Sunninghill
PREP SCHOOL DORCHESTER

First Aid Policy

Includes
Early Years Foundation Stage

Including

Asthma Policy (Appendix A)
Diabetes Policy (Appendix B)
Severe Allergies Policy (Appendix C)

It is the school policy to provide a healthy and safe environment for staff, pupils and visitors to the school. We expect that at all times our staff and pupils will cooperate fully in implementing health and safety initiatives, do everything possible to make sure injuries do not occur to themselves and others and take responsible care of their own health and safety at all times.

- It is our intention to ensure that at all times there are sufficient qualified first aiders on the premises.
- There is an appointed person, currently Mrs Lydia Hampshire, who has overall responsibility for First Aid. She will:
    - Take charge when someone is injured or becomes ill
    - Looks after the first aid equipment
    - Check and restock all first aid containers each term
    - Ensures medical help is summoned when appropriate

- There is always at least one member of staff who is appropriately qualified in first aid on each school site when the children are present (listed on page 6). Details of the qualified first aiders are posted in the medical room and in the staff room. These first aiders are required to have their training updated every 3 years and details are kept by the Head of Administration.

- There are first aid boxes throughout the school (listed on page 5) and available for play areas and sports which are maintained by the appointed person.

- All accidents/incidents that occur on the school premises involving staff, pupils or persons not employed by the school, however minor and require First Aid treatment must be recorded either on the First Aid Treatment record or for more serious accidents, in the accident book. Both are held in the medical room. Copies of the forms are to be passed to the Bursar on completion.

- The Bursar will review and if necessary investigate accidents to ensure that there are no trends occurring or dangerous conditions / equipment in order to reduce the probability of a reoccurrence.

- If a pupil becomes ill the school will take every step possible to contact parents, but if this is not possible, we will take responsible measures to care for that pupil. We will expect parents to cooperate with us by not permitting children to attend school if they have any infectious or contagious illness. Children should remain off school for 48 hours following a bout of sickness and/or diarrhoea.

- Any individual (either staff or child) who has head lice should be treated before returning to school.

- Pupils who have specific medical conditions such as diabetes, allergies, or another condition requiring special safety measures and medical treatments have medical emergency cards published in the medical room and the staff room. Specific first aid training for diabetes and anaphalaxis is provided for all relevant staff by specialist nurses annually.

Procedure to be followed in the event of an accident

- If a pupil or a member of staff has an accident they will receive first aid from a qualified first aider.

- Gloves will be worn where appropriate, when dealing with blood or any other bodily fluids.

- Clinical waste is disposed of in the clinical waste bin situated in the cupboard under the stairs by the men's toilet. This bin is emptied monthly by a certified disposal contractor.

- In the nursery there is a medical bin lined with a yellow plastic sack for the disposal of nappies and materials contaminated with body fluids. At regular intervals the nursery staff change the bin liner and put the used bin into a locked wheeled bin outside. The wheeled bin is emptied regularly by a certified disposal contractor.

- The wound will be cleaned with sterile cloths or a cold compress applied.

- No ointments can be used and no internal medicine given.

- If hospital attention is needed then the appointed person or teacher in charge if the accident occurs off-site, will make the decision to call an ambulance and/or will take the necessary action to get the pupil/member of staff to hospital and inform parents or next of kin as appropriate. This will usually mean that the injury requires immediate attention that goes beyond the competence and principles of a first aider. If there is any doubt that hospital may be required, then the principle should be safety first.

- If the accident has happened to a pupil, their parents will be informed immediately by a member of staff.

- Serious accidents will always be reported to the Head.

- RECORDING - Accidents/ injuries to pupils and adults are recorded on the First Aid Treatment Record form or for more serious occurrences in the accident book both of which are kept in the Medical room. Completed forms are retained by the Bursar and reported to the Health & Safety Committee.

RIDDOR reporting is required for the following:

- work related deaths
- major injuries (including fractures)
- over-three-day injuries
- work related diseases
- dangerous occurrences or near miss accidents

Reporting is carried out on line by the Bursar.

ADMINISTRATION OF MEDICATION

To ensure the safe administration of any medication required by pupils.

