



# **First Aid Policy**



## **Introduction**

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

## **Aims**

- To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1992 and 1999, providing all staff with a practical and informative document.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

## **Objectives**

- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- To provide detailed policies as guidance for staff involved with pupils with chronic health conditions.

## **Personnel**

The Head Teachers are responsible for the health and safety of their employees and anyone else on the premises. This includes the Heads and teachers, non-teaching staff, pupils and visitors (including contractors).

There is a designated Health and Safety Officer.

## **Named First Aiders**

The recommended number of certified first-aiders is one per 100 pupils/staff.

There are 32 first aiders in school and at least one qualified nurse.

- There will always be a first aider or nurse on site (named in appendix 1).
- The First Aiders must have completed and keep updated a training course approved by the HSE.
- There will be a regular review of their qualification and course attendance organised as appropriate.

## **Qualifications and Training**

- First Aiders will hold a valid certificate of competence, issued by an organisation approved by the HSE.
- Appointed persons will undertake one-day emergency first-aid training.
- Specialist training in first-aid for children should be arranged in a three year cycle.

## **Appointed person**

The Schools should appoint at least one 'Appointed Person' per key stage. In addition, all members of the PE, Drama, Art, Science, Transport departments plus three members of the Catering department will be Appointed Persons.

The School Nurse will be the 'Appointed Person' covering all departments and will be supported by the other 'Appointed Persons'.

They will:-

- Take charge when someone is injured or becomes ill
- Look after the first aid equipment eg restocking the first aid boxes
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

## **First aid kit provision**

- There are 52 first aid kits in school, checked annually by the nurse.
- Staff will report usage to allow for restocking throughout the year.
- The position of these first aid kits is on display in the common room and at various points around the school. (appendix 2)
- All high risk areas, such as science rooms, games areas, theatres, buses and play areas have immediate access to first aid kits.
- All games staff are allocated first aid kits and have access to them while doing any form of activity.

## **Spillage**

The term body fluid describes blood, vomit, urine, faeces, cerebrospinal fluid (CSF), sputum, semen, and vaginal secretions.

Spillages of such fluids may present an infection risk to others and must be dealt with immediately.

- It is the responsibility of the staff to alert the cleaning staff to assist with spillages of body fluids.
- Protective equipment is provided for the cleaning staff and also available in the nurse's room.
- Gloves and an apron should be used.
- For large quantities of fluid spillage kits are provided.

- Yellow disposal bags, marked hazardous waste must be used.
- A 'wet floor' sign should be used as appropriate.
- It is assumed the pupil / person involved in the incident will be offered the appropriate assistance, assessment and referral.

### **Recording accidents and incidents**

- Each department has an incident book to record classroom incidents / accidents.
- Any pupil involved in an incident or accident resulting in potential injury is seen by the nurse for assessment.
- All visits to the nurse are recorded on the pupil's record on a daily basis and the accident statistics are recorded and sent to SMT at least every term.
- An accident form is completed and sent to the Health and Safety Officer if appropriate.
- Parents are informed either by phone, letter or the pupil depending on the type of injury and resulting treatment.

### **Record keeping**

- Statutory accident records: The Principals must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.
- (DSS The Accident Book BI 510)
- SIMS acts as the school's central record.
- A record is kept of any first aid treatment given by first aiders or appointed persons.
- This should include:
  - the date, time and place of incident
  - the name (and class) of the injured or ill person
  - details of their injury/illness and what first aid was given
  - what happened to the person immediately afterwards
  - name and signature of the first aider or person dealing with the incident.

Accident records can be used to help the SMT, Health and Safety Officers/School Nurses with regular liaison it is possible to identify trends and areas for improvement, training or other needs and may be useful for insurance or investigative purposes.

### **Calling an ambulance**

- If possible the pupil / person in need is seen and assessed by the nurse or a first aider prior to requesting an ambulance.
- However it is the responsibility of each individual member of staff to decide on their own coping abilities and if they are concerned about the welfare of the pupil / person it is appropriate to request an ambulance.
- If an ambulance is requested reception will be informed and a member of staff will be alerted to guide the ambulance to the correct area of the school.
- The pupil's parents / guardians will be informed immediately.

## **RIDDOR Reporting**

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the Health and Safety Executive (telephone 0845 300 99 23).

### **Reportable incidents**

- accidents involving pupils and visitors resulting in the person being killed or being taken from the site of the accident to hospital
- the accident arises out of or in connection with work, if it relates to any school activity, both on or off the premises the way the school activity has been organised and managed equipment, machinery or substance the design or condition of the premises
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay.

The Head is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer.

The Health and Safety Officer must complete the RIDDOR procedure, usually online.

The Health and Safety Office also monitors :

### **PROCEDURES**

- Risk assessment
- Reviews are required to be carried out at least annually, and when circumstances alter, by the Health and Safety Officer and department heads.
- Recommendations on measures needed to prevent or control identified risks are forwarded to the Head Teachers and discussed with the SMT.
- Re-assessment of first-aid provision
- As part of the schools' annual monitoring and evaluation cycle any changes to staff, building/site, activities, off-site facilities will be assessed as appropriate.
  
- The number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- The emergency first-aid training received by other staff and organises appropriate training.

### **Support for pupils with Chronic Medical conditions**

Bradford Grammar School aims to offer a full and supportive curriculum to all of its pupils.

To assist staff and parents to meet the needs of pupils with chronic conditions we have policies for the following conditions:

- Anaphylaxis
- Aspergers syndrome

- Asthma
- Chronic Fatigue Syndrome (CFS / ME)
- Diabetes
- Epilepsy
- Self harm

The full details for each policy are included in appendix 3.

The Nurses work within their code of practice set out by the NMC (Nursing and Midwifery Counsel).

It is recommended that nurses working within the independent sector have a 'homely medication policy' – see appendix 4.

## **APPENDIX 1**

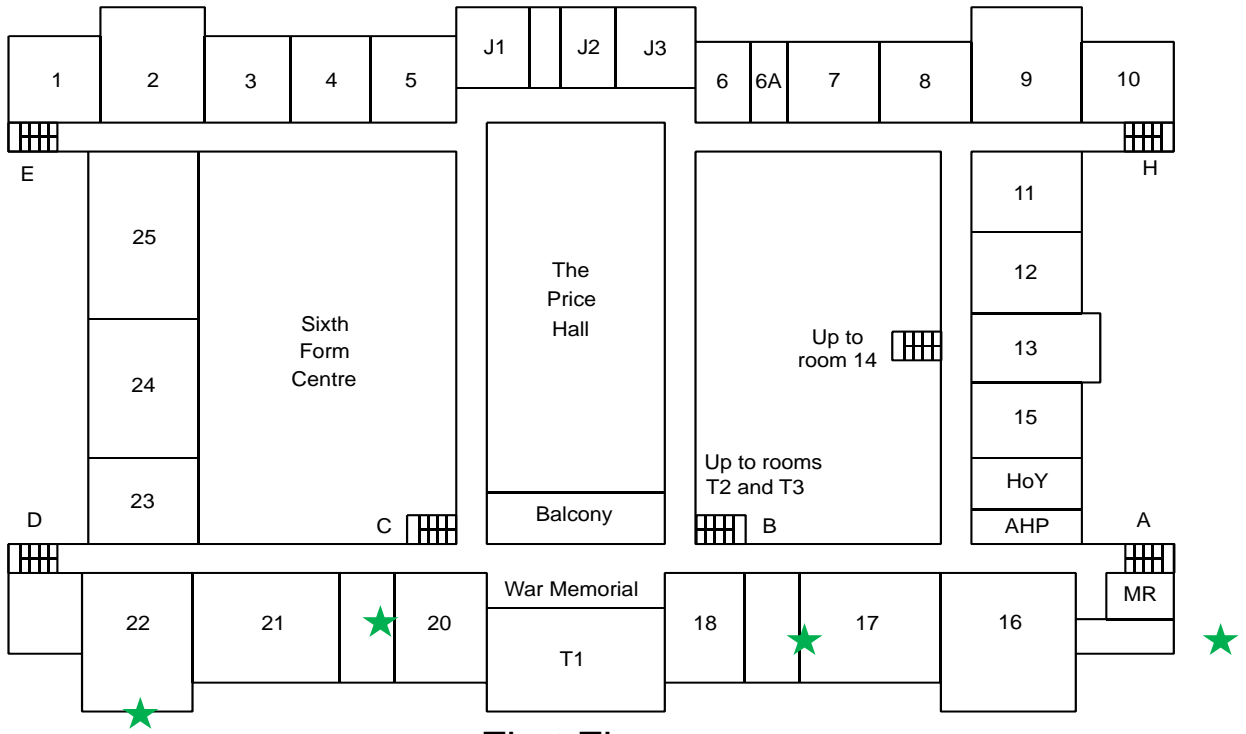
### **First aid staff 2009 / 2010**

| <b>Surname</b> | <b>First name</b> | <b>Department</b> | <b>Extra-curricular</b> | <b>Location</b> | <b>Expiry Date</b> |
|----------------|-------------------|-------------------|-------------------------|-----------------|--------------------|
| Conroy         | Christine         | ICT               |                         | Clarkson        | 02/03/2012         |
| Dennison       | Roy               | Electronics       |                         | MB              | 02/03/2012         |
| Smith          | Graham            | Clock House       |                         | CH              | 02/03/2012         |
| Townsend       | Bryan             | Games             |                         | MB              | 02/03/2012         |
| Milner         | Craig             | Estates           |                         | MB              | 02/03/2012         |
| Roberts        | Amanda            | Catering          |                         | MB              | 02/03/2012         |
| Darnborough    | Simon             | Games             | Rowing                  | Rowing          | 02/03/2012         |
| Stansfield     | Caroline          | Games             |                         | MB              | 01/11/2011         |
| Chapman        | Jane              | Classics          |                         | MB              | 19/08/2011         |
| Ball           | Sarah             | Drama             |                         | Theatre         | 01/07/2011         |
| Charles        | Sandra            | Estates           |                         | MB              | 01/07/2011         |
| Dunn           | Philipa           | Biology           | Hockey                  | KRB             | 01/07/2011         |
| Higgins        | Scott             | Estates           |                         | MB              | 01/07/2011         |
| Holmes         | Geoff             | Catering          |                         | MB              | 01/07/2011         |
| Mann           | Eileen            | SEN               |                         | MB              | 01/07/2011         |
| Midgley        | Nicky             | Admin             |                         | MB              | 01/07/2011         |
| Nicholas       | Nicole            | Chemistry         |                         | KRB             | 01/07/2011         |
| Hoath          | Scott             | Biology           | DOE                     | KRB             | 01/02/2011         |
| Ikram          | Mohammad          | Estates           |                         | MB              | 03/07/2010         |
| Lines          | Charlie           | Games             |                         | MB              | 01/06/2010         |
| Page           | Bob               | SMT maths         |                         | MB              | 01/05/2010         |
| Merckx         | Paul              | Maths             | DOE                     | MB              | 01/04/2010         |
| Tomlinson      | Emma              | Languages         | DOE                     | MB              | 01/04/2010         |
| Taylor         | Stuart            | DT                | Rugby                   | MB              | 27/06/2010         |

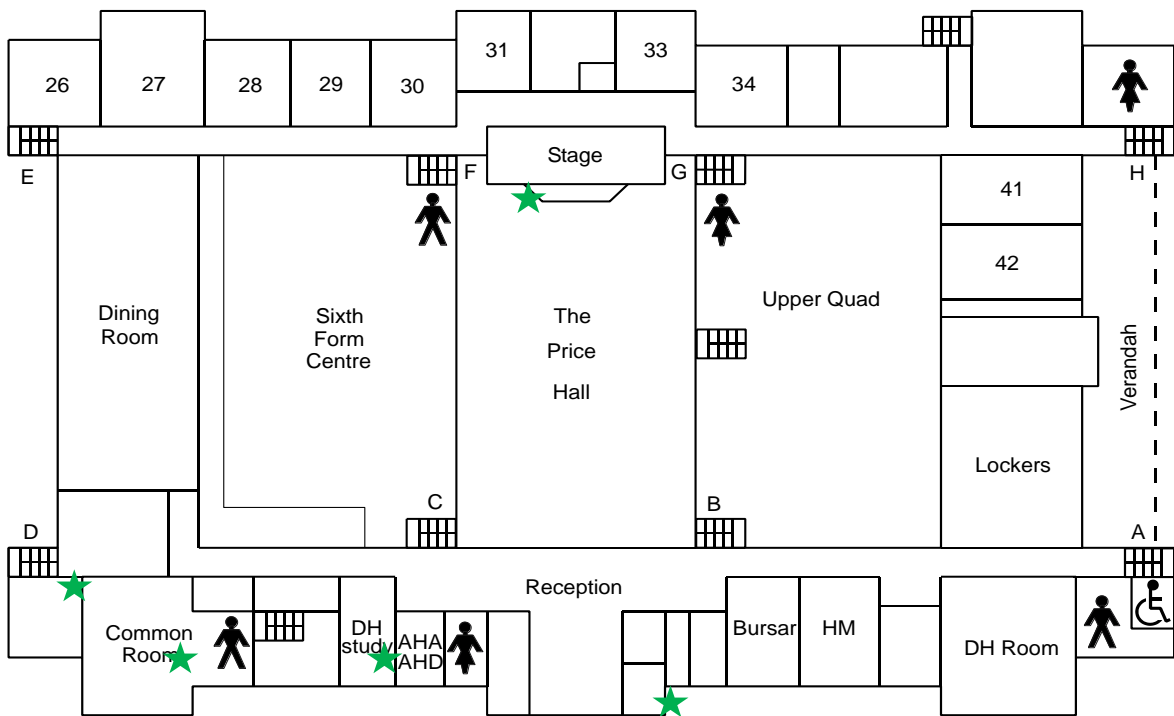
|         |          |             |     |         |            |
|---------|----------|-------------|-----|---------|------------|
| Baines  | Andy     | Maths       | CCF | MB      | 25/05/2012 |
| Carter  | Jim      | Languages   |     | MB      | 25/05/2012 |
| Devlin  | Jonathan | History     |     | MB      | 25/05/2012 |
| Dutton  | Peter    | Drama       |     | Theatre | 25/05/2012 |
| Hanson  | Lee      | Clock House |     | CH      | 25/05/2012 |
| Simpson | Mike     | Politics    | DOE | KRB     | 25/05/2012 |
| White   | Collette | Politics    | DOE | KRB     | 25/05/2012 |
| Bhasin  | Dheeraj  | CCF         |     |         | 02/02/2013 |

**APPENDIX 2**

**FIRST AID BOX LOCATIONS**



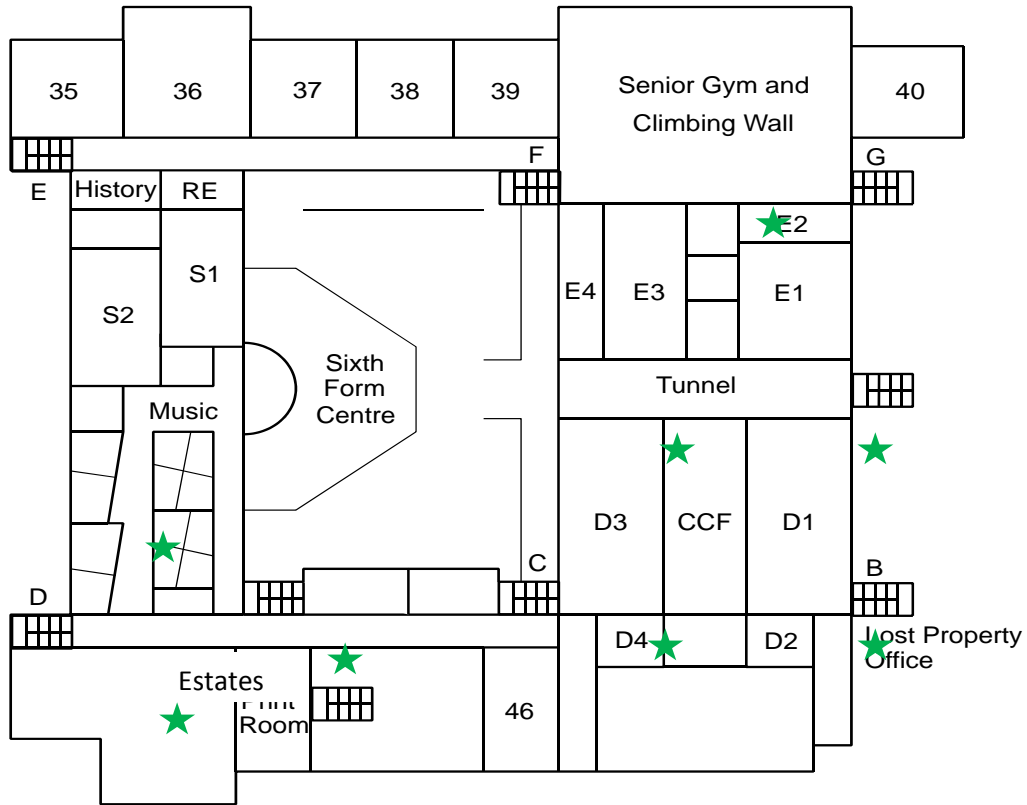
**First Floor**



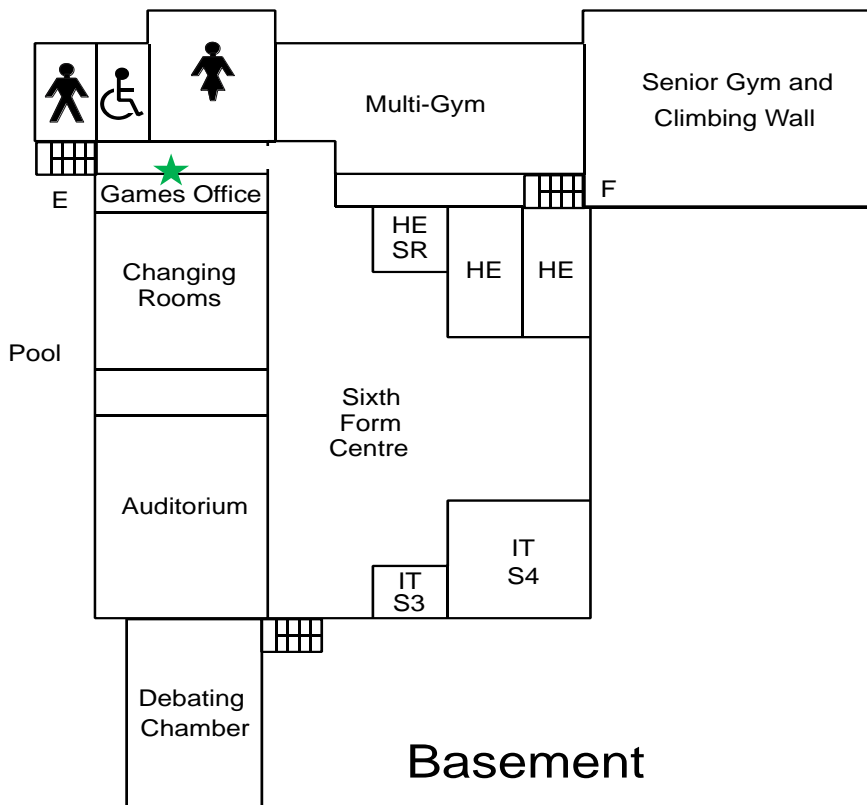
**Ground Floor**

**Main Building**

# FIRST AID BOX LOCATIONS



## Lower Ground Floor

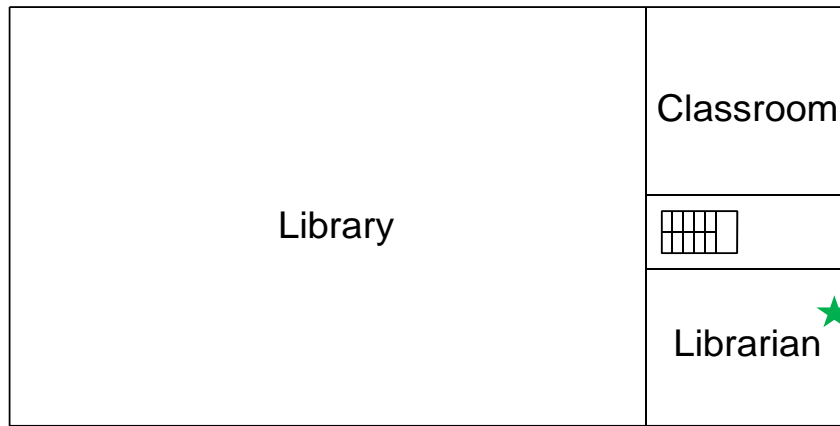


## Basement

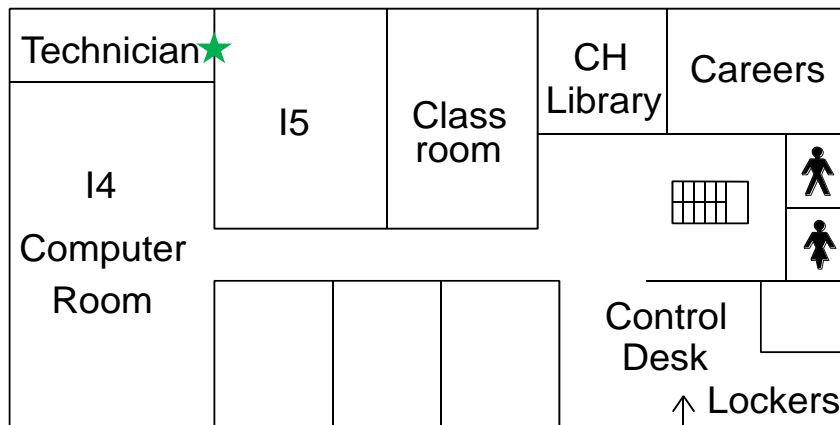
## Main Building

# FIRST AID BOX LOCATIONS

## Clarkson Building

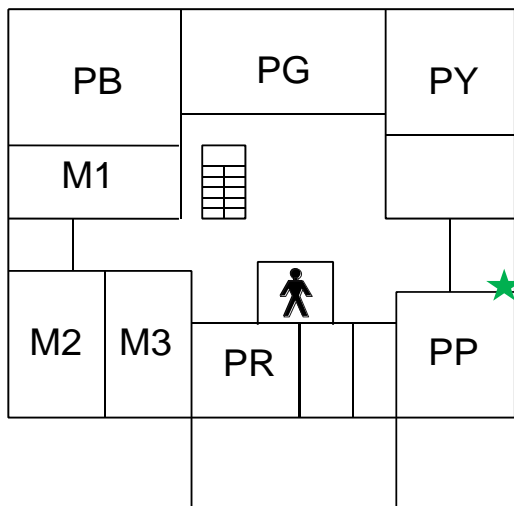


### First Floor

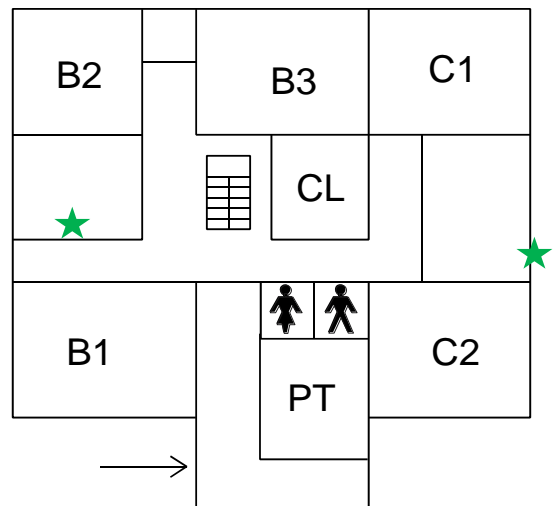


### Ground Floor

## KRB



### First Floor



### Ground Floor

## **APPENDIX 3 - POLICIES**

### **Page**

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| 12. | Chronic Illness – Anaphylaxis   |
| 17. | Aspergers Syndrome  |
| 19. | Asthma  |
| 23. | Child diagnosed with Post Viral Illness, Chronic Fatigue Syndrome or ME |
| 27. | Diabetes  |
| 29. | Epilepsy  |
| 31. | Self Harm   |

## **EPIPEN/ANAPHYLAXIS POLICY**

### **Introduction**

### **Purpose**

- To promote a consistent approach in the management of life-threatening allergies.
- To develop strategies that will protect children with life-threatening allergic reactions to the extent possible.
- To create a safer place for children to eat, learn, and play;
- To heighten staff awareness in the recognition of signs and symptoms of **anaphylaxis**, that will aid in the timely activation of the emergency medical aid for those individuals known or not previously known to experience anaphylactic reaction.
- To provide direction for school staff in the management of severe respiratory distress / anaphylaxis.

### **Training of School Staff**

**While it is recognised that some teachers will be concerned about the responsibility of administering an epipen it is essential that all teachers attend regular update, to enable them to make an informed decision about appropriate treatment.**

- School nurse(s) shall update all staff on medical emergency preparedness at the annual meeting at the beginning of the school year. The School Nurse will identify areas to be covered during these meetings to provide consistency in training staff.
- Training will include possible causes of reaction, warning signs action appropriate to symptoms and use of epipen.
- It is the responsibility of the deputy head / head of year to inform the substitute teacher who has yet to attend the Medical Emergency update of students in his/her classroom with medical problems and the location of the individual health care plans for each student.
- The epipen policies / procedures are located in the school medical room.

**The school nurse will email all form tutors who have a child in their class with an epipen as soon as possible, at the start of each school year.**

**In senior school the child should carry one and one will be held in the medical room. In Clock House the staff will have access to a pen, the child will have one in an epipen holder and there will be one in the Nurses office.**

### **Classroom Teacher/Specialist Responsibilities**

- Review any student Individual Health Care Plan (IHCP) with the school nurse.
- Ensure that you have access to a mobile phone to contact the school nurse / emergency services, when leaving the school building for outside activities.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Ensure that you are familiar with the use of an epipen, that you are aware of the procedure to follow and where the medication is kept.
- Snack and lunch time:
  - Avoid cross contamination of foods;
  - Reinforce hand-washing before and after eating, whenever possible;
  - Encourage the child to take responsibility in the dining hall.
- If a bee/wasp gets in classroom, immediately remove child with this allergy from the room.
- The school nurse will remind parents when the pen is about to expire but the overall responsibility for provision of epipens is parental.

### **Staff responsibilities**

1. Encouraging students with allergies to:
  - Take as much responsibility for avoiding allergens as possible (age appropriate);
  - Not trade or share food;
  - Wash hands before and after eating;
  - Learn to recognize symptoms of an allergic reaction (work with school nurse);
  - Promptly inform an adult as soon as accidental exposure occurs or symptoms appear;
  - Know where your epipen auto-injector is located and who has access to the medication;
  - Carry own EpiPen ( age appropriate ) Read food labels;
  - Speak to the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.

### **Food Services Manager Responsibilities**

- List of those children with allergies will be placed in the kitchen.
- Ensure you can contact the school nurse.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Ensure that you are familiar with the use of an epipen.
- Read all food labels and recheck routinely for potential food allergens.
- Will take every precaution so as not to prepare or serve any menu options containing nuts.
- Maintain contact information for manufactures of food products. (Consumer Hotline)
- Provide information regarding ingredients and menus.

### **Parental responsibility**

#### **School Bus Management**

- It is anticipated that parents will be responsible for their child until arrival on school grounds, should they use the school bus it is necessary for the parent to contact the company regarding their individual policies.

Nick Smith will provide information to bus companies as appropriate.

### **Parent/guardian(s) Responsibilities**

1. Inform the school nurse of a child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
2. Complete the **Annual Health Card** and return to school nurse at the start of the year. This will include a list of foods and ingredients to avoid, the phone numbers and the name of the emergency contact person.
3. Provide school nurse with medication orders from the licensed provider and epipen auto-injector(s) when appropriate.
4. Discuss the individual health care plan with the school nurse.
5. Consider providing child with a medical alert bracelet / card.
6. Provide the school nurse with the licensed provider's statement if a child no longer has allergies and to update annually or as any change occurs to enable us to add or remove information from pupils records.

7. Provide, and keep up to date, 3 epipens for Clock House – one for the child to carry in provided holder but to leave in school each evening, and 2 others for emergency use to keep in Clock House and Senior school.
8. To provide, and keep up to date, 2 epipens in senior school for the medical room.

### **Individual Health Care Plan**

- As part of the enrolment process, the parent/guardian of students with allergies or pre-existing anaphylactic reactions as well as other medical problems will meet with the school nurse to develop an individual health plan, initiate medication orders, medication administration plans and parent/guardian authorizations for each medication received. The health card will have emergency information such as people to contact, phone numbers and doctors details and will be in the nurse's office. Names of students are held at reception in the building's main office also.
- A recent photo for the student with an epipen order will be placed on the emergency care plan.
- Information on all those with an epipen order, together with a photograph, to be placed in all departmental handbooks and displayed in the staff room, (unless there is parental objection to this).

### **School trips**

#### **School Trips – School responsibility**

- Once informed of the trip the school nurse will provide the epipen and epipen container with all contact numbers / information enclosed, for the teacher to carry. It is the responsibility of the parent to inform the nurse that the child will be participating on the trip although it is anticipated that teachers will provide the nursing staff with a list of pupils attending each trip.
- The teacher responsible for the field trip will ensure the parent/guardians location and phones numbers are where they can be reached in the event of an emergency. This teacher will also have the name of and the phone number of the nearest hospital.
- A cell phone and/or another communication device must be available on the trip for emergencies.
  - Children will be requested to avoid allergens on the school bus.

#### **Tips and advice for parents when planning School trips**

The Anaphylaxis Campaign is aware that, for many severely allergic children, going on school trips can pose many challenges and obstacles. Below are some tips which we hope will make planning for school trips a bit easier for everyone involved: staff, parents and, of

course, the allergic children. If you have any comments or would like to add your tip to the list the please email [suzanne@bradfordgrammar.com](mailto:suzanne@bradfordgrammar.com), you may also like to contact the epipen website via email [info@allergyinschools.org.uk](mailto:info@allergyinschools.org.uk).

### **Before the trip**

Prepare well in advance.

Contact the Activity Centre, if appropriate, before going to make sure they are aware of your child's allergy. Send them an information sheet about allergies.

Make sure the teacher organising the trip is fully aware of your child's allergy. If the trip is abroad, the school can help with translation cards.

### **Food/catering tips**

Speak to the party leader before the trip and designate them to introduce themselves to chef/catering staff so the allergic child has a point of contact.

### **Medication/treatment protocol tips**

Ensure accompanying staff are informed and feel comfortable with dealing with allergy. If they haven't received training, offer to contact the school nurse to arrange training.

Write down each medicine, when and how much to have.

### **Tips for the pupils**

Make sure people around you know about your allergy.

If you are in any doubt about what you are eating, politely but firmly refuse.

Take snacks with you in case there is something you can't have. Pack a few biscuit/bars etc as it's often the puddings that are tricky. Small packets of cereals are good standbys for breakfasts.

Don't let it stop you having fun!

## **ASPERGERS SYNDROME SUPPORT POLICY**

Bradford Grammar school is able to offer support to pupils who are able to cope with the academic work but have a diagnosis of Aspergers or show tendencies. The symptoms can be varied and therefore each pupil is assessed and an individual care plan formulated with appropriate members of staff.

The following information gives some general background information and advice to staff who may be involved in teaching of the pupils or supervising trips.

Understanding some of the background enables staff to adjust their teaching methods and general approach to help the pupil in a way that ensures maximum understanding and allows them to attain their full academic and social potential.

### **General guidelines for trips**

#### **Possible Social Characteristics:**

- Difficulty accepting compliments
- Immature manners (act about 2/3 his or her age)
- Impulsive when asked his opinion (no sugar coating to spare the other person's feelings)
- Shyness
- Avoiding eye contact
- Anxiety about being able to 'fit in'
- Bizarre sense of humor (they don't get the punch line of a 'regular' joke, but their own punch lines are not funny to others)
- Difficulty with social pleasantries (when coming over to your house he may go straight to the TV and change the channel without greeting you or respecting the channel you were watching)
- Difficulty consoling others. If someone tells them about something that is making them sad, he may respond "You're depressing me."
- Strong expression of likes and dislikes. In a restaurant they may say to the waiter "I hate onions!"
- Rigid adherence to rules, with no flexibility
- Excessive talking, especially when nervous
- Difficulty distinguishing between acquaintance and friendship
- Limited clothing preference, wears the same thing all the time
- Difficulty judging the personal space of others (stand too close)
- Difficulty distinguishing sincerity from sarcasm (other kids take terrible advantage of this)

#### **Physical Manifestations:**

- Hypersensitivity to any or all of the 5 senses
- Clumsiness
- Difficulty with balance and coordination

- Unusual posture
- Problems with gross and fine motor skills
- Sleep difficulties
- Verbosity
- Poor personal hygiene (possibly sensitivity to grooming products + they don't see how others perceive them)

### **Cognitive Characteristics:**

- Confusions during times of stress
- Difficulty reading social cues such as the other person's interest (or lack of) in a one-sided conversation
- Inability to 'read between the lines'
- Literal interpretations of sayings, phrases, metaphors and expressions
- Dependence on step by step instructions (no multi-tasking)
- Not giving consideration to other people's schedules, priorities or agendas
- Difficulty 'putting themselves in someone else's shoes' (how would they feel in that situation?)
- Appear to lack 'common sense'
- May have hidden self-anger or resentment of others
- Do not adjust well to changes in plans, routines or surroundings (they don't like change and don't like surprises)

### **Basic Information for staff taking any pupil with AS on trips**

The attached information gives an overview of the traits experienced by a pupil with AS.

It is unlikely that the pupil has all the traits but the main concerns for school trips are:-

- A change in routine is very stressful, even a different room
- Not knowing the timetable or expected daily outcome can cause stress
- When stressed instructions to the pupil will need to be very clear and concise
- The pupil is more likely to react to stress in their own way (there may be no obvious reason)
- This will often mean switching off or ignoring the stressors - (this may be the staff / pupils / instructions if unclear to them)
- Reassurance and repetition of requests may be needed
- Their interactions with peers may be alter during the trip

Any pupil with AS needs staff to be aware and supportive as appropriate to help them enjoy the trip as much as possible.

## **ASTHMA POLICY**

### **Bradford Grammar School:**

- recognizes that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognizes that pupils with asthma need immediate access to reliever inhalers at all times
- keeps a record of all pupils with asthma and the medicines they take
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensures that all pupils understand asthma
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- understands that pupils with asthma may experience bullying and has procedures in place to prevent this
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The school nurse will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer. It is parents / carers responsibility to replace out of date inhalers. However the nurses will try to ensure reminders are sent out each term as appropriate.

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

All parents/carers of children with asthma are consequently sent an Asthma UK *School Asthma Card\** to give to the school nurse. Parents/carers are asked to return them to the school.

From this information the school keeps its asthma register, which is available to all school staff. Parents/carers 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.

### **Exercise and activity – PE and games**

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

### **Out-of-hours sport**

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse, who has had asthma training.

### **School environment**

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

### **Asthma attacks**

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

- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*. This procedure is visibly displayed in the staffroom.

### **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/carers, governors, the school health service and pupils
- ensure the plan is put into action, with good communication of the policy to everyone
- ensure every aspect of the policy is maintained
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the school asthma policy
- regularly monitor the policy and how well it is working
- delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register.

### **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/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- ensure pupils who have been unwell catch up on missed school work

- be aware that a pupil may be tired because of night-time symptoms
- keep an eye out for pupils with asthma experiencing bullying
- liaise with parents/carers, the school nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

### **PE teachers**

PE teachers have a responsibility to:

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

### **School nurses**

School nurses have a responsibility to:

- help plan/update the school asthma policy
- if the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma
- provide information about where schools can get training if they are not able to provide specialist training themselves.
- School nurses in Bradford Grammar hold responsibilities in the management and monitoring of pupils' asthma (for example, ensuring all pupils with asthma have a written personal asthma action plan)

## **POLICY FOR A CHILD DIAGNOSED WITH POST VIRAL ILLNESS, CHRONIC FATIGUE SYNDROME OR M.E.**

It is essential that assessment and planning begin as soon as possible after diagnosis to ensure appropriate attendance at school.

Each child presents differently and the plan may need to be adjusted accordingly.

For background information please see

- 'Guidance on the management of CFS / ME.'
- 'The Chief Medical Officer's Working Report on CFS/M.E.'
- NICE Guidelines on CFS/ME
- RCPCH Guidance on CFS/ME
- [www.ayme.org.uk](http://www.ayme.org.uk)

It is a complicated condition to treat and opinions and services in the area may vary. The paediatric service for North East and West Yorkshire has had its funding withdrawn and no longer offers a service to young people. To identify the nearest CFS/ME service please contact AYME helpline 08451 232389 or [info@ayme.org.uk](mailto:info@ayme.org.uk) or for personal and professional support.

Overall aim of the action plan is to enable the child to perform consistently on a daily basis rather than having 'good' days and 'bad' days which produce an erratic level of activity leading to long periods off school. (Called avoiding 'boom and bust cycle').

'Pacing' is one of the 3 recommended strategies in the CMO report as being potentially helpful in managing the illness. The best Guideline to follow for children and young people are the RCPCH Guidelines

Activity Management is the main therapy used by the specialist CFS/ME services for children and young people and is about organising the day into manageable activities. This means switching between physical, mental and social or emotional activities throughout the day.

The activities should be interspersed with rest time.

**Physical** – walking, playing, shopping. When you are having a bad day or for someone more severely affected it may mean sitting up in bed or stroking a pet.

**Mental activity** – watching TV, playing on computer or doing school work.

**Social / emotional** – time spent with friends or being upset or excited.

Don't under estimate the huge amount of energy needed to cope with social occasions or being upset.

- Rest is quiet time, no TV radio or computer.

## School Action plan

The options should be discussed with the parents and child. If a plan has already been set up by hospital staff the plan will include education and close liaison with the child's medical team is essential.

At all stages the form teacher, head of year and Nick Smith are to be consulted and kept updated about the purposed plan and evaluations.

1. As soon as there is a diagnosis the school nurse is informed as well as the relevant teaching staff.
2. The nurse discusses the child's symptoms and activity levels with the parents.
3. The child keeps a diary of activity for at least 2 weeks to use as a base line.
4. Once the base line has been established where necessary a reduced school attendance plan is devised according to the activity levels already achieved.
5. It is important to include rest periods during the day and these should be at lunch and during PE / games. However if the child has moderate to severe symptoms there should be more rest periods included in the time table.
6. The plan is reviewed every 2 weeks and if the child has achieved the time table 5 out of 7 days then it is increased by 10 – 15% only.
7. If the time table has not been achieved it will need to be reduced and then reassessed in 2 weeks.
8. Parents should be given a copy of the booklets and the school nurse should discuss the details of the treatment and progress with them at 2 weekly intervals. The child is offered the option to discuss concerns and frustrations with the school nurse whenever they need to. Parents are given ideas on how to assist at home.
9. If the child seems upset or shows signs of depression / difficulty in coping with the limits on activities a referral to Camhs should be considered. It may be appropriate to refer to a counsellor.
10. It is important not to increase the level of activity just because the child is having a good day – as this can lead to a 'boom and bust' effect and the aim is to keep the child on an even level to maximise achievement.
11. The level of academic achievement will need to be discussed accordingly and realistic expectations discussed.

## **Basic Ideas for helping at home**

Overall aim is to control the symptoms.

There are some very good leaflets about your options but the basics are as follows.

- Sleep – relaxation methods should be included.
- Diet – a balanced diet is recommended. However this is not always easy.
- Smoothies and fresh fruit drinks are useful. Vitamin tablets should be considered with B vitamins and Omega oils – it may be useful to discuss this with your GP or local health shop. All supplements should be discussed with CFS/ME specialist
- Pain – household painkillers are usually enough for those mildly affected however if the symptoms are severe please discuss with you GP or consultant as many people with CFS/ME find household medication has no impact on pain. Other are sensitive to medication and can't take any.
- Activities – ideally these should be paced – see appropriate leaflet and discuss with the nurse.
- Limit activities on a good day, if your child does a lot when they feel well they are more likely to relapse.
- Always have set rest periods at home even if they feel well
- Have a pillow in the car so they can rest back when travelling and be supported.
- Avoid excessive stress or upset – however maintain your normal boundaries as much as possible, but household chores will need to be limited and planned into diary.

## **Activity Management**

Activity Management does not expect fixed goals to be achieved within a fixed time frame but for the individual to achieve a gradual increase of activity as and when they feel ready and they are coping with the already planned activities.

- Pre-emptive resting means planning to rest at a certain time in the day rather than having to lie down in reaction to symptoms.
- Rest periods should be in a darkened quiet room (different to bedroom if possible)
- If you find it hard to relax some relaxation techniques may be useful.

The first activity plan will consist of the activities that the child/young person can manage 5 out of 7 days.

The others will be introduced when he is managing the first part.

The overall suggested rate of increase in activity is 10-15% after two stable weeks.

To gain a baseline activity it is important to keep a diary, for at least 2 weeks, longer if you can.

## **DIABETES POLICY**

Bradford Grammar School recognizes:

- recognizes that diabetes is a life long condition and offer students support to fulfill their potential.
- ensures that pupils with diabetes can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognizes that pupils with diabetes need a private area to inject / blood test.
- keeps a record of all pupils with diabetes
- ensures that the whole school environment, including the physical, social, sporting and educational environment offers full support as needed
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with diabetes know what to do in a hypo attack
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the school is provided with any necessary equipment to support the student in an emergency. The school nurse will keep spare blood sugar monitoring equipment and glucose.

### **Exercise and activity – PE and games**

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have diabetes and all PE teachers at the school are aware of which pupils have diabetes from the school's register.
- Pupils with diabetes are encouraged to participate fully in all PE lessons. Emergency 'hypo boxes' are kept in the sports office and the nurse room

### **Hypoglycaemic attacks**

- All staff who come into contact with pupils with diabetes know what to do in the event of an attack.
- In the event of an attack the school follows the procedure outlined by Diabetes UK in its *School DiabetesPack*. This procedure is visibly displayed in the staffroom.

### **School staff**

All school staff have a responsibility to:

- understand the school policy
- know which pupils they come into contact with have diabetes
- know what to do and how to recognize a 'hypo' attack
- call the nurse if there are any concerns
- tell parents/carers if their child has had an attack

- ensure pupils have their glucose / insulin with them when they go on a school trip
- ensure pupils who have been unwell catch up on missed school work
- liaise with parents/carers, the school nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their diabetes.

### **PE teachers**

PE teachers have a responsibility to:

- understand diabetes and the impact it can have on pupils. Pupils with diabetes should not be forced to take part in activity if they feel unwell, and should be assessed for potential symptoms of low blood sugar.

### **School nurses**

School nurses have a responsibility to:

- help plan/update the school diabetes policy
- support the needs of each pupil

School nurses in Bradford Grammar hold responsibilities in the management and monitoring of pupils' diabetes and for training of staff.

## **EPILEPSY POLICY**

Bradford Grammar School recognizes:

- recognizes that epilepsy is a life long condition and offer students support to fulfill their potential.
- ensures that pupils with epilepsy can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognizes that pupils with epilepsy may need support with various aspects when dealing with their condition.
- keeps a record of all pupils with epilepsy
- ensures that the whole school environment, including the physical, social, sporting and educational environment offers full support as needed, and privacy in the event of an episode
- ensures that all staff (including supply teachers and support staff) who come into contact with Pupils have an understanding about their needs
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the school is provided with any necessary equipment to support the student in an emergency.

### **Exercise and activity – PE and games**

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have epilepsy and all PE teachers at the school are aware of which pupils have epilepsy from the school's register.
- Pupils with epilepsy are encouraged to participate fully in all PE lessons.

Teachers are aware of high risk sports and take extra care to assess each individual child as appropriate.

### **Epileptic episodes**

- All staff who come into contact with pupils with epilepsy know what to do in the event of a seizure.

### **School staff**

All school staff have a responsibility to:

- understand the school policy
- know which pupils they come into contact with have diabetes
- know what to do and how to recognize a seizure
- tell parents/carers if their child has had an episode

- ensure pupils who have been unwell catch up on missed school work
- liaise with parents/carers, the school nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their condition.

### **School nurses**

School nurses have a responsibility to:

- help plan/update the school epilepsy policy

School nurses in Bradford Grammar hold responsibilities in the management and monitoring of pupils' epilepsy and for training of staff.

## **SELF-HARM POLICY**

### **1. Introduction**

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

### **2. Scope**

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

### **3. Aims**

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

### **4. Definition of Self-Harm**

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively
- Eating disorders
- Excessive alcohol use
- Excessive sexual behaviour
- Drug use / smoking
- Other risk taking

### **5. Risk Factors**

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

### **Individual Factors:**

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

### **Family Factors**

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

### **Social Factors**

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

## **6. Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a goth

## **7. Staff Roles in working with students who self-harm**

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student

who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult one of the designated teachers for safeguarding children or the school nurse.

Following the report, the designated teacher / school nurse will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. camhs, doctor, social services
- Arranging an appointment with a counsellor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
  
- **In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.**
- **If staff are concerned or suspect the pupil has taken any harmful substance eg overdose of painkillers, drugs or alcohol 999 must be called.**

## 8. Further Considerations

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the student's child protection file.

It is important to encourage students to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for

further advice on this should consult one of the designated teachers for safeguarding children.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

## APPENDIX 4

### **BRADFORD GRAMMAR HOMELY MEDICATION POLICY**

#### **Principles of safe and appropriate handling of medicines**

##### **Handling Medicines**

**Controlled drugs** include **methylphenidate**, which under the name Ritalin is commonly used by many young people in mainstream schools.

**Administering medicines** - People should only give medicines they have been trained to give. According to the law (The Medicines Act 1968) medicines can be given by a third party, e.g. a suitably-trained care worker, to the person that they were intended for when this is strictly in accordance with the directions that the prescriber has given.

**Minor ailments and 'homely remedies'** (e.g. paracetamol) - here should be a protocol about the administration of treatments for minor ailments, and a record of what is given to whom and when. This information may indicate that a persistent problem should be referred to a GP.

**Records** - The guidance says: *'records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record'*.

**Self-administration** - The guidance says that 'Whenever possible children and adults should take responsibility for their own medicine'. An example is given of a pupil in a boarding school who suffers from asthma and needs to keep his inhaler on him for when he needs it immediately.

##### **Staff training**

Staff must be appropriately trained in the handling and use of medication, and have their competence assessed. The service provider's policy should state how frequently this should happen and when it will be reviewed and updated.

As a minimum training should cover:

- The supply, storage and disposal of medicines
- Safe administration of medicines
- Quality assurance and record-keeping
- Accountability, responsibility and confidentiality.

##### **Recording and monitoring of records**

Records should be properly completed, legible and current. They should provide a complete audit trail for all medications.

The designated person for each house should have an up to date reference of all current prescribed medication

**M**edicines brought into school should be recorded for each pupil including over the counter and complementary medicines.

## **MEDICINE POLICY**

All administration of medication is recorded by the nursing staff

### **Prescription only medication**

Frequent requests are made for the school nurse and teachers to give various forms of medicines to pupils. It is essential that such medicines are clearly labelled: younger children may forget or become confused if instructions are only given verbally.

- Only the amount required to be taken in the school day should be sent into school. The medicine should be in a suitable container, clearly labelled with the pupil's name, form, name of medication and amount and time to be given. An accompanying letter should be sent by the parent explaining reasons for medication.

### **Chronic illness**

- \* Children with chronic illness requiring regular medication, such as Asthma or Diabetes, should be encouraged, where possible to self administer them. Emergency treatment of conditions such as Anaphylactic Shock resulting from an allergic reaction may require the administration of Adrenaline. As well as the nurse, most of the staff are trained in the administration of the Epipen. Training is updated regularly. No teachers are expected to be involved in a procedure they do not feel competent to carry out.
- \* All children requiring Epipens for the administration of Adrenaline are obliged to provide them from their GP. Suitable places for storage of these is made available and the child and all staff are informed of their location.
- \* The school Asthma Policy encourages children to administer their own medications. Spare inhalers, labelled with the child's name and form, are stored in an unlocked box, alphabetically, on a shelf in the Medical Room.
- \* Those children with prolonged medical needs will have a health care plan which will be reviewed by the nurse at regular intervals and updated accordingly.

### **General information**

- \* Medications are kept in a locked cupboard in the medical room. Keys for the cupboard are kept by the school nurse. A spare set is kept by the Deputy Head.
- \* The nurse is responsible for the disposal of medications which have passed their expiry date or have been discontinued.
- \* Details of any medication given to a pupil should be entered into the medication book, which is in the medical room.

## **MEDICAL CONFIDENTIALITY**

Nurses, Doctors and the School Counsellor maintain client confidentiality in accordance with their professional codes of conduct, and fulfil an important role in allowing students, staff or parents to express a wide variety of problems, questions or emotions in complete confidence, regardless of age. However, they remain constantly aware of the family and school community. Students are strongly encouraged to talk about what is happening to them to family members and / or relevant staff in school if it is in their best interest.

If health professionals decide that they can legally justify breaking confidentiality, this is fully explained and discussed with the person concerned before any action is taken, and they are offered continued support.

If there is any information that only Health Centre staff need to know, they should be informed of this.

## **Communication**

It is essential that contact information is up to date at all times. Parents are welcome to call in to the Health Centre or contact them by telephone and email at any time.

Although we maintain confidentiality if requested, we encourage sharing information about treatment and follow up care - between the student concerned, their parents, Health Centre and relevant academic staff, and request that all parents keep us informed about events that occur during holiday periods, especially if the student needs additional support during the next term.

## **Homely medication policy**

- \* Prior consent for administration of over the counter medication to pupils, (where necessary), