

**First Aid**  
**Administering Medicines**  
**Infectious and Communicable Disease**  
**Supporting Medical Needs Policy**

**2024/2025**



**‘Believe, Persevere, Succeed’**

Issued by: Karen Pheasant  
Review Date: September 2024

## Supporting Medical Needs -First Aid – Infectious & Communicable Disease - Intimate Care Policy

This suite of documents and policies which relate to the welfare responsibilities of the school set out the school's expectations across the whole school including the Early Years and out of school provision along with the responsibilities of different staff in contributing to an outstanding learning environment. This policy should be read in conjunction with the:

Health and Safety Policy	Inclusion Policy	Curriculum, Teaching and Learning Policy
Early Years Policy	Safeguarding Policy	
Care and Supervision Policy	PSHE Policy	SEND Policy
Collecting Children Policy	Inclusion Policy	Activate Handbook
Physical Intervention Policy	Risk Assessment Policy	Allergy & Anaphylaxis Policy

<b>The appointed persons to manage medical needs and first aid</b>	<b>Mrs Sharkey</b> <b>Mrs Sophie Hughes</b>
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# Section 1 First Aid Policy

## Policy Statement

Bowdon Prep School is dedicated to safeguarding and promoting the welfare of its pupils and staff; our policies and practices encompass the needs of all our children from Early Years to Year 6 across all aspects of school life including out of school provision. It is the duty of all members of staff, both teaching and non-teaching, to play an active role in ensuring that each child's needs are met. Effective induction practices for all ITT, college and school students, volunteers and visitors aim to promote a consistent approach in meeting the needs of the whole school community.

## First Aid

First Aiders and Duties

The Appointed Person

Qualifications and Training

First Aid Materials

Procedures in Minor/ Major Accidents, Incidents, or Illness

Reporting and Record Keeping

Summary of First Aid Provision at Bowdon Prep School

## Aims of the Policy

- We are compliant with all relevant legislation.
- a person is appointed to take charge of first aid arrangements.
- staff nominated as first aiders receive up-to-date training by a suitably recognised organisation.
- suitably stocked and marked first aid containers are available at all appropriate locations throughout the school.
- all members of staff are fully informed with regard to the first aid arrangements.
- all staff are aware of hygiene and infection control procedures.
- written records are maintained of any accidents, injuries, diseases or dangerous occurrences. Reports are undertaken as required under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- first aid arrangements are regularly reviewed and assessed to maintain adequate first aid provision.

First aid can save lives and prevent minor injuries becoming major ones. Under health and safety legislation, Bowdon Prep School undertakes to ensure that there are adequate and appropriate equipment and facilities for providing first aid within the school.

## First-aid provision

- Eleven suitable stocked first-aid containers.
- Mrs Sharkey is the appointed person to take charge of first aid arrangements.

- Information for employees on first-aid arrangements

### **This provision is supplemented with a risk assessment to determine any additional provisions**

First-aid provision is always available while people are on the school premises, and off the premises whilst on school trips.

### **Responsibilities**

The Governors, in association with the Headteacher regularly review the school's first-aid needs, and particularly after any changes, to ensure that the provision is adequate. The Governors are responsible, under the Health and Safety at Works Act (HSWA), for making sure that the school has a health and safety policy. This includes arrangements for the first aid, based on a risk assessment carried out at Bowdon Prep School and covers:

- numbers of first aiders/appointed persons
- numbers and locations of first-aid containers
- arrangements for trips
- out of school hours arrangements e.g., afterschool care, parents' evenings

The Governors also make sure that the insurance arrangements provide full cover for claims arising from actions of the staff acting within the scope of their employment. They also take responsibility to make sure that the statutory requirements for the provision of first aiders are met, that appropriate training is provided and that the correct procedures are followed.

In the event of a claim alleging negligence by a member of staff, action will be taken against Bowdon Prep School and not a member of the teaching staff. Bowdon Prep School will ensure that all insurance arrangements provide full cover for any claims arising from actions of the staff who are acting within the scope of their employment.

### **The school has a designated member of staff responsible for First Aid**

An appointed person:

- monitors individual care plans.
- ensures all relevant staff are aware of children's conditions.
- ensures that there are enough fully trained First Aiders available at all times during sessions at the school.
- takes charge when someone is injured or becomes ill.
- looks after the first-aid equipment e.g., restocking the first aid container.
- ensures that an ambulance or other professional medical help is summoned when appropriate.

The appointed person does not have to be **a** first aider and if this is the case, they should **not** give first aid treatment for which they have not been trained. However, as good practice we ensure that the appointed person does have emergency paediatric first aid training as a minimum.

