaemic reaction (hypo):

- hunger
- shaking or trembling
- sweating
- lack of concentration and may become disorientated
- irritability
- paleness
- mood changes, especially angry or aggressive behaviour
- drowsiness

Hypos are usually unexpected, sudden, rapid, without warning and unpredictable but warning signs are often there once the child has got used to them. They can be caused by:

- too much insulin
- a missed or delayed meal or snack
- not enough food, especially carbohydrate
- strenuous or unplanned exercise

What to do if you think a child has Hypoglycaemia:
DO...
Immediately give something sugary e.g. 1-2 more glucose tablets, a glass of fruit juice, five sweets e.g. jelly babies, GlucoGel, Lucozade
Once child has recovered 10 – 15 mins later:
Give slower acting starchy food e.g. roll/sandwich, portion of fruit, cereal bar, 2 biscuits and a glass of milk
An ambulance should be called if: recovery takes longer than 10 -15 mins or if the person loses consciousness
999

Hyperglycaemia (hyper)

Is the term used when the level of glucose in the blood rises above 10mmol/l and stays high.

SYMPTOMS OF A HIGH BLOOD SUGAR – hyperglycaemic reaction (hyper):

- thirst
- aching limbs
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision

Staff should be aware that children can become unwell with hyperglycaemia, but show no symptoms.

DO:

Inform parents to seek advice, the child may need urgent medical attention

If the child is able to, encourage them to exercise strenuously to burn off excess glucose and if the child needs extra insulin the child may give this to themselves.

CALL AN AMBULANCE IF THE FOLLOWING SYMPTOMS ARE PRESENT:

- deep and rapid breathing
- vomiting
- breath smelling of pear drops or nail polish remover

999

3. **EQUAL OPPORTUNITIES**

We will ensure that a child who has diabetes is not treated less favourably because of their condition and reasonable adjustment under the Equality Act will be made. Every effort is made to ensure that no child is excluded from any part of school life because of their diabetes. This includes making sure they are able to take part in PE, extra-curricular activities, school trips and residential trips.

Appendix 9

THE GLEDDINGS PREPARATORY SCHOOL

Epilepsy Policy

1. **INTRODUCTION**

We recognise that epilepsy is a condition which affects children. Children with epilepsy are welcomed to the school and they will receive support in all aspects of school life to enable them to achieve their full potential. Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout, can happen to anyone at any time. Seizures can happen for many reasons. At least 1 in 200 children have epilepsy but most children with diagnosed epilepsy never have a seizure during the school day.

2. **AIMS**

1. To ensure that all staff are made aware of this policy and of the procedures to be followed to help and support pupils with epilepsy.
2. To give appropriate training and guidance to all staff to help them understand the condition and the needs of children who suffer from epilepsy.
3. To encourage pupils with epilepsy to develop their independence, self confidence and responsibility in managing their condition.
4. To ensure that the procedures relating to the care of children with epilepsy are consistent throughout the school.
5. To ensure all relevant staff receive training about epilepsy and administering emergency medicines if necessary.

3. **RESPONSIBILITIES**

Staff

All members of staff are aware of the epilepsy policy and **Mrs Choy is the designated member of staff** responsible for the implementation of the policy. The designated member of staff will, in conjunction with the Headteacher:

1. Arrange a meeting with the parents (and pupil if parents authorise) to establish how the pupil's epilepsy affects them. This will include implications for learning, playing and social development, and out of school activities.
2. Discuss any special arrangements the pupil may require for extra time with exams.
3. Address epilepsy with the whole-school through assemblies and in the teaching of PSHEE (with the pupils' and parents' permission). This will ensure that other children are not frightened if the child has a seizure.
4. Complete a record of the pupil's learning and health needs and agree any administration of medicine which will be kept safely and in date.
5. Make all staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.
6. Draw up an individual healthcare plan (IHP) which will contain the information discussed above and identify any medicines or first aid issues. It will contain the names of staff trained to administer any medicine.
7. Ensure staff train as and when appropriate and react as follows if a child were to experience an epileptic fit.
    - Stay Calm and reassure the child and any children who are nearby
    - Place something soft under the head of a convulsing child
    - Protect the child from injury (remove harmful objects from nearby)
    - **NEVER** try to put anything in the mouth or between the teeth
    - Time how long the seizure lasts. If it lasts longer than usual for that child or continues for more than five minutes then call an **AMBULANCE**
    - When the child finishes their seizure stay with them and reassure them

- Do not move the child unless in danger
- Do not restrain the child
- Do not give food or drink until the child is fully recovered from the seizure
- Aid breathing by gently placing the child in the recovery position once the seizure has finished
- If a child is incontinent during the seizure put a blanket around the child when the seizure is finished to avoid potential embarrassment

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for 5 minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

Practical Lessons

If a child is having regular seizures at school, they will need an individual risk assessment for practical lessons, such as:

- Science
- PE/sports and leisure activities
- Design & Technology
- Cookery

4. SPECIAL EDUCATIONAL NEEDS

Children with epilepsy may have special educational needs because of their condition. The individual child's progress will be monitored in the usual way to ensure they are reaching their potential and an Individual Learning Plan will be created if appropriate.

5. EQUAL OPPORTUNITIES

We will ensure that a child who has epilepsy is not treated less favourably because of their condition and reasonable adjustment under the Equality Act will be made e.g. providing an LCD computer for a student with photosensitive epilepsy. Every effort is made to ensure that no child with epilepsy is excluded from any part of school life.

6. OUT OF SCHOOL ACTIVITIES

Concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to any activity or residential trip and every effort will be made to ensure that children with epilepsy are able to enjoy every aspect of school life.