- All pupils must have parental consent allowing staff to administer non-prescription medication. No medication may be given without this consent. Parents must complete the school's Medication Consent form available here and on the staff server.
- For residential trips, a member of staff may give non-prescription medication ie: Calpol, if the consent part of the trip form is completed and signed.
- All medicines must be kept safely in the medical room fridge.
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OVER THE COUNTER MEDICINES

- They must be kept securely in a locked cupboard
- There must be a list of those medications stocked, in the cupboard

PRESCRIPTION MEDICATION

- Prescription medication may only come into school with signed consent from the parent.
- Prescription medication must only be issued to the pupil for whom they have been prescribed.
- The medication must stay in its original and correct container, properly labelled and which should be childproof.
- The original dispensing label must not be altered
- The medication must not be left unattended.

First Aid Boxes in the School

Fledglings – Sensory Room

Fledglings - Play

Nursery

Reception

Form One

Form Two

Form Three

Form Four

History & RE

Mathematics

English

French

Geography

Computer Room

Science Lab

The Loft

Music Room

Kitchen

Cleaner's Cupboard

Staff Room

Medical Room

Art

Sunninghill Community Hall

Swimming Pool

Caretaker's Lock Up

Sports & Trips

First Aiders

Name	*Attended*	*Course Expires*	*Notes*
Nikki Carr	Feb 16	Feb 19	2 day paediatric
Laura Guest	Feb 15	Feb 18	2 day paediatric
Laura Pitman	Jan 16	Jan 19	2 day Paediatric
Danielle Clark	Feb 15	Feb 18	2 day Paediatric
Katie Powell	Mar 16	Mar 19	2 day Paediatric
Ella Taylor	Oct 15	Oct 18	2 day Paediatric
Eve Powell	Oct 16	Oct 19	2 day Paediatric
Catherine Livesey	May 17	May 20	2 day Paediatric
Lydia Hampshire	**Jan 16**	**Nov 18**	**3 day course**
Ian Stazicker	Jan 16	Jan 19	
Sue Wilson	Jan 16	Jan 19	
Claire Thomasson	Jan 16	Jan 19	
Reuben Adams	Jan 16	Jan 19	
Tracey Sales	Mar 17	Mar 20	
Jeremy Chitson	Apr 16	Apr 19	
Kerry Davies	Mar 16	Mar 19	
Mandy Jones	Mar 16	Mar 19	
Sarah Smith	Jan 16	Jan 19	
Karen King	Jan 16	Jan 19	
Kevin Willemse	Jan 16	Jan 19	
Ray Smith	Mar 15	Mar 18	
Sarah Baker	Mar 17	Mar 20	
Sue Brunt	Mar 17	Mar 20	

Joannie Culshaw	Mar 17	Mar 20
Robbie Dennett	Mar 17	Mar 20
Jemma Fowler	Mar 17	Mar 20
Sarah Hill	Mar 17	Mar 20
Gavin Jones	Mar 17	Mar 20
Nancy Sewed	Mar 17	Mar 20
Nathalie Shilliday	Mar 17	Mar 20
Niall Simpson	Mar 17	Mar 20
E Sleightholme	Mar 17	Mar 20
John Thorpe	Mar 17	Mar 20
Jo Thorpe	Mar 17	Mar 20
Christine Whittall	Mar 17	Mar 20
Lecca Moss	May 17	May 20

Early Years Foundation Stage

First Aid Procedure

First Aid equipment is kept Fledglings and Nursery, with additional first aid kits available in the Medical Room. If any items are becoming low, please contact Lydia Hampshire who will see that it is replenished.

First Aid Procedure

- Following an incident or accident, assess the situation.
- Ensure that the area is safe and that you, the casualty and/or others around you are not in danger. Take action to protect them but do not put yourself at risk.
- Attend to the child's needs and offer comfort, change the child's clothes if necessary etc. Should you require assistance, ask a child to get help or another member of staff.
- The First Aider and/or Lydia Hampshire will take the appropriate action and give first aid treatment as necessary. A decision will then be made as to whether the child may now stay at school, should go home with their main carer, or requires further medical assistance at hospital.

- Should medical assistance be required parents must be informed immediately. Emergency contact numbers for parents and carers are available on the registration forms, 3SYs or the main school office. These are confirmed at the beginning of each academic year, we ensure any changes are recorded.
- Should an ambulance be required, inform the main school office so that the gates can be unlocked for ambulance access and a member of staff can wait at the school entrance to direct the ambulance to the casualty.
- Any incident or accident and any treatment given should be recorded via a, Head Injuries Form (I have hurt my head today) or in the Accident or Incident Book (see Recording Accidents below).
- Once the incident has been dealt with and the casualty looked after, clear the area up, dispose of any used wipes or dressings in the yellow waste bag (from where it can be transferred to the Clinical Waste Bin), restock the first aid kit and care for others who may have been upset or distressed by the incident.

