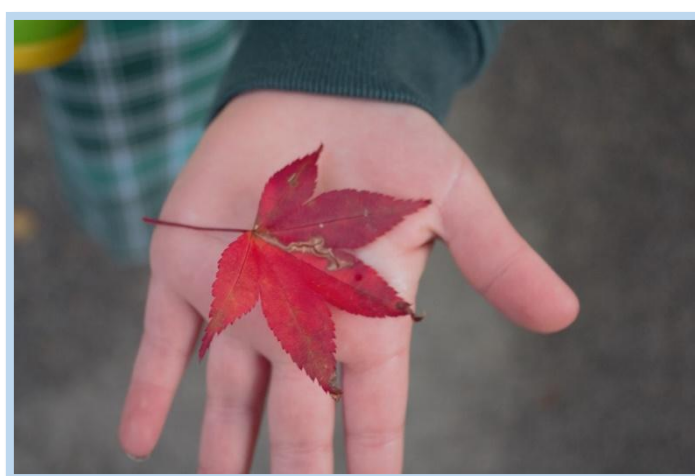




FIRST AID & ADMINISTERING MEDICINES POLICY (Including EYFS)



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

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

- Health and Safety
- Critical Incident Management Plan
- Individual Risk Assessments
- Exposure to Sun Policy

This policy will be reviewed annually and updated in addition, when regulatory updates are published.

INTRODUCTION

Staff and pupils are kept safe in school and when undertaking out of school activities by adopting a risk management approach which is proportionate to the nature of the activities. All staff must follow health and safety procedures put in place by the school to reduce any risks to themselves or to pupils.

First Aid is administered in a timely and competent manner by the drawing up an effective implementation of this policy. Medicines will only be administered in school when it would be detrimental to a pupil's health if it were not administered during the school day. Staff should only accept medicines which are correctly labelled with the pupil's name, are in date and the medicine should always be provided in the original container as dispensed by a pharmacist. No pupil should be given prescription or non-prescription medicines without their parents written consent. Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

AIMS

- 1.** To ensure that all staff are aware of the correct procedure for the safe administration of first aid and the safe storage and administration of medicines to themselves and pupils of the school.
- 2.** To ensure that all pupils with medical needs receive proper care and support whilst at school.
- 3.** To ensure equality of opportunity in all aspects of school life and that a pupil's medical needs are adequately supported to reduce any effect on their ability to learn and make progress.
- 4.** To inform parents of the procedures.

RESPONSIBILITIES

Headmaster

1. To agree and approve the policy for administration of first aid and medicines and arrange for its review on a regular basis.
2. For ensuring that risks are managed effectively. This includes health and safety matters.
3. To ensure that there is always a named person (Mrs Wood) with responsibility for administration of medicines within the school when pupils are present and that the named person monitors the effectiveness of the policy.
4. To ensure that staff receive proper support and training where necessary.
5. To ensure that all parents and all staff are aware of the policy and procedures for the administration of first aid and medication.

Staff

1. To be aware of the correct procedure for the safe administration of first aid and the safe storage and administration of medicines to themselves and pupils.
2. The first aider is responsible for recording the administration of the medicine or first aid and this signed/dated record will be kept for twenty five years, inline with the schools Retention policy. Parents will be notified of any injury requiring treatment (if it is of significant concern) and a note of treatment is recorded in the pupil's homework diary. If a child is in Early Years Foundation Stage, then an additional slip will be completed and sent home to notify parents that medication has been given as prescribed.
3. To ensure medication is clearly labelled with the pupil's name and stored safely. Medicines will be kept safely and securely in a locked non-portable cupboard or the refrigerator.
4. Staff must seek medical advice if they are taking medication which may affect their ability to care for pupils and inform Mrs Wood. Any medication must be securely stored at all times.
5. Staff may only work directly with pupils if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after pupils properly.
6. Pupils who need access to their medication such as Inhalers and Adrenaline injectors, have them stored safely in the First Aid room and class teachers are responsible for ensuring that the pupil has immediate access to their medication if it becomes necessary. In an instance where pupils are away from school, it is the member of staff leading the trip to ensure any medication is carried whilst away from school.
7. To ensure consent is obtained from the pupil's parent BEFORE any medicine or topical creams are administered or applied. Consent slips to be held by the Administration staff.

Administration staff.

1. To undertake appropriate training if administration of the medicine requires technical knowledge which the staff do not possess e.g. administration of insulin intramuscularly in a pupil with Diabetes.
2. The member of staff who accepts the medicine must:
 - Ensure consent to administer medication sheet is signed.
 - Check medication is labelled with the pupil's full name
 - Check expiry date
 - Check dose and frequency. N.B. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken
 - Check with parents whether the medication has been administered before with no adverse effects
3. If in doubt about any procedure staff should not administer the medicine but check with parents/ carer before taking further action.
4. To inform parents when a medicine has been administered. Any change in the pupil's condition will also be reported to parents.
5. To ensure all used medicine containers or medicine no longer required is returned to the parents of the pupil in person.
6. To protect the pupil's right to confidentiality.
7. If a pupil refuses to take medicine, staff should not force them to do so, but should note this in an individual pupil's records. Parents should be informed on the same day.
8. To apply topical application of creams as per parental instructions and by the designated members of staff.

