

Policy Review

This policy will be reviewed by the Governing Body according to the policy cycle review.

The policy was last reviewed and agreed by the Governing Body on 18th September 2018.

It is due for review January 2019.

Headteacher

A handwritten signature in black ink, appearing to be 'J. R.', is written below the 'Headteacher' label.

Date:- 18th September 2018

Chair of Governors

A handwritten signature in black ink, appearing to be 'Hewings', is written below the 'Chair of Governors' label.

Date:- 18th September 2018

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

INTRODUCTION AND GENERAL PRINCIPLES

The staff and governors of Westfield CP School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.

The policy complies with "Supporting pupils at school with medical needs" DFE April 2014

KEY POINTS

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing body will ensure consultation with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

This policy should be used in conjunction with other health related policies:

Accessibility Plan

Asthma

Intimate Care

ROLES and RESPONSIBILITIES

The Governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. In making arrangements, the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

In line with their safeguarding duties, the Governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply

a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

The policy of this school is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

MEDICINES

PRESCRIBED MEDICINES

Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines prescribed 'three times a day' should be administered "before school, after school and at night". This school recognises in extreme cases (as stipulated by a doctor in writing), and agreed by the head teacher, that staff may administer medication following completion of the school's medical form. However, parents and carers are allowed into school to administer medication if they so desire.

Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage.

NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission from parents in extreme circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and the school's medical form must be completed. Staff will never administer medicines containing aspirin unless prescribed by a doctor.

ADMINISTERING MEDICINES

This school recognises no child under 16 should be given medicines without their parent's written consent. Following written consent using the school's medical form, any member of staff administering medicines to a pupil should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

- a) Medicines will be administered by a member of staff and overseen by a colleague.
- b) A written record must be kept following administration of medicines to pupils on the school's medical form (appendix containing example) found on the first aid room noticeboard.
- c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on the school's record form and parents/carers will be notified of the refusal.
- d) Parents will be notified of the administering of medicine on the school's medical form

LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by health care professionals in consultation with the child's parents or guardians and may contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

Medical practitioners should lead

RECORD KEEPING

a) Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on the school's medical form.

These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication

- Any side effects
- Expiry date

Completed forms should be kept in the medical room and referred to when administering medication. The record folder must be completed by staff following administration.

b) Requests for updated medical conditions including asthma, are distributed to parents at the end of the school year for existing pupils and at the beginning of each school year for new pupils. These are collated by the member of staff (First aid lead) who has been delegated to fulfil this role by the Headteacher. All staff have access to this information and actions to take in an emergency.

c) Children with food allergies have their photographs and details displayed in the catering manager's office to ensure that food products are safe for children.

d) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the first aid lead.

STORING MEDICINES

a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.

b) Non-emergency prescribed medication is stored with the school's medical form in the medical room Medication requiring refrigeration is stored in the medical room fridge.

c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard. Children should know where their medicines are stored;

d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary, the school supports parents in ensuring this responsibility is met.

DISPOSAL OF MEDICINES

a) Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

MEDICAL CONDITIONS

ASTHMA



Westfield CP School

ASTHMA POLICY

Policy Review

This policy will be reviewed by the Governing Body according to the policy cycle review.

The policy was last reviewed and agreed by the Governing Body on 27th March 2018.

It is due for review March 2021.

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Headteacher

Date:- 27th March 2018

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Chair of Governors

Date:- 27th March 2018

Introduction and Background

Westfield CP School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. Our school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local authority) and pupils. Supply teachers and new staff are also made aware of the policy. Staff who comes into contact with pupils with asthma are provided with training as part of their first aid qualification.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent, doctor or nurse and class teacher agree they are mature enough.

Parents are asked to ensure that the school is provided with a labelled inhaler for those not yet mature enough to administer their own medication or a spare reliever inhaler. The class teacher will hold this separately and can be used in case the pupil's own inhaler runs out, or is lost or forgotten or if the child requires it in line with their Asthma card. All inhalers must be labelled with the child's name by the parent.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to if it is stated on their asthma card.

Emergency Asthma Kit

In accordance to Asthma UK the school has an emergency asthma kit.

This kit includes

- Ventolin inhaler
- an aero chamber (spacer)
- a list of children that have permission to use this if their own inhaler has either expired or failed to operate.
- Instructions for the inhaler and aero chamber
- Batch number and expiry date of inhaler

If the kit has been used then the aero chamber has to be given to the child to take home and a new one purchased from the chemist. The inhaler can be reused but has to be cleaned first. Cleaning instructions can be found in the Guidance on the use of emergency inhalers in schools booklet, hanging up in the first aid room.

The kit will be kept in a red bag located in the first aid room.

Record Keeping

At the beginning of each school year or when a child joins the school, parents are asked if their child has any medical conditions including asthma on their enrolment form.

All parents of children with asthma are consequently sent an Asthma UK school asthma card to give to their child's doctor or nurse to complete. Parents are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff and displayed in the first aid room on the first aid notice board. School asthma cards are then sent to parents of children with asthma on an annual basis to update. Parents are also asked to update or exchange the card for a new one if their child's medicines or how much they take, changes during the year. If this is for a temporary period due to illness or weather for example a medication form can be completed and attached to the card rather than the card be updated.

Children with Asthma are highlighted on a laminated posted displayed in each classroom.

A letter will be sent home to inform the parents if a child has needed to use their inhaler whilst at school. A sample copy is on the next page. A record is to be kept of the child using their inhaler on the medication log sheet kept in each classroom.

SAMPLE LETTER

NOTIFICATION TO PARENT OF USE OF INHALER

Dear Parent/Carer of _____

- Your child has had problems with his/her breathing today which has required them to use their inhaler.

- Your child has used their inhaler today as requested by you.

Date	Time	Dosage	Administered by

PE, Games and Activities

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 teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. 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. Pupil's inhaler should be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

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.

The 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 definite 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.

Making the School Asthma-Friendly

The school ensures that all pupils understand asthma.

When a Child or Young Person is Falling Behind in Lessons

If a child or young person is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and 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 comes into contact with pupils with asthma knows what to do in the event of an asthma attack (see advice below) this procedure is visibly displayed in every classroom.

Asthma Attacks: Action To Take

The school follows the following procedure which is appropriately displayed in school:

- Ensure that the reliever inhaler is taken immediately
- Stay calm and reassure the child
- Help the child to breathe by ensuring tight clothing is loosened
- If the child is in extreme distress, call an ambulance.

Emergency procedure/Severe attacks

A severe attack is defined as:

- The inhaler has no effect after five to ten minutes;
- The child is distressed or unable to talk;
- The child is becoming exhausted;
- The child shows signs of rapid deterioration;
- There is any doubt at all about the child's condition;

Call an ambulance!

Repeat the reliever inhaler every few minutes until help arrives. If a child is in severe distress, or experiences any loss of consciousness, call an ambulance immediately.

Roles and Responsibilities

Employers/Governors

Employers have a responsibility to:

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place
- Make sure the asthma policy is effectively monitored and regularly updated
- Report to parents, pupils, school staff and local health authorities about the successes and failures of the policy
- Provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help

Head teachers and principals

Head teachers and principals have a responsibility to:

- Plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- Plan the school's asthma policy in line with devolved national guidance
- Liaise between interested parties – school staff, school nurses, parents, governors, the school health service and pupils
- Ensure the plan is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the school asthma policy
- Regularly monitor the policy and how well it is working
- Delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- Report back to their employers and their local education authority about the school asthma policy

School staff

All school staff have a responsibility to:

- Understand the school asthma policy
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Tell parents if their child has had an asthma attack and if they used their reliever medicines
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- Ensure pupils who have been unwell catch up on missed school work
- Be aware that a pupil may be tired because of night-time symptoms
- Keep an eye out for pupils with asthma experiencing bullying
- Liaise with parents, the school nurse and Special Educational Needs Coordinators (SENCO)/Learning Support & Special Educational Needs Department (LSSEND) if a child is falling behind with their work because of their asthma

PE Teachers/Coaches

PE teachers have a responsibility to:

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

Individual doctor/nurse of a child or young person with asthma

Doctors and nurses have a responsibility to:

- Complete the school asthma cards provided by parents
- Ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- Provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents)

Parents/carers

Parents/carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a completed and up-to-date school asthma card for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports
- Tell the school about any changes to their child's medicines. What they take and how much
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Provide the school with a spare reliever inhaler (and spacer where relevant) labelled with their child's name
- Ensure their child's reliever inhaler that they take to school with them is labelled with his/her name
- Ensure that their child's reliever inhaler and the spare is within its expiry date
- Keep their child at home if he/she is not well enough to attend school
- Ensure their child catches up on school work missed if their child is unwell

Pupils

Pupils have a responsibility to:

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

EXAMPLE LETTER TO PARENTS

The Asthma UK school asthma card will need to be sent to the parents with the following letter so parents can ask their child's doctor to fill it in.

