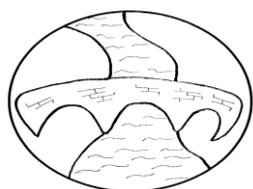


Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.



# Stanbridge Lower School

## Medical Procedures Policy

Reviewed December 2017

First Aid	Points 2 - 6
Effective Hygiene Control	Point 8
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### **1. AIMS/RATIONALE**

1.1 To give medical assistance or treatment to a casualty for any injury, illness or condition before the arrival [if thought necessary] of a parent, ambulance or doctor.

1.2 To follow guidelines set down by the LA in the Health and Safety First Aid Policy statement by:-

- Contacting the First Aider or their deputy.
- Assessing the risk
- Identifying the problem.
- Providing treatment and reassurance.
- Arrange medical aid.
- Carrying out record keeping.
- Informing the Head Teacher.
- Completing a letter to parents informing them of any relatively serious injuries, including head injuries. At this point the Head Teacher and/or the First Aider on duty will decide whether or not the child should be sent home.

1.3 To stand in "loco parentis" fulfilling the duty of care for pupils, administering medicines and following medical procedures set down in this policy.

1.4 We ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities, by recognising and working together with all parties to ensure asthma is treated effectively in school.

1.5 At Stanbridge we believe that all children have a right to be educated and that children should be supported in their pathway to continence at all times. Children should not be excluded from school solely because of incontinence. Delayed continence should be dealt with in partnership with parents, carers and a well planned programme of support written

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

into a care plan. We recognise that asking parents to come in and change a child is likely to be a direct contravention of the Equality Act and leaving a child in a soiled nappy for any length of time pending the return of a parent could be deemed a form of abuse. However if a child becomes distressed or uncomfortable as a result of soiling then we do expect parents to work with us for the well being of the child.

1.6 At Stanbridge we ensure that all pupils with allergies achieve well and their needs are provided for. Every school is likely to have at least one pupil who is severely food-allergic, and many schools will have more. Peanut allergy is particularly common - with one in 70 children nationwide thought to be affected.

1.7 At Stanbridge we will ensure that all pupils who have epilepsy achieve to their full potential. We will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will liaise fully with parents and health professionals. We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure.

## **2. FIRST AID - RECORDING**

2.1 All minor incidents/accidents will be recorded in the Accident Book which is located in the Visitor's Toilet.

2.2 More serious accidents and incidents should be recorded in the large 1<sup>st</sup> Aid Book and then recorded on the on-line accident reporting system by the office staff or qualified First Aider.

2.3 It is a statutory requirement to record all incidents, accidents and near misses. It is the First Aider's responsibility at Stanbridge to ensure this happens.

2.4 A letter will be sent home in case of head injuries, or injuries of a similar severity.

2.5 The majority of accidents which result in a broken limb should be reported to the Health and Safety Executive on the relevant form (RIDDOR). This procedure is not required in the event of broken toes or fingers.

2.6 All major accidents that need recording should be reported to the Head Teacher.

2.7 The information to be entered into the Accident Book include:-

- Date, time, place of incident.
- Details of the injury or illness.
- Details of any first aid treatment given. Plus any witness details to verify the account as the truth.
- Name and signature of the First Aider who dealt with the incident.

N.B. A report in an accident book is not sufficient in cases of serious injury or dangerous occurrences. These must be reported to the H&SE under RIDDOR.

## **3. FIRST AID - EXAMPLES OF SPECIFIC/GENERAL SITUATIONS THAT COULD INVOLVE CHILDREN**

3.1 At Stanbridge the following applies:

1. Vomiting                      Parents will be contacted and the child sent home. No return

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

	within 48 hours
2. Headaches	Children will be removed from class and sat somewhere quietly and monitored.
3. Unconsciousness	Ambulance/Parents will be called.
4. Broken limbs	Ambulance. See reporting procedure above.
5. Cuts & Grazes	Cleaned and then a dry dressing/plaster (if required)
6. Bumps	A cold compress will be applied/letter sent home/monitored
7. Bumps to Head	A cold compress will be applied and parents contacted for advice and to see if they would like to come and check their child
8. Medicine	See section 9
9. Asthma:	See section 10
10. Continence	See section 11

#### **4.1 FIRST AID - TRAINING OF STAFF**

4.1 Qualified First Aiders receive refresher training every 3 years and take the main responsibility for administering first aid throughout the school. There are two qualified first aiders in school, and one in the Before and After School Club.