The designated member of staff and the Headteacher are responsible for enabling the members of staff concerned to receive adequate first aid training and is responsible for putting the Policy into practice and

for developing detailed procedures. The designated person and the Headteacher will ensure that all staff members are aware of the first-aid arrangements. This includes the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs. The designated person and the Headteacher will ensure that risk assessments for visits and other school activities are carried out. This is conveyed to the staff on an individual basis and by displaying first-aid notices in the staff room. Notices are displayed in prominent places. It is the responsibility of the Headteacher to ensure that parents are aware of the school's First Aid Policy

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of the pupils at the school are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

### **First-Aider's Main Duties**

All first aiders complete a training course approved by the Health and Safety Executive (HSE) whose contact telephone details are 0845 300 99 23. At the school, the main duties of the first aider are:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school.
- when necessary, ensure that an ambulance or other professional medical help is called.

Considering Bowdon Prep School's responsibilities for the pupils and staff of the school, we consider carefully the likely risk to the pupils and visitors and make allowances for them when deciding on the numbers of first-aid personnel. Where first aid is provided for staff and pupils, Bowdon Prep School ensures that:

- provision for staff members does not fall below the required standard.
- provision for pupils and others complies with other relevant legislation and guidance.

### **Risk Assessments of First Aid**

Will address the following:

- How accessible is the school for the emergency services and have adequate precautions been taken so that the accident/emergency vehicles can access the site without delay?
- Are there any specific hazards or risks on the site? For example, hazardous substances, dangerous tools, or machinery. Temporary hazards, such as building, or maintenance work should also be considered, and suitable short-term measures put in place.
- Are medical needs supported during trips and outings?
- Are there staff or pupils with special needs or disabilities? For example, different first-aid procedures may apply for each age group, such as the resuscitation techniques.
- Accident statistics indicate the most common injuries, times, locations, and activities at the site. These are a useful tool in risk assessment and can highlight areas that need concentration and perhaps tailor made first aid.

- How many first-aid personnel are required? We consider the likely risks to pupils and visitors, as well as the teachers when deciding on the numbers of first-aid personnel. Bowdon Prep School bases their provision on the results of the risk assessment. When considering how many first-aid personnel are required Bowdon Prep School ensures that:
  - adequate provision for lunchtimes and breaks (Several lunchtime supervisors also have first-aid training).
  - adequate provision for leave and in case of absences.
  - first-aid provision for off-site activities. If a first aider accompanies pupils off the school. There will be adequate first-aid provision in the school.
  - there is adequate provision for the practical areas such as physical education.
  - adequate provision for out of hours activities.

Unless first-aid cover is part of a member of staff's contract of employment, staff who agree to become first-aiders do so on a **voluntary basis**. When selecting first-aiders, Bowdon Prep School considers the individual's:

- reliability and communication skills
- ability to cope with stressful and physically demanding emergency procedures.
- normal duties. A first aider must be able to leave to go immediately to an emergency.

All school staff know how to contact a first aider. There are agreed procedures in place if an emergency occurs in an isolated area e.g., at the sport field. The procedures that are in place are known, understood, and accepted by all. Information is given about the location of first-aid equipment, facilities, and personnel. First-aid notices are displayed which are clear and easily understood by all.

## Supporting Individual Needs

### Individual health care plans (IHP)

Where pupils or staff have specific medical needs and an individual healthcare plan in place, additional consideration will be given and where possible specific support will be provided for the pupil's educational and emotional needs. Facilities along with the school environment are reviewed on a regular basis to ensure that individual needs are met including dietary requirements.

Parents at BPS are asked if their child has any medical conditions on the data collection form. We use an IHP to record the support an individual pupil needs around their medical condition.

- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- We ensure that the pupil's confidentiality is protected.

- The school seeks permission from parents before sharing any medical information with any other party.
- This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

## Qualifications and Training

All first aiders hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. Bowdon Prep School arranges appropriate training for their first-aid personnel.

As first-aid at work certificates are only valid for **three years**, Bowdon Prep School arranges refresher training and retesting of competence before certificates expire. If certificates expire, the staff member will have to undertake another course of training to become a first aider. Bowdon Prep School arranges for first aiders to attend a refresher course up to three months before the expiry of their certificate. The new certificate takes effect from the date of expiry. A record of first aiders and certification dates is kept in school.