Recording Accidents

- The Accident/Incident book is kept by each classroom.
- Any minor cuts, grazes or bumps requiring minor first aid must be reported to the parent or carer via the Accident/Incident Book. The member of staff dealing with the incident must ensure that a record is kept in the Accident/Incident Book. Where any accident/incident that we consider more serious should also be noted, e.g. severe cuts or bumps or any casualty that requires immediate hospital treatment.
- If a child bumps their head, a call will be made to the parents advising them of the accident/incident. If the child does not leave the Foundation Stage then they will be continued to be monitored for response levels. The 'I have bumped my head today' format will be completed (in conjunction with the Accident/Incident book) and issued to the parent or carer at the end of the child's day.
- If a child experiences any injury to the head, then the 'I have bumped my head today' format will advise the child's parent or carer, of symptoms to look out for following an injury to the head.
- Staff are advised that when reception children have an accident during play time, then they are to have the First aid format for the Foundation Stage is completed, this can be found in the Medical room.

FIRST AID TRAINED STAFF

Paediatric First Aiders (attended 12 hours training):

- Nikki Carr
- Laura Guest
- Ella Taylor
- Laura Pitman
- Eve Powell
- Catherine Livesey
- Katie Powell
- Sharon Went

Whole School

- Lydia Hampshire

What goes into a First Aid Box?

What goes into a First Aid Box?
Conforming bandages, 3 of each size plus finger dressing
Triangular bandage
Eye pad
Eye wash
Burn dressing
Plasters-Waterproof and Hypoallergenic
Adhesive tape
Face shields
Thermometer
Plastic tweezers
Alcohol free wipes
Ice pack
Card for removing a sting
Latex free disposable gloves
Aprons
Scissors, ideally tuff cut
Yellow waste bag
Space blanket
Pad & pen
Advice booklet
Extra
Bodily fluids pack

Extra
Bodily fluids pack

Early Years Foundation Stage

Administering Medicines Procedure

Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the FS lead is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.
  NB. Children's paracetamol (un-prescribed) is administered only for children under the age of one year.
- A call is made to parents before administering un-prescribed medication (Calpol) to gain verbal consent in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.

Who receives the child's medication and ask the parent to complete a consent form.

The manager, key person or reception class teacher will receive the medication.

The manager, key person or reception class teacher will communicate the need to administer medication.

The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method; and is
- signed by key person/manager; and is
- verified by parent signature at the end of the day.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

How and where medicines are stored

Nursery/Reception:
Individual medication is put into a named bag, stored in a plastic container which is located on the second shelf in the store cupboard, this cupboard is locked.

Fledglings:
Medication is stored on a high shelf in the kitchen which is locked and not accessible to children. Medication is stored in the fridge.

Staff are informed about stored medication at induction

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

- Children who have long term medical conditions and who may require on ongoing medication
- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another

member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic bag clearly labelled with the child's name, name of the medication, inside the bag is a Prescribed Medication Record consent form, detailing when medication was prescribed.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed bag clearly labelled with the child's name, name of the medication. Inside the bag is a copy of the Prescribed Medication (see Appendix D) consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.

Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

Health Care Plan

Infection Control Policy Early Years

Fledgling's and the Foundation stage aim to maintain high standards of health, hygiene & safety, and the co-operation of parents is essential in this. We would ask that all children who are ill be kept away from the nursery until they have fully recovered.

We have trained paediatric first aiders on site in case of accidents. Please ensure your child has the necessary vaccinations & immunisations against childhood diseases at the correct ages.
Your child will not be accepted back into the nursery until they are fit & healthy, periods of exclusion maybe necessary.

Infectious diseases will be reported to the consultant in communicable disease control & Ofsted.
In the case of childhood infectious diseases we ask that you observe these minimum isolation periods (Information taken from Public Health England 2016):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	**Recommended period to be kept away from school, nursery or childminders**	**Comments**
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	*See: Vulnerable Children and Female Staff – Pregnancy*
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). *See: Female Staff – Pregnancy*
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). *See: Vulnerable Children and Female Staff – Pregnancy*
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See: Vulnerable Children and Female Staff – Pregnancy

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and vomiting illness		
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Respiratory infections		
Flu (influenza)	Until recovered	*See: Vulnerable Children*
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills s*ee: Good Hygiene Practice*
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	ib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.
Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

Infection Control Policy for EYFS Staff

- Gloves must be worn at all times when dealing with bodily fluids.
- Aprons are provided to keep substances away from clothing and should be worn. This includes wearing a clean pair of gloves for each nappy change and washing your hands between each change.
- The changing mat must always be sprayed with anti-bacterial spray provided and wiped with a clean paper towel. Each child has their own nappy and cream supply which is labeled appropriately and staff/students must ensure that only these items are used for the particular child you are changing.
- A supply of clean tissues is provided to wipe children's noses, these should be put in the bin and then hands must be washed afterwards.
- Hand sanitizers are available to both staff and children.