4.2 The qualified First Aiders in school are on call during playtimes and lunchtimes to offer advice, deal with more complex first aid situations and to support teachers, LSA's and lunchtime staff in carrying out first aid.

4.3 All other staff attend the One Day Appointed Persons First Aid course every 3 Years.

4.4 One member of the Pre-school staff, Before and After School Club and at least one other teacher (usually located in the Early Years Foundation Stage) are qualified as Paediatric First Aider.

#### **5. CURRENT QUALIFIED FIRST AIDERS IN POST**

5.1 The people listed below are our First Aiders at Stanbridge Lower. Their names are displayed prominently at key points in the building.

- Yvonne Patterson: First Aider and Paediatric First Aid
- Tracy Davies: First Aider and Paediatric First Aid
- Mrs Loi and Miss Beneshce: First Aider, Before and After School Club
- Mrs Biggs and Mrs Thackray: First Aid and Paediatric First Aid, Pre-school
- Mrs Turney: First Aid and Paediatric First Aid, Reception

#### **6. FIRST AID - VISITS AND JOURNEYS**

6.1 The majority of staff have attended the One Day Appointed Persons First Aid course and so would be able to cover the responsibility of an educational visit or journey. However, on most occasions one of the school's four first aiders would accompany any educational visit or journey.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

6.2 A standard first aid kit should be taken on the journey. All supervising adults should be aware of where first aid is available both on the journey and on site.

6.3 Medication: The first aid kit in this instance would also contain any medication required by any of the children present as well as the practical objects which would fall into the 'just in case' category.

6.4 Emergency Procedures: The first aider and group leader must be aware of what medical procedures to follow in the case of specific children with specific conditions.

## **7. FIRST AID BOXES**

7.1 First aid boxes are located in the first aid cupboard in the visitor's toilet.

7.2 It is the responsibility of Mrs Patterson and Mrs Davies to update, and replenish first aid resources in school.

7.3 It is the responsibility of all staff to advise the above staff when resources are running low, so they can be replenished in good time.

7.4 The minimum guide for first aid boxes is listed below

- Individual wrapped, sterile adhesive dressings
- Sterile eye pad
- Individually wrapped bandages
- Safety pins
- Sterile individually wrapped un-medicated wound dressing
- Disposable gloves
- Where no mains water is readily available a small supply of sterile water will be made available for eye irrigation.
- Additional items include: Plasters are kept in our first aid box. (Parents are asked on entry to school if their children have an allergy to plasters and a record of this is kept by the First Aider and staff are made aware of these allergies), scissors, adhesive tape.

## **8. HYGIENE AND INFECTION CONTROL**

8.1 Several serious communicable diseases can be contracted from infected blood and other body fluids, including HIV and Hepatitis B.

8.2 All First Aiders and Appointed Persons must be aware of basic hygiene and infection control measures. They should follow an infection control technique which avoids direct contact with body fluids of casualties at all times.

8.3 This will involve covering any cuts or wounds they have on their hands with waterproof plasters, washing hands before and after tending a casualty and wearing disposable gloves when dealing with body fluids.

## **9. ADMINISTRATION OF MEDICINES**

9.1 Prescribed medicines

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Prescribed medicines should only be taken to school when essential. At Stanbridge we only accept medicines that have been prescribed by a doctor, dentist or appropriately qualified non-medical prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribed instructions for administration.
- Medicines that need to be taken three times a day could be taken in the morning, before school, after school hours and at bedtime. This advice is always given to parents.
- All medications are kept in a secure place in the "Claire's Room" (medical room). It should not be kept in an area accessible by children.
- Mrs Patterson and Mrs Davies are responsible for all medicines kept in school. These named members of staff (Mrs Hack - Senior Lunchtime Supervisor) are authorised to issue medicines and they must keep a record of when medicines are administered and gain permission from the child's parents before any medication is administered.
- Other members of staff may issue medicine in the absence of the above staff members.