## First-Aid Materials, Equipment and First-Aid Facilities

All First Aid boxes will be regularly checked to ensure its contents are up to date and in good condition. The main box in the office contains:

- A leaflet giving general guidance
- 6 medium sterile dressings
- 2 large sterile dressings
- 3 triangular bandages
- 12 safety pins
- 3 eye pad sterile dressings
- 60 sterile adhesive dressings (plasters)
- 30 sterile cleansing wipes
- 1 adhesive tape
- 9 nitrile disposable gloves (pairs)
- 3 finger sterile dressings
- 1 resuscitation face shield
- 2 foil blankets
- 2 hydrogel burn dressings
- 1 shears
- 2 conforming bandages
- 1 koolkids washproof plasters (pack of 120)
- 1 gauze swabs (pack of 100)



- 1 emergency spill sachet

Boxes kept outside of the office contain:

- A leaflet giving general guidance
- 6 medium sterile unmedicated wound dressings
- 2 large sterile unmedicated wound dressings
- 2 triangular bandages
- 6 safety pins
- 2 eye pad sterile dressings
- 20 sterile adhesive dressings (plasters)

The location of the First Aid boxes, and the names of the qualified first aiders is clearly displayed on the school premises.

Additional first-aid containers are available for the sport fields and playgrounds, other high-risk areas and any off-site activities. All first-aid containers are marked with a white cross on a green background.

These are checked frequently and restocked as soon as possible after use. There is extra stock in the school. Items are discarded safely after expiry date has passed.

### **Travelling first-aid containers**

Before undertaking any off-site activities, the trip coordinator and the Headteacher assess what level of first-aid provision is needed. Following the HSE recommendations, where there is no special risk identified, a **minimum** stock of first-aid items for travelling first-aid containers is used:

- a leaflet giving general advice on first aid.
- six individually wrapped sterile adhesive dressings.
- at least one large sterile unmedicated wound dressing (approx. 18cmx18cm)
- a triangular bandage
- individually wrapped cleansing wipes
- disposable gloves
- Ice packs

Bowdon Prep School provides suitable accommodation for first aid according to the assessment of first-aid needs identified. The area has a washbasin and a WC.

All staff take precautions to avoid infection and follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities and take care when dealing with blood or other body fluids and disposing of dressings or equipment.

## Storage of Medication

All medicine brought into school (for staff or pupils) will be placed in a locked cupboard in the medical room or in the fridge in the school office. The appointed person (Mrs Sharkey) has responsibility for receiving / logging / storing / administering / checking parental consent for medicines. In the event she is not available this duty falls to the first aid trained administration staff in the school office. Medicine labels are checked for storage details as some medicines need to be stored at temperatures or away from light.

Some emergency medication such as adrenaline pens (for children who suffer from allergies) and asthma inhalers are not locked away as children need quick access to these. In these cases, pupils have a red medical bag containing the medication and a copy of their care plan. This bag will move around the school with the pupils.

Staff must notify the Headteacher in cases where they may require emergency medication. Care plans will be in place for all staff and pupils whose conditions require additional risk assessments.

## Review Record Monitoring

The school governors' Business Committee is responsible for monitoring the impact of this policy.

Date of update	(U) Updated (R) Reviewed by	How was updated disseminated	Parents informed	Policy on website
28/9/16	H. Gee (U)	Teacher drive – staff briefing	No	Yes
23/11/2017	H. Gee (R)	Teacher drive – staff briefing	Yes	Yes
2/10/2018	N Evans (U)	Teacher drive	No	
Jan 2019	Govs (R)	Teacher drive	No	
Nov 2019	H. Gee (R)	Teacher drive – staff briefing	Yes	Yes
Nov 2021	K. Pheasant (U)	Teams		Yes
Nov 2022	K. Pheasant (R)	Teams		Yes
13/09/23	K. Pheasant (R)	Read Through		
13/09/23	K. Pheasant (U)	Teams		Yes
01.10.24	K. Wilkinson	Annual Review	Yes	Yes

Changes/updates in the last review	
1.	Update to First Aider List – Appendix 1
2.	Rationalisation of numbers of First Aid Boxes
3.	Change to required contents of First Aid Boxes kept outside the main Office

## Appendix 1 Bowdon Prep School First-Aid Information

### First-Aid Personnel

- The following members of staff have completed a First Aid at Work course:

