

## Achieving excellence through leadership

### FIRST AID and MEDICAL SUPPORT POLICY

#### Accident & Emergency Procedure

##### Aims

We aim to use appropriate first aid in response to accidents and injuries which have occurred to pupils, staff and visitors to the site.

The school has referred to the DfE Guidance on First Aid in the preparation of this policy.

##### Personnel

**The Head Teacher has full responsibility for the implementation of this policy**

All staff are responsible for dealing with minor incidents and seeking help from a qualified first aider, if required.

Mid-day supervisory assistants may administer basic first aid during lunch break as long as a basic first aid course has been completed.

If an accident occurs off-site and first aid is required, then a first aid trained member of staff responsible for the group will administer first aid.

##### Recording of Accidents

***All forms needed for recording accidents can be found on the school server under Staff Resources, then First Aid***

- Any accident that occurs is recorded on an Accident Form. Bumped heads are reported to the office and a School-Comms message will be sent. Serious injuries should be reported directly to the Office Manager or First Aider who will contact parents via telephone.
- In the case of a serious accident the Head Teacher needs to be informed, and an Accident Report Form will be completed by the Office Manager or a First Aider. Parents will be informed of any accidents requiring further medical assistance. Parents should inform the school of the outcome so that a form can be completed.
- Accidents occurring at off-site venues must also be recorded. First aid provision at such venues should always be identified but first aid kits are always taken on school trips. On returning to school, the Office Manager must be informed of any accidents that took place.
- For any serious accidents requiring hospital treatment, the Confidential Accident & Injury Report form must be completed by the Office Manager and a copy sent to Hertfordshire Local Education Authority (LEA)
- Any accident that requires a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) report will be completed correctly and in the required time and reported to LEA.
- Copies of all reported accidents will be kept in the School Office.

## **First Aiders**

There is a rolling programme of training for first aid. Training of members of staff is updated every three years. There are a minimum of two paediatric trained first aiders on the school; one member of staff with paediatric first aid training must be on site between 0745 hr and 1800hrs.

## **First Aid Boxes**

First Aid boxes are situated:

Main School:

- 1) Main office
- 2) Stock cupboard (used for lunch times)
- 3) Year 3 Italy (used for 3/4 break times)
- 4) Scotland – PE room (taken out for PE/games lessons)

In the New building:

- 1) Staff room
- 2) Photo copying room

In every classroom there is a small basic first aid kit – this kept in the inhaler drawer.

Qualified first aiders all have face shields for resuscitation purposes. These are ordered and kept in stock by the first aiders listed below.

## **First Aid Supplies**

A first aid trainer teaching assistant (TA) is responsible for checking the contents of the first aid boxes on a fortnightly basis and for placing orders to replenish stock. All staff are responsible for notifying this TA if the supplies in any of the first aid kits are running low. First aid kits must not contain any soiled goods.

## **Hygiene**

To prevent the spread of infection, staff will ensure that the following good practices are observed:

- The teaching assistant from each class / catering assistant is responsible for cleaning up after a child has been ill, ensuring that hygiene procedures are followed.
- When treating any accident, protective clothing and gloves must be worn.
- Disposable gloves are always used when cleaning up spills of body fluids
- Any spills of blood or vomit will be wiped up and disposed of using the biohazard kits provided.
- Excrement will be flushed down the toilet.
- Floors and other affected surfaces are cleaned as necessary using manufacturer's instructions. All cleaning materials have been COSHH (Control of Substances Hazardous to Health) assessed and are kept out of reach of the children.

## **Sickness**

If the child has any of the following they must be sent home:

- High temperature;
- Sickness or diarrhoea – children must remain at home for 48 hours after illness;
- Unexplained rash;
- Untreated conjunctivitis;
- Any infectious condition. (Chart on back of office door)

If a child needs to go home, permission and confirmation must first be obtained from the Head Teacher or a member of SLT or a first aider. The parent /carer will be contacted and asked to come and collect them. Whilst the child waits for his/her parent/carer to arrive s/he will wait in the lobby - they will be supervised by class TA or a first aider or both if needed.