#### 9.2 Controlled Drugs:

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children e.g. methylphenidate. Please refer to the school nurse or doctors/ parents about any queries relating to this section.
- Only appropriately trained staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- All controlled drugs should be locked in a non portable container and only named staff should have access. A record should be kept for audit and safety purposes.
- All medicines should be returned to the parent when no longer required or if expired to arrange for the safe disposal and a record kept.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence and is classed as drug misuse.

#### 9.3 Non-prescribed drugs

- We do not give non-prescribed medicines to children at Stanbridge Lower. This includes any paracetamol based medicine e.g. calpol or any similar drugs.

#### 9.4 Administering Medicines:

- No child under 16 should be given medicines without their parent's written consent.
- Staff giving medicines to a child should check:
  - The child's name
  - Prescribed dose

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Expiry date
- Written instructions provided by the prescriber on the label or container
- Method of administration
- Time/frequency of administration
- Any side effects

- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action.
- Every time a medicine is administered written records must be updated. This should be countersigned by a parent.
- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed of the refusal as soon as possible. If a refusal of medicines results in an emergency then the normal emergency procedure should be followed.

#### 9.5 Record Keeping and Parental Responsibility:

- Parents should tell us about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.
- It is the parent's responsibility to report in person to Mrs Patterson, Mrs Davies, the Pre-school leader or the BASC leader about medicines and to complete a school medicine record. If a pupil is to be given more than one medicine in school, a separate medicine record form should be completed for each.
- Parents should notify school in writing of any changes in medicines/dosage etc. so that records can be updated.
- Parents should check all medication is in date at regular intervals and make suitable arrangements at regular intervals to replenish the supply of medicines if necessary.

#### 9.6 Carriage of Medicines on Transport

- All items will be held in a secure container with the child's name and date of birth written on the container.
- It is the parent's responsibility to hand to the teacher in charge all medication.
- All medication should be handed back to the parent on the return to school.

#### 9.7 Concerns about medicines and the administration of medicines:

- Any concerns about medicines or the administration of medicines to a particular child should be raised in the first instance with the parents and then the School Nurse.

## **10. ASTHMA**

### 10.1 Asthma Medicines:

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough.
- The reliever inhalers of younger children are kept in the "Claire's Room", readily available.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. This will be held separately in the "Claire's Room" in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.
- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. This information is then disseminated to staff.

## 10.2 Asthma Attacks

- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*. This procedure is visibly displayed in the staffroom and every classroom (see page 2 and 3 of *Asthma Awareness for School Staff*).

- These procedures are as follows:

### **What to do in the even of an asthma attack**

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

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

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

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

- The child or young person's symptoms do not improve in 5-10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

**Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.**

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. These are as follows:

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

**Common signs of an asthma attack are:**

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

**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.
- The parents/carers must always be told if their child has had an asthma attack.

**Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

**10.3 Responsibilities:**

Employers have a responsibility to -

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place and make sure the asthma policy is effectively monitored and regularly updated

Head teachers have a responsibility to:

- Liaise between interested parties - school staff, school nurses, parents/carers, governors, the school health service and pupils
- Ensure the plan is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the school asthma policy
- Regularly monitor the policy and how well it is working
- Delegate the first aider (Mrs Yvonne Patterson) to check the expiry date of spare reliever inhalers and maintain the school asthma register

All school staff have a responsibility to:

- Understand the school asthma policy
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Tell parents/carers if their child has had an asthma attack
- Tell parents/carers if their child is using more reliever inhaler than they usually would
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- Ensure pupils who have been unwell catch up on missed school work
- Be aware that a pupil may be tired because of night-time symptoms
- Keep an eye out for pupils with asthma experiencing bullying
- Liaise with parents/carers, the school nurse and special educational need coordinators if a child is falling behind with their work because of their asthma.

