HALES VALLEY TRUST

Policy for Supporting Pupils with Medical Conditions

Policy Tracker – Responsibility for monitoring this policy: SENDco Forum (Reviewed annually – date of next review May 2021)			
Date of review	**Reviewed By:**	**Role**	**Date Approved by the Governing Board/committee**
22/5/19	Special Educational Needs Co-ordinators Jeannette Mackinney	Special Educational Needs CEO	June 2019
20/05/2020	Special Educational Needs Co-ordinators Jeannette Mackinney	Special Educational Needs CEO	June 2020

Hales Valley Trust /NHS Partnership

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

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

- The Dudley South NHS Primary Care Trust monitors all school nurses caseloads regularly and updates when necessary. This reflects in a good medical liaison between Primary and Secondary Schools.
- It is important that all medical issues are transferred between schools.
- Lutley Primary School and Lapal Primary School Nurse can be contacted at Halesowen Health Centre.
- Hurst Hill Primary's School Nurse can be contacted at Sedgley Ladies Walk Clinic.
- Woodside Primary's School Nurse can be contacted at Pegasus Academy, Scotts Green Close, Dudley.
- Priory Primary's School Nurse can be contacted at Dudley School Nursing, Progress Point, Bay 6, Pensnett Estate, Kingswinford.

The care scheme of work that the School Health Advisor offers is:-

Prior to school entry

- Attend new foundation stage parents' evening.

School entry (Foundation which is a child's first year at school)

- Liaison with class teacher/first aid coordinator/SENDCo.
- Health questionnaire to all parents.

- Measurement of height and weight.
- Hearing Sweep test.
- Children who are highlighted with a medical/developmental problem will be offered a selective school entry health assessment or referred to the appropriate agency.

Throughout Primary School

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

Year 6

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

Lutley Primary School has an excellent working relationship with School nurse Kate Cummings.

Lapal Primary School has an excellent working relationship with School nurse Rebecca Perry Smith and Jackie Fox.

Hurst Hill Primary School has an excellent working relationship with School nurse Tracey Smith.

Woodside Primary School has an excellent working relationship with School nurse Lynne Howell.

Priory Primary School has an excellent working relationship with School nurse Karen Darby.

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

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Supporting Pupils with Medical Conditions at School Policy

1. Introduction

The Local Governing Committee of each school ensures that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance Supporting Pupils with Medical Conditions at School, published in September 2014 (last updated August 2017). Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- The DfE publication Supporting Pupils with Medical Conditions at Schools published in September 2014 (last updated August 2017) includes statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Where children have a disability, the requirements of the Equality Act 2010 will apply. Where children have an identified special need, the SEND Code of Practice 2014 will also apply.
- All schools across Hales Valley Trust aim to ensure that all children with medical conditions, in terms of both physical and mental health, are supported to play a full and active role in school life, remain healthy and achieve their academic potential.
- All children have a right to full access to education, including school trips and physical education.
- We recognize that medical conditions may impact social and emotional development as well as having educational implications.
- Hales Valley Trust School staff will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

2. Key Roles and Responsibilities

1.1 The Local Authority (LA) is responsible for:

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

The Local Governing Committee of each school is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures in the school.
- Ensuring that the school's Admissions Policy and Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Informing relevant staff of medical conditions and preventative or emergency measures required so that staff can recognise and act quickly when a problem occurs.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Ensuring that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- Ensuring the level of insurance in place reflects the level of risk.
- Ensuring that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

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

The Head Teacher and SENDCo is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of the School.
- Making sure all staff are aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff, who need to know, aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs) in partnership with the School Nurse.

- Ensuring that short- or long-term risk assessments are developed in consultation with parents for pupils with ongoing medical needs or after receiving medical treatment. For example, broken limbs.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- Liaising locally with lead clinicians on appropriate support.

Staff members are responsible for:

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

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

School Nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.