Appendix A

Asthma Policy

Individual children are affected by asthma in different ways. Children develop episodes or attacks of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing. These attacks may be brief and mild for one child whilst another child is forced to stay off school, or be unable to participate in games and need regular treatment every time he or she has a cold.

At Sunninghill Prep School we:

- recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- 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
- recognise that pupils with asthma need immediate access to reliever inhalers at all times
- keep a record of all pupils with asthma and the medicines they take
- ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- understand that pupils with asthma may experience bullying and has procedures in place to prevent this
- will work in partnership with all interested parties including the school's governing body, all school staff, parents/carers and pupils to ensure the policy is planned, implemented and maintained successfully.

This policy has been written with advice from Asthma UK who have consulted with the Department or Education & Skills, local education authorities, healthcare professionals and the school health service.

All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

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 their teacher's desk drawer.

• Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The School secretary will hold this separately 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. If a pupil needs to access a spare inhaler, they should be accompanied to get it.

• 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. All school staff will let pupils take their own medicines when they need to.

Record keeping

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 either on their enrolment form or an annual update form.

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.

• 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.

• Classroom teachers follow the same principles as described above for games and activities involving physical activity. Pupils with asthma are encouraged to participate fully in all PE lessons.

Out-of-hours sport

• There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

• 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.

School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. 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.

When a pupil is falling behind in lessons

• If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Special Education Needs coordinator about the pupil's needs.
• The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