PE teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled
- Ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes)

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up
- Ensure pupils with asthma always warm up and down thoroughly.

School nurses have a responsibility to:

- Help plan/update the school asthma policy
- If the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma
- Provide information about where schools can get training if they are not able to provide specialist training themselves.

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called.
- Tell their parents/carers, teacher or PE teacher when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines.

Parents/carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has complete and up-to-date information about their child's asthma.
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- Provide the school with a spare reliever inhaler labelled with their child's name
- Ensure that their child's reliever inhaler and the spare is within its expiry date
- Keep their child at home if they are not well enough to attend school
- Ensure their child catches up on any school work they have missed
- Ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- Ensure their child has a written personal asthma action plan to help them manage their child's condition.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Ensure their child has the correct clothing on in school appropriate for the weather, especially if cold weather is a trigger for an asthma attack.

#### 10.4 The School Asthma Register

- It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:
  - help staff to remind the right pupils to keep their reliever inhalers with them at all times
  - help inform staff and supply teachers about the individual needs of pupils with asthma
  - allow important contact details for pupils with asthma to be kept in one central location
  - assist the school and parents/carers to ensure asthma medicines kept at school are within the expiry date
  - help the school identify common asthma triggers that they can reduce or control in the school environment
  - allow pupils with asthma to participate more fully in all aspects of school life.
- How should the school asthma register be kept up to date?
  - Mrs Yvonne Patterson will have responsibility for the school asthma register.
  - Mrs Patterson will ensure that the expiry dates of all spare reliever inhalers at school are checked every six months.
  - Mrs Patterson will ensure that all parents/carers are asked every year if their child has asthma. This will be part of the registration form.
  - Will work with the SENCO to make a Medical Awareness Photo Card for display in each classroom, identifying conditions, medications and procedures to follow in the event of an emergency medical condition.

#### 10.5 Exercise and Activity

##### PE and Games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's Asthma Register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Classroom teachers follow the same principles as described above for games and activities involving physical activity.
- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse, who has had asthma training.

#### 10.6 The School Environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma.
- Stanbridge has a definitive no-smoking policy.
- Furry and feathery animals will be removed from the school environment if necessary.
- As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.
- Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

#### 10.7 Training

- Staff will receive asthma awareness training every two years.
- All new members of staff will be issued with the policy for asthma and training arranged as soon as possible.
- The Head Teacher will liaise with the School Nurse to provide training for staff. If the school nurse does not hold an asthma training certificate, other training will be sought through the health authority.

### **11, CONTINENCE**

We work in partnership with parents to support children with toilet training programmes and involve other agencies to identify early medical causes of continence problems.

#### 11.1 Toilet training

- We introduce a programme of toilet training in school in consultation with parents, where children are encouraged to go to the toilet at given times.
- We ensure children are dealt with positively and we recognise that encouragement, support and praise are essential elements of toilet training.
- We ensure staff have adequate facilities and resources to deal with toilet needs.

#### 11.2 Wetting and Soiling

It is recognised that it is not feasible for teachers in charge of a class to change children, as this would mean that other children would be put at risk and left unattended or in charge of unqualified staff. In times of need support staff should be available to change children if necessary.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Staff should wear disposable gloves and aprons whilst dealing with the incident
- Children should be changed in "Claire's Room".
- Soiled nappies should be disposed of in the nappy bin located in "Claire's Rom".
- The changing area should be cleaned after use, preferably with anti-bacterial wipes.
- Staff should use anti bacterial soap to wash hands as soon as the task is completed.

### 11.3 Child Protection

- The normal process of changing a nappy should not raise child protection concerns and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. However at Stanbridge we recognise that it is good practice to protect both children from abuse and staff from allegations of abuse and we will endeavour to always have two members of staff present during he nappy changing process and when assisting children to change and self clean.
- DBC are required by all staff to ensure the safety of children our educational setting.
- A student or volunteer should not change a nappy or assist the more able children with self cleaning and changing.
- If a child does not want a particular person involved in this process then this should be listened to and acted upon.

### 11.4 Changing Procedures

- Nursery Nurses, Pre-school staff, LSAs, and Lunchtime staff should be ready to assist children with changing and self cleaning and should be available to change nappies if required.
- Older children will be encouraged to self clean and self change. It is recognised that in the case of Pre-school children and older children with medical problems staff will be called upon to change nappies and to help with self changing and cleaning in the children's toilet area/cubical or "Claire's Room". The children's dignity and privacy should be maintained at all times.
- Parents should provide all nappy changing resources (including nappy sacks, medical incontinence pads, change of clothes/underwear etc) and these should be stored in a named bag in "Claire's Room" or hung on the child's peg. All medicated creams should be stored in a secure place and not hung on the child's peg.
- If a changing mat is used, it should be wiped with antibacterial wipes after use.
- When helping with self cleaning or changing if the child becomes unduly distressed then the parents should be contacted for advice.

### 11.5 Showering

- If the child cannot be cleaned properly and requires showering,, then the parents should be contacted for advice.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Parental permission should be sought before the child is showered (in a one off occasion) or a care plan put into place which identifies the procedures to be followed for showering if this is predicted to be needed on a regular basis.
- If showers are to take place then parents should provide all the necessary equipment needed e.g. towel, shower gel, change of clothes etc. This should be named and stored in named bag.
- A personal shower log should be introduced and shared with parents in such cases. This should detail the following
  1. Date and time of shower
  2. Reason for shower
  3. Independent or supported shower (if so name of person) and this person should hold a current DBC.
  4. Parent's permission sought or care plan followed
  5. Length of shower
- If a child becomes unduly distressed whilst preparing or taking a shower - all efforts should be made to listen and respond to the child's requests. If a child refuses a shower offer or refuses during a shower, then the shower should cease and parents be contacted.
- Young children or children with disabilities should not be left unattended whilst taking a shower and must be supervised at all times.

## **12. ANAPHYLACTIC SHOCK**

### 12.1 What are the symptoms of food allergy?

- For many children, the symptoms of food allergy are mild. In severe cases, symptoms may include generalised flushing of the skin, nettle rash (hives) anywhere on the body, swelling of the throat and mouth, severe asthma, abdominal cramps, nausea and vomiting. In very severe cases there may be collapse and unconsciousness, although this is rare.

### 12.2 Procedure for use of Adrenaline (**Always call an ambulance once adrenaline has been given**)

- Delivered into the muscle in the side of the thigh. The adrenaline injections most commonly prescribed are the Anapen, EpiPen and Jext.
- Signs of improvement should be seen fairly rapidly. If there is no improvement, or the symptoms are getting worse, then a second injection may be administered after five - ten minutes
- *If adrenaline is given to a child who is not having a reaction the heartbeat could increase and the child may have palpitations for a few minutes. There should be no serious side effects unless the child has coexisting heart problems.*

### 12.3 School trips

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- May need a little planning and preparation, together with a meeting with the parents and/or the child to ensure they are satisfied with plans. At least one person trained in administering adrenaline must accompany the party. From the child's point of view, it is inadvisable for a parent to accompany them on school trips, although in some cases this may be unavoidable.

#### 12.4 Cooking

- There is no need to exclude an allergic child from cooking lessons, but care is needed with foods that any child is allergic to. The cooking area should be cleaned thoroughly before use and recipes thought out carefully.

#### 12.5 Sports Trips

- Allergic children should have every opportunity to attend sports trips to other schools. Many schools have now had to handle at least one child with food allergy or allergy to insect stings. Ensure your P.E. Teacher is fully aware of the situation and notifies the schools to be visited that a member of the team has an allergy when arranging the fixtures. A member of staff trained in administering adrenaline should accompany the team. Should another school feel they are not equipped to cater for any food-allergic child arrange for the child to take their own food.