- Liaising locally with lead clinicians on appropriate support.
- Providing support for staff on implementing a child's individual health care plan and providing advice and liaison, including with regard to training.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a Parental Agreement for School to Administer Prescribed Medicine Form before bringing prescribed medication into school.
- Providing the school with the prescribed medication their child requires and keeping it up to date. If a child requires emergency medication (such as an epipen or an inhaler) and this medication is out of date, then staff will administer this in the absence of any appropriate medicine.
- Collecting any leftover prescribed medicine at the end of the course or year.
- Discussing prescribed medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an IHCP for their child in collaboration with the Head teacher, SENDCo, other staff members and healthcare professionals.
- To ensure that emergency contact information is always up to date and accurate, parents need to be aware of the importance of letting the school know of any change to emergency contact information and that they are always contactable in the event of an emergency. We reserve the right to test emergency contact numbers and if parents/carers are not available/contactable then the child could be asked to remain at home until the issues are resolved.

Definitions

Prescription medication is defined as any drug or device prescribed by a doctor.
A staff member is defined as any member of staff employed by the school.

3. Training of Staff

- Staff will receive training on the Supporting Pupils with Medical Conditions at School Policy as part of their induction as appropriate.
- Staff will receive regular and ongoing training as part of their development.
- Staff who undertake responsibilities under this policy will receive the training from the appropriate healthcare professionals.
- No staff member may administer prescription medicines or undertake any healthcare procedures without written consent from parents/carers.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- A record of staff training will be kept.

The role of the child

- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to carry their medication and take it under the supervision of trained staff.
- Pupils with medical conditions will be consulted about their medical support needs.

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

- Arrangements to support medical needs should be in place in time for a child to start the school term.

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

5. Individual Healthcare Plans (IHCPs)

- Where necessary, an IHCP will be developed in collaboration with the pupil, parents/carers, relevant school staff and medical professionals.
- All IHCPs need to be reviewed every 12 months or sooner if there are significant changes to the child's care, with each review being signed by the healthcare professionals involved in the individual child's care.
- Any change a parent wants to make to an IHCP needs to be via a written medical letter from a healthcare professional.
- IHCPs will be easily accessible whilst preserving confidentiality.
- Where a pupil has an Education, Health and Care plan (EHCP), the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

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

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

- The pupil will return to school only when their medical care has been reviewed by a healthcare professional (including the implementation of an IHCP if applicable) and a return to school meeting with parents.
- Where a child has an IHCP, this will clearly define what constitutes an emergency and explain what to do.

6. Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible and the prescribed medicines require 4 or more dosages per day, then the school staff will administer one of these doses during the school day, usually around the middle of the day.
- Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for the school to administer the medicine.
- As a school, we will assess the level of training we feel is required for staff to administer medicines.
- Prescribed medicines need to be fully labelled and it is not appropriate for them to be carried by the child, they will be stored safely either in a fridge or cupboard.
- Prescribed medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Prescribed medicines which do not meet these criteria will not be administered.
- Any medications left over at the end of the course will be returned to the child's parents or destroyed if expiry date is reached.
- No medication must be brought into school without a prescription label. If this does happen it will be kept in the school office for the parent to collect. Staff will not administer any form of medication without it being prescribed by a doctor. Staff may administer liquid

paracetamol/ibuprofen for a maximum of 48 hours where the parent has given written consent.

- Written records will be kept of any medication administered to children. Pupils will never be prevented from accessing their medication when they needed and this will always be under the supervision of an adult.
- School cannot be held responsible for side effects that occur when medication is taken correctly.

7. Emergencies

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

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

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked:
    - The school's telephone number
    - Your name
    - Your location
    - Provide the exact location of the patient within the school.
    - Provide the name of the child and a brief description of their symptoms.
    - Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
- Ask office staff to contact premises to open relevant gates for entry.
- Contact the parents to inform them of the situation.
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.
- If a child requires emergency medication (such as an epipen or an inhaler) and this medication is out of date, then staff will administer this in the absence of any

appropriate medicine.

Where an IHCP is in place, it should detail:

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

8. Enrichment and Extra Curricular Activities

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

9. Avoiding Unacceptable Practice

School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring medical evidence or opinion.
- Preventing pupils from taking inhalers or any medication that is necessary.
- Preventing children from taking part in any activities during school hours.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Creating barriers to children participating in school life, including school trips.

- Refusing to allow pupils to eat, drink or use the toilet when there is a recognised medical need as diagnosed by a doctor, in order to manage their condition.
- Sending children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their ICHP.
- Routinely require parents to attend the school to administer medication or provide medical support to their child including toileting issues. (There may be extenuating circumstances where this may have to happen for a period of time).