Parents/ Carer

All parents have access to the First Aid and Administering Medicines policy via the school website or they can request a copy from the administration staff. We would always recommend that a pupil should be kept at home when they are unwell or may be infectious. However, we will make reasonable adjustments to ensure that we do not discriminate against a pupil with medical needs which means they need to have medication administered during the school day.

The procedure is:

- To notify class teacher or Mrs Wood as appropriate
- Ensure that the medication is in its original container, within date and clearly labelled with the pupil's full name
- To complete a written, signed consent to administer medication form, available on request or from the school office

- The school must be informed of any changes to the pupil's condition or prescribed medication as soon as possible

Pupils

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

DESIGNATED PERSON FOR ADMINISTRATION OF MEDICINES

All members of staff are aware of the First Aid & Administering Medicines policy and the Headmaster is the designated member of staff responsible for the implementation of the policy.

Responsibilities are:

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

Administration of First Aid

All first aiders complete a training course approved by Health and Safety Executive (HSE) every 3 years. A list of Paediatric First Aid trained staff is displayed in the main office.

Their main duties are to give immediate help to the pupil or adults with injuries or illnesses and when necessary to ensure that an ambulance or other medical professional are called in an emergency.

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

The school has a dedicated Medical Room where pupils will be looked after if they are injured or are ill. This room, and any First Aid equipment is kept clean.

Regular monitoring of the room's equipment takes place by the School First Aiders to ensure that items used are replenished and the room and bedding is appropriately cleaned.

Location of first aid boxes

First Aid boxes are located in the:

First Aid room - Bio Hazard Kit, Locked medicine cabinet, Medical Fridge & First Aid

Nursery- Locked prescribed medicine cabinet, First Aid

Staff room – First Aid

Music Room – First Aid

Kitchen - Burns kit, First Aid

First aid bags are taken by a member of staff on playground duty.

At each First Aid station there is a list of items stored in the kits and when the kit was last audited.

DEALING WITH ILLNESS AND INJURIES (See also Health and Safety Policy re procedures in the event of illness/ injuries)

- 1.** Injuries are recorded on the Minor Incident Form which is in the first aid room . Any member of staff witnessing an injury must provide appropriate information and sign and date the written record. (Confidentiality is respected). These records are kept for twenty five years, in line with Brackenfield School's Record Management & Retention policy
- 2.** If a pupil sustains a severe bump to their head then parents are sent an email or phone call. it is recorded in the homework diary and pupils are given a head bump sticker. For EYFS, all accidents are logged in a EYFS Accident book which is given to parents who are asked to sign to say they have been informed of the accident, EYFS staff must also complete the minor injury form (Nursery have their own forms within the Nursery)
- 3.** Where appropriate, the incident will be recorded on ISAMS (at staffs discretion)
- 4.** All injuries will be dealt with by one of the school's First Aiders. The Headmaster must be kept informed and involved in any decision making following serious illness or injury
- 5.** Pupils who become ill during their time in school will be removed from their classroom to be cared for by a First Aider or a suitably authorised person. Parents will be informed immediately by phone if their child becomes ill and may be asked to collect their child from school. All pupils will be carefully supervised and cared for whilst they are waiting to be collected by their parents. Relevant information about their child's illness will be passed onto parents before they remove their child from school
- 6.** Latex free gloves must be used at all times when dealing with spillage of body fluids. Care must be taken to prevent other pupils coming into contact with the fluids. Appropriate measures should be taken to clean up immediately, using the equipment provided and the refuse discarded appropriately.

7. Brackenfield School is aware of their duty to prevent the spread of infection. Parents will be informed when an infectious illness is circulating within the school. Parents will also be advised of minimum exclusion periods for infectious illnesses. To prevent the spread of infection any pupil or member of staff experiencing diarrhoea or vomiting MUST remain absent for a minimum of 48 hours following the last episode
8. An ambulance should be called if it would be detrimental to move the casualty or if there is a life-threatening condition. The decision to call the ambulance will be made by the First Aider treating the casualty and Headmaster must be informed immediately (or a member of the Senior Leadership Team)
9. All notifiable diseases will be reported to the Health Protection Agency. Phone: **01609 780780 and ask for the Public Health Team**
10. School Policies are always available to parents on request or can be located on the school website which are updated regularly.
11. Report incident under RIDDOR 2013 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) if appropriate:
All incidents can be reported online but a telephone service is also provided for reporting fatal/specified incidents only – call Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 to 5pm) within 10 days of the injury/accident. Following a RIDDOR report the Headmaster must initiate an investigation into the occurrence.
12. For arrangements for pupils with specific medical conditions such as allergy, asthma, epilepsy and diabetes. See appendix.