If a child has been diagnosed with an infectious disease, parents/carers should follow doctor's instructions with regard to his/her return to school. The school should be informed in order that other children can be monitored for similar symptoms.

The procedures for responding to children who are ill or infectious are in the school prospectus.

**Administering medication (see FORM 2 Request and Permission for School to Administer Medication))**

Should a child need to be given medicine during the school day, parents are required to fill in and sign a Medication Form in the school office. The Office Manager/staff member will ensure that the dosage is clearly marked on the medication. The office staff will fill in Form 3 (a form to indicate the dosage and time of medication administered) indicating amount of medication given, time and ensure the parents has given a signature on this form. They will ensure that the Teaching Assistant gives the medication as prescribed to the child. The School may ask for a copy of the doctor's prescription if the label is unclear. Without this consent and correct labelling, the school is unable to administer medicine. After the dose has been given by the Teaching Assistant, FORM 3 will be altered giving the new amount of medication time dose etc. and will be attached to the medication. Any medication that is brought into school for a specific illness and needs cold storage is stored in medical compartment in the fridges in the staffrooms.

Any long term medication (such as inhalers), used to treat a long term illness will be kept in the unlocked drawer in the teacher's desk in each classroom. All epi-pens are kept in the main office in the drawer labelled epi-pens.

For medicines such as Calpol i.e. non-prescribed medication, the school will not administer this medication without a letter from the doctor, outlining why and when. The school advises working parents to ask family members or friends of the family come to school to administer the medication. The school requests a text or email to confirm who is doing this and the appropriate dosage.

**Pupils with particular medical conditions – see Medical Support section**

Pupils who have particular medical conditions (i.e. asthma, epilepsy, diabetes etc.) must have all information pertaining to their condition held on medical FORM 1 in their personal files. This will cover medication required in school as and when appropriate, and will include information, if appropriate, for ambulance crew to attend the child in an emergency.

**Accidents and Incidents**

The reporting of accidents and incidents falls into the following categories:

- Minor accidents – small cuts, grazes, sprains, bruising
- Major accidents – cuts requiring stitching, bone fractures, crush injuries, falls from height, head injuries, significant blood loss
- Accidents reportable to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

If the accident is more than a minor one, for a child or adult, it is reported immediately to the Head Teacher or Deputy Head Teacher who, if appropriate, sends for an ambulance and contacts the parents in the case of a child and emergency contact for an adult. Should the Head Teacher or Deputy be unavailable, then the teacher/Office Manager will call for the ambulance.

**MINOR ACCIDENTS:**

**Minor Accidents to a child**

If a minor accident occurs the procedure is as follows:

- The child is either dealt with outside or inside.
- The injury is assessed;
- The member of staff treats the injury;

- The child is resettled in to their classroom or sent outside and observed;
- The accident form is completed;
- If there is any concern about the first aid which should be administered, then the parents are called;
- If a child is sent home for any reason this must be recorded on the Accident Report Form and the time of leaving recorded on the register.

### **Reporting Minor Injuries to Parents**

Communicating with parents regarding minor injuries is done via an email from the School Office - A medical form is completed and scanned and sent to the medical folder the original form is sent home with the child.

**Parents must be informed, by email and/or phone, of any injury that their child receives to his/her head.** The Office Manager will contact the parent/carer concerned. If the head injury is severe, parents will be asked to collect their child to seek medical advice.

### **Minor Accidents to Adults**

Minor accidents will follow the same procedures as outlined above for a child.

### **MAJOR ACCIDENTS:**

#### **Major Accidents to a Child**

If a major accident occurs the procedure is as follows:

- The Head must be contacted immediately, or SLT in her absence;
- The First aider will assess the situation and decide whether the child needs immediate hospital attention or whether the child can wait for the parent to arrive; if it is clear that an ambulance needs to be called immediately then the member of staff should do so; sending another person to phone for the ambulance whilst remaining with the child;
- If the child needs to go straight to hospital an ambulance will be called. The parent/carer will be called and arrangements will be made to meet the parent/carer at the hospital/school. The first aider on duty or another member of staff who the child is familiar with will accompany the child to hospital and stay with them until the parent/carer arrives;
- If the child can wait for the parent/carer to arrive then the child will be made as comfortable as possible. A member of a first aider must be with the child at all times until the parent/carer arrives;
- It will then be the parent/carer's decision whether or not to take the child to hospital;
- As soon as possible after the accident, the school's Accident Report Form will be completed by the Office Manager. A copy may accompany the child to hospital.