10.Insurance

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

11. Complaints

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

Anaphylactic Policy

June 2020

Hales Valley Trust

1.2 Introduction

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.

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

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

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

Hales Valley Trust will ensure that all staff are trained and receive annual updates by the school nurse to support the management of anaphylaxis in school.

1.3 Aims

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

School Procedures

All staff, where necessary, will be made aware of any children with anaphylaxis/allergies and care plans.

Parents will be seen by the school nurse and an Anaphylaxis Care Plan will be completed – discussing child's condition, signs and symptoms plus medical treatment.

Parent/carers must ensure that up to date EpiPens are clearly labelled and given to office staff. At the start of each term the First Aid Co-Ordinator will ensure that staff check EpiPens are a) in school and b) in date.

It is the responsibility of the senior lunch time supervisor or a named lunchtime supervisor and deputy, to collect EpiPens at the beginning of lunch and keep them with them, returning them to the classes at the end of lunch time.

The second EpiPen will (with parental permission) be kept in an accessible place for use in an emergency.

Parents/carers should provide a small bag clearly labelled with their child's name in order for children to carry their own EpiPen where appropriate.

1.4 Emergency Procedure – in the event of an Anaphylactic Attack

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

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

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

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

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

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

When an ambulance is called the Headteacher or the next senior member of staff in their absence must be informed immediately.

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

Parents/carers must be informed immediately.

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

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

Some mild symptoms may be:-

Facial rash	Tickly sensation in back of throat
Muscle ache	Mild swelling of lips, mouth and tongue

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

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

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

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

Asthma Policy

June 2020
Hales Valley Trust

1 Asthma Policy

Introduction

Asthma is a potentially life-threatening condition which demands to be taken seriously. Most classrooms will have an average of 4-5 children with asthma making it the most common long-term medical condition in schools today. At school a child with asthma has the right to expect:

- Immediate access to their inhaler – if the inhaler is left in the classroom medical box – it will be visible and accessible.
- Appropriate support to fully participate in PE and all activities.
- Help in catching up with lessons after time off school.
- An environment free of asthma triggers such as excessive dust.

Aims

Hales Valley Trust adopts this policy to ensure that pupil's individual health needs are met in line with the SEND Code of Practice 0-25, 2014.

All staff including supply teachers and new staff are made aware of the policy so that they are informed how:

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

Guidance

In order to achieve these aims, the following guidance should be carried out:-

- All staff are given basic awareness training about asthma and the use of an inhaler. This training will be updated annually by the school nurse.
- All staff have a clear understanding of the procedure to follow when a child has an asthma attack.

- Inhalers for children are accessible at all times. Inhalers to be kept in their classrooms clearly labelled, either in the classroom medical boxes or carried by the child.
- Inhalers are taken on all school trips and children noted in the Risk Assessment.
- The school maintains a register of asthmatics with up to date medical details which is kept in the office.
- Upon completion of a child's details for the asthma register, parents/carers may give permission to use the emergency inhalers kept in school.
- Emergency inhalers are kept in the office and renewed by the school nurse.
- The First Aid Co-ordinator will ensure that at the start of each term, staff check that inhalers are a) in school and b) in date. However, it is ultimately the parents/carer's responsibility to ensure that in date inhalers are in school.

1.4 Management of Asthma in School

- Early administration of the correct reliever treatment, usually a blue inhaler, will cause the majority of attacks to be completely resolved.
- Parents/carers should supply a labelled inhaler and if needed a spacer device.
- Parents/carers should provide written details, on the Dudley Asthma Pupil Form, which is kept in the office, of the treatment needed in an attack. The child is then put onto the Asthma Register.
- Parents/carers should notify the school of any changes in the treatment. Details are evaluated by the school nurse annually.
- All teachers must be aware of the children in their class with asthma and their treatment.
- Teachers should remind pupils whose asthma is triggered by exercise to take their inhaler before the lesson. Each child's inhaler must be labelled and kept at the site of the lesson.
- If a child needs to use their inhaler during the lesson they will be encouraged to do so. Staff must check if a spacer is required.
- If a child uses their inhaler in school, parents or carers will be informed so they can monitor usage.