• All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

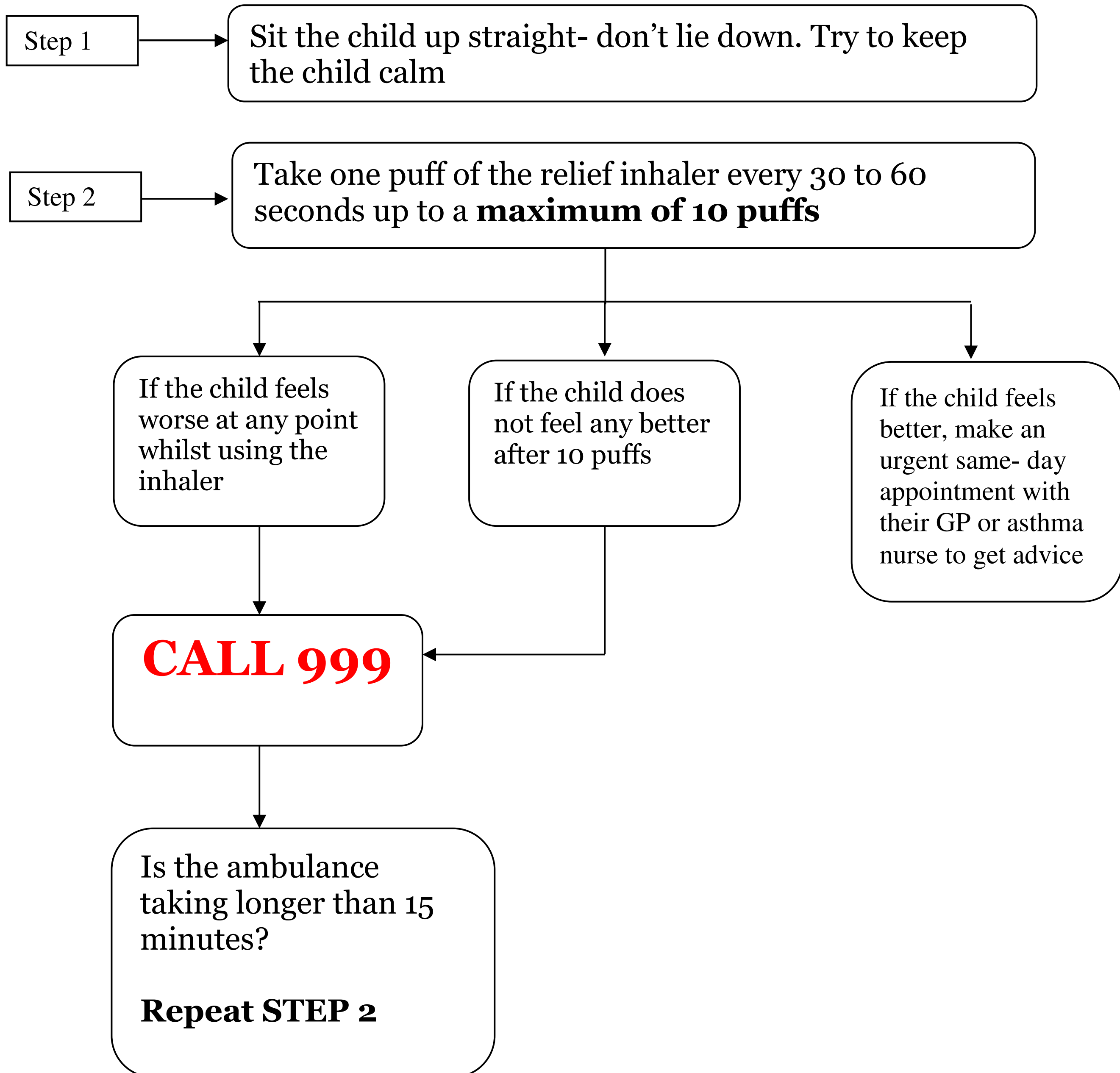
Treatment of asthma

There are two types of treatment:

1. Immediate relief – works quickly
2. Preventative – should not be used to treat an acute attack

It is probable that asthmatic children learn from past experience of attack and usually know what to do.

How to treat an asthma attack



Updated April 2017 in line with guidelines from Asthma UK, Policy for School.

For full information and guidance visit:

http://www.asthma.org.uk/Sites/healthcare-professionals/pages/schools-and-early-years

Appendix B

Diabetes Policy

Written with reference to St John's Ambulance advice.

Introduction
Diabetes in children is a condition in which the body is unable to break down sugars from food into energy through a lack of insulin. Treatment of this illness depends on the severity of the condition which can vary from complete dependency on injected insulin to an adjustment to diet to correct the problem.
Training to help administer regular blood testing to monitor sugar levels will be necessary and understanding of appropriate dosage levels may be needed for all those working with the pupil.
Any pupil in the school with diabetes requires a risk assessment. This will be developed from information provided by parents and medical advice from the local treatment centre.
A trained nurse will give training to all staff working with the child as soon as the child starts with the school and every new school year to update staff on any changes in treating the condition.

The School Aim
We strive to provide a happy caring environment in which a child can build on strengths and think positively if confronted with a problem.
The school, therefore, welcomes pupils with diabetes in the school and will encourage them to take full part in the activities of the school. The teaching and non-teaching staff will be aware of procedures for caring for children with diabetes, and will know what to do in an emergency. Parents will be asked if their child suffers from diabetes on entry to school. A 'Diabetes Card' will be completed and a list of all children will be maintained by the office.

Access to blood testing and injection equipment
The pupil will keep a bag of equipment including blood testing and insulin injection equipment and glucose spray or other emergency sugar ration with them at all times. A second kit may be held by the class teacher.

Hypoglycaemia (low blood sugar)
Introduction
When the blood-sugar level falls below normal (hypoglycaemia) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response.

Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure or after an episode of binge drinking. It can also complicate heat exhaustion or hypothermia.

Recognition features
There may be:

- A history of diabetes; the casualty may recognise the onset of a "hypo"
- attack.
- Weakness, faintness, or hunger.
- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent
- Sweating and cold, clammy skin.
- Pulse may be rapid and strong.
- Deteriorating level of response.
- Diabetic's warning card, glucose gel, tablets, or an insulin syringe in casualty's possessions.

Treatment
Your aim is to raise the sugar content of the blood as quickly as possible and to obtain medical help if necessary.

- Help the casualty to sit or lie down.
- Give them a sugary drink, sugar lumps, chocolate or any other sweet food. Don't give them diet drinks, they don't have the sugar in them that they need.
- Alternatively if the patient has their own glucose gel help them to take it.

If the casualty responds quickly:
- Give them more food and drink and let them rest until they feel better.
- Advise them to see their doctor even if they feel fully recovered.

Warning! If their consciousness is impaired don't give them anything to eat or drink as they may not be able to swallow or drink it properly.

If the condition does not improve:
- Monitor the level of response and look for any other possible causes.

