

Caslon Primary Community School

Beecher Bear and Daycare

Beech Tree (SEMH Base)

Tree Acre (Early Years Inclusion Hub)



# Medical Policies

Date: September 2024

### Caslon / NHS Partnership

The health of our pupils is of paramount importance, poor health can result in a barrier to learning and it is our aim to support Dudley/Shropshire NHS Primary Care in regularly monitoring the health and well-being of individuals.

Our partnership with the NHS enables us to provide facilities for a number of timed checks to be carried out. For your information these are listed below:

- The Shropshire NHS Primary Care Trust monitors all school Health Advisors caseloads regularly and updated when necessary. This reflects in a good medical liaison between Primary School and Secondary Schools.
- It is important that all medical issues are transferred between schools.
- Caslon Primary's School Health Adviser (SHA) is Mrs Amanda Doyle-Gibbons and she can be contacted at Leasowes
- The care scheme of work that the SHA offers is:-

#### Prior to school entry

- Attend new parents evening

#### School entry (Foundation which = first year at Caslon Primary)

- Liaison with class teacher/First Aid Coordinator
- Health questionnaire to all parents
- Measurement of height and weight
- Hearing Sweep test
- Children who are highlighted with a medical/developmental problem will be offered a selective school entry health assessment or referred to the appropriate agency.

#### Throughout Primary School

- Referrals from education staff. Reviews of height, weight and hearing will be offered.
- Regular 'drop in' sessions for children and parents with school health advisor.

#### Year 6

- Confidential health questionnaire to all parents on transfer to secondary school.
- Measurement of height/weight.

Caslon Primary School has an excellent working relationship with our School Health Advisor. We are working towards promoting good health and ensuring children with any problems are dealt with in a caring confidential manner.

This Medical Policy concerns itself with the:

- Health and Safety of all individuals (see Health and Safety Policy).
- The administration of authorised drugs in the treatment of specific medical conditions.

This Medical Policy complies with:

- Dudley LA Medical Policy
- Statutory Framework for the Early Years Foundation Stage 2021
- The Medicines Standard of the National Service Framework for Children
- Supporting Pupils at School with Medical Conditions Dec 2015

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# 1 First Aid

## 1.1 Aims

- To maintain an appropriate ratio of qualified staff, at all levels, who undergo regular first aid training
- To secure a sound provision of first aid trained staff for all school based activities both within and outside school
- To ensure the Health and Safety of all pupils throughout the school

## 1.2 Role of the Staff

- Teachers have a common law responsibility to look after the children in their care.
- Non-teaching staff act under the direction of the Head Teacher of the School and the Deputy Head.
- General guidance for parents about school procedures is included in the school prospectus.
- All support staff are trained in First Aid at Work.

## 1.3 Child Reporting Sickness

The school takes its responsibility for the Health, Safety and Welfare of all our children very seriously. It is vital to have consistent procedures for the handling of day to day illness

- Our aim is to minimise the opportunities for illness to spread and we therefore teach children regularly about hygiene procedures such as thorough hand washing and use of tissues. Every class has access to antibacterial hand sanitizer.
- When a child reports feeling unwell to a member of staff, initially their action is determined by how well they know the child.
- If a child is feeling particularly poorly or in need of first aid, they will be accompanied by an appropriate person to the delegated First Aider/Medical Lead.
- First Aiders/staff will assess whether they think a child needs 'time out' from the classroom/lesson and administer any first aid deemed necessary.
- If a child talks about symptoms of illness, we will aim to gauge how serious these are and ascertain whether the child is well enough to remain in school or needs to be collected.
- Children will not stay in during breaks or lunchtimes without supervision or miss out on lessons so please consider whether your child is well enough to return to school.
- Any child who has been sick should go home as soon as possible, in order to limit the spread of any infection.
- When first aid is given, a form from the accident and illness register is completed. One copy is sent home and one copy kept in the school office.
- The responsibility for deciding whether a pupil should go home or not, therefore primarily resides with the class teacher/First Aiders.



- In cases where the child has a serious or notable bump to the head, parents/carers are routinely informed and a 'bumped head' form must be sent home. A decision will be agreed whether the child should go home.
- Parents with a child suffering from a short term serious illness are encouraged to contact the Head Teacher/Deputy Head to negotiate education requirements.

## 1.4 First Aid Supplies

First aid boxes are maintained at various locations around the school clearly marked, and the medical room is accessible to all children when needed.

First Aid Boxes contain the following:-

- Selection of plasters
- Disposable gloves
- Triangular Bandage
- Selection of dressings/ bandages
- Tape

There are First Aid bum bags for use on all school trips etc.

## 1.5 The Administration of Medicines

Parents are advised that children who are very unwell should not be sent to school. The school follows Dudley LA policy of administering prescription medicines only.

Therefore, the school will not administer non-prescription medicines such as;

- calpol/nurofen type medicine
- cough mixture
- cough sweets/lozenges

No adult in the school will administer any form of non-prescription medicines to your child.

Please be aware that administering medications such as Calpol will reduce the symptoms, not make your child 'better'. In the event that your child's symptoms continue beyond 3 days, we recommend seeking medical advice.

In the event that you would like your child to have a dose of one of the above, we would ask you to come to school to administer it yourself but please be aware that you will be asked the following questions and expected to have the medicine dose recorded in your child's medical register.

As part of our Duty of Care to your child, we will ask;

- What are you administering the medicine for?
- What time was the last dose given?

- How long has your child been taking this medication regularly for?

This will be added to the medicine register and kept as a record.