Karen Pheasant – expires 2/25

Emma Hunter – expires 4/25

- The following members of staff have completed a Paediatric First Aid course

Katy Asher – expires 12/25

Elizabeth Hagan – expires 11/27

Sue Hughes – expires 12/25

Emma Hunter – expires 04/25

Dan Eastwood – expires 12/25

Mason Gee – expires 12/25

Venus Ho – expires 12/25

Lisa Cheney – expires 08/27

Heather Odiowei – expires 08/27

Fiona McGrath – expires 12/25

Eloise Wood – expires 12/25

Louise Glendon – expires 12/25

Sophie Hughes – expires 02/27

Sarah Jaber – expires 02/27

Rachael Ward – expires 02/27

Phil Horridge – expires 02/27

Naila Haroon – expires 02/27

Lynda Abbey – expires 02/27

Louise Baxter – expires 02/27

Kris Powell – expires 02/27

Karen Sharkey – expires 02/27

Jenny Ferguson – expires 02/27

Georgie Oakley – expires 02/27

Shauna Lydon – expires 11/27

In the EYFS at least one person with current paediatric first aid certificate will be always on the premises and accompany them on school trips and outings. All newly qualified staff in the EYFS will have Paediatric First Aid training.

### First Aid Boxes

Go Explore

Caretakers Room

STEM Room

Sports Field

Kitchen

School Office

Mrs Sharkey is responsible for ensuring the stock is renewed, as necessary.

## **Medical Room**

The Medical Room is situated on the ground floor (in the main school office). No child must be left unsupervised in the Medical Room.

## **Procedures**

Any accident involving an adult must be entered in the Accident Book.

In the event of an accident involving a child, the reporting and recording procedure must be adhered to. In addition, and in all cases, even for minor accidents, the school office must be notified. A report must be made in the Pupil Accident Injury Records chart, which is kept in the school office, and an Accident Notification form sent home. A copy of the Accident Notification is kept in the school office.

In the event of a head injury, a 'head bump' sticker must be fixed to the child's clothing, to make all members of staff aware that the child has received a head injury and must not take part in any sport or outdoor play. Parents are contacted by telephone in the event of any head injury.

Lunchtime staff record injuries in an accident book which did not require treatment.

## **Treatment**

Basic treatment will be given initially by a member of the office staff, in the Medical Room. A qualified first aider will be requested to attend if the injury or illness is considered to need an expert opinion. A parent/carer will be notified if it is deemed necessary that the child should be sent home.

## **Administration of Medicine (also see appendix 5)**

A Permission to Administer Medicine form must be completed and signed before any medication can be given to a child. Parents must give clear written instructions of required dosage etc. and hand medicine directly to a member of office staff.

Staff must only administer prescribed medicines to children. On no account leave medication in a child's school bag. Prescribed medicines will be stored correctly as advised on the bottle or packet. If the medicine should be kept in a refrigerator, then it will be stored safely and hygienically.

A member of staff must complete an Administration of Medicine Form, giving details of what medicine, dosage and when it was administered. The parent, when collecting the medicine at the end of the day, should sign this form. If the parent is unavailable to sign the form, a photocopy of it must remain in school. The member of staff who issued the form must ensure the parent does sign and return the original form to school as soon as possible.

## **Out of school clubs**

All providers of out of school and extra-curricular clubs are provided with information regarding first aid and medical needs as part of their induction and as an ongoing process. At the end of the school day when the school office closes medication and lead first aid responsibility is transferred to management of the after-school provision who have access to all medical provision and records. In the event of an incident where an incident, accident or medical treatment is needed, a phone call should be made to Heather Odiowei (after school club) who will assist.

## Appendix 2 Paediatric First Aid Training

Staff training offers a course which encompasses a practical, hands-on approach that delivers the skills and confidence to use first aid skills in a real-life situation. The **course content includes:**

This course covers how to help a baby or child who:

- is unresponsive and breathing.
- is unresponsive and not breathing, including:
  - the chain of survival
  - the use of an automated external defibrillator (AED) on a child
- is choking.
- is bleeding.
- is burnt or has a scald.
- has an object in their eye, ear, or nose.
- has hypothermia or heat exhaustion.
- has sickness or a fever.
- has a medical emergency, including:
  - meningitis
  - diabetic emergency
  - seizures
  - asthma attack
  - severe allergic reaction (anaphylactic shock)
- has an injury to a bone muscle or joint (including spinal injuries)
- has a head injury.
- has swallowed something harmful.

The course also includes basic adult first aid skills, details on accident reporting and administering medication for those working in a childcare setting.

### Qualification

On successful completion of this course, Staff receive a **paediatric first aid certificate** which is valid for **three years**.

In line with the statutory framework for the Early Years Foundation Stage, this course can be used as **evidence for an NVQ** in childcare and education.

## Appendix 3 Action in an Emergency

(To be undertaken by trained First Aider)

- Assess the situation: Are there dangers to the First Aider or the casualty? Make the area safe, look at injury: Is there likely to be a neck injury?
- Assess the casualty for responsiveness: Does the casualty respond.