If the casualty is unconscious:
- Open the airway and check breathing. (primary survey)
- Give chest compressions and rescue breaths if necessary.
- If the patient loses consciousness but is still breathing normally place them in the recovery position.
- Dial 999 or 112 for an ambulance.
- Always monitor and record the vital signs, levels of response, pulse and breathing for instance and give this information to the emergency services when they arrive.

Hyperglycaemia (high blood sugar)
Introduction
High blood sugar levels (hyperglycaemia) over a long period can result in unconciousness. Usually the casualty will drift into this state over a few days. Hyperglycaemia requires urgent treatment in hospital.

Recognition features

- Warm, dry skin.
- Rapid pulse and breathing.
- Fruity/sweet breath.
- Excessive thirst.
- If untreated, drowsiness, then unconsciousness.

Treatment

Your aim is to arrange urgent removal of the casualty to hospital.

- Dial 999 (or 112) for an ambulance.
- Monitor the level of response and look for any other possible causes.

If the casualty is unconscious:

- Open the airway and check breathing. (primary survey)
- Give chest compressions and rescue breaths if necessary.
- If the patient loses consciousness but is still breathing normally place them in the recovery position.
- Dial 999 or 112 for an ambulance.
- Monitor and record the levels of response, pulse and breathing.

Appendix C

Severe Allergies Policy

Written with reference to St John's Ambulance advice.

Introduction
Severe allergies in children are a condition in which the body is unable to cope with the shock caused by ingestion or injection into the body of a substance to which they are allergic. This is known as Anaphylactic Shock. This may include allergies to nuts, fish, wheat, insect bites etc.
Training to help administer an epipen will be necessary and understanding of appropriate action will be needed for all those working with the pupil.
Any pupil in the school with severe allergies requires a risk assessment. This will be developed from information provided by parents and medical advice from the local treatment centre.
A trained nurse will give training to all staff working with the child as soon as the child starts with the school and every new school year to update staff on any changes in treating the condition.

The School Aim
We aim to be a nut free school.
We strive to provide a happy caring environment in which a child can build on strengths and think positively if confronted with a problem.
The school, therefore, welcomes pupils with severe allergies in the school and will encourage them to take full part in the activities of the school. The teaching and non-teaching staff will be aware of procedures for caring for children with severe allergies and will know what to do in an emergency.
Parents will be asked if their child suffers from severe allergies on entry to school. A 'Severe Allergies Card' will be completed and a list of all children will be maintained by the office.

Access to epipen equipment
The pupil will keep a bag containing an epipen with them at all times. A second kit will be held by the school office.

Severe allergic reactions (Anaphylaxis)
Introduction
A severe allergic reaction will affect the whole body, in susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal.

Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food such as peanuts.

Recognition features
- Impaired breathing: this may range from a tight chest to severe difficulty
- There may be a wheeze or gasping for air.
- Signs of shock.
- Widespread blotchy skin eruption.

- Swelling of the tongue and throat.
- Puffiness around the eyes.
- Anxiety.

Treatment

Your aim is to arrange immediate removal of the casualty to hospital.

- Dial 999 or 112 for an ambulance.
- Give any information you have on the cause of the casualty's condition.
- Check whether the casualty is carrying any necessary medication. If they are, help them to use it.

If the casualty is conscious:

- Help them to sit up in a position that most relieves any breathing difficulty, this is usually sitting up and leaning forward slightly.

If the casualty becomes unconscious:

- Open the airway and check breathing.
- Be prepared to give rescue breaths and chest compressions.
- Place them into the recovery position if the casualty is unconscious but breathing normally.

Appendix D

Prescribed Medication Record

Childs Full Name:	**Time(s) at which the medication is to be administered:**
Doctors Name:	**Circumstances in which medication is to be administered (if for emergency use):**
Named Medication: **Expiry Date:**	**Has a risk assessment been completed?** **YES / N/A**
Dosage:	**I confirm that the medication, dosage and timings indicated above are correct and authorise the setting to administer it.** **Parents/Carers Signature:** **Date:**
Method of administration:	

Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			
Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			

Use and attach a continuation sheet if necessary

Prescribed Medication record continuation sheet

Date and Time	Dosage administered	Signature of staff administering the dosage	Witness signature
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			
Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			
Date and Time	**Dosage administered**	**Signature of staff administering the dosage**	**Witness signature**
	1:		
	2:		
	3:		
	4:		
Parents/Carers Signature (to sign at the end of the school day):			