FIRST AID – SUPPORTING STUDENTS WITH MEDICAL CONDITIONS AND MANAGING MEDICINES

PRESTON MANOR SCHOOL

An All-Through School

Governors' Committee Responsible: Learner's Welfare	
Statutory Provision: Statutory Policy	
Policy Author: David Tully	**Review Period:** Annual
Date reviewed: July 2026	**Next Review:** July 2027

Contents

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- This policy also aims to ensure that:
- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The governing board will implement this policy by:
- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person(s) with responsibility for implementing this policy is Senior Leadership responsible for Health and safety.

2. Legislation and statutory responsibilities

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils
- This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.
- It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegate's operational matters and day-to-day tasks to the headteacher and staff members.

The governing board has the ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Ensure that an appropriate number of trained first aid personnel are present in the school at all times
- Ensure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensure all staff are aware of first aid procedures
- Ensure appropriate risk assessments are completed and appropriate measures are put in place
- Undertake, or ensure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensure that adequate space is available for catering to the medical needs of pupils
- Report specified incidents to the HSE when necessary (see section 10)
- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

School staff are responsible for ensuring they follow first aid procedures and ensuring they know who the first aiders in school are.

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Lower School First Aiders

Welfare officer - Sunita Bharj

Jekia Lalgi, Claire Francis, Kausar Dadd, Dhiba Malik, Chandni Bakhai, Charulata Parmer, Jekatrina Sumemer and Elaine Patton

Upper School First Aiders

Welfare officer - Sammia Xavier

Non-Teaching Staff: Paulette Bailey, Jasera Jaganesaran, Miguel Martinez, Yusuf Ismaliah, Mohasena Hansraj, Christelle Nyakeru, Lee Yawson; Shah Bakth; Kurshid Rasul

Catering: Joanne Jacobs, Fatiha Jebari, Kailash Vaghela, Jagdish Patel, Marjorie Smalling

Teaching staff: Sophie Troth, Chané Agewole, Kevin McCrann, Kwame Gyamfi-Kumaning, Kamilla Pedersen

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Parents will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools' nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits, and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents, and any relevant healthcare professionals will be consulted.

5. First aid procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend the next steps to the parents
- If emergency services are called, the Welfare Officer will contact parents immediately. The Head's PA
- The Welfare Officer will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- When taking pupils off the school premises, staff will ensure they always have the following:
- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the staff member arranging the trip prior to any educational visit that necessitates taking pupils off school premises.

Lower school - Taking medication out of the office for a school trip, it must be signed out in the "Medication Sign-out book" which is stored in the school office. This should be signed by the Welfare Officer and the First aider accompanying on the trip. The medicines must be returned and signed in by the first aider and Welfare Officer as soon as the class arrives back at school.

6. Record keeping and reporting

6.1 First aid log

A written log will be completed by the Welfare Officer on the same day or as soon as possible after an incident resulting in an injury

- As much detail as possible should be supplied when reporting an accident.
- A copy of the accident report form will also be added to the pupil's Sims medical record by the Welfare Officer
- Records held in welfare will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Reporting to the HSE

The Welfare Officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
The Welfare Officer passes this information to reception who will report the incident to the Health and Safety Executive as soon as reasonably practicable and within 10 days of the incident.
Reportable injuries, diseases, or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs, and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

7. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

8. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Sammia Xavier, our Welfare Officer

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school and parents. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health, and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/Welfare Officer will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms, and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counseling sessions will be arranged by SEN and /or their DSD.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- A review letter will be sent after a year to update any records and/or confirm no changes.

9. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written or verbal consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed prior to this.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the student's name
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage, and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date. Upper school - Spare insulin pens will be stored in the fridge, located next to the Welfare. The room has limited access as well as needing a swipe card to access the room.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters, and adrenaline pens will always be readily available to pupils and not locked away. All students needing Epi-pens and inhalers must carry them on their person as well as an additional spare one in the Welfare Office.

Medicines will be returned to parents to arrange for safe disposal when no longer required or expired.

The school holds additional spare inhalers for use in emergencies. Previous written parental permission must be given. The permission is included in all Asthma plans. See Appendix 2 for School Asthma Policy.