Management of a Head Injury/Bump

Minor head injuries are common in children and do not usually cause any serious problems. They are often caused by a blow to the head and whilst at school this is usually due to a fall or sporting activity. Every minor head injury is different and should be assessed and managed accordingly. The advice below gives details of what signs and symptoms should be looked for in children who have hit their heads in school and when medical advice should be sought. A head injury is defined as 'any trauma to the head other than superficial injuries to the face' (NICE Head Injury Guidelines 2023).

Mr Olesqui has undertaken specific training in dealing with head injuries and should be consulted and asked to review the pupil if there are concerns about the head injury.

Common minor symptoms after a head injury:

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

Action:

- Refer to First Aider immediately for assessment
- Apply cool-pack to any bump or bruise immediately and check vision, check level of consciousness
- If open wound apply a pressure bandage
- Complete accident log and a notification of Head Injury sticker, record in homework diary, or contact parents depending on severity of incident
- Inform Class teacher who will ensure homework diary goes home with the pupil
- Inform parents

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

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

CALL AN AMBULANCE IMMEDIATELY IF A PUPIL LOSES CONSCIOUSNESS OR HAS A FIT FOLLOWING A HEAD INJURY

Diseases notifiable to the local authority Proper Officers under the Health Protection (Notification) Regulations 2020

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

Contact Details:

PHE West Yorkshire Health Protection Team,
Blenheim House,
West One Duncombe Street,
Leeds,
LS1 4PL
Phone: 0113 386 0300
Out of hours for health professionals only:

Phone 0114 304 9843 and ask for public health on-call

Brackenfield School Early Years Administering Medication

Across EYFS (Nursery and Reception classes), we promote the good health of children attending nursery and school and take necessary steps to prevent the spread of infection.

If a child requires medicine, we will obtain information directly from parents/guardians about the child's needs and will ensure this information is kept up to date.

We follow strict guidelines when dealing with medication of any kind across EYFS and these are set out below. **We will NOT administer any medication unless prior consent is given for each medicine.** In urgent cases we will contact parents for verbal consent to be followed up at the earliest convenient time by consent.

Illness

- If any child is brought to the EYFS setting in a condition in which he/she may require medication sometime during the day, the Nursery Manager/Head of EYFS will decide if the child is fit to be left at the nursery/school (for information on infection control and infectious diseases visit the Public Health England website and view their document titled Health protection in schools and other childcare facilities')
- If the child is deemed well enough to stay at the setting, the parent/carer must be asked if any kind of medication has already been given, at what time and in what dosage and this will be recorded.

Medication in EYFS Setting

General Guidance

- Before administering medication to any child we will require written agreement from the parents
- This agreement (usually a Medication consent form) should include; - the child's name - the name of the medication of the required dose and agreed time of administration - time to give medication - and last time it was given by parent
- Medication is only accepted in its original labelled container
- Where the medication is an adrenaline pen or inhaler (where there may be only occasional emergency use), it will have the expiry date of the medication recorded on the appropriate form
- If, at any time there is any doubt regarding the administration of medication to a child, practitioners will stop and check with the Nursery Manager/Head of EYFS before continuing

Storage

All medication will:

- Be stored in accordance with the manufacturer's instructions on the container (e.g. cool dark place, refrigerated)
- Be stored in a closed box
- Be kept out of the reach of children
- Be in their original containers
- Have labels which are legible and in English
- Be clearly marked with child's name and date of birth
- Emergency medication, such as inhalers and Adrenaline (EpiPens), will be within easy reach of staff in case of an immediate need, but will remain out of children's reach
- Any stored medication will be checked on a monthly basis to ensure the product is still within its expiry date and therefore suitable for use. This allows for forward planning by informing parents that the medication is due to expire. Medication Prescribed by a Doctor, Dentist, Nurse or Pharmacist (Medicines containing aspirin must not be given to under 16's unless prescribed by a doctor)
- Prescription only medicine will be given when prescribed by the above and only for the person named on the dispensing label on the bottle/container for the dosage stated
- Medicines must be in their original containers
- For all medication the parent/carer must give prior written permission for the administration of each and every medication.
- Written permission will be accepted once for a whole course of medication or for the ongoing use of a particular medication required for long term use.

The parent/ carer will complete the relevant form to enable the nursery to administer the medication(s) required.

The form will include;

- Child's name
- Date of birth
- Name and - strength of medication
- Dose of any additional requirements (such as to be taken with food) - Expiry date whenever possible - Dispensing date
- The written permission is only acceptable for the medication listed and cannot be used for similar types of medication, e.g. if the course of antibiotics changes

Parents must notify the nursery IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given

- Any change in the details listed above must be recorded on a new form with counter signature from parent / carer The nursery will only administer as per the information listed on the form
- At each visit the child's parent/ carer will be asked if there have been any changes to the requirements stated on the form.

- If there have been changes, a new form must be completed and counter signed by parent/carer
- When the child is picked up from the setting, the parent/ carer must be given an update as to the times and dosage given throughout the day.
- The parent's signature must be obtained confirming this information has been given
- At the time of administering the medicine, a member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form N.B. It is important to note that staff working with children are not legally obliged to administer medication If the child refuses to take the appropriate medication a note will be made on the form.
- Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate response. This will be documented on the form accordingly.

Non-prescription Medication (also known as over the counter medicine)

If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. Brackenfield School EYFS departments will not administer any non-prescription medication containing aspirin.

- Brackenfield School EYFS will only administer non-prescribed medication for a short initial period and only if necessary
- After this time parents / carers will be advised to seek medical advice
- Brackenfield School EYFS departments reserve their right to refuse to administer medication if they feel that the child does not need the medication or deem further medical attention is required
- For all medication, the parent or carer must give prior written permission for the administration of each and every medication
- Medicines must be in their original containers
- The parent or carer will complete the relevant form to enable the nursery to administer the medication(s) required. The form will include:
 - Child's name and date of birth
 - Name and strength of medication
 - Dosage
 - Any additional requirements (such as to be taken with food)
 - Expiry date whenever possible
 - Length of treatment (will not be exceeded)
- The written permission is only acceptable for the medication listed and cannot be used for similar types of medication

Parents must notify the Brackenfield School EYFS team IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given

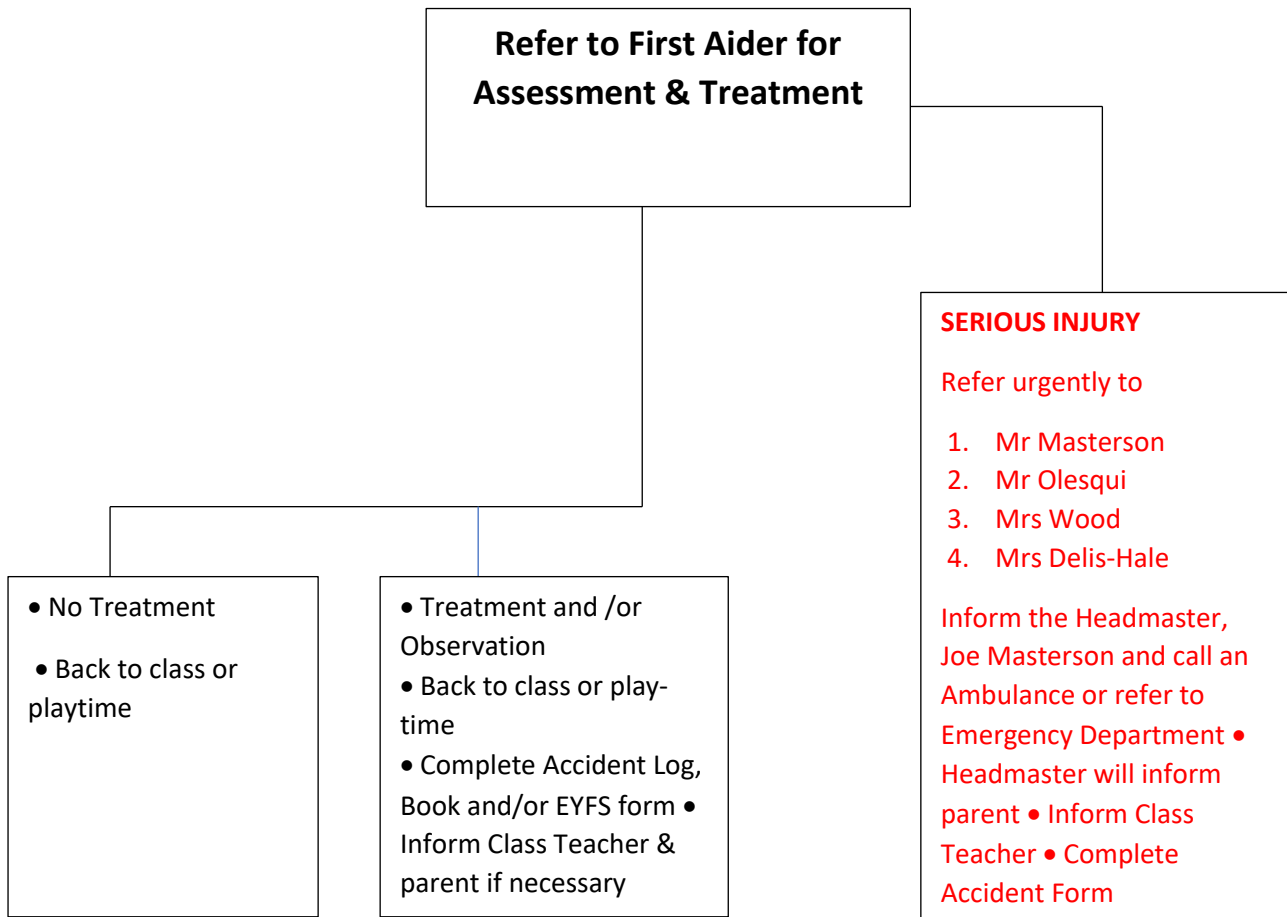
- Any significant changes in the details listed above must be recorded on a new form and countersigned by the parent or carer
- Brackenfield School EYFS will only administer as per the information listed on the form
- At each visit the child's parent or carer will be asked if there have been any changes to the requirements stated on the form
- If there have been changes, a new form must be completed and counter-signed by the parent/carers
- When the child is picked up from the setting, the parent or carer must be given an update as to the times and dosage given throughout the day
- The parent's signature must be obtained confirming this information has been given at the time of administering the medicine, a senior member of staff will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form.

Disposal of Medication

At the end of the agreed and documented course of medication, all unused medication will be returned to parents in the original packaging.

APPENDIX 1

Pathway for provision of First Aid (Injury)



APPENDIX 2

CONTACTING EMERGENCY SERVICES

Request for an Ambulance Speak clearly and slowly and be ready to repeat information if asked

- Dial 999 or 112, ask for ambulance and be ready with the following information:
- Your telephone number – 01423 508558
- Give your location as follows: Brackenfield School, 128 Duchy Road, Harrogate, HG1 2HE
- If asked – We do have our own AED (Automated External Defibrillator), placed by the main school gate. Code to access it – C159X
- Give exact location of casualty in the school
- Give your name
- Give name of pupil and a brief description of pupil's symptoms
- Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty
- Ensure the front gate is clear of obstacles and that a member of staff is waiting to meet ambulance.
- Where necessary provide ambulance crew with details of any medical history or alert cards. This information is held in First Aid Room.

APPENDIX 3

ALLERGIES

INTRODUCTION

Research indicates that as many as 1 in 50 UK children may be allergic to peanuts and other food substances.

The most common allergies are:

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

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

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

AIMS

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

DEALING WITH ALLERGY

The Headmaster will:

- Agree and approve the policy for managing allergies and arrange for its review on a regular basis.
- Ensure that there is a named person with responsibility for managing allergies within the school and that the named person (Mrs Wood) monitors the effectiveness of this policy.

All staff will:

- Ensure that pupils with allergies are encouraged to participate fully in the life of the school.
- Ensure that parents complete a pupil health ad hoc updates(or as appropriate) documenting any known allergy or undergoing investigation for allergies.
- Ensure they are fully aware of any pupil who has a potentially severe allergy. They should know who the pupil is, what they need to avoid, and what the procedure is if the pupil suffers allergic symptoms e.g. where medication is stored.
- Contact the emergency services immediately if adrenaline is administered to a child, noting any symptoms, dose administered and time.
- Notify parents as a matter of urgency if their child has needed their adrenalin injector.
- Provide an accessible safe place for the storage of injectors (Emerade, Epipen or Jext) kept in school which allows staff to have immediate access if required.
- Ensure that medication such as an adrenalin injector is named for the personal use of the pupil ONLY.
- Ensure young children with known allergies are closely supervised when eating lunch including packed lunches. (Catering staff will inform class teachers of any substitutions).
- Ensure that on school trips or outside visits accompanying staff are aware of pupil's with allergies and that these pupils have their medication with them.
- Work in partnership with parents, health professionals, school staff and the pupils to ensure there are good communication links and the allergy policy is implemented successfully.
 - Create a school environment that is favourable to pupils with allergies. Care is taken to ensure that the pupil does not come into contact with allergens during break, lunch times or in classes. School meals are homemade and ingredients are selected as far as possible to provide a nut free menu with nut free products in the kitchen supply chain. Care is taken to ensure that there is no cross-contamination during food preparation and an alternative menu is always provided as necessary. The Cook is fully aware of individual children's requirements and works closely with all suppliers to identify any potential allergens in the ingredients. Any birthday cakes or packed lunches from home are asked to be nut free and are checked on arrival in school.
- Ensure a Paediatric First Aid -qualified staff member supervises all meals and snacks.

Parents will:

- Notify the school if their child has an allergy.
- Supply their child with a clearly named adrenalin injector preferably two and ensure that both of them are within their expiry dates.

- Provide an Allergy Action plan signed by a Medical Practitioner.
- Complete an appropriate Administration of Medication permission form.
- Notify the school of any change in their child's condition or medication immediately.

Pupils will:

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

The Designated Person for Allergies – The Compliance Manager will:

- Monitor the effectiveness and implementation of the Allergy guidance within this policy
- Review the policy according to the set dates
- Make sure all staff are aware of the policy and the procedures to be followed
- Monitor individual healthcare plans
- Check the storage of Adrenaline Injectors every term
- Check that medication is taken on all activities out of school
- Keep up to date with current practice regarding allergies
- Arrange Adrenaline Injector awareness training where necessary

Medication

- The school recognises that immediate access to medication such as adrenalin injectors is vital in severe allergy
- Injectors will be kept in the main office where adults can easily access them but NOT other pupils
- School staff are not required to administer medication to pupils except in an emergency and are given appropriate training to do this

Allergic Reactions

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

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

Signs and Symptoms

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

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

Each pupil's symptoms and allergens will vary.

There may also be a dramatic fall in blood pressure (anaphylactic shock). The pupil may become weak and floppy which may lead to collapse, unconsciousness and – on rare occasions – can be fatal. Treatment of anaphylaxis

- Keep calm and keep the pupil calm.
- Stay with the pupil but call for HELP and send for adrenalin injector (Epipen, Anapen or Jext). Lay the pupil down in a safe area and in a comfortable position.
- If the pupil feels light-headed or faints – DO NOT sit them up. Raise their legs if necessary.
- Adrenaline should be administered by trained member of staff. Note the time given.
- Immediately inform Joe Masterson, Headmaster, or in his absence a member of the SLT.
- The First Aider who is with the casualty needs to call 999/112 for emergency help.
- Joe Masterson, Headmaster, (or member of SLT) will contact parents when the situation has been assessed.
- If the pupil becomes unconscious – check Airway and Breathing and resuscitate if necessary.
- Arrange for pupil to be transported to hospital.
- MONITOR THE PUPIL CONTINUOUSLY.

Administration of adrenaline injector (Epipen, Emerade or Jext)

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

The use of an Emergency Adrenaline Injector

From 1st October 2017 schools have been allowed to buy Adrenaline Injectors, without a prescription, for use in emergencies. If a pupil is without their injector because it has been lost, forgotten, broken or run out, they can be given the emergency Adrenaline Injector provided written consent has been obtained from parents.

APPENDIX 4

ASTHMA

INTRODUCTION

Asthma is a condition which affects the airways and it affects many school children. When a child with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. These reactions cause the airways to become narrower and irritated – making it difficult to breathe and leading to symptoms of asthma.

What does asthma feel like?

Children and young people who have asthma say that:

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

AIMS

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

RESPONSIBILITIES

Headmaster

- To agree and approve the guidance for asthma as stated in this document and arrange for its review on a regular basis.
- To ensure that there is a named person (Mrs Wood) with responsibility for asthma within the school and that the named person monitors the effectiveness of the policy.

Staff

- To ensure that pupils with asthma are encouraged to participate fully in the life of the school.
- To liaise with parents and the special needs co-ordinator if a pupil is underachieving because of their asthma.
- To notify parents of infant pupils if an inhaler has had to be administered during the day. Junior pupils will administer their own medication under supervision; however, parents will be told if their child is using their reliever inhaler more than they usually would.
- To provide an accessible safe place for the storage of inhalers kept in school and also allow pupils to have immediate access to their reliever medication. (Staff must not cause delay to a pupil receiving medication).
- To ensure that each pupil has a named inhaler for their personal use and is NOT available to anyone else. Inhalers are stored in the First Aid room and emergency inhalers and spacers are kept in First Aid room.
- To ensure records are kept up to date and are available to all relevant staff.
- To ensure that on school trips or outside visits that any accompanying staff are aware of pupils with asthma and that these pupils have their inhalers. In the case of younger children inhalers must be taken on outside visits by the class teacher.
- To work in partnership with parents, health professionals, school staff and pupils to ensure there are good communication links and the school asthma policy is implemented successfully.
- To create a school environment that is favourable to pupils with asthma. The school has a no smoking policy and as far as possible the school does not use chemicals in science, design technology and art lessons which might be possible triggers for pupils or staff with asthma. Care is also taken not to expose pupils with asthma to materials such as fur and feathers which may cause an allergic reaction.

Parents

- To notify the school if their child has asthma
- To supply their child with a clearly named inhaler and also a spare named reliever and ensure that both of them are in date

- To notify the school if their child's medication is to be administered by a member of staff and to complete an appropriate consent form. Also, to clearly state what medication the child requires whilst in school
- To notify the school of any change in their child's condition or medication
- To keep the child at home if they are not well enough to attend school
- To make sure that any inhalers which use powder capsules e.g. Ventolin Rotahaler, and volumatics are taken home periodically and washed

Pupils

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

DESIGNATED PERSON FOR DEALING WITH ASTHMA

- All members of staff are aware of the asthma policy. Mrs Wood is the designated member of staff responsible for the implementation of the policy.
- To monitor the effectiveness and implementation of the Asthma policy.
- To review the policy according to the set dates.
- To make sure all staff are aware of the policy and the procedures to be followed if a pupil has an asthma attack.
- To keep the Asthma records and register up to date.
- To check the storage of inhalers in each classroom and be responsible for ensuring that parents are informed if their child's asthma medicines have expired so that they can be replaced.
- To check that individual inhalers are taken on all trips.
- To help keep good communication links between parents, staff and pupils in matters relating to asthma.
- To keep up to date with current methods of treating asthma in schools.

Immediate access to reliever inhalers is vital. Each inhaler is for the personal use of the pupil and will not be available to anyone else.

Younger children **MUST** give their reliever inhalers to the admin staff who will keep them in a safe place, where adults can easily access them but **NOT** other children.

ALL reliever inhalers **MUST** be clearly marked with the child's name by parents. It is parents' responsibility to ensure that the school is provided with a labelled spare inhaler, which the school will also keep in a safe place, not accessible to other pupils in the class.

School staff are not required to administer medication to pupils except in an emergency. However, most staff are willing to do this, providing they are given clear instructions by parents, and they have received appropriate training. All school staff will let pupils take their own medication when they need to. The use of emergency Salbutamol inhalers From 1st October 2014 the Human Medicines (Amendment) (no.2) Regulations allowed schools to buy Salbutamol inhalers, without a prescription, for use in emergencies. If a pupil is without their inhaler because it has been lost, forgotten, broken or run out, they can be given the emergency Salbutamol inhaler provided written consent has been obtained from parents for their child to use the Salbutamol inhaler in an emergency.

Record Keeping

At the beginning of the school year, or when a pupil joins the school, parents are asked if their child has asthma. If a pupil's medication changes in between times, parents are asked to inform the school. From this information the school keeps its medication/allergy register which is available to all school staff.

Physical Education

At Brackenfield School we consider that taking part in physical activity is very much part of school life and is an essential part of the National Curriculum that the pupils receive. All staff who take the pupils for physical education lessons, (including Club and Sport Coaches) will be made aware of pupils who have asthma.

Pupils with asthma will be encouraged to participate fully in physical education and exercise is one trigger to be managed, NOT avoided.

Role of Staff Taking Physical Education

- To have a sensitive attitude to pupils with asthma.
- To remind pupils with asthma triggered by exercise to use their blue inhaler immediately before exercise and to complete the warm up activities which form part of physical education lessons.
- To ensure a pupil has their inhaler with them.
- If pupil's symptoms persist during exercise – stop, allow them to take inhaler and wait 5 minutes or until they feel better.

ASTHMA ATTACKS

Asthma attacks occur as the result of a child/adult coming into contact with a trigger. A trigger is anything that irritates the airways and causes asthma symptoms.

Common triggers include:

- Viral infections, e.g. colds & flu
- Changes in temperature
- House dust mites
- Aerosols
- Pollen

- Exercise – is one trigger to be managed NOT avoided.

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

Common signs of an asthma attack are:

- Persistent cough (when at rest)
- Shortness of breath
- Wheezing sound coming from the chest (when at rest)
- May try to tell you that their chest “feels tight” (younger children may express this as tummy ache)
 - Being unusually quiet
 - Difficulty speaking in full sentences
 - Difficulty breathing (the child could be breathing fast and with effort, using all accessor muscles in the upper body)
 - nasal flaring

What to do

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward – do not hug or lie them down
- Ensure tight clothing is loosened
- Shake the inhaler first and only put 1 puff of medicine into the spacer at a time (ensure aerosol is shaken before each dose is administered). Give 2 puffs of reliever inhaler (usually blue) – preferably through a spacer (spare spacers are stored in the First Aid Room.) If there is no immediate improvement continue to make sure the pupil takes 2 puffs of Salbutamol every 1 minute up to a maximum of 10 puffs or until their symptoms improve

CALL AN AMBULANCE IMMEDIATELY IF THE PUPIL:

- Appears exhausted
- Does not improve in 5-10 minutes
- Is too breathless or exhausted to talk
- Has a blue/white tinge around their lips
- Has collapsed

If an ambulance doesn't arrive within 10 minutes give another 10 puffs as described above if able to do so

RELIEVER MEDICINE IS SAFE DO NOT WORRY ABOUT GIVING TOO MUCH

After a minor asthma attack

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

IMPORTANT THINGS TO REMEMBER IN AN ASTHMA ATTACK

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

APPENDIX 5

DIABETES

INTRODUCTION

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

Type 1 diabetes

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

Type 2 diabetes

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

Hypoglycaemia (or hypo)

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

AIMS

- To make staff aware of the procedures to be followed to help and support pupils with diabetes.
- To ensure that all staff who come into contact with pupils with diabetes are given appropriate training and guidance to help them understand the condition and the needs of the pupils who suffer from diabetes.

- To encourage pupils with diabetes to develop their independence, self-confidence and to take responsibility for managing their condition.
- To ensure that the procedures relating to the care of pupils with diabetes are consistent throughout the school.
- To ensure all relevant staff receive training about diabetes and administering emergency medicines if necessary.

RESPONSIBILITIES

Headmaster

- To arrange a meeting with the pupil and the parents to establish how the pupil's diabetes may affect their school life. This will include the implications for learning, playing and social development, and out of school activities.
- To discuss any special arrangements the pupil may require when taking exams such as supervised rest breaks.

DESIGNATED MEMBER OF STAFF FIRST AID AND ADMINISTERING

Mrs Wood is the designated member of staff responsible for the implementation of this policy. Her responsibilities are to:

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

Responsibilities of the parent

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

Responsibilities of the pupil

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

Staff

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

Injecting and Storing Insulin

- Where a pupil requires an insulin injection during the day and is unable to self-medicate, (i.e. test bloods, set insulin pen to the correct dosage and inject) then appropriately qualified members of staff are trained and given this responsibility.
- When a member of staff is responsible for setting the insulin dose and injecting the pupil a second member of staff is present to check the dose before it is given.
- Pupils who independently administer insulin are supervised to ensure the insulin pen is set up properly and the correct technique is applied.
 - The insulin injection device (insulin pen) is stored in a sealed container that is clearly marked with the pupil's details. This container is held in a secure place that is not affected by extremes of temperature.
 - Safe disposal of needles in sharps box which is supplied by parents and returned to parents when full.
 - Insulin inline with personal care plan is only viable for 30 days after removal from the fridge. This date should be documented clearly on the plastic container in which it is stored.

- Insulin and glucose gel is appropriately stored in a secure central location and is easily accessible by designated staff members.
- Parents/carers are informed when a new cartridge of insulin is required.
- Pupils on multiple injections will keep an insulin pen loaded with an insulin cartridge for the administration of insulin at lunchtime.
- Insulin pump users require the storage of an insulin vial in case they need to change their insulin infusion set. This is kept in a labelled plastic container in the medical fridge.
- When medication is provided by parents, the school keeps a record of when this is received along with a note of the expiry date. This is monitored regularly.
- All medications are returned to parents at the end of the school term with the request that new supplies be brought back to school on the first day of each new term.

Hypoglycaemia (hypo) Hyperglycaemia (hyper) Is the term used when the level of glucose in the blood rises above 10mmol/l and stays high.

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

- hunger
- shaking or trembling
- sweating
- lack of concentration and may become disorientated
- irritability
- paleness
- mood changes, especially angry or aggressive behaviour
- drowsiness Hypos are usually unexpected, sudden, rapid, without warning and unpredictable but warning signs are often there once the child has got used to them.

They can be caused by:

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

What to do if you think a child has Hypoglycaemia:

DO... Immediately give something sugary e.g. 1-2 more glucose tablets, a glass of fruit juice, five sweets e.g. jelly babies, GlucoGel, Lucozade

Once child has recovered 10 – 15 mins later:

Give slower acting starchy food e.g. roll/sandwich, portion of fruit, cereal bar, 2 biscuits and a glass of milk Telephone: 999 or 112 to call an ambulance if: recovery takes longer than 10 -15 mins. or if the person loses consciousness

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

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

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

DO: Inform parents to seek advice, the child may need urgent medical attention If the child is able to, encourage them to exercise strenuously to burn off excess glucose and if the child needs extra Insulin the child may give this to themselves.

CALL AN AMBULANCE IF THE FOLLOWING SYMPTOMS ARE PRESENT:

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

EQUAL OPPORTUNITIES

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

APPENDIX 6

EPILEPSY

INTRODUCTION

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

AIMS

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

RESPONSIBILITIES

Staff

All members of staff are aware of this policy and Mrs Wood is the designated member of staff responsible for the implementation of the policy. The designated member of staff will, in conjunction with the Headmaster:

- Arrange a meeting with the parents (and pupil if parents authorise) to establish how the pupil's epilepsy affects them. This will include implications for learning, playing and social development, and out of school activities.
- Discuss any special arrangements the pupil may require for their exams.
- Address epilepsy with the whole-school through assemblies and in the teaching of PSHE (with the pupil's and parents' permission). This will ensure that other pupils are not frightened if a pupil has a seizure.

- Complete a record of the pupil's learning and health needs and agree any administration of medicine which will be kept safely and in date.
- Make all staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.
- Obtain an individual healthcare plan (IHP) from GP/Consultant which will contain the information discussed above and identify any medicines or first aid issues. The internal medication sheet will contain the names of staff trained to administer any medicine.
- Ensure staff train as and when appropriate and react as follows if a pupil were to experience an epileptic fit.
- Stay calm and reassure the pupil and any children who are nearby
- Place something soft under the head of a convulsing pupil
- Protect the pupil from injury (remove harmful objects from nearby)
- NEVER try to put anything in the mouth or between the teeth
- Time how long the seizure lasts. If it lasts longer than usual for that pupil or continues for more than five minutes, then call an AMBULANCE – 999/112
- When the seizure has passed, stay with the pupil and reassure them, aid breathing by gently placing the pupil in the recovery position once the seizure has finished
- If a pupil is incontinent or clothing becomes loosened during the seizure put a blanket around the pupil when the seizure is finished to avoid potential embarrassment
- Do not move the pupil unless in danger
- Do not restrain the pupil
- Do not give food or drink until the pupil is fully recovered from the seizure
- **An ambulance should be called (Tel: 999/112) during a convulsive seizure if:**
 - it is the pupil's first seizure
 - the pupil has injured themselves badly
 - they have problems breathing after a seizure
 - a seizure lasts longer than the period set out in the pupil's health care plan
 - a seizure lasts for 5 minutes if you do not know how long they usually last for that pupil
 - there are repeated seizures, unless this is usual for the pupil as set out in the pupil's health care plan

Practical Lessons

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

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

SPECIAL EDUCATIONAL NEEDS

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

EQUAL OPPORTUNITIES

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

OUT OF SCHOOL ACTIVITIES

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

Name of policy First Aid Policy	Policy reviewed/amended date September 2021 (V2) September 2022 (V3) August 2023 (V4) September 2024 (V5) March 2025 (V6) March 2026 (V7)
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