#### **Major Accidents to Adults**

- The First Aider will assess the situation and decide whether the adult needs immediate hospital attention or whether the situation can be dealt with by the adult concerned;
- If the adult needs to go straight to hospital an ambulance will be called or he/she will be sent by taxi with another member of staff;
- The adult emergency contact or a person of their choosing will be telephoned and if possible arrangements made for them to meet the adult at the hospital;
- An Employee Accident Report Form / Observation Chart will be completed and a copy given to the adult concerned;
- The Head will inform Human Resources using the Confidential Accident & Injury Report form.

#### **The nearest hospitals are:**

- LISTER HOSPITAL, Stevenage SG1 4AB (nearest hospital with A&E facilities)
- QEII HOSPITAL, Welwyn Garden City AL7 4HQ (minor injury unit only)
- Dial 999/112 if immediate assistance is needed for a serious accident or incident

### **Calling Emergency Services:**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.**

- Telephone number : School 01438 353378
- Your Name:
- Your Location: Giles Junior School, Durham Road, Stevenage **SG1 4JQ**
- Provide the exact location of the patient within the school setting
- Provide the name of the casualty and a brief description of their symptoms. Please ensure that you inform them if the person is known to have Asthma or severe medical conditions
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

A completed copy of this form is to go with the patient.

### **Accidents reportable to RIDDOR**

Certain accidents arising out of or in connection with work are reportable to the Health and Safety Executive (HSE). RIDDOR places a legal duty on employers to notify and report some work related accidents, diseases and dangerous occurrences to the relevant enforcing authority for their work activity. Should an accident be reportable to RIDDOR this can be done via the RIDDOR Incident Contact Centre (ICC). Accidents which result in absence of more than 7 calendar days must be reported via RIDDOR.

### **Staff Indemnity**

This school fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff having been provided with adequate training and are following these guidelines. For the purpose of indemnity, the administration of medicines falls within this definition and staff can be reassured about the protection their employer provides. In practice the indemnity means that the school and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action is usually between the parent and the employer.

### **Pupil Accidents**

Fatal and major injuries to pupils on school premises during school hours must be reported immediately to the Local Authority. All such accidents, fatal or major, will also be reported to the Local Safeguarding Children Board (LSCB) and the School will act upon any advice given. However, injuries during play activities in playgrounds arising from collision, slips and falls and sporting injuries are not reportable unless they are attributable to:

- The conditions of the premises (e.g. potholes, ice, damaged or worn steps etc);
- Plant or equipment on the school premises;
- The lack of proper supervision.

Fatal and major injuries to pupils occurring on school sponsored or controlled activities off the school site (such as field trips, sporting events or holidays in the UK) must be reported if the accident arises out of or in connection with those activities.

### **Employee Accidents**

Any accidents to an employee resulting in a fatal or major injury must be reported immediately to the Head Teacher and the Human Resources. If the accident does not result in a fatal or major injury, but the employee is

incapacitated and unable to work for more than three days (excluding the day of the accident) there is still a requirement to contact the Health and Safety Executive (HSE).

The Head or Office Manager, in her absence, will report any accidents that are reportable to the HSE.

**Before any report to the HSE is made, the local authority must be contacted for advice.**

### **Allergies/ Chronic Illnesses**

Form 1 is used to record any health care needs for a child, including an allergy to any form of medication (once notified by the parent/carer) such as penicillin or a dietary allergy or food intolerances. All staff are made aware of these needs. Any chronic illness, such as diabetes or asthma, or any child whose health might give cause for concern are also recorded on this form.