### **IF THERE IS NO RESPONSE in an adult:**

- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position.
- If the casualty is not breathing send a helper to call an ambulance and then bring the defibrillator from the outside the Pupil Entrance.
- If breathing is absent begin Cardiopulmonary Resuscitation (CPR).
- Give 30 chest compressions, 2 rescue breaths and then continue with 30 chest compressions, (30:2) until emergency help arrives.

### **IF THERE IS NO RESPONSE in a child:**

- Give 5 rescue breaths and with one hand on the centre of the chest give 30 chest compressions, Then continue with 2 rescue breaths and 30 chest compressions (30:2) until emergency help arrives.

### **IF THERE IS NO RESPONSE in a child under one year:**

- Give 5 rescue breaths and with index and middle finger on the centre of the chest give 30 chest compressions, Then continue with 2 rescue breaths and 30 chest compressions (30:2) until emergency help arrives.

## Appendix 4 COVID-19: Guidance for First Aiders

**Physical distancing** – is close contact required or likely?

Assess whether close contact is required. Where possible, stay at least 2 metres away from other people but not if this affects your response.

Hand hygiene

Clean your hands thoroughly with soap and water or hand sanitiser after close contact with others and after touching any surfaces in the area you are working in.

**Person Protective Equipment (PPE):**

Where it is not possible to maintain a 2-metre distance and you are required to deliver hands on care, don PPE.

**Cardiopulmonary resuscitation:**

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a dynamic risk assessment to assess appropriate infection control precautions.

**In adults**, it is recommended that you do not perform mouth-to-mouth ventilation – perform chest compressions only.

Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes where cardiac arrest has not occurred due to lack of oxygen (asphyxia arrest).

**In children**, cardiac arrest is more likely to be caused by a respiratory problem or lack of oxygen. Therefore, chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield, if one is available.



## Appendix 5 Administering Medicine

At Bowdon Prep we wish to ensure that pupils with medication needs receive appropriate care and support at school.

**Please note that parents should keep their children at home if acutely unwell or infectious.**

### Introduction

We recognise the inherent hazards when administering drugs and pharmaceuticals for students, particularly when dealing with allergies.

It is our policy to:

- Maintain strict control over the use of prescribed drug and pharmaceutical administration.
- Ensure that medication use will only take place with the written consent of parents/guardians.
- Ensure that 'over the counter' medication is strictly controlled.
- Maintain records over the use of medication and inform parents/guardians at the end of every day of the medication administered.
- Ensure that all staff responsible for the administration of medication have been trained in safe handling.

Our school aims to be an inclusive school, meet the needs of, and provide equal opportunities for all the pupils. Parents' cultural and religious views will always be respected.

In trying to fulfil this aim it is accepted that some pupils have special health needs which include taking medication in order that they can continue to attend school. There are also occasions when, under a doctor's instructions, a pupil may need to take prescribed medication for a stated length of time.

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.** Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.

- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
- Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
- Each item of medication must be delivered to the Headteacher or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Parents are required to complete the administering medication form to ensure that each item of medication is clearly labelled with the following information:

- Pupil's Name.

- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date.

**The school will not accept items of medication in unlabelled containers.**

- Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.
- The school will keep records, which they will have available for parents.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low. We contact parents in advance to ensure that this is in hand and to ensure that the medication supplied is within its expiry date.
- The school will not make changes to dosages on parental instructions.
- School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each pupil with long-term or complex medication needs, the Headteacher will ensure that a Care Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary, under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
- The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

Staff will **only** administer non-prescriptive medication when there is clear written guidance from the parents on:

- The symptoms the pupil will show if required to take the medication.
- The name of the medicine
- The quantity of the medicine
- The time of its administration
- Any side-effects that may result from administration.

Staff will not administer ad hoc medication for minor complaints – these should be dealt with at home.

There is no legal requirement upon staff, teaching or non-teaching to administer medication. Staff undertaking duties associated with the administration of medication do so on a voluntary basis. We may occasionally have some support staff who are responsible for the meeting of health care needs as part of their duties.

Where staff have been trained and act in accordance with training and medical advice, no question of individual liability will arise.

It is vital that responsibility for pupil safety and wellbeing is clearly defined, and that each person involved with pupils with medical needs is aware of what is expected of them. We will work in close co-operation with parents, health professionals and other agencies to provide a suitably supportive environment for pupils with medical needs.