1.5 In the Event of an Asthma Attack

- Ensure that 2 puffs of the blue inhaler are taken immediately. Whenever possible do not move the child, give the medication wherever the child is.
- If symptoms do not resolve continue 1 puff every minute for 5 mins.
- If symptoms persist with no change after 5 – 10 minutes revert to Emergency situation.
- Stay calm and reassure the child.

- Stay with the child until the attack is over.
- Encourage the child to breathe slowly and deeply.
- After the attack and as soon as they feel better, the child can return to normal school activities.
- The child's parents/carers must be informed of the attack.
- If a child has repeated attacks and NO personal inhaler is at school, the emergency inhaler will be used and the parents/carers will be contacted. If parents fail to provide a personal inhaler, the school nurse should then be informed.

1.6 In an Emergency Situation

Call the ambulance if:-

- The reliever has NO effect after 5-10 minutes.
- The child is either distressed or unable to talk.
- The child is getting exhausted.
- You have any doubts at all about their condition.
- Continue to give the inhaler 1 puff every minute until help arrives.

1.7 Safety and Hygiene Issues

- The drug in the blue inhalers which is used to relieve symptoms is very safe and cannot do any harm if given too much.
- No harm will come to a non-asthmatic child that takes an inhaler.
- Emergency spacer devices are for universal use and should be washed in warm soapy water, NOT RINSED, and allowed to dry in the air after each use to prevent cross infection.

Epilepsy Policy

June 2020
Hales Valley Trust

Introduction

Epilepsy is a common medical condition. Therefore, it is likely that most teachers will come in contact with a pupil with epilepsy at some time during their career.

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

- Epilepsy is a descriptive term and not a specific illness or disease.
- It is an altered chemical state of the brain leading to outbursts of extra electrical activity within it.
- There are many types of seizures, the most common being absence (petitmal) and tonic-clonic stage (grand mal).

Pupils with epilepsy come under the definition of having a disability as described in the Code of Practice 2014 and are covered by the Special Education Needs and Disability Act (SEND) 2010.

Guidance

Hales Valley Trust schools adhere to the Disability Discrimination Act 2010 and Equality Act 2010 which state schools must not discriminate against disabled pupils.

- The school must not treat disabled pupils less favourably.
- The school must make reasonable adjustments. Schools should plan in advance to meet the needs of a disabled child including support strategies for their learning.
- It is unlawful to exclude a disabled child from school for a reason relating to their disability.
- Epilepsy care plans should be filled in with the parents and school nurse, kept in the office and a copy sent to all necessary staff.

Aims

Hales Valley Trust schools adopt this policy to ensure that pupil's individual health needs are met in line with the Disability Discrimination Act 2010 and Equality Act 2010:

- To recognise the needs of all children with epilepsy.
- To implement strategies to support the child's learning.
- To ensure that children with epilepsy participate fully in all aspects of school life.

- To recognise that immediate treatment is vital.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

Symptoms of Epilepsy

A) Major Seizures (Tonic/Clonic Stage)

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

Tonic Stage:

- Sufferer falls unconscious.
- Muscles go rigid.
- They can go blue in the face.
- They can bite their tongue.

Clonic Stage:

- Muscles go into spasm.
- They will have violent movements of the limbs.
- They can froth at the mouth.
- They can become incontinent.

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

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

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

B) Absence (Petit Mal)

These are much briefer and can be numerous.

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

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

First Aid Treatment of Epilepsy

Major Seizures

- Inform a trained member of staff.
- Time the seizure from the beginning.
- Never leave the child alone until fully recovered.
- Do not move the child unless they are in danger.
- Move any objects on which they could hurt themselves.
- Do not put anything in their mouth.
- Do not restrict their movements.
- Turn them into the recovery position once the seizure is over and cushion their head.
- Provide reassurance / reorientation following the seizure.
- Maintain their dignity / privacy at all times.
- Normally there is no need to ring 999, however if it is a first seizure in school, then emergency assistance will be called. In all instances, parents will contacted to collect the child.
- If Buccal Midazolam is prescribed for a seizure, appropriate training will be provided by a healthcare professional.
- Buccal Midazolam will be stored as set out in the child's epilepsy care plan.
- Record timings and observations and share with parents and medical professionals.

Minor Seizures

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

Management of other children's needs

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

Health and Safety Issues

Assessing the Risk

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

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

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

Managing the Risk

The SEND Code of Practice 0-25 years 2014, states that strategies (additional to and different from that which may be needed for other children) need to be put into place to enable the child to access their full curriculum entitlement.

Strategies **may** include:

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

Diabetes Policy

June 2020
Hales Valley Trust

Introduction

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

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

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

Aims

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

Role of the staff

- All school staff are made aware of the pupils who have diabetes and are using an insulin pump or who administer insulin via injection.
- Staff whom have agreed to administer insulin via injection or pump therapy will be given appropriate training by healthcare professionals.
- Staff will ensure all children with Diabetes have a safe and private area for them to carry out testing and administer insulin.
- In all Trust schools there are trained members of staff able to deal with diabetes management.
- The Senior Management Team will ensure that a trained member of staff is available every school day, and on-site, to give or supervise the injection or pump therapy data entry and will inform the child's parent/carer immediately if a trained person is not available.
- The child's care plan will be followed accordingly and agreed by parents, the Children's Diabetes Nurse Specialist, the Senior Management Team in school and the school staff who have been specifically trained. Current guidelines from Diabetes UK recommend at least 2 members of staff to be trained.
- Any change a parent wants to make to an IHCP needs to be via a written medical letter from a healthcare professional.
- Staff need to be aware that children with diabetes need to be allowed to eat and drink regularly during the day. This may include eating snacks during lesson times or prior to exercise.

Symptoms of Diabetes

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

Each child may experience different symptoms, and this should be discussed when drawing up an IHCP with the healthcare professionals.

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

Managing Hypoglycaemia

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

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

The blood glucose levels at the start of the hypoglycaemic episode should be recorded in a dedicated diary for the individual child and tested after an agreed length of time as stated in their care plan, after the administration of a fast-acting sugar. The second blood level should again be recorded in the diary and as long as the child is feeling well and the blood glucose

level has returned to within normal parameters (as decided by the child's Diabetic Nurse, and their health care plan), the child may return to their lessons.

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

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

Managing Hyperglycaemia

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

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

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

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

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

First Aid Policy

June 2020
Hales Valley Trust

Aims

- To maintain an appropriate ratio of qualified staff, at all levels, who undergo regular first aid training.
- To secure a sound provision of first aid trained staff for all school-based activities both within and outside school.
- To ensure the health and safety of all pupils throughout the school.

Role of the Staff

- Teachers have a common law responsibility to look after the children in their care.
- Non- teaching staff, act under the direction of senior leaders in the school.

First Aid Supplies

- First aid boxes are maintained at various locations around the school clearly marked, and the care room is accessible to all children when needed.
- First Aid Boxes will contain items compliant with current legislation.
- These items can be used by any person in the absence of a first aider, without aggravating the injury and until further help is summoned.
- There are first aid bags for use on all school trips and visits.

Procedure for Accidental Injury

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

- Immediate first aid must be given, by the nearest member of staff as far as their knowledge permits, and a message sent to the nearest first aider. Full Personal Protective Equipment (PPE) will be worn when first aid is administered.
- The casualty must be given all possible reassurance and ONLY if necessary be moved. If possible, the patient should not be left alone.

- A message must be sent to the office and the Headteacher/most senior member of staff will be informed if appropriate.
- Parents/carers will be informed.
- Pupils must receive emergency medical attention as soon as possible in the following cases:

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

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

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

Child Reporting Sickness

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

- When a child reports feeling unwell to a member of staff, initially their action is determined by how well they know the child.
- First aiders/staff will assess whether they think a child needs 'time out' from the classroom/lesson and administer any first aid deemed necessary.
- The responsibility for deciding whether a pupil should go home or not, resides with the class teacher/first aiders or a senior member of staff.
- In cases where the child has a bump to the head or a general bump to the face, parents must be notified. If the bump is a severe one, then the parents/carers should be notified, and a decision made whether the child should go home.
- Parents with a child suffering from a short-term serious illness are encouraged to contact the Headteacher/ SENDCo to negotiate education requirements.
- We do not encourage children to miss lessons and do not allow unsupervised children to stay indoors during breaks, so before a child is sent back to school after an illness, parents should ensure that the child can cope with the whole school day.
- Any child who has been sick should go home as soon as possible, in order to limit the spread of any infection.