### **First Aiders:**

Mrs. Denise Allaway  
Mrs. Trish Lamacraft  
Mrs. Frances Southwell  
Ms. Ria Tapner-Robinson

### **Paediatric First Aiders:**

Mrs. Denise Allaway  
Mrs. Sarah Watts  
Mr Adam Kent

### **First Aid Kits**

The suggested minimum contents of the First Aid boxes from the HSE Publication 'Approved Code of Practice The Health and Safety (First Aid) Regulations 1981 First Aid at Work' are:

- A leaflet giving general guidance on First Aid
- Plasters individually wrapped, assorted sizes.
- Blue waterproof for food handlers.
- Sterile eye pad
- Triangular bandage
- Sterile dressings
- Disposable gloves
- Ice pack
- Moist wipes alcohol free

### **MEDICAL SUPPORT:**

#### **1 Parents and Guardians**

It is important that responsibility for pupils' safety is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close cooperation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

- Parents/carers should be encouraged to provide the school with full information about their child's medical needs. Staff noticing a deterioration in a pupil's health over time should inform the head who should let the parents know.
- Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

- Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.
- An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk
- **There is no legal duty for school staff to administer medication; this is a voluntary role.** Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the head and parents, access to information and training, and reassurance about their legal liability.

### The Employer

- The employer must also make sure that their insurance arrangements provide full cover for staff acting within the scope of their employment. The LEA provides explicit reassurance to staff that those in county and controlled schools who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.
- In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to make sure that correct procedures are followed. Keeping accurate records in the school is helpful in such cases. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- The employer is also responsible for making sure that willing staff have appropriate training to support pupils with medical needs. This should be arranged in conjunction with the Health Authority or other health professionals. Health Authorities have the discretion to make resources available for any necessary training. In many instances they will be able to provide the training themselves. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise.
- A health care professional should confirm proficiency in medical procedures.

### The Head Teacher

The Head Teacher is responsible for implementing this policy in practice and for developing detailed procedures. When staff volunteer to give pupils help with their medical needs, the Head Teacher should agree to their doing this, and must ensure that staff receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to the Head Teacher.

For a child with medical needs, the Head Teacher will need to agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, the Head Teacher can seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the LEA. Complex medical assistance is likely to mean that the staff who volunteer will need special training.

When staff follow the school's documented procedures, they will normally be fully covered by their employer's public liability insurance should a parent make a complaint. The Head Teacher should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

### **Teachers and Other School Staff**

Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. The pupil's parents and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the school day other staff may be responsible for pupils (e.g. playground assistants). It is important that they are also provided with training and advice.

Many voluntary organisations specialising in particular medical conditions provide advice or produce school packs advising teachers on how to support pupils. There is a list of support groups and other agencies with contact names and addresses at the end of this policy.

### **School Staff Giving Medication**

Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

### **The School Health Service**

The School Health Service is part of an NHS Trust. The nature and scope of the service to schools varies between Health Authorities. It can provide advice on health issues to children, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the school nurse employed by the School Health Service.

The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with medical needs.

### **The School Nurse/Doctor**

Most schools will have contact with the health service through a school nurse or doctor.

The school nurse or doctor may help schools draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff willing to administer medication, or take responsibility for other aspects of support. The school nurse or doctor may attend school open days or parents' evenings to give advice to parents and staff.

Some pupils with medical needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of an NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines.

### **Short Term Medical Needs**

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.



### **Non-Prescription Medication**

School staff should not give non prescribed medication to pupils unless agreed by a parent in special circumstances. Parents should always be phoned before dose given as staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 12 should never be given aspirin, unless prescribed by a doctor.**

### **Administering Medication**

No pupil should be given medication without the parent's/carer's written permission and the school's consent to administer it. Any member of staff giving medicine to a pupil should ensure that Form 2 'Request for School to Administer Medication' has been completed before administering the medication and must also complete Form 3 'Record of Medication Administered in School'. They must also check:

- the pupil's name
- written instructions provided by parents or doctor
- prescribed dose
- expiry date

If in doubt about any of the procedures, the member of staff should check with the parents or health professional before taking further action.

Staff must complete and sign record cards each time they give medication to a pupil. Form 4 can be used for this purpose. In some circumstances, it is good practice to have the dosage and administration witnessed by a second adult.

### **Refusing Medication**

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

### **Storing Medication**

- Large volumes of medication should not be stored in the school. The head should ask the parent or pupil to bring in the required dose each day. However, this is not always possible.
- When the school stores medicines, staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers. The head is responsible for making sure that medicines are stored safely.
- A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. These are kept in a bag (with their dosage sheet), which clearly identifies the child, in a tray in the class teacher's desk. Other medicines should generally be kept in a secure place not accessible to pupils.
- When a child is moving to a PE lesson or to an after school dance or gym lesson they should have their inhaler with them. The teacher/instructor with the child is responsible for ensuring the inhalers are in a safe place which is easy to access. Class teachers must remember to send and collect inhalers to clubs and PE. **It is the responsibility of the class teacher to ensure inhalers are in the class teacher drawer at the start of each day.**
- **Staff are required to send inhalers to the staff room in the old building when there is a disco. They are then responsible for collecting these on Monday morning.**

- Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The school should restrict access to a refrigerator holding medicines.

### **Disposal of Medicines**

School staff should not dispose of medicines. Parents should collect medicines held in school at the end of each term and sign to state that they have been collected. Parents are responsible for the safe disposal of date-expired medicines.

Teaching assistants will check first aid cabinets regularly to ensure there are no out of date medicines which may not have been handed back to parents.

### **Hygiene/Infection Control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment, in the yellow bin in the stock cupboard.

Further guidance is available in the DfEE publication *HIV and Aids: A Guide for the Education Service*.

### **Emergency Procedures**

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Guidance on calling an ambulance is provided at the beginning of this document. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives.

Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

### **Purpose of a Health Care Plan**

The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive.

Health care Plans for Giles Junior School are recorded on Form 1. Those who may need to contribute to a health care plan are:

- the parent or guardian
- the child (if sufficiently mature)
- class teacher (primary schools)
- care assistant or support staff (if applicable)
- school staff who have agreed to administer medication or be trained in emergency procedures
- the school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

### **Information for Staff and Others**

Staff who may need to deal with an emergency will need to know about a pupil's medical needs. The head must make sure that supply teachers know about any medical needs

### **Staff Training**

A health care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff should not give medication without appropriate training. If school staff volunteer to assist a pupil

with medical needs, the employer should arrange appropriate training in conjunction with the Health Authority, who will be able to advise on further training needs.

### **Confidentiality**

The head and school staff should treat medical information confidentially. The head should agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil.

### **Intimate or Invasive Treatment**

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents and heads must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing. The Head Teacher or governing body should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

### **Asthma, Epilepsy, Diabetes and Anaphylaxis**

The medical conditions in children which most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This guidance provides some basic information about these conditions.

#### **What is Asthma?**

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the skin and lips may become blue.

#### **Medication and Control**

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most pupils with asthma will relieve their symptoms with medication using an inhaler.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each pupil's needs and the amount of assistance they require will differ.

**Children with asthma must have immediate access to their reliever inhalers when they need them.** Staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips.

## **Common Concerns**

Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate action if inhalers are misused by the owner or other pupils.

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

If a pupil is having an asthma attack, the staff member should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The staff member should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

## **What is Epilepsy?**

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

## **Medication and Control**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming.

Children with certain types of seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given. Diazepam causes drowsiness so pupils may need some time to recover after its administration. For information on the administration of rectal Diazepam see Forms 5a and 5b.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than five minutes or if one seizure follows another without the child regaining consciousness, or where there is any doubt.

### **What is Diabetes?**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

### **Medication and Control**

The majority of diabetes of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

### **Hypoglycaemic Reaction ('Hypo')**

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- Sweating
- Drowsiness
- Pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately . (Parents to supply) Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and the school will draw any such signs to the parents' attention.