### **Parental/Guardian Responsibilities**

Parents and any others who have legal responsibility for the care of children will keep pupils at home when they are acutely unwell. Parents should request from their general practitioner that dosage schedules for any medication prescribed will not include school hours wherever possible. Parents are responsible for their child's medication. If a child requires medication during school hours, arrangements for its administration will be agreed between the parents and the school. It is the responsibility of the parent to check that medication is not out of date, that there is enough in school, that it is renewed as necessary and that any unused supplies are uplifted for disposal. It is the responsibility of the parents to advise the school in writing of any alteration to the prescribed dosage of medication.

Parents may consider their children to be responsible enough to carry and administer their own medication. In this event the school must be given full written details of the condition/illness from which the child suffers along with written details of the medication to be taken and the self-administration routine. Parents must advise the school in writing if their child is subject to any known allergic reaction e.g., to food stuffs which the child may come into contact within the course of the school day.

### **Administration Responsibilities**

Our school secretary is the appointed person for first aid and medication and has a responsibility for the administration of medicines and if they are not available the pastoral secretary will fill that role.

### **Dealing with minor injuries**

The above staff and first aid trained teachers will deal with minor cuts and bruises etc. These will be cleaned and occasionally a plaster may be applied to aid the healing process. Parents should inform the school if their child has any allergic reactions to any plasters and neither of these options will be administered.

## Appendix 6 Asthma

The most common symptoms of asthma are coughing, wheezing, a whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone gets all these symptoms, and some symptoms only occur from time to time.

Physical activity benefits children with asthma in the same way as other children, some children may need to take their inhalers before any physical exertion, and warm up activities are essential, especially in cold weather. Particular care may be necessary in cold or wet weather. If a child feels unwell, they should not be made to do physical activity.

### Medicine and Control

There are two main types of medicines used to treat asthma: Relievers and Preventers. Usually, a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Preventers (brown, red, orange inhalers, sometimes tablets) are usually taken out of school hours.

**Children with asthma need to have immediate access to their reliever inhalers when they need them.**

Inhalers are generally carried by the pupil, although a spare (clearly marked) one is sometimes kept in the School Office. Inhalers should always be available during PE, any other sports activities, and educational visits.

### **Care plans**

All current and new staff are made aware of the policy and staff have knowledge of all the children who have asthma. We have fully trained first aiders who are competent in managing asthma. In addition, all staff are kept up to date with information via the school's Lead First Aider. When a child joins the school, the parents are asked to complete an Individual Health care Plan to highlight any medical conditions.

It is also important that parents inform the school if their child **subsequently** develops asthma. All parents of children with asthma are asked to give us information about their child's medication and their signs and symptoms of an asthma attack. There are two copies of each child's care plan, which are kept in the: first aid room, the School Office, and a copy with the child. If the child's medication changes, parents are asked to inform the school. These care plans are reviewed annually.

Immediate access to reliever inhalers is vital. Children are encouraged to carry their own reliever inhaler in a red bag as soon as the parent, doctor and class teacher agree they are mature enough (general advice is from age 7). The reliever inhalers of younger children are kept in the classroom, in a readily accessible place, depending on the child's needs. Reliever inhalers are taken with the children when they move around the school or go on a school trip. All reliever inhalers are labelled with the child's name. It is the

parents' responsibility to ensure that they are not out of date. The school will monitor this and contact parents to ensure appropriate action is taken. We have a register of all children who have an inhaler. School staff are not required to administer medication to children except in an emergency; however, many of our staff are happy to do this. School staff who agree to do this are insured by the school when acting in accordance with this policy. **All school staff will let children take their medication when they need to.**

The school has a spare spacer in the main office. Parents of children who have asthma are asked to ensure that the school is provided with a labelled spare reliever inhaler. The First Aid Leader will hold this separately in case the pupil's own inhaler runs out or is lost or forgotten.

### **Physical activity and PE lessons**

Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children in their class have asthma and they will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their reliever inhaler during the lesson, they will be able to do so.

There has been great emphasis in recent years on increasing the number of children and young people involved in exercise and sport inside and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involves pupils with asthma as much as possible, in lunchtime and after-school clubs. PE teachers, classroom teachers and extra-curricular sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

### **School environment**

The school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as is possible, the school does not use chemicals in science or art that are potential triggers for children with asthma.

### **School attendance**

The school recognises that it is possible for children with asthma to have special educational needs because of asthma. If a child is missing a lot of school because of asthma, the class teacher will try to provide work for the child to do at home. If the child starts to fall behind in class, the teacher will talk to the learning support co-ordinator about the situation.

### **Staff guidance**

All staff who meet children with asthma are guided what to do in the event of an asthma attack by the posters which are located on display in the staffroom and around the school. The following procedure is displayed on the poster.

## **Guidance in the Event of an Asthma Attack**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward – do not hug them or lie them down.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Refer to the care plan.

### **If there is no immediate improvement**

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.
- Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

### **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.
- A colour-coded sticker indicates to all school staff that a child has recently experienced a mild attack.
- The parents/carers must always be told if their child has had an asthma attack.

### **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 to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency, school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.

- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Staff should not take pupils to hospital in their own car.

## Appendix 7 Epilepsy

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. Most diagnosed children never have a seizure during the school day. Epilepsy is a very individual condition. Seizures can take many different forms. Information provided by the parents or health professional is recorded on the pupils Health Care Plan, and this sets out the pattern of the child's epilepsy. If a child does experience a seizure in school, details should be recorded and communicated to the parents including –

- Any factors which possibly have acted as a trigger. E.g., visual, or auditory stimulation, emotion such as anxiety.
- Any unusual feelings reported by the child prior to the seizure.
- Parts of the body affected by the seizure e.g., limbs or facial muscles.
- The timing of the seizure – when it happened and for how long.
- Whether the child lost consciousness
- Whether the child was incontinent

What the child experience when they have a seizure depends on what part of the brain is being affected. Not all seizures involve loss of consciousness. Sometimes a child will remain conscious with symptoms ranging from the twitching or jerking of a limb, looking into space, appearing “blank” or even just experiencing strange tastes or sensations such as pins and needles.

During a seizure it is important that the child is kept safe, and that movements are not restricted. In a convulsive seizure, you should put something soft under the child's head to prevent them hurting themselves. After such a seizure, the child should be placed in the recovery position and kept safe.

### **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 set out in the child's Health Care Plan
- There are repeated seizures, unless this is usual for the child, as per the Health Care Plan

Some subtle seizures may go unnoticed and can be mistaken for daydreaming or not paying attention in class. Afterwards, children often have little or no memory of the seizure, but they may feel tired, be confused, or need to sleep. Recovery times vary.

### **Medicine and Control**

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as PE or working in science labs. Concerns about safety should be included in the pupils individual Health Care Plan.



## Appendix 8 Diabetes

Diabetes is a condition where the levels of glucose in the blood rise. This is either due to lack of insulin (Type 1 diabetes), or because there is insufficient insulin for the child's needs (Type 2 diabetes). Of all the children that have diabetes, type 1 is the most common. For Type 1 diabetes, the child normally needs to have daily insulin injections, to monitor their blood glucose level, and eat regularly according to a personal diet plan.

Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child has different symptoms, and these will be clear on the pupils Health Care Plan.

Poor diabetic control is sometimes indicated by.

- Greater than usual need to go to the toilet.
- Greater than usual need to drink.
- Tiredness
- Weight

### Medicine and Control

The diabetes of most children is controlled by daily injections of insulin. It is unlikely that these will need to be given during school hours. Most children can manage their own injections, but if doses are required at school, supervision may be required, and a private place to carry it out.

Some children with diabetes need to ensure their blood glucose levels remain stable and may check their blood by taking a small sample at regular intervals. When staff agree to administer blood glucose tests or insulin injections, they must be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. PE staff should be aware the need for children with diabetes to have glucose tablets or a sugary drink to hand. Some children may ask the PE department to keep a drink for them to have when needed.

Staff should be aware that the following symptoms either individually or combined may be indicators of low blood sugar – a hypoglycaemic reaction – in a child with diabetes.

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

Each child will have different symptoms – these will be indicated on the Health Care Plan. If a child does have a hypo, it is important the child is not left alone and that a fast-acting sugar such as glucose tablets or a sugary drink is given immediately. Slower acting starchy food such as a sandwich or a couple of biscuits should be given once the child has recovered, some 10-15 minutes later.

**An ambulance should be called if:**

- The child's recovery takes longer than 10-15 minutes.
- The child becomes unconsciousness.

## Appendix 9 Anaphylaxis

Anaphylaxis is an acute severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi, and sometimes the venom of stinging insects such as bees, wasps, or hornets.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically, and the patient loses consciousness. Fortunately, this is rare, and the more common symptoms would be swelling in the throat which can restrict the air supply, or severe asthma. Less severe symptoms include tingling around the mouth, abdominal cramps, nausea, or vomiting.

### **Medicine and Control**

The treatment for a severe allergic reaction is an injection of adrenaline. Preloaded injection pens containing a measured dose are available on prescription. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

There are two types of "pens" that would be used – an EpiPen, and an ani-pen. Supporting medical needs is included in the induction training for all new staff.

## Section 2 Infectious and Communicable Disease Policy

### Overview

Our school is committed to the health and safety of all children and staff who play, learn, and work here. As such, it will sometimes be necessary to require a poorly child to be collected early from a session or be kept at home while they get better. In such cases, the provisions of the Health, Illness and Emergency policy will be implemented. Parents/carers will be notified immediately if their child has become ill and needs to go home. Poorly children will be comforted, kept safe and under close supervision until they are collected.

If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours, or according to the times set out in the table below. If a member of staff becomes ill at work, similar restrictions on their return will apply.

If a child or member of staff becomes ill outside school hours, they should notify the school as soon as possible. The minimum exclusion periods outlined in the table below will then come into operation.

If any infectious or communicable disease is detected on the school's premises, the school will inform parents/carers personally in writing as soon as possible. The school is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it.

**Head lice: When a case of head lice is discovered at the school, the situation will be handled carefully and safely. The child concerned will not be isolated from other children, and there is no need for them to be excluded from activities or sessions at the school. When the child concerned is collected, their parent/carer will be informed in a sensitive manner. Other parents/carers will be informed as quickly as possible in writing, including advice and guidance on treating head lice. Staff should check themselves regularly for lice and treat whenever necessary.**

## Appendix 1 Minimum Exclusion Periods for Illness and Disease

DISEASE	PERIOD OF EXCLUSION
Antibiotics prescribed	First 24 hours.
Chicken Pox	Once all the blisters have dried and crusted over
Conjunctivitis	None
Diarrhoea	48 hours
Diphtheria	2-5 days
Gastro-enteritis, food poisoning, Salmonella and Dysentery	48 hours or until advised by the doctor.
Glandular Fever	Until certified well
Hand, Foot and Mouth disease	Until certified well
Hepatitis A	7 days from onset of jaundice & when recovered.
Hepatitis B	Until clinically well
High temperature	24 hours
Impetigo	until all lesions (sores or blisters) are crusted over or until 48 hours after commencing treatment.
Infective hepatitis	7 days from the onset
Measles	4 days from when the rash first appeared.
Meningitis	Until certified well.
Mumps	5 days after onset of swelling.
Pediculosis (lice)	Until treatment has been given.
Pertussis (Whooping cough)	21 days from the onset or after 48 hours on antibiotics
Plantar warts	Should be treated and covered.
Poliomyelitis	Until certified well.
PVL-SA	If lesion or wound cannot be covered
Ringworm of scalp	Until treatment has started.
Ringworm of the body	Until treatment has started.
Rubella (German Measles)	5 days from onset of rash
Scabies	Until treatment has been completed.
Scarlet fever and streptococcal infection of the throat	24 hours from the start of antibiotic treatment
Tuberculosis	Until declared free from infection by a doctor.
Typhoid fever	48 hours after the diarrhoea and vomiting symptoms have stopped.
Warts (including Verrucae)	Exclusion not necessary. Sufferer should keep feet covered.

This list is not necessarily exhaustive, and staff are encouraged to contact local health services if they are in any doubt.

Details of diseases reportable to health authorities are listed in Appendix 2.

## Appendix 2 Diseases – Notification to authorities

The following diseases are notifiable to the authority indicated if the notification threshold is reached.

Disease	Threshold	Report to:
Conjunctivitis	Outbreak or cluster	Local Health Protection Team
Food poisoning	Two or more cases with similar symptoms	Local Health Protection Team
Hepatitis	Outbreak	Local Health Protection Team
Measles, Mumps, Rubella, Whooping Cough	Outbreak	Local Health Protection Team
Giardia (parasitic disease)	Two or more cases with similar symptoms	Local Health Protection Team
PVL-SA	Two or more cases in setting	Local Health Protection Team
Respiratory Infections	A higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection OR  Evidence of severe disease due to respiratory infection, for example if a child, young person or staff member is admitted to hospital	Local Health Protection Team
Salmonella	Two or more cases with similar symptoms	Local Health Protection Team
Scabies	Two or more cases in setting	Local Health Protection Team
Typhoid and paratyphoid fever	Single occurrence	Local Health Protection Team
Diarrhoea and vomiting (gastroenteritis)	More cases than normally expected	Local Health Protection Team
Meningitis	Two occurrences within 4 weeks	Local Health Protection Team

Scarlet fever	Outbreak	Local Health Protection Team
Tuberculosis (TB)	Single occurrence	Local Health Protection Team
Local Health Protection Team: PHE Greater Manchester Health Protection Team, 2nd Floor, 3 Piccadilly Place, London Road, Eccles, Manchester, M1 3BN, Tel: 0844 225 1295		