9.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cabinet in the Welfare office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

9.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Upper school - Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary. Wherever possible, the pupil will administer their own medicine, under the supervision of the Welfare Officer or other designated first-aider. In cases where this is not possible, the staff member will administer the medicine with written consent on the IHP.

Lower school inhalers- Pupils need to go to the Welfare Room to take their inhalers. This is to ensure that the school can monitor how many puffs the pupil has taken. Inhalers should be taken out if the child is going on a trip or to the playground for PE.

9.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets
- Give another child's medication to a student

10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

11. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received, to and when this is valid to.

Staff are encouraged to renew their first aid training when it is no longer valid.

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead in identifying the type and level of training required and will agree with this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12. Record keeping

The governing board will ensure that written records are kept of all medications administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

13. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Zurich Municipal
Zurich House
1 Gladiator Way
Farnborough
Hampshire
GU14 6GB

14. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Welfare Officer in the first instance. If the Welfare Officer cannot resolve the matter, they will direct parents to the school's complaints procedure.

15. Covid - 19

We will continue to use the current risk assessment and will update when required. - See website.

16. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 1-3 years.

17. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix

1. Intimate care and toileting policy - Lower school
2. School Asthma Policy
3. Reducing the risk of Needlestick injuries policy and procedure

Intimate care and toileting policy

Permission is sought as children enter Reception and slips are kept on record

All Reception staff are informed of those children where no permission is given. Where a child has continuing incontinence problems parents are expected to continue to provide a complete set of spare clothes and 'baby-wipes'. The school also keeps a stock of spare clothes in various sizes.

Reception staff have access to a private bathroom area (Disabled Toilet) with a toilet, and hand basin and a shower. There is also a stock of hypoallergenic baby wipes, plastic bags and disposable protective gloves for staff to use, which they must do. If a child soils him/herself during school time, one member staff (teacher, EYE, practitioner, meals supervisor) will help the child:

To remove their soiled clothes

Clean skin (this usually includes bottom, genitalia, legs, feet).

Dress in the child's own clothes or those provided by the school.

Double wrap soiled clothes in plastic bags and give to parents to take home.

At all times the member of staff pays attention to the level of distress and comfort of the child. If the child is ill the school telephones the parent/carer. In the event a child is reluctant and finally refuses, the parent/carer will be contacted immediately.

Our intention is that the child will never be left in soiled clothing, but as soon as the member of staff responsible for him/her is aware of the situation, she/he will clean the child.

It is intended that the child will not experience any negative disciplining, but only positive encouragement and praise for his/her endeavours to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in his/her efforts to gain these skills.

- Our approach to best practice for ultimate care needs over and above accidents.
- The management of all children with intimate care needs will be carefully planned.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities
- Individual care plans will be drawn up for any pupil requiring regular intimate care.

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible- one pupil will be cared for by one adult, with one other adult present.

- Intimate care arrangements will be discussed with parents/carer s on a regular basis and recorded on the care plan
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet ‘accident’) then parents/carers will be informed the same day.
- This information should be treated as confidential and communicated in person, via telephone or by sealed letter

School Asthma Policy

School name	Preston Manor School
Head Teacher	Russell Denial
Asthma Champion/ Lead	Sammia Xavier
School nursing team contact number	Brent School Nursing Team 0208 102-4900

As a school, we recognise that asthma is a serious, but controllable condition. The school welcomes all children/ young people with asthma and aims to support these children in participating fully in everyday school life. School will take on a whole school approach to Asthma to support the children/ young people. We aim to actively involve parent/ carers/ children/ young people in the management of asthma within school.

This policy has been developed within the North-West London Health and Care Partnership following National guidelines for the management of children/ young people (CYP) with asthma.

Indemnity statement

School staff should be willing to assist with inhaler administration when it has been recommended by an appropriate healthcare professional.

The importance of Asthma

- Asthma is the most common chronic condition, affecting one in eleven children.
- On average, there are two children with asthma in every classroom in the UK
- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Children with persistent, uncontrolled, or severe asthma are more likely to miss school, compared to children with mild asthma.
- Every September, more children are rushed to hospital due to their asthma than at any other time of the year.
- Research studies suggest that asthma is responsible for up to 18% of school absences, with evidence improved asthma control improves school attendance and performance

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma. The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a ‘whistle’ heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

- Tummy ache in younger children

Medication and inhalers

There are many forms of treatment for asthma. All children with asthma will have some form of inhaled treatment.

Preventer and reliever inhalers:

The ‘preventer inhalers’ take time to build up in the system. They help stop asthma symptoms developing by protecting the airways. They can also reduce the risk of a potential life-threatening asthma attack. They are taken every day and usually at home.

The ‘reliever inhalers’ help symptoms to go away once they have started. These are the inhalers used during an asthma attack. It is important that in school the reliever inhaler is administered in the correct way if needed.

There is also a type of inhaler with both preventer and reliever combined. This is known as MART (maintenance and reliever therapy). This inhaler can be used according to the PAAP (Personalised Asthma Action Plan).

Parents should be encouraged to report to school if their CYP has any changes in the treatment plan (PAAP)

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognize the signs and symptoms of an asthma attack in a Child/Young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack:

BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)

WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.

COUGHING

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.

BREATHLESSNESS

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.

TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.

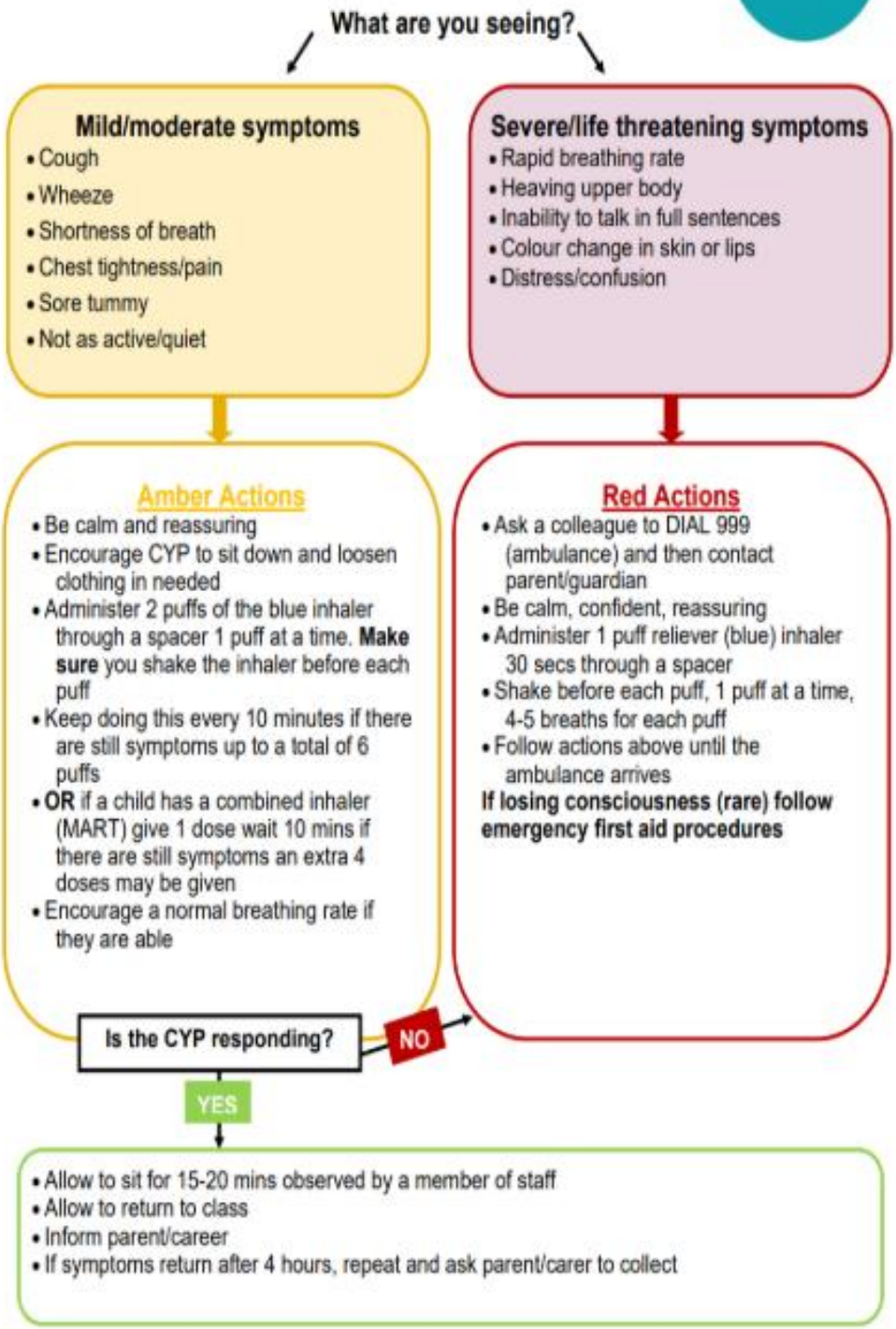
INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognize that if the reliever inhaler is not helping that it is time to seek medical help.