### **What is Anaphylaxis?**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. 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, depending on the severity of the reaction.

### **Medication and Control**

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. 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. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health care professional.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

All staff are required to complete annual Epi-pen training.

### **Allergic Reactions**

Symptoms and signs will 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
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan.

Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

## **VOLUNTARY SUPPORT GROUPS:**

### *Action for Sick Children*

Argyle House  
29-31 Euston Road  
London NW1 2SD  
**Tel: 0171 833 2041**

### *Action for ME and Chronic Fatigue*

PO Box 1302  
Wells BA5 2WE  
**24 Hour Helpline: 0891 122976**

### *Aid for Children with Tracheostomies*

215a Perry Street  
Billericay  
Essex CM12 0NZ  
**Tel: 01277 654425**

### *The Anaphylaxis Campaign*

PO Box 149  
Fleet  
Hampshire GU13 9XU  
**Tel: 01252 318723**

### *Association for Spina Bifida and Hydrocephalus*

Ashbah House  
42 Park Road  
Peterborough PE1 2UQ  
**Tel: 01733 555988**

### *British Allergy Foundation*

23 Middle Street  
London EC1A 7JA  
**Helpline: 0171 600 6166**  
(Open from 10am to 3pm)

### *British Diabetic Association*

10 Queen Anne Street  
London W1M 0BD  
**Helpline: 0171 636 6112**

### *British Epilepsy Association*

Anstey House  
40 Hanover Square  
Leeds LS5 1BE  
**Helpline: 0800 309030**

### *Cancerlink*

17 Britannia Street  
London WC1X 9JN  
**Tel: 0171 833 2451**

or

9 Castle Terrace  
Edinburgh EH1 2DP  
**Tel: 0131 288 5557**

### *Contact a Family Contact Line (information source for parents of disabled children and all professionals working with disabled children)*

170 Tottenham Court Road  
London W1P 0HA  
**Tel: 0171 383 3555**

### *Cystic Fibrosis Trust*

Alexandra House  
5 Blyth Road  
Bromley  
Kent BR1 3RS  
**Tel: 0181 464 7211**

### *Hyperactivity Children's Support Group*

71 Whyke Lane  
Chickester  
West Sussex PO19 2LD  
**Tel: 01903 725182**

### *MENCAP (Royal Society for Mentally Handicapped Children and Adults)*

117-123 Golden Lane  
London EC1Y 0RT  
**Tel: 0171 454 0454**

## **USEFUL CONTACTS AND HELPLINES:**

*National Association for the Education of Sick Children*  
St Margaret's House  
17 Old Ford Road  
London E2 9PL  
**Tel: 0181 980 8523**

*National Asthma Campaign*  
Providence House  
Providence Place  
London N1 0NT  
**Helpline: 0345 010203**  
**Switchboard: 0171 226 2260**  
**Fax: 0171 704 0470**

*National Eczema Society*  
163 Eversholt Street  
London NW1 1BU  
**Tel: 0171 388 4097**

*The National Society for Epilepsy*  
Chalford St. Peter  
Gerrards Cross  
Buckinghamshire SL9 0RJ  
**Tel: 01494 873991**

*National Standing Conference of Hospital Teachers*  
145 Hardham Road  
Pailton-le-Fylde  
Lancashire FY6 8ES  
**Tel: 01253 891928**

*The Psoriasis Association*  
7 Milton Street  
Northampton NN2 7JG  
**Tel: 0604 711129**

*Royal National Institute for the Blind*  
224 Great Portland Street  
London W1N 6AA  
**Tel: 0171 388 1266**

*SCOPE*  
The Cerebral Palsy Helpline  
PO Box 833  
Milton Keynes MK14 6DR  
**Tel: 0800 626216**  
(Weekdays 11am to 9pm - Weekends 2pm to 6pm)

*SENSE*  
11-13 Clifton Terrace

Finsbury Park  
London N4 3SR  
**Tel: 0171 272 7774**

*The Sickle Cell Society*  
54 Station Road  
London NW10 4UA  
**Tel: 0181 961 7795**

*Terrence Higgins Trust*  
(Information on HIV and AIDS)  
52-54 Grays Inn Road  
London WC1X 8JU  
**Helpline: 0171 242 1010**

### **TEACHER UNIONS**

*Association of Teachers and Lecturers*  
7 Northumberland Street  
London WC2N 5DA  
**Tel: 0171 930 6441**

*National Association of Head Teachers*  
1 Health Square  
Boltro Road  
Haywards Health  
West Sussex RH16 1BL  
**Tel: 01444 458133**

*National Association of School Masters/Union of Women Teachers*  
Hillscourt Education Centre  
Rose Hill  
Rednal  
Birmingham B45 8RS  
**Tel: 0121 453 6150**

*National Union of Teachers*  
Hamilton House  
Mabledon Place  
London WC1H 9BD  
**Tel: 0171 388 6191**

*Professional Association of Teachers*  
2 St James' Court  
Friar Court  
Friar Gate  
Derby DE1 1BT  
**Tel: 01332 372337**



*Secondary Heads Association*

130 Regent Road  
Leicester  
Leicestershire LE1 7PG  
**Tel: 0116 2471797**

*UNISON*

1 Mabledon Place  
London WC1H 9AJ  
**Tel: 0171 388 2366**

**OTHERS**

*Association of County Councils\**

Eaton House  
66a Eaton Square  
London SW1 9BH  
**Tel: 0171 235 1200**

*Association of Metropolitan Authorities\**

35 Great Smith Street  
London SW1 3BJ  
**Tel: 0171 222 8100**

*British Association for Community Child Health*

5 St Andrew's Place  
Regents Park  
London NM1 4LB  
**Tel: 0171 486 6151**

*The College of Paediatrics and Child Health*

5 St Andrew's Place  
Regents Park  
London NM1 4LB  
**Tel: 0171 486 6151**

*Health and Safety Executive*

Education National Interest Group  
39 Baddow Road  
Chelmsford  
Essex CM2 0HL

*Royal College of Nursing*

20 Cavendish Square  
London W1M 0AB  
**Tel: 0171 409 3333**

*The Royal Pharmaceutical Society of Great Britain*

1 Lambeth High Street  
London SE1 7JN  
**Tel: 0171 735 9141**

**Fax: 0171 735 7629\***

\* **Note** - ACC and AMA merge on 1/4/97 to become the Local Government Association.

**Date for review:**

February 2022

**Distribution:**

- A copy of this policy will be available to:-

- a) all school governors
- b) all staff
- c) all School Office staff
- d) all parents (on request)

Approved..... Date: **19 May 2021**

**PUPIL DETAILS:**

Surname:  
Forename:  
Date of Birth:  
Condition/s:  
Class

**PUPIL  
PHOTOGRAPH**

**Family Contact 1:**  
Name:  
Relationship to Pupil:  
Phone No:

**Family Contact 2:**  
Name:  
Relationship to Pupil:  
Phone No:

**GP:**  
Name of Doctor:  
Surgery Address:  
  
Phone:

**Hospital/Clinic:**  
Name:  
Phone:

Describe the condition and the pupil's individual symptoms:

Daily Care Requirements:

Describe what constitutes an emergency for this pupil and the action to be taken if this occurs:

Follow up care:

Name of person responsible in an emergency:

**Date:**

**Review Date:**

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*Giles Junior School will not give your child medicine unless you complete and sign this form, and the has agreed that school staff can administer the medication*

**Surname:****Forename:**

Date of Birth:

M/F:

Class/Form:

Condition or illness:

**MEDICATION:**

Name/Type of Medication (as described on the original container):

For how long will your child take this medication:

Date dispensed:

**Full Directions for use:**

Dosage and method:

Timing:

Special Precautions:

Side Effects:

**Procedures to take in an Emergency:****CONTACT DETAILS:**

Name:

Daytime Telephone No

Relationship to Pupil:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that the school is not obliged to undertake this service.

Date:

Signature(s):

**Confirmation of the agreement to administer medication**

I agree that the child named above will receive the stated medication every day at the stated times under supervision by a trained member of staff.

This arrangement will continue until the end date of course of medicine or until instructed by parents/carers.

Date:

Signed:

Miss L Whitby

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions?	Staff Signature	Print Name

**FORM 4**

**STAFF TRAINING RECORD for the ADMINISTRATION of  
MEDICAL TREATMENT**

**Name:**

**Type of Training Received:**

**Training provided by:**

**Date training completed:**

I confirm that.....has received the training detailed above and is competent to carry out any necessary treatment.

**Trainer's Name:**

**Signature:**

**Date:**

I confirm that I have received the training detailed above and agree to administer medical treatment.

**Staff signature:**

**Date:**

Individual care plan to be completed by, or in consultation with, the medical practitioner

Name of pupil:

Date of Birth:

**Seizure classification and/or description of seizures which may require rectal diazepam** (Record all details of seizures eg. goes stiff, falls, convulses down both sides of body, convulsions last 3 minute etc. Include information re: triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence)

i) **Usual duration of seizure?**

ii) **Other useful information**

**DIAZEPAM TREATMENT PLAN:**

1. **When should rectal diazepam be administered?** (Note here should include whether it is after a certain length of time or number of seizures)

2. **Initial dosage: how much rectal diazepam is given initially?** (Note recommended number of milligrams for this person)

3. **What is the usual reaction(s) to rectal diazepam?**

4. **If there are difficulties in the administration of rectal diazepam e.g. Constipation/diarrhoea, what action should be taken?**

5a. **Can a second dose of rectal diazepam be given? YES/NO**

5b **After how long can a second dose of rectal diazepam be given?** (State the time to have elapsed before readministration takes place)

5c **How much rectal diazepam is given as a second dose?** (State the number of milligrams to be given and how many times this can be done after how long)

6. **When should the person's usual doctor be consulted?**

7. **When should 999 be dialled for emergency help?**

eg: i) **if the full prescribed dose of rectal diazepam fails to control the seizure**

ii) **Other** (Please give details)

8. **Who should (a) administer the rectal diazepam?**

**(b) witness the administration of rectal diazepam?**

(e.g. another member of staff of same sex)

**9. Who needs to be informed?**

**Parent/Guardian** **Tel:**

**Prescribing Doctor** **Tel:**

**Other** **Tel:**

**10. Precautions under what circumstances should rectal diazepam not be used** eg Oral Diazepam already administered within the last ..... minutes

***All occasions when rectal diazepam is administered must be recorded on Form 5b below***

**This plan has been agreed by the following:**

**Prescribing Doctor**

(Block capitals)

Signature Date

**Authorised person/s trained to administer rectal diazepam**

NAME (Block capitals)

Signature Date

NAME (Block capitals)

Signature Date

NAME (Block capitals)

Signature Date

**PARENT/GUARDIAN:**

Signature Date

**NAME OF EMPLOYER OF THE PERSON(S) AUTHORISED TO ADMINISTER RECTAL DIAZEPAM**

Signature Date

**A copy of this form should be available for review at every medical review of the patient**

Expiry date of this form:

Useful telephone numbers: Members of the Joint Epilepsy Council: British Epilepsy Association 0800 309030; Epilepsy Association of Scotland 0141 427 4911; Irish Epilepsy Association, Dublin 557500; Mersey Region Epilepsy Association 0151 298 2666; The David Lewis Centre 01565 872613; The National Society for Epilepsy 01494 873991.

PUPIL NAME:

<b>Date</b>				
<b>Recorded by:</b>				
<b>Type of Seizure</b>				
<b>Length and/or number of seizures</b>				
<b>Initial Dosage given</b>				
<b>Outcome</b>				
<b>Second Dosage given (if any)</b>				
<b>Outcome</b>				
<b>Observations</b>				
<b>Parent/Guardian informed</b>				
<b>Prescribing doctor informed</b>				
<b>Other information</b>				
<b>Name of Witness</b>				
<b>Date medication resupplied to school</b>				