Dear Parent/Carer,

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form.

As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor/nurse to fill in and return it to the school by (*date*).

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor/nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card. Thank you for your help.

Yours sincerely

Tim Bowden

Headteacher

FREQUENTLY ASKED QUESTIONS

Q - Where should the school keep reliever medicines?

A - Immediate access to reliever medicines is essential. Delay in taking a reliever inhaler, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal

As soon as a child is mature enough, allow them to keep their reliever inhaler with them at all times. The child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).

Children's inhalers are kept in the red first aid bag, solely for this purpose, each child has an individual wallet with their inhaler in it. This bag is hanging behind each classroom cupboard door. At break time, in PE lessons and on school trips make sure the inhaler is still easily accessible to the pupil.

All parents of children and young people with asthma should be asked to provide a spare inhaler so that if their child forgets or loses their own, a spare is available

In primary school spare inhalers should be kept in the pupil's individual classroom.

Reliever inhalers must never be locked up or kept away from the pupil with asthma.

Q - What happens if a child or young person takes too much reliever medicine?

A - Relievers are a very safe and effective medicine and have very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot of reliever. However, they cannot overdose on reliever medicines and these side effects pass quickly

Q What happens if a child or young person without asthma experiments with another child's reliever inhaler?

A - It is not harmful for a child or young person without asthma to try another child or young person's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass shortly and will not cause any long-term effects.

It is important, however, to talk firmly with the child or young person who has tried somebody else's medicine so that they learn to treat all medicines with respect

Q - Do inhalers have an expiry date?

A - Yes all relievers have an expiry date. Parents should be responsible for ensuring that their child's medicines are within the expiry date. Reliever inhalers and preventers usually last about two years

Mrs Kim Mundin and Mrs Jane Young are responsible for checking the expiry dates of all spare reliever inhalers kept at school. The expiry dates are listed on the Asthma Register

Q - What happens if a child or young person forgets their reliever inhaler?

A - Parents should be asked to provide a spare reliever inhaler labelled with their child's name. Parents should be contacted to see if they are able to provide a spare inhaler and notified of the situation. If the child's need increases then a call to 999 must be made.

Q - Should a child or young person with asthma use another child or young person's inhaler if they are having asthma symptoms and their reliever is not to hand?

A - Reliever inhalers are prescribed for individuals only and they should not be used by anyone else.

If pupils with asthma have immediate access to their reliever inhaler and have a spare as back up kept in an accessible place, this situation should not occur.

Remember, in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.

Q - Why is an asthma register at school important?

A - It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:

- Help staff to remind the right pupils to keep their reliever inhalers with them at all times
- Help inform staff and supply teachers about the individual needs of pupils with asthma
- Allow important contact details for pupils with asthma to be kept in one central location
- Assist the school and parents to keep asthma medicines kept at school, within the expiry date
- Help the school identify common asthma triggers they can reduce or control in the school environment
- Allow pupils with asthma to participate more fully in all aspects of school life

Q - How often should the school asthma register be updated?

A - Mrs Kim MUNDIN and Mrs Jane Young have the responsibility for the school asthma register. Part of this responsibility should be to ensure that the expiry dates of all spare reliever inhalers at school are checked every six months

These members of staff should also ensure that all parents are asked every year if their child has asthma. This could be part of their registration form

These members of staff should ensure a follow up letter is sent to all parents of children and young people with asthma (see the draft letter to parents, above)

It is the responsibility of parents to provide the school with details of what medicines their child is taking during the school day. Asthma UK produces a school asthma card that all parents of children and young people with asthma can be given to pass on to their child's doctor or nurse to complete. Parents should then return these completed cards to the school.

Q - What should happen if a child or young person with asthma is falling behind with work because of time off school?

A - Many children and young people do miss school because of their asthma or are tired in class because they have had a disturbed night's sleep. This could be because:

The child or young person has severe asthma symptoms or

The asthma is not well controlled because the child or young person:

- has not been prescribed the right medicine for their needs
- is not using the correct inhaler technique
- is not taking their medicines as prescribed
- is not avoiding, or able to avoid, their asthma triggers

If a teacher is worried about a pupil they should first talk to the parents, then the school nurse or Special Educational Needs Coordinator (SENCO).

Q - What are the most common things that trigger asthma symptoms in the school environment and what can be done to minimise their impact?

A - Asthma triggers commonly found in schools include furry or feathery animals, chemicals or fumes, mould, chalk dust, pollen, grass and cigarette smoke.

Taking the following steps in the school environment can go some way to preventing asthma attacks in pupils:

- Adopt a complete non-smoking policy on the school premises and for school activities and ensure it is upheld and maintained
- Ensure all staff and adults leading school activities taking place off site, such as sport training, school visits, outings and field trips adhere to a complete non-smoking policy
- Do not keep furry or feathery pets in classrooms or in the school
- As far as possible avoid fumes that trigger pupils' asthma in science and craft lessons. Use fume cupboards in science lessons if possible. If fumes are known to trigger a child or young person's asthma, allow them to leave the room until the fumes are no longer in the classroom
- Wet dust chalk boards
- Ensure rooms are regularly wet dusted and cleaned to reduce dust and house-dust mites
- Ensure classrooms are well aired
- Remove any damp and mould in the school quickly
- Avoid condensation as this will help reduce house-dust mites and mould spores
- Close windows during thunderstorms as they can release large quantities of pollen into the air and trigger asthma attacks
- Avoid keeping pollinating plants in the classroom or playground areas
- Ensure sporting fields are mown out of school hours. This is best done on a Friday afternoon (providing there is no sport on Saturday morning)
- Ensure piles of autumn leaves (that may contain mould spores) are kept in areas away from pupils and are regularly removed from the school grounds
- Be aware that some chemicals in cleaning products may trigger asthma symptoms for some pupils. Check the list of triggers on the school asthma cards and stop using those identified

Q - Do school staff need training?

A - It is important that all school staff who come into contact with pupils with asthma are trained and that the training is updated regularly. School staff cannot be expected to be responsible for a particular condition without training.

EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

INDIVIDUAL HEALTHCARE PLANS

Individual healthcare plans help to ensure that school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

The format of individual healthcare plans may vary to enable school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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 child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Individual Healthcare Plans are written so that a pupil with a medical condition can access and enjoy the same opportunities at school as any other child. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on the pupil's case. The aim is to ensure that the school know how to support the pupil effectively and to provide clarity about what needs to be done, when and by whom.

The First Aid lead will be responsible for sharing the Individual Healthcare Plan with school staff. Copies of the Individual Healthcare Plan will be published in the First Aid room and the school office.

Each class has a copy of the Individual Healthcare Plan for the children in that particular class these are located on the back of the classroom cupboard door. The First Aid lead will ensure that all necessary arrangements are provided for the pupil's medical condition and or needs. Individual Health Care Plans will be reviewed annually.

SCHOOL FIRST AID PROCEDURES

MEDICAL ROOM

The first aid room is located in the Oak Room which is located in the KS1 part of the school. The Medical Room is to be used as a base for the treatment of first aid but first aid will be administered wherever it is needed and where supervision levels can be maintained. This includes injuries and incidents where an ice pack is required or if a child is feeling unwell. The child should be taken by a member of staff caring for them to the room and should remain there until the treatment has taken place and the child is ready to leave. If any clothing needs to be removed to check an injury another adult must be present in line with child protection procedures. If there is more than one child that requires treatment they can all be treated in the room. The door to this room should remain open unless occupied by other members of staff. A child must never be left in this room unaccompanied. The location of this room must be displayed around the building.

FIRST AID PROVISION

Within the first aid room, there is access to a sink and drinking water and the children have the use of the KS1 toilets located outside the Reception Classroom. There are a number ice packs which are to be kept in the freezers around the school building. All first aid supplies are stored in the labelled drawers. These are checked regularly for expiration dates and sufficient amount of stock. There is one main Travel First Aid kit which is regularly checked for contents against the list attached to them by the First Aid Lead. A first aid bag is specifically supplied for the PE staff; this is checked on a weekly basis.

Medications, paracetamol, creams etc. must not be stored in the first aid kit. Medications specific to a child are stored in the First Aid Box within the Medical Room.

HEAD INJURIES

If a child sustains a head injury at any time of school day, the first aider to assess and then the parent must be contacted by the school office and asked to assess the injury in person. The parent needs to make the decision whether or not the child can remain at school. The person treating the child must immediately place a red band on the child's wrist to alert the parent of the injury. This does not replace the record form (Bump note). The child should be sent home with a copy of the record form along with advice for treating a head injury (this is on the reverse of the bump notes). These forms should be held at school for a period of 7 years.

Signs of a serious head injury

If, following a knock to the head, you notice any of the below symptoms in either you or your child, seek immediate medical attention:

- unconsciousness, either briefly or for a longer period of time

- difficulty staying awake or still being sleepy several hours after the injury
- clear fluid leaking from the nose or ears (this could be cerebrospinal fluid, which normally surrounds the brain)
- bleeding from one or both ears
- bruising behind one or both ears
- any sign of skull damage or a penetrating head injury
- difficulty speaking, such as slurred speech
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- general weakness
- vision problems, such as significantly blurred or double vision
- having a seizure or fit (when your body suddenly moves uncontrollably)
- memory loss (amnesia), such as not being able to remember what happened before or after the injury
- a persistent headache
- vomiting since the injury
- irritability or unusual behaviour

If any of these symptoms are present, particularly a loss of consciousness (even if only for a short period of time), medical advice must be sought.

ICE PACKS

Ice packs are located in freezers within the school. If an ice pack needs to be used they must be covered using a paper towel and placed on the injury for a maximum of 10 minutes. An icepack must never be placed directly onto the skin as it may burn.

EYE WASH

There are two bottles of sterile saline within the First Aid kit which can be used for eye irrigation. Once opened, this bottle must be discarded and the first aid lead should be informed.

SENDING A CHILD HOME

A decision will be made whether or not a child should go home due to illness or injury.

RECORDING ARRANGEMENTS

A record of any first aid treatment provided should be recorded. This should include the type of injury, outline the treatment provided and whether or not any further action is required. The original should be sent home with the child and a copy filed at school.

If a child sustains a serious injury whilst at school this needs to be recorded by the school office staff on SOLERO system.

EMERGENCY PROCEDURES

In the case of serious or potentially serious injuries, professional medical assistance should be sought at the earliest possible time.

Staff should not take children to hospital in their own car; it is safer to call an ambulance. A member of staff should accompany the child to hospital by ambulance and stay until the parent or guardian arrives. Health professionals are responsible for decisions on medical treatment where a child's parent or guardian is unavailable.

PROVISION OF INFORMATION

First aid arrangements should form part of induction training for all staff.

There should be at least one notice posted within the premises giving the location of first aid equipment and facilities.

TRAVEL FIRST AID KITS

There are travel first aid kits which are stored in the Oakroom. These are only to be used for school outings. The contents of these must be replaced on return to school to ensure the kits are sufficiently stocked.

ASTHMA PUMPS

Westfield School has a separate Asthma Policy which all staff should be aware of. There is a register of children who require asthma pumps in school displayed in the First Aid room. There is also a poster in each classroom containing the information relevant to the class; this should be updated by the First Aid Lead. Any changes to the asthma pump requirements should be passed on to the First Aid Lead who will update the register in the First Aid Room.

SPECIFIC MEDICAL NEEDS

There is a list of current medical conditions in the First Aid Room. This is updated and maintained by the First Aid Lead. All new information relating to a child's medical condition should be passed to the First Aid Lead as soon as possible to ensure the correct information is displayed. A copy of any medical requirements should be passed to the Class Teacher to ensure they are aware of any special instructions.

BREAK TIME ARRANGEMENTS

There is a rota for the treatment of First Aid during break times. The person on duty is responsible for the treatment of first aid and is required to treat the child in the first aid room. The person on duty is required to administer the treatment and record this using the necessary form (bump note) and/or wrist bands. A photocopy of the accident report forms (bump notes) should be taken at the end of break and placed in register trays. This person must also ensure **any head injuries are reported to the class teacher prior to the start of the next lesson.**

LUNCH TIME ARRANGEMENTS

During lunch time First Aid should be administered where it is needed. The person administering the First Aid should stay with the child until the treatment has been completed and the child is well enough to leave. If a decision has been made for the child to go home, they should remain under supervision until the parent/carer arrives.

All report forms must be photocopied and placed in register trays as soon as possible. **Any head injuries must be reported to the class teacher prior to the start of the next lesson.**

AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

There is an AED on the premises this is located in the dining room with adult and child defibrillator pads.

BLOOD BOURNE VIRUSES

- Always cover any open wounds on your own hands with a waterproof adhesive dressing.
- Always cover any open wounds on a child with an adhesive dressing.
- Always wear disposable nitrile gloves when dealing with bleeding or cleaning up any bodily fluids.

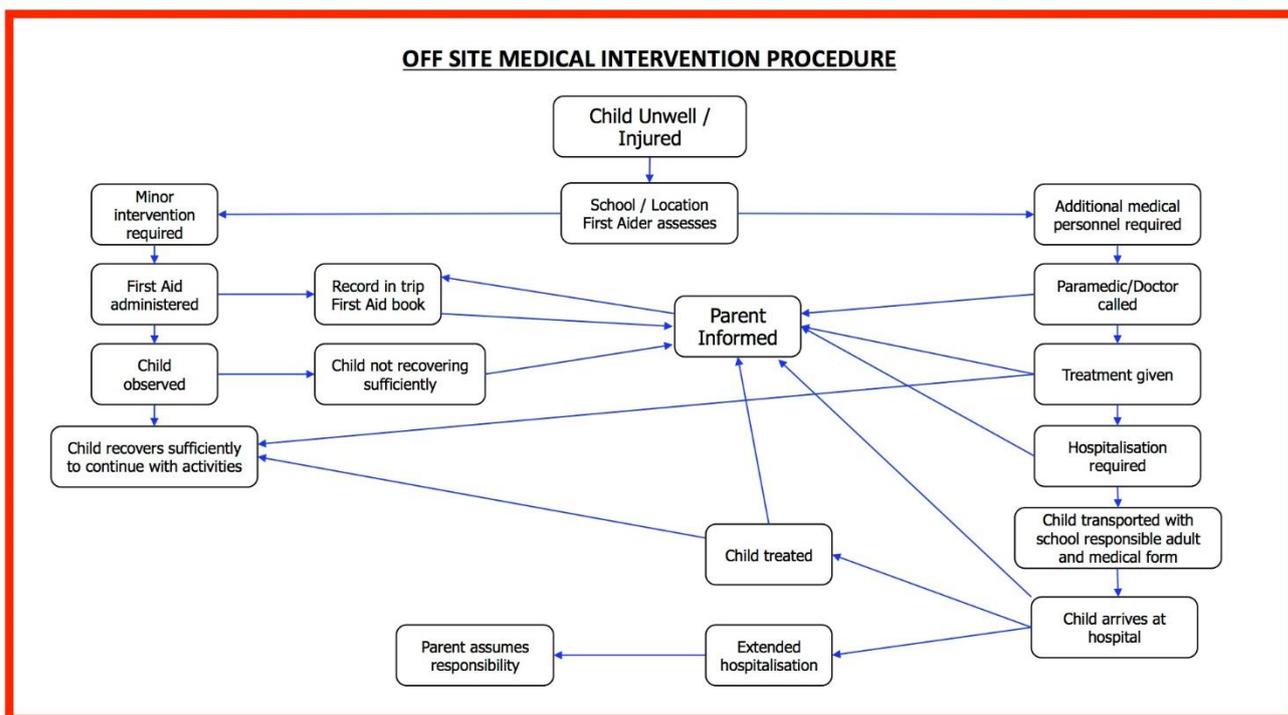
Small quantities of contaminated waste can be safely disposed of via the usual refuse collection arrangements using the yellow waste bags.

EDUCATIONAL VISITS

a) This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. (see Educational visits policy) Additional staff/adults will be considered for this purpose.

b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil's current general health and medication. Prescribed medication will be administered, providing parents have completed the school's medical form Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.

c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.



AFTER SCHOOL ACTIVITIES AND EXTENDED SERVICES

Children attending on site school activities, with medical needs, before or after the end of the normal school day will have access to required medication via the person in charge of the activity supported by a school first aider as appropriate. (see appendix for procedure)

STAFF TRAINING

- a) WESTFIELD holds training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals.
- b) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.
- c) WESTFIELD has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated annually.

A number of staff are emergency first aid trained and have received a oneday Emergency First Aid at Work course.

In addition to this there are currently three staff trained in paediatric first aid:

Charlene Roberts, Reception Class Teacher
 Ruth Rogers, Reception Class Teacher
 Kim Mundin, Teaching Assistant

The First Aid Lead is Kim Mundin.