Exclusion Conditions

There are regulated exclusion periods for:

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

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

Disease	**Usual incubation Period**	**Period of communicability**	**Minimal period of exclusion from school**	
			Cases– subject to clinical recovery	**Contacts – family/close**
Rubella (German measles)	2 – 3 weeks	7 days before to 4 days after onset of rash	Until recovered/4 days from onset rash	None
Measles	7 – 18 days	Just before start symptoms to 5 days after start of rash	Until recovered/5 days from onset of rash	None
Mumps	18 - 21 days	7 days before to 7 days after onset of swelling	7 days from onset of swelling	None
Chickenpox and Herpes zoster (Shingles)	14 – 21 days	1 – 2 days before to 5 days after onset of rash	Until rash dried – generally for 5 days from onset of rash (+see shingles)	None
Scarlet Fever (streptococcal)	1 - 3 days	Whilst organism in nose/throat – usually 48 hours from onset	Scarlet fever – 1 week onset other – when treated	None
Whopping Cough	7 – 10 days	7 days after exposed to 21 days after onset paroxysmal cough	For 3 weeks after onset of cough and fully recovered.	None
Diagnosed Norovirus	48 hours	Most infectious when have sickness and/or diarrhoea	Until clinically well and no diarrhoea for 48 hours	Exclusion not routinely needed for contacts or family members
Diagnosed Swine Flu	1 – 10 days - or until symptoms cease.	Duration of active illness	Until recovered	None – unless other factors are apparent i.e asthma then Flu vaccine recommended.
Coronavirus	Under 5s One symptom shown: 14 days isolation	Duration of active illness	Until recovered	14 days isolation
Coronavirus	Over 5s	Duration of active illness	Until recovered	14 days isolation

	One symptom shown: 14 days unless tested negative for the virus			
Gastroenteritis of unknown cause – include viral	Viral – may 12 – 48 hours	Whilst organism is present in stools	Until clinically well and no diarrhoea for 48 hours	Exclusion not routinely needed for contacts or family members
Dysentery (Shigella)	1 – 7 days	Most infectious when have diarrhoea	Depending on cause, children in nursery classes may be excluded longer In rare cases exclusion may be extended and stool specimens needed – will be a discretion of the CCDC	If symptoms develop, should also be excluded. Some cases may have stool testes if positive may advised by excluded. Extra precautions with food handlers – should have stool tests
Salmonella – food poisoning	12 – 72 hours			
Campylobacter –food poisoning	1 – 10 days (usual 2-5)	Most infectious when have diarrhoea		
Cryptosporidia infection	3 – 14 days			
Giardia infection	4 – 25 days	Less risk transmission when stools well formed		
E. Coli – verotoxin producing	1 – 14 days – usual 1 – 6 days	Whilst organism in stools	Until normal stools for 48 hours and may need stool specimens – discretion CCDC	Younger family contact may need to be excluded until case well – at discretion of the CCDC
Other Gastrointestinal Illness and Infective Jaundice				
Hepatitis A	15 – 50 days – usual one month	1 -2 Weeks before onset to 1 week after onset jaundice	Until one week after onset of jaundice	None
Hepatitis B	48 – 180 days – usually 60 – 90 days	Whilst organism in body fluids. Can carry without symptoms.	Until clinically recovered	Not required – CCDC will advise
Typhoid Fever	7 – 21 days	Whilst organism in stools or urine	At discretion of the CCDC	At discretion of the CCDC
Paratyphoid Fever	1 – 10 days			
Skin and Other Specific Site infections				
Impetigo	4 – 10 days	Whilst purulent lesions. Antibiotics rapidly effective. Some carry organism	Once treatment started for 48 hours	None
Hand, foot and mouth disease – coxsackie virus	3 – 5 days	Whilst acute illness. May persist in stools for months.	Until clinically well	None
Firth disease (Slapped cheeks syndrome)	3 – 5 days before appearance of rash	Reduced once rash appears	None	None
Herpes simplex (cold sores)	2 – 11 days	Until lesion is dry/not secreting	May not practical – until dried	Children with eczema best avoid contact
Conjunctivitis	Vary – 24 – 72 hours	During active infection	None - once treatment has started	None

Respiratory infections, Bronchitis, parainfluenza	1 – 10 days	Duration of active illness	Until recovered	None
Serious General infections				
Meningococcal infection – Meningitis	2 – 7 days	Whilst organism in nose and throat	Until full clinical recovery CCDC will advise	No exclusion – may receive antibiotics
Meningitis – viral	Variable	Variable	Until recovery only	None
Diphtheria	2 – 5 days	Whilst organism is throat or nose	At discretion of the CCDC	At discretion of the CCDC
Poliomyelitis	3 – 21 days	Whilst virus in stools	At discretion of the CCDC	At discretion of the CCDC
Tuberculosis	25 – 90 days	Whilst organism is sputum. Non-infectious 2 weeks after start treatment	CCDC and TB Nurses will advise	Contacts of cases of pulmonary TB will be screened. CCDC will advise re school contacts
Infestations and Skin Infections				
Lice of head or body – pediculosos	Eggs hatch in 7 days, mature in 8 days	Whilst lice or nits alive on person or clothes	Until treated effectively	Family need to be examined and may be treated
Scabies	2 – 6 weeks; if re exposure may be only 1 – 4 days	Until eggs and mites destroyed by treatment	For 24 hours after treatment	Family need treating also
Ringworm scalp – tinea	10 – 14 days	Whilst active lesions present – can very infectious	Until started effective treatment – ideally for 2 week after start treatment	None – unless signs infection
Ringworm of the body	4 – 10 days	Whilst lesions present	Until started treatment	None – unless signs infection
Ringworm of feet – Athletes foot	Uncertain	Whilst lesions present	No exclusions – can do barefoot activities – treatment is advised	None
Verrucae plantaris – plantar warts	2 – 4 months – ranges 1 – 20 months	Uncertain – whilst lesions visible	No exclusion from school/activities. May cover with plaster – benefit uncertain	None
Worms – include threadworms	Variable	Until worms treated	Until treated	Family may need treating eg. threadworms

All the above information is kept in the Office.

Head Lice

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

Reporting Accidents

Employees

A) All non- notifiable accidents to employees must be recorded in the accident/ incident book, which is a controlled document and is kept in the office. The school also needs to contact the Central Team for information.

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

B) All notifiable accidents must be recorded in the same way but the school also needs to contact the Central Team who will support with the necessary reporting requirements to outside bodies.

Notifiable accidents are:-

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

b) Any person suffering any of the following:

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

Non-Employees and Pupils

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

If any pupil sustains a severe injury following an accident a pupil accident form must be filled in and forwarded to the Central Team who will support with the necessary reporting requirements to outside bodies.

Spillage and Bodily Fluids Policy

June 2020

Hales Valley Trust

Introduction

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

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

Hand Hygiene

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

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

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

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

*Due to COVID 19, hand washing is expected and supervised at various points throughout the day in line with government guidance and risk assessments in place to prevent any further spread of the pandemic.

Safe Handling of Blood and Bodily Fluid Spillages

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

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

Spill kits are available in school.

Full Personal Protective Equipment (PPE), as set out in the schools' risk assessments, must be worn as a minimum for cleaning spillage and disposed of in clinical waste containers (yellow containers).

The spillage should be soaked up with disposable paper towels.

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

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

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

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

Hands should be washed thoroughly after the removal of PPE.

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

Cleaning and Decontamination of Equipment

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

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

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

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

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

Sharps Policy

June 2020
Hales Valley Trust

Sharps Safety

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

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

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

Sharps safety:

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

Management of Sharps Injury

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

Monday – Thursday 09:00 – 17:00

Friday 08:00 – 16:30

Appendix A

Model Process for Developing Individual Healthcare Plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.

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Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.

↓

→ Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).

↓

Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.

↓

School staff training needs identified.

↓

Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed.

↓

IHCP implemented and circulated to all relevant staff.

↓

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.