#### 12.6 How many injectors should an allergic pupil have at school?

- Two injectors are recommended to be kept in school. If the first injector is administered promptly and correctly, and an ambulance is minutes away, then the chances of a second being needed before the ambulance arrives will be much reduced.

#### 12.7 Disposal of Injector:

- The injector should be disposed of by placing it in a rigid box and taking it to the hospital with you to show the A&E staff what has been used. The hospital will then dispose of it for you.

#### 12.8 Shared responsibilities

##### Parental Responsibility

- Notify the school of the child's allergies. Ensure there is clear communication.
- Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus. Ask your doctor, allergy specialist or paediatrician to help.
- Provide written medical documentation, instructions and medications as directed by a doctor.
- Replace medications after use or upon expiry.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
- Provide a "stash" of safe snacks for special school events and periodically check its supply and freshness.
- Review policies and procedures with the school staff, the child's doctor and the child (if age appropriate) after a reaction has occurred.

What are the school's responsibilities?

- Ensure that catering supervisors are aware of an allergic child's requirements.
- Review health records submitted by parents.
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy.
- Ensure the staff have received high-quality training in managing severe allergies in schools, including how to use an adrenaline auto injector.
- Identify a core team to work with parents to establish prevention and treatment strategies. Arrange staff training. Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.
- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.

What are the pupil's responsibilities?

- Be sure not to exchange food with others.
- Avoid eating anything with unknown ingredients.
- Be proactive in the care and management of your food allergies and reactions (based on the age level).
- Notify an adult immediately if you eat something you believe may contain the food to which you are allergic.
- Notify an adult immediately if you believe you are having a reaction, even if the cause is unknown.
- Always wear your medical alert bracelet or some other form of medical identification.

### **13. SEIZURES AND EPILEPSY**

This sections shows appropriate procedures are in place to fully support and safeguard pupils at Stanbridge who have epilepsy and seizures. It has been prepared with reference to information available from the National Centre for Young People with Epilepsy.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

### 13.1 Symptoms of Seizures

Seizures can take on many different forms and seizures affect different people in different ways.

#### **Early seizure symptoms (warnings)**

##### **Sensory/Thought:**

- Deja vu
- Jamais vu
- Smell
- Sound
- Taste
- Visual loss or blurring
- Racing thoughts
- Stomach feelings
- Strange feelings
- Tingling feeling

##### **Emotional:**

- Fear/Panic
- Pleasant feeling

##### **Physical:**

- Dizziness
- Headache
- Lightheadedness
- Nausea
- Numbness

##### **No warning:**

- Sometimes seizures come with no warning

#### **Seizure symptoms**

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

**Sensory/Thought:**

- Black out
- Confusion
- Deafness/Sounds
- Electric Shock Feeling
- Loss of consciousness
- Smell
- Spacing out
- Out of body experience
- Visual loss or blurring

**Emotional:**

- Fear/Panic

**Physical:**

- Chewing movements
- Convulsion
- Difficulty talking
- Drooling
- Eyelid fluttering
- Eyes rolling up
- Falling down
- Foot stomping
- Hand waving
- Inability to move
- Incontinence
- Lip smacking

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Making sounds
- Shaking
- Staring
- Stiffening
- Swallowing
- Sweating
- Teeth clenching/grinding
- Tongue biting
- Tremors
- Twitching movements
- Breathing difficulty
- Heart racing

### **After-seizure symptoms**

#### **Thought:**

- Memory loss
- Writing difficulty

#### **Emotional:**

- Confusion
- Depression and sadness
- Fear
- Frustration
- Shame/Embarrassment

#### **Physical:**

- Bruising

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Difficulty talking
- Injuries
- Sleeping
- Exhaustion
- Headache
- Nausea
- Pain
- Thirst
- Weakness
- Urge to urinate/defecate

### 13.2 What to do if a child has a seizure

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Stay with the person until recovery is complete
- Be calmly reassuring
- Call for an ambulance
- Note the time and duration of the seizure
- Inform the parents

#### **Don't...**

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### 13.3 Communication

#### ***With Parents***

When a pupil who has epilepsy joins our school or an existing student is diagnosed with epilepsy, the class teacher and SENCO will meet with the parents to:

- Discuss the pupil's medical needs, including the type of epilepsy he or she has.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- Discuss if and how the pupil's epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Discuss any potential barriers to the pupil taking part in all activities and school life, including day and residential trips, and how these barriers can be overcome.
- Advise parents of the school's epilepsy policy
- Discuss with parents the arrangements for ensuring that all relevant staff are trained and other pupils are epilepsy aware.
- Ensure that both medical prescription and parental consent are in place for staff to administer any necessary medication.
- Initiate the completion of an Individual Care Plan, including types of seizures, symptoms, possible triggers, procedures before and after a seizure and medicines to be administered. The School Nurse should be contacted to complete this with school.
- Initiate the completion of an Individual Education Plan for the pupil.
- Discuss how the school, parents and pupil can best share information about the pupil's progress in school and any changes to his or her epilepsy and medication.
- A record of what was discussed and agreed at this meeting will be kept by the school.
- After the initial meeting, the school will continue to share information with the pupil's parents and to involve the parents in any decision making process. Where appropriate the pupil will also be involved in this process.

#### ***With Health Professionals***

- We recognise that information held by the school, such as changes to the pupil's seizure patterns and changes to the pupil's behaviour, may be extremely useful to the pupil's healthcare team. Where appropriate and with the parents permission we will share this information, either via the parents, or directly, with the pupil's healthcare team.
- We will also encourage information sharing between health and education, for example changes in medication or seizure patterns.

#### ***With School staff***

- All staff, including teachers and office staff will be told by Mrs Patterson or Mrs Davies which children in the school have epilepsy, and what type of epilepsy they have.
- All staff (teaching and support) who are responsible for a child with epilepsy, will receive basic epilepsy awareness training, including what to do if a child has a seizure.
- New staff will be given this information as part of their induction.
- Supply staff, who will be responsible for a child with epilepsy, will be given information about epilepsy, including what to do if a child has a seizure, before they begin working in the school.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

- At the beginning of the academic year or immediately following the pupil's diagnosis, SENCO and class teacher will meet to discuss the pupils support needs. At this meeting all attendees will be given a copy of the pupils Individual Education Plan and Individual Care Plan.
- The pupils SENCO will be responsible for sharing any changes to the pupil's Individual Care Plan and Individual Education Plan, with appropriate members of staff.

#### 13.4 School Life

- Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take a full part in the school curriculum and school life, including activities and school trips (day and residential). Parents and staff will discuss any special requirements prior to such events.
- Staff will consider the adjustments necessary to enable the pupil to participate fully in school life and to reach their full potential. This might include changes to timetables, exam timings and coursework deadlines. These adjustments will be recorded and shared with other appropriate members of staff.
- A medical room with a bed will be kept available, so that if needed, the pupil will be able to rest following a seizure, in a safe supervised place.

#### 13.5 Record Keeping

Teachers will keep records detailing the pupil's seizures, behaviour, memory, concentration and energy levels so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

### **14. ALLEGATIONS AGAINST STAFF**

14.1 There may be times when a pupil makes an allegation against a member of staff in such cases procedure will be carried out in accordance with our policy on managing allegations against staff.

14.2 If such an allegation is made the member of staff receiving the allegation will immediately inform the Head Teacher.

14.3 We provide an environment in which children and adults feel confident to express concerns regarding the behaviour of a member of staff. This is known as whistle blowing. This is contained in our Confidential Reporting Policy. All staff are encouraged to report concerns in all instances.

Included in this policy: procedures for first aid, continence, administration of medicine, asthma, seizures and anaphylactic shock.

## **15. POLICY REVIEW**

The school's policy will be reviewed when:

- Two years have elapsed.
- There has been a significant change in staffing or pupil intake.
- There has been a significant change in Government guidelines

**R J GODWIN**  
**HEAD TEACHER**  
**December 2017**

This policy was ratified by the full governing body.

Date of Meeting: .....

Signed ..... Chair of Governors.