www.beatasthma.co.uk

beat asthma

How do I Manage a Child/Young Person Having an Asthma Attack?



www.beatasthma.co.uk

Supporting CYP with Asthma: Legal requirements Checklist

School Asthma Policy	• Supporting Pupils in school with Asthma, Supporting pupils at school with medical conditions December 20215 (Department for Education 2015* available for all staff to read and to use as guidance when developing policies • Guidance on the use of Emergency Salbutamol Inhalers in Schools (Department of Health, March 2015 available. https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf • School asthma policy in place, developed using guidance from above and updated regularly – all staff to be made aware of the policy and where to access it • Information available on inhaler devices and how to use them. • System in place to identify pupils who have frequent absences from school due to asthma
Asthma Register	• Have a named individual responsible for asthma: Sammia Xavier (Upper School) and Sunita Bharj (Lower School) • Ensure school asthma register in place and updated regularly. Must state name and date of birth of child/young person. (on sims) • Register available to all staff – suggest displaying in school office/staff room with a photo board (in upper school welfare room • Ensure every students have an individual healthcare plan (IHCP) completed. School asthma care detailed on the IHCP and supported where needed with a specific asthma management plan *
Medications	• Asthma medication is provided by the parent for school use with instructions of when and how to use, in keeping with their IHCP. • A system is in place to check the expiry dates of any medication and a system to replace when expired or almost empty • School staff and CYP know where their inhaler and spacer are kept – must be accessible at all times. (in welfare office on desk) • Inhalers should be kept in a cool environment • If using a metered dose inhaler (“puffer” type), a spacer device must also be provided by the parent. (disposable spacer available) • Medication must be clearly labelled with a pharmacy label displaying name/dose/instructions • Usage of reliever medication must be recorded, and parents informed

Pupils that self-manage	• If a CYP carries their own inhaler as part of their IHCP, a spacer and metered dose inhaler should be available for them to use in school – provided by the parent • Parents should be informed if a CYP who self manages appears to be using their inhaler more than usual • Encourage every CYP to carry a copy of their school plan in their personal planner
Staff Training	• Recommended that all school staff minimum 85% (not just first aiders) attend an asthma awareness session • Recommended that all school staff (not just first aiders) update their asthma knowledge https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/

	• Asthma attack flow chart displayed in school – all staff to be familiar • Staff administrating inhalers should be knowledgeable of the correct technique
Emergency Inhaler kits – To use if pupils own not available	• Suggest minimum x 3 emergency inhaler kits are purchased to keep in school as part of school asthma policy, conveniently located in key areas • Can only be used for CYP who have a diagnosis of asthma or have been prescribed a salbutamol inhaler with the exception where parents have submitted the opt out consent. • An emergency kit should be taken out of school for offsite activities/residential trips • Each kit should consist of: • Asthma register (with parental consent) • 2*l large volume spacer device • 1 salbutamol 100mcgs per puff inhaler • Information leaflet on how to administer • Asthma attack flow chart • Inhaler actuation chart • Letter template to send to the parent informing them that the emergency inhaler/spacer has been used. • Every inhaler following use should be cleaned for re-use. • Each spacer used for a single child only could be retained and labelled for that child / given to the parent for home use /returned to pharmacy for safe disposal.

Reducing the risk of Needlestick injuries Policy and Procedure

1. PURPOSE

The purpose of this policy is to outline schools' position regarding the prevention and management of needle stick injuries and provide guidance and procedure for staff. Needle stick or sharps injuries are wounds caused by an object or device with a sharp point, protuberance or cutting edge that are capable of puncturing or piercing the skin. This presents a potential exposure to blood borne viruses (BBV). Those blood borne viruses of most concern are HIV, Hepatitis B and Hepatitis C. Whilst the risk of acquiring a needle stick injury within the school environment is low, it is vitally important that all needles are disposed of safely thereby ensuring that staff and pupils are not harmed.

2. SCOPE

This document explains the procedural arrangements for the control of sharps and will ensure that staff are aware of the appropriate action to take in the event of the inoculation of blood or bodily fluids by a needle or other sharp.

3. OBJECTIVE

The objective of this policy is to ensure that school adopt practices which minimize the risk of needle stick exposure.

4. LEGISLATION

The relevant legislation in respect of risks from sharp injuries includes: - ·

- The Health and Safety at Work Act 1974
- The Control of Substances Hazardous to Health Regulations 2002
- The Management of Health and Safety Regulations (Northern Ireland) 2000
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1997

5. PROCEDURE DETAILS

Where staff are required to assist in the administration of medication with particularly young or disabled children they should receive training from a member of the medical profession.

In relation to the storage and disposal of used sharps:

- All sharps bins/containers used should be BS7320: 1990 and UN3921 approved.
- Sharps bins/containers should be sealed when the sharps reach their fill line, parents or relevant person should be informed and then replaced.
- Sharps bins/containers should be located in safe and secure position.
- Needles should not be re sheathed after use.
- Sharps should be disposed of immediately after use and not left lying around. Pupils must be advised on the safe disposal of sharps, in their own personal care.
- Needles are only to be disposed of in the sharps bin/container.
- Never carry sharps in hands or pockets, take the sharps bin/container to the syringe, do not walk with the needle or syringe.
- Contents of the sharps bins/containers should not be decanted into another container.
- Cleaning Staff, Grounds Maintenance or Building Supervisory staff should be instructed not to place their hands into any area or object where they cannot see as there may be concealed

sharps. Visual inspections should be carried out prior to work commencing to check for the presence of any sharps. Risk Assessments will identify the requirement for suitable PPE such as gloves, thick soled footwear and litter pickers.

In the case of a spillage from a sharps container, the following procedure should be followed:-

- Wear protective clothing, e.g. gloves
- Gather up spilled sharps using a dustpan and a brush and put them into the appropriate sharps container.
- Dispose of protective clothing, e.g. gloves
- Wash and dry hands thoroughly.

In the case of a needle stick injury occurring

- Encourage the wound to bleed by gently squeezing the site (Do not suck). ·
- Wash the area with running water and soap.
- Dry area and apply waterproof dressing.
- Report the incident to your line manager, who is required to report the incident using the accident injury report form.

Seek urgent medical attention through your Doctor or A&E Department.

6. ROLES AND RESPONSIBILITES

The Senior Leadership Team and Governing Body are responsible for ensuring this policy and procedure is adopted as part of the overarching safety policy. .

The Head Teacher is responsible for implementing this procedure and ensuring that it is adhered to by staff and pupils for whom they are responsible.

7. GLOSSARY OF TERMS AND ACRONYMS

BBV Blood Borne Viruses

Sharps an object or device with a sharp point or protuberance or cutting edge which is capable of cutting or piercing the skin

8. ASSOCIATED DOCUMENTS AND GUIDANCE

www.hse.gov.uk/healthservices/needlesticks/actions.htm

http://www.nhs.uk/chq/Pages/2557.aspx?CategoryID=72

Pupil allergy policy

1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Zalika Dale

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils with allergies have an allergy action plan completed by a medical professional
  - All staff receive an appropriate level of allergy training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School nurse/medical officer

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families

- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash or sanitise their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect bites/stings

When outdoors on grass areas:

- Students are encouraged to wear shoes
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made, where parental consent has been given.
- The register is kept in Welfare with additional information on SiMS and in the AEN booklet and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
  - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures (found in Section 5, Page 6 of the First Aid Policy –(NHS advice on treatment of anaphylaxis and Anaphylaxis UK's advice on what to do in an emergency)
- A school AAI device will be used instead of the pupil's own AAI device if:
  - Medical authorisation and written parental consent have been provided, or
  - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, the school's procedures for AAIs, covering these areas:

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- The school purchases AAIs through Eureka
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times

- **Not** located more than 5 minutes away from where they may be needed (Welfare Room, Upper School Canteen and Lower School)

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Sammia Xavier is responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- First Aid Policy