Should your child require a course of prescribed antibiotic treatment that requires **4 dosages** a day (24 hour period unless otherwise stated) then school staff will administer one of these doses at the appropriate time as determined based on the last dose given by the child's parent. When you bring your child's medication in, Parents we be asked to complete the medical register the time and date of the previous dose given to ensure that we give the next dose at the correct time. Tablets will be counted and the amount of liquid medicine will be estimated and recorded by the staff member.

The medication **MUST** be taken to the school office by a **PARENT**, **MUST** be **FULLY LABELLED** with the prescription and in its original **PHARMACY PACKAGING**. We **CANNOT** legally accept any medication that does not comply with this as we would be in breach of legal medicine dispensing regulations.

The office staff will store the medicine appropriately, either in a locked fridge or locked cupboard.

The medicine will be returned to the parent at the end of each day if it is the only pack issued by the pharmacy. At the point of getting your child's prescription, it is helpful to request a separate prescription for school. In the event that a parent has got a separate prescription for school, we will return it at the end of the treatment period. If the child leaves the school permanently, the school will then dispose of the medicine by taking it to a pharmacy.

When prescription medicines are administered in school time, two members of staff will be present where possible and the dosage, time and other details logged in an individual child's medical register. All of these forms are located in the Medicine Folder in the school office.

## 1.6 Procedure for Accidental Injury

- If anyone should become seriously ill or suffer injury as a result of a serious accident the following procedure should be followed:-
  - Immediate first aid must be given by the nearest member of staff **AS** far as knowledge permits, and a message sent to the nearest First Aider.
  - The casualty must be given all possible reassurance and **ONLY** if absolutely necessary be moved. If at all possible the patient should not be left alone.
  - A message must be sent to the Office so that the Head Teacher/Deputy Head are informed.
  - As soon as possible the parents/carers will be informed.
  - An ambulance will be called if it is deemed necessary and the child will be accompanied by a staff member to the hospital and parents notified immediately. In the event of an ambulance not being able to attend immediately a decision will be made whether person in charge should transport the child to Accident and Emergency by car accompanied by an appropriate first aid trained member of staff.



N.B. Legally pupils must be sixteen to be given medical treatment without parental consent, however in 'Life or Death' situations treatment is given immediately.

- Where parents request ambulance attendance other than for the conditions above, any costs will be met by the family.
- Following the accident, the Accident Report book must be completed, and returned to the Office.

## 1.7 Disposal of medical supplies

- Any equipment used to treat blood-related injury is put into a yellow bag and disposed of appropriately.

## 1.8 Exclusion Conditions

There are regulated exclusion periods for:

- Fevers
- Infection
- Gastro illnesses
- Skin infections
- General infections
- Infestations

Please see Appendix 1 to the rear of this document for exclusion periods.

All the above data is kept in the Office.

## 1.9 Head Lice

Head lice information letters should then be sent out to the appropriate year group where a member of the class has lice. These letters are kept in the Office.

When a child is identified as having hatched/crawling lice, the school will telephone the parent/carer to treat the lice at the end of the school day. Returning the child to school as normal the following day.

## 1.9a Reporting Accidents

### Employees.

- A) All non-notifiable accidents to employees must be recorded in the Dudley Metropolitan Borough Council Accident/ Incident Book, which is a Controlled Document. Reports should be

made to the school Business Manager who will then submit an online log. Entries should be made in the presence of the injured person or their representative, where possible.

- B) All notifiable accidents must be recorded in the same way but the report must also be phoned through to the Education Department within 24 hours of the accident happening. They will then inform the Health and safety Executive.

Notifiable accidents are:-

- a) The death of any person on the school site.
- b) Any person suffering any of the following:
- Fracture of the skull, spine or pelvis
  - Fracture of any bone in the arm, wrist or ankle
  - Amputation of a hand, foot, finger, thumb or toe
  - Loss of sight or a chemical burn to an eye
  - Injuries including burns requiring immediate medical treatment or electric shock
  - Any injury resulting in the person being hospitalised for more than 24 hours

Non-Employees.

All accidents to pupils, parents and other members of the public must be recorded in the Accident Book.

Pupils.

If any pupil sustains a severe injury following an accident a Pupil Accident Form must be filled in and forwarded to the Dudley Education Personnel Services immediately after the event and a copy placed in their personal file.

## 2 Asthma Policy

### 2.1 Introduction

"Asthma is a potentially life threatening condition which demands to be taken seriously. With a child admitted to hospital every 12 minutes because of asthma it is essential that schools - where children spend the majority of their time - are able to support children with asthma in their care.

Asthma has become one of the most important medical conditions in the western world.

Most classrooms will have an average of 4-5 children with asthma making it the most common long term medical condition in schools today. At school a child with asthma has the right to expect:

- Immediate access to their inhaler - if the inhaler is left in the classroom medical box - it will be visible and accessible.
- Appropriate support to fully participate in PE and all activities.
- Help in catching up with lessons after time off school.
- An environment free of asthma triggers such as cigarette smoke."

*(Taken from the National Asthma Campaign, 1999.)*

### 2.2 Aims

Caslon Primary School adopts this policy to ensure that pupil's individual health needs are met in line with the LA Inclusion Policy.

All supply teachers and new staff are also made aware of the policy.

- To recognise the needs of all the children with asthma.
- To ensure that children with asthma participate fully in all aspects of school life.
- To recognise that immediate access to the child's inhaler is vital.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

### 2.3 Guidance

In order to achieve these aims, the following guidance should be carried out:-

- Every child with an inhaler or history of Asthma will have an Individual Asthma Care Plan
- IACPs for individuals will be reviewed annually by our Asthma Lead First Aider.
- All staff are given basic awareness training about asthma and the use of an inhaler. This training will be updated annually by the school nurse.
- All staff have a clear understanding of the procedure to follow when a child has an asthma attack.

- Inhalers for children are accessible at all times.
- Inhalers are taken on all school trips and children noted in the Risk Assessment.
- The school maintains a register of asthmatics with up to date medical details which is kept in the office.
- Upon completion of a child's details for the asthma register, parents/carers may give permission to use the emergency inhalers kept in school.
- Emergency inhalers are kept in the First Aid Room and regular purchases are made to keep them up-to-date. Emergency inhalers will be disposed of after each individual use.
- The First Aid Co-ordinator will ensure that at the start of each term, staff check that inhalers and epipens are a) in school and b) in date. However, it is ultimately the parents/carers responsibility to ensure that in date inhalers and epipens are in school.
- Parents must supply a second inhaler to be kept in the school evacuation pack for use in an emergency or to be available if the first inhaler is empty or lost.
- If the second inhaler is used, parents will be notified so that they may obtain a replacement/another spare one.
- Each child with Asthma will have an individual Asthma Care Plan completed by the school Asthma Lead. It is the responsibility of the parent to inform the school Asthma Lead of any changes to their child's needs.

## 2.4 Management of Asthma in School

We follow NHS Guidance for the Management of Asthma in schools.

- Early administration of the correct reliever treatment, usually a blue inhaler, will cause the majority of attacks to be completely resolved.
- Named inhalers will be kept in classrooms, in easy access grab bags.
- Where possible, pupil use of their inhaler will be logged on their individual asthma register kept in their class medical file. (See appendix)
- Parents will receive a message via - dojo to notify them that their child has needed to use their inhaler that day. (see appendix)
- Inhalers should go with children to the site of their lesson if that site is not their classroom. Such as PE/Forest School/ICT/School Trip, etc.
- Parents/carers should supply 2 labelled inhalers and if needed a spacer device.
- Parents/carers should provide written details, on the Dudley Asthma Pupil Form, which are kept in the Office, of the treatment needed in an attack. The child is then put onto the Asthma Register and an IACP developed.
- Parents/carers should notify the school of any changes in the treatment.
- All teachers must be aware of the children in their class with asthma and their treatment.
- Teachers should remind pupils whose asthma is triggered by exercise to take their inhaler before the lesson. Each child's inhaler must be labelled and kept at the site of the lesson.
- If a child needs to use their inhaler during the lesson they will be encouraged to do so. Staff must check if a spacer is required. Disposable spacers are available in school if required
- If a child uses their inhaler in school, parents or carers will be informed via class dojo so they can monitor usage. (Letter attached in Appendices)
- Parents have the option to allow older children the right to carry and manage their own inhaler. If a parent feels that their child could do this, they must complete a 'Parent Request



for Child to Carry Own Inhaler' form. This will be kept alongside their Individual Asthma Care Plan.

## 2.5 In the event of an asthma attack

- Ensure that 2 puffs of the blue inhaler are taken immediately. Whenever possible do not move the child, give the medication where ever the child is.
- If symptoms do not resolve continue 1 puff every minute for 5 mins.
- If symptoms persist with no change after 5 - 10 minutes revert to Emergency situation.
- Stay calm and reassure the child.
- Stay with the child until the attack is over.
- Encourage the child to breathe slowly and deeply.
- After the attack and as soon as they feel better, the child can return to normal school activities.
- The child's parents/carers must be informed of the attack.
- If a child has repeated attacks and NO personal inhaler is at school, the parents/carers should be contacted. If no communication the school nurse should then be informed.

## 2.6 In an Emergency Situation

Call the ambulance if:-

- If the child is not known asthmatic and appears to be having an Asthma attack
- The reliever has NO effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about their condition
- Continue to give the inhaler 1 puff every minute until help arrives.

## 2.7 Safety and Hygiene Issues

The drug in the blue inhalers which is used to relieve symptoms is very safe and cannot do any harm if given too much.

No harm will come to a non-asthmatic child that takes an inhaler.

Emergency disposable spacer devices are available and will be disposed of after each use.



### 3. Anaphylactic Policy

#### 3.1 Introduction

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.

It is a harmful response by the body to a substance.

Approximately 7% of the population are allergic to certain foods/bites/stings and various types of drugs. So it is therefore very likely that most teachers will come in contact with a child who suffers from an anaphylactic reaction.

If anaphylaxis is dealt with calmly and reassuringly, the child will benefit and other pupils will develop a healthy and accepting attitude towards the condition.

Caslton Primary ensures that all staff are awareness trained and receive annual up-dates by the school nurse to support the management of anaphylaxis in school. First Aiders and some senior leaders are competency trained in the use of EpiPen's along with the class teacher with a child prescribed with an EpiPen in their class.

#### 3.2 Aims

- To ensure that children who have an acute allergy have access to their medication.
- To provide regular information, training annually and up to date awareness of the identified children within the school.
- To provide a safe environment where children are protected from curriculum activities which may aggravate their allergy- i.e. cookery.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

#### 3.3 Guidance

All staff in the relevant year group, will be made aware of any children with Anaphylaxis/allergies and care plans.

Parents will be seen by Amanda Gibbons (Dudley Schools Nurse) and an Individual Health Care Plan filled in - discussing child's condition, signs and symptoms plus medical treatment.

Copies of Individual Health Care Plans will be kept in the relevant classrooms and all staff in that child's year group and lunchtime staff, will be made aware of the child's medical needs and care plan procedure.

A photograph will be attached and the forms kept in school office/medical room.

Parent/carers must ensure that up to date EpiPen's are clearly labelled and given to the school office.

The first EpiPen, will be stored in the child's classroom in a designated place known to the teaching staff in class and the child that has been prescribed the EpiPen, out of reach of the children.

Staff members who have regular direct contact with the child will be 'competency' trained in administering the EpiPen along with all First Aiders. In the event of an evacuation the EpiPen will be taken outside for use in an Emergency.

All other staff in the school will have 'awareness training' on EpiPen's and will only administer in a real emergency situation where there is no one competency trained to deliver the injection available.

The second EpiPen will (with parental permission) be kept in the School Evacuation Pack in the office for use in an emergency.

School holds a supply of standard EpiPen's for us in an emergency and these are stored in the First Aid Room. These will be administered by staff to children diagnosed with anaphylaxis where consent has been obtained in the event of their prescribed EpiPen being unavailable or not working. In line with DfE guidelines, they may also be administered to any child in an emergency following the guidance of a healthcare professional, e.g. when calling 999.

### 3.4 Emergency Procedure - in the event of an Anaphylactic Attack

A). It is important that immediately a child complains of any of the following severe symptoms the EpiPen is given immediately -

- Excessive swelling of lips/ mouth/ tongue
- Difficulty in breathing/ talking
- Drowsiness
- Wheezing
- The child may fall into unconsciousness (child to be put into the Recovery Position and if needed CPR performed.)

The injection can be given through the clothing, into the top of the thigh- to the count of 10, giving a measured dose of Adrenaline.

Only the EpiPen prescribed for the named child should be administered, as the dose is pre-set to the child's body weight.

If no change in condition after 5-10 minutes the second EpiPen must be given, if prescribed. All treatment relayed to Ambulance staff.

A child cannot be overdosed with Adrenaline, it is better to give the EpiPen than not.

When an ambulance is called the Head Teacher/Deputy Head or the next senior member of staff in their absence must be informed immediately.

When a child is given their EpiPen they must be transferred to hospital and a member of staff should go with them. **Parents/carers must be informed immediately.**

It is very important that the used EpiPen is sent to the hospital with the child, so the staff can see treatment already had and the time given. Administration of the EpiPen should be recorded in the pupils' medical register.

B) Some children have a milder form of the allergy and therefore need only a dose of prescribed antihistamine such as Piriton at the onset of their symptoms. This should be kept in the school medicine cabinet clearly labelled and the same procedures adhered to as with any other medicines.

Some mild symptoms may be:-

- Facial rash
- Tickly sensation in back of throat
- Muscle ache
- Mild swelling of lips/ mouth/ tongue
- Headache
- They will be able to talk/ breathe normally
- Irritability

If a child presents with any of the above then a dose of antihistamine should be given if it has been prescribed by their Doctor. The dose will be clearly stated on the bottle. Administration of this **MUST** be recorded in the child's medical register.

You must stay with the child for at least 30 minutes to ensure symptoms do not become worse. Ensure plenty of reassurance is given.

The child's parents/carers should be informed, and the child should not be left alone for up to 3 hours afterwards.

The parent/carers must be informed of all treatment given.

## 4. Epilepsy Policy

### 4.1 Introduction

One person in every 130 has epilepsy and 75% of people with the condition will have their first seizure before the age of 20. It is therefore likely that most teachers will come in contact with a pupil with epilepsy at some time during their career.

If epilepsy is dealt with calmly and reassuringly, the child will benefit and other pupils will develop a healthy and accepting attitude towards the condition.

- Epilepsy is a descriptive term and not a specific illness or disease.
- It is an altered chemical state of the brain leading to outbursts of extra electrical activity within it.
- People that suffer from epilepsy may have seizures or fits. There are many types of seizures, the most common being Absence (petit mal) and Tonic / clonic stage (grand mal).

Pupils with epilepsy come under the definition of having a disability as described in the "Code of Practise" and are covered by the Special Education Needs and Disability Act (SEND) and the Disability Discrimination Duties.

### 4.2 Guidance

In 2002 new duties came into place in the Disability Discrimination of Epilepsy - schools must not discriminate against disabled pupils in the provision of education and in respect of admission to schools and in Inclusion.

- The school must not treat disabled pupils less favourably.
- The school must make reasonable adjustments. Schools should plan in advance to meet the needs of a disabled child.
- It is unlawful to exclude a disabled child from school for a reason relating to their disability.
- Epilepsy Management Plans and Alert Charts should be filled in with the parents, kept in the office and a copy sent to the class teacher.

### 4.3 Aims

Caslton Primary School adopts this policy to ensure that pupil's individual health needs are met in line with the LA Inclusion Policy.

- To recognise the needs of all children with Epilepsy.
- To ensure that children with Epilepsy participate fully in all aspects of school life.
- To recognise that immediate treatment is vital.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

### 4.4 Symptoms of Epilepsy



### A) Major Seizures (Tonic / Clonic Stage)

A seizure of this kind is distressing to watch, we all want to help but there is little to be done.

Sometimes sufferers have a warning / aura eg. Certain smell, taste or sensation.

#### Tonic Stage:

Sufferer falls unconscious  
Muscles go rigid  
They can go blue in the face  
They can bite their tongue

#### Clonic Stage:

Muscles go into spasm  
They will have violent movements of the limbs  
They can froth at the mouth  
They can become incontinent

The duration of the seizure is hardly ever more than 5-10 minutes. In a severe case another fit could begin straight away, at this point 999 must be called or if the seizure lasts for longer than 5-10 minutes.

After the clonic spasms have stopped the sufferer may go into a sleep, which they should be allowed to do.

#### B) Absence (Petit mal)

These are much briefer and can be numerous.

They have a loss of consciousness for only 1-2 seconds: they will feel 'dazed' afterwards.

## 4.5 First Aid Treatment of Epilepsy

### Major Seizures

- Inform a trained First Aider if possible
- Never leave the child alone until fully recovered
- Do not move the child unless they are in danger
- Move any objects on which they could hurt themselves
- Do not put anything in their mouth
- Do not restrict their movements
- Turn them into the recovery position once the seizure is over and cushion their head
- Provide reassurance / reorientation following the seizure
- Maintain their dignity / privacy at all times
- Normally there is no need to ring 999, ensure parents are contacted to collect the child if required.



## Minor Seizures

- Be understanding
- Repeat what has happened / missed in the classroom
- Note that it has happened and how frequent on child's medical register
- Inform the parents

## Management of other children's needs

- Stay calm
- Send for another adult
- Reassure the children and arrange for them to leave the room
- Consider a simple explanation of epilepsy for them

## 4.6 Health and Safety Issues

### A) Assessing the Risk

The vast majority of children in schools have good seizure control and will not experience a seizure whilst at school. However, some factors associated with the condition such as side effects of drug therapy may affect the pupil's awareness and their ability to react quickly.

When assessing a child for a task the following factors should be taken into account:

- Follow the child's individual care plan (If medication is to be given in school a care plan will be provided).
- Seizure type
- Frequency of the seizures
- Pattern of the seizures
- Seizure triggers
- Environment (use of white boards etc.)

### B) Managing the Risk

The SEND makes it illegal to discriminate against a child as a result of their medical condition. This means that strategies need to be put into place to enable the child to access their full curriculum entitlement.

Strategies may include:

- Supervision of certain tasks eg. Cooking, technology
- Use of peer support
- Consideration taken during PE
- 1:1 supervision at high risk seizure times.

## 5 Diabetes Policy

### 5.1 Introduction

Diabetes is a condition where the level of glucose in the blood rises or falls from safe levels. This is either due to the body not producing insulin or because there is insufficient insulin for the child's needs of the insulin.

"About one in 550 of school-age children have diabetes and 2 million people in the UK are affected. The majority have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by modifying diet and exercise" (Diabetes in school 2006)

The diabetes of the majority of children is controlled by injections of insulin each day or by pump therapy. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. If on pump therapy, it will be necessary for an adult to supervise the entering of data into the insulin pump in order to ensure accuracy of information and ensure safety in that the pump issues a correct dosage of insulin. The child's individual care plan will be followed.

### 5.2 Aims

- To optimise management of diabetes in the school day
- To ensure that children and young people with diabetes are supported in the administration of insulin by school staff.
- To maintain a high level of awareness throughout the school regarding all named pupils and their needs.

### 5.3 Role of the staff

- All school staff are made aware of the pupils who have diabetes and are using an insulin pump or who administer insulin via injection.
- Staff whom have agreed to administer insulin via injection or pump therapy will be given appropriate training by the Local Authority.
- Caslon would train appropriate members of staff to manage diabetes within the school, when needed.
- School staff will ensure that a trained member of staff is available every school day, and on-site, to give or supervise the injection or pump therapy data entry and will inform the child's parent/carer immediately if a trained person is not available.
- The child's care plan will be followed accordingly and agreed by parents, the Children's Diabetes Nurse Specialist, head teacher and the school staff who have been specifically trained.
- Staff need to be aware that children with diabetes need to be allowed to eat and drink regularly during the day. This may include eating snacks during lesson times or prior to exercise.

## 5.4 Symptoms of diabetes

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headaches
- Mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

The child will be given a diary to keep a record of any hypoglycaemic or hyperglycaemic episodes, including blood glucose levels and administration of insulin via a pump or manual insulin injection, with times of day included. This should be sent home at the end of each school day to inform parents/carers.

## 5.5 Managing Hypoglycaemia

**If a child has a hypoglycaemic episode, it is very important that the child is not left alone** and that glucose levels are recorded as a diary entry to inform parents/carers at the end of the school day.

In the event of a hypoglycaemic episode, the child should test/or be helped to test their blood glucose level and then the child should be given a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink (as agreed with parents on their health care plan for exact dosage).

The blood glucose levels at the start of the hypoglycaemic episode should be recorded in a dedicated diary for the individual child and tested after an agreed length of time as stated in their care plan, after the administration of a fast acting sugar. The second blood level should again be recorded in the diary and as long as the child is feeling well and the blood glucose level has returned to within normal parameters (as decided by the child's Diabetic Nurse, parents/carers and their health care plan), the child may return to their lessons.

If the blood glucose levels do not return to within normal levels after the administration of a single dose of fast acting sugar, the whole procedure should be repeated. **If the blood glucose levels do**

**not return to normal levels after a second dose of sugar, then the parents/carers should be telephoned and the school will act upon their advice.**

If the child has more than two separate episodes of hypoglycaemia in a school day, then parents/carers should be made aware of this and asked for advice on whether their child should remain in school.

## 5.6 Managing Hyperglycaemia

Some children may experience hyperglycaemia (high blood glucose level) and have a greater need to go to the toilets or to drink. They may also experience a feeling of nausea, sweating and/or disorientation.

Blood glucose levels should be initially tested to establish an episode of hyperglycaemia and then recorded in the child's blood glucose diary. The child's health care plan should be followed for timescales to retest. Meanwhile, **the child should be monitored at all times.**

The healthcare plan for each child will state at what blood glucose level, staff should test for the presence of ketones in the blood/or ask the parents to come into school to test for ketones themselves. If ketones are present, the parent/carer should be informed and their advice acted upon.

After an agreed length of time (again as stated in the child's healthcare plan and agreed with parents/carers), the blood glucose level should be retested. If the levels remains high, the presence of ketones should again be tested for, and if found still present the care plan should be followed.

**If the child should become unconscious then an ambulance should be called immediately, giving all recorded information and record of treatment given to paramedics/hospital staff.**

*"This policy adheres to the principles under data protection law. For further information please review the school's data protection policy published on the school's website"*



# Appendix 1

## Guidance on Infection Control in Schools and other childcare settings.

### Issued by Health Protection Agency

## Introduction

The document provides guidance for schools and other childcare settings, such as nurseries, on infection control issues.

It is an updated version of guidance that was produced in March 2017.

Prevent the spread of infections by ensuring:

- routine immunisation
- high standards of personal hygiene and practice, particularly handwashing
- maintaining a clean environment

For further information and advice visit [www.gov.uk/phe](http://www.gov.uk/phe) or contact your local health PHE centre. See Appendix 1 for contact details.

## Rashes and skin infections

| Infection or Complaint       | Recommended period to be kept away from school, nursery or childminders               | Comments  |
|------------------------------|---|---|
| Athlete's foot               | None  | Athlete's foot is not a serious condition. Treatment is recommended   |
| Chickenpox                   | Until all vesicles have crusted over  | <i>See: Vulnerable Children and Female Staff – Pregnancy</i>  |
| Cold sores, (Herpes simplex) | None  | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting                           |
| German measles (rubella)*    | Four days from onset of rash (as per "Green Book")                                    | Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>                                    |
| Hand, foot and mouth         | None  | Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances |
| Impetigo                     | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment | Antibiotic treatment speeds healing   |
| Measles*                     | Four days from onset of rash  | Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>                   |
| Molluscum contagiosum        | None  | A self-limiting condition   |
| Ringworm                     | Exclusion not usually required  | Treatment is required   |



|   |   |   |
|---|---|---|
| Roseola (infantum)                          | None  | None  |
| Scabies                                     | Child can return after first treatment                                    | Household and close contacts require treatment  |
| Scarlet fever*                              | Child can return 24 hours after starting appropriate antibiotic treatment | Antibiotic treatment is recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice.  |
| Slapped cheek/fifth disease. Parvovirus B19 | None (once rash has developed)  | <i>See: Vulnerable children and female staff - pregnancy</i>  |
| Shingles                                    | Exclude only if rash is weeping and cannot be covered                     | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i> |
| Warts and verrucae                          | None  | Verrucae should be covered in swimming pools, gymnasiums and changing rooms   |

## Diarrhoea and vomiting illness

| Infection or Complaint  | Recommended period to be kept away from school, nursery or childminders  | Comments   |
|---|--|--|
| Diarrhoea and/or vomiting   | 48 hours from last episode of diarrhoea or vomiting  |  |
| <i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery) | Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting | Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult the Duty Room for further advice. |
| Cryptosporidiosis   | Exclude for 48 hours from the last episode of diarrhoea  | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled   |

## Respiratory infections

| Infection or Complaint      | Recommended period to be kept away from school, nursery or childminders | Comments  |
|-----------------------------|---|---|
| Flu (influenza)             | Until recovered   | <i>See: Vulnerable Children</i>   |
| Tuberculosis*               | Always consult the Duty Room  | Requires prolonged close contact for spread   |
| Whooping cough* (pertussis) | 48 hours from starting antibiotic treatment, or 21                      | Preventable by vaccination. After treatment, non-infectious coughing may continue for |

|  |   |   |
|--|---|---|
|  | days from onset of illness if no antibiotic treatment | many weeks. The Duty centre will organise any contact tracing necessary |
|--|---|---|

## Other Infections

| Infection or Complaint                  | Recommended period to be kept away from school, nursery or childminders                             | Comments  |
|---|---|---|
| Conjunctivitis                          | None  | If an outbreak/cluster occurs, consult the Duty Room  |
| Diphtheria *                            | Exclusion is essential. Always consult with the Duty Room   | Family contacts must be excluded until cleared to return by Duty Room. Preventable by vaccination. Your local Duty Room will organise any contact tracing necessary   |
| Glandular fever                         | None  |   |
| Head lice                               | None  | Treatment is recommended only in cases where live lice have been seen   |
| Hepatitis A*                            | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) | The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.   |
| Hepatitis B*, C*, HIV/AIDS              | None  | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>  |
| Meningococcal meningitis*/ septicaemia* | Until recovered   | Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed. |
| Meningitis* due to other bacteria       | Until recovered   | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your Duty Room will give advice on any action needed  |
| Meningitis viral*                       | None  | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required  |
| MRSA                                    | None  | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room   |
| Mumps*                                  | Exclude child for five days after onset of swelling   | Preventable by vaccination (MMR x2 doses)   |
| Threadworms                             | None  | Treatment is recommended for the child and household contacts   |
| Tonsillitis                             | None  | There are many causes, but most cases are due to viruses and do not need an antibiotic  |



# Beecher Bear Daycare and Nursery



## Early Years Medical Policy

### Statutory Framework for the Early Years Foundation Stage states that;

- Medicines must not usually be administered unless a doctor, dentist, nurse or pharmacist has prescribed them for a child.
- Medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

### Supporting Pupils at School with Medical Conditions December 2015;

- Medicines should only be administered at school when it would be detrimental to a child's health and school attendance to do so.

The aim of this policy is to prevent the spread of infections and keep our children safe and healthy by ensuring:

- routine immunisation
- high standards of personal hygiene and practice, particularly hand-washing
- maintaining a clean environment

### First Aid:

- All of the staff in Daycare and Nursery are Paediatric First Aid Trained.
- In the event that your child has an accident while at Beecher Bear, first aid will be given where appropriate.
- All incidents are recorded in Beecher Bear Daycare or Nursery's First Aid Folder. Parents will be asked to sign their child's First Aid record when a staff member has notified them of their child receiving first aid.
- In the event of a child suffering a head bump, staff will contact parents immediately and discuss the child's well-being with a parent to decide if it necessary for the child to go home.
- Upon collection of a child who has suffered a bump to the head, parents will receive a head bump advice sheet which they will be asked to sign for.
- In the event of an injury being very serious, an ambulance will be called, parents contacted and the child escorted to hospital as swiftly as possible.

### Individual Health Care Plans:

Where a child has been diagnosed by a GP or consultant with a specific medical condition, we will request each parent to fill in an Individual Health Care Plan stating the condition, treatment, medication and contact details and permission to share this information with paramedics in the event of an emergency.

Where a child suffers with Asthma, an Individual Asthma Care Plan will be completed so that staff are fully aware of the nature of each child's condition.

These will mostly be filled in at parents initial meetings with the Managers. They will be updated annually but more regularly where needed. Date of review will be included at the bottom of the IHCP.

In the event of an emergency and your child needing to go to hospital, your child's medical register and IHCP will be taken to hospital with your child.

### **Variations for Early Years:**

We mostly follow the policy of the school with the exception of the illnesses shown below which we feel can spread more quickly in our Early Years setting due to the nature of the activities undertaken and the need to maintain hygiene of the environment and resources.

Staff/pupils ratios will not allow an adult to remain indoors with your child in the event that you do not want them to go outside. Please consider whether they are well enough to take part in all activities before bringing them back.

### **Diarrhoea and Vomiting:**

We understand that some younger children, who may still be receiving breast milk, can experience loose stools. Where a child in our care has loose stools in regular succession, we will notify parents and expect a child to be collect.

We request that any child experiencing loose stools or vomiting repeatedly remain away from the setting for 48hrs after the last bought to prevent spread of infection.

### **Head Lice:**

Where a child is seen to have live lice in their hair, we will call a parent to collect that child immediately and only return them to the Daycare/Nursery when they have received treatment.

### **Conjunctivitis:**

Although there is no current recommended period for a child to have off while suffering from Conjunctivitis, we request that your child remain home for the period that they are receiving treatment to avoid spread of infection through equipment and resources.

### **Administration of Medicines:**

*Dudley LA's policy is to administer prescription medicines only.*

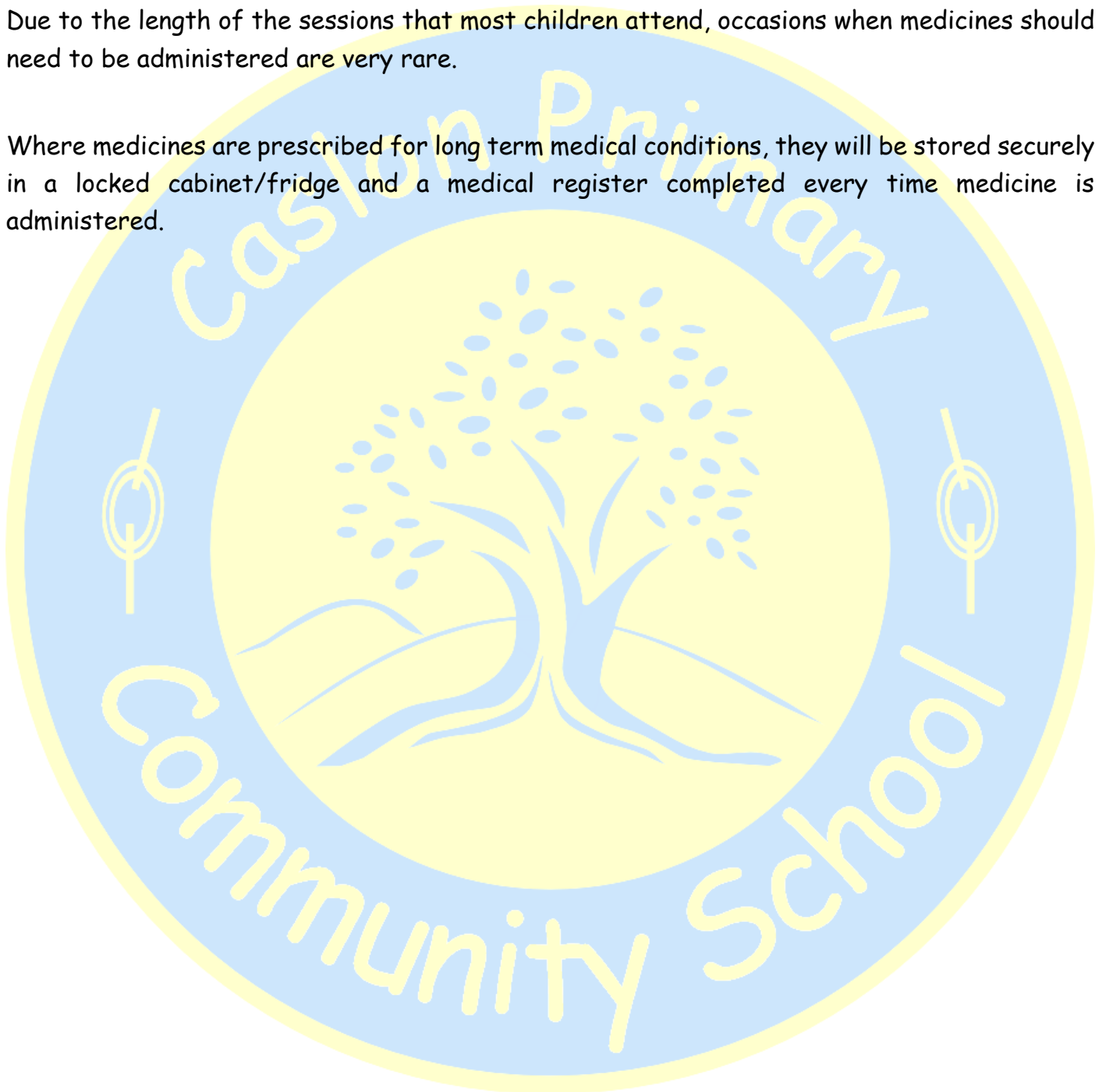
Under no circumstance will Beecher Bear administer non-prescription medications, over the counter medications or general sale medicines.



In the unlikely event that you need your child to be given a prescription medication while in our setting, parents will be requested to fill in their child's medical register detailing the name of medication, dose to be given, time of previous dose and administration will be carried out by two staff members. Tablets will be counted and the amount of liquid medicine will be estimated and recorded by staff.

Due to the length of the sessions that most children attend, occasions when medicines should need to be administered are very rare.

Where medicines are prescribed for long term medical conditions, they will be stored securely in a locked cabinet/fridge and a medical register completed every time medicine is administered.







## Individual Health Care Plan



### Identification Details:

|                |  |
|----------------|--|
| Name of Child: |  |
| Date of Birth: |  |
| Gender:        |  |
| Home Address:  |  |
| School:        |  |

### Medical Details:

|                         |  |
|-------------------------|--|
| Medical Condition:      |  |
| Treatment Regime:       |  |
| Medication Prescribed:  |  |
| Side effects:           |  |
| Action in an emergency: |  |

### Contact Details:

|  |  |
|--|--|
| Parent/Carers:<br>Name and contact number: |  |
| Alternate Family Contact:                  |  |
| Doctor/Paediatrician/Pharmacy:             |  |
| Any other relevant Health Professional:    |  |

### Facilities Required:

|   |  |
|---|--|
| Equipment and Accommodation:                |  |
| Staff Training/ Management/ Administration: |  |
| Consent:                                    |  |
| Review and Update:                          |  |

### Register of Medication Obtained





## Asthma Health Care Plan



### Identification Details:

|                |  |
|----------------|--|
| Name of Child: |  |
| Date of Birth: |  |
| Class:         |  |
| Gender:        |  |
| Home Address:  |  |
| School:        |  |

### Medical Details:

|                         |  |
|-------------------------|--|
| Medical Condition:      |  |
| Date of Diagnosis:      |  |
| Treatment Regime:       |  |
| Medication Prescribed:  |  |
| Side effects:           |  |
| Action in an emergency: |  |

### Contact Details:

|  |  |
|--|--|
| Parent/Carers:<br>Name and contact number:                   |  |
| Alternate Family Contact:                                    |  |
| Doctor/Paediatrician/Pharmacist/Consultant:<br>Phone Number: |  |
| Any other relevant Health Professional:                      |  |

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers'.

|  |
|--|
|  |
|--|

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose.

**Describe what an asthma attack looks like for your child and the action to be taken if this occurs.**

**Who is to be contacted in an emergency? Give three telephone numbers.**

**Form copied to: (to be completed by school asthma lead)**

**ADVICE FOR PARENTS:**

**Remember:**

1. It is your responsibility to tell the school about changes to your child's asthma and/or their asthma medications. We will then review your child's Asthma Plan.
2. It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher.
3. It is your responsibility to ensure that your child's asthma medication has not expired.
4. Your child should not be exposed to cigarette smoke.





## Letter to Inform Parents of Salbutamol Inhaler Use

Child's Name:

Class:

Date:

Dear Parent/Guardian,

*(Staff to tick as appropriate)*

- This letter is to inform you that your child has had problems with his/her breathing today.

This happened when.....

A member of staff helped them to use their inhaler today.

- Your child did not have their own asthma inhaler with them so a member of staff helped them to use the emergency inhaler containing salbutamol. They were given ..... puffs.

- Their own inhaler was not working, so a member of staff helped them to use the school emergency inhaler containing salbutamol. They were given .....puffs.

Although they soon felt better, we would advise that you have your child seen by your own doctor as soon as possible if you feel it is necessary.

Yours sincerely,

*C Warford*

Mrs C Warford

Deputy Head



## Parent Request for a Child to Carry Their own Inhaler

*If staff have any concerns about any information required for this form, they should discuss this with the school nurse.*

Name of Child:

Class:

Address:

Name of medication:

Procedures to be taken in an emergency:

Contact Information:

Name:

Phone No:

Relationship to child:

I confirm that I would like my son/daughter to keep their medicine themselves for use as necessary.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Date \_\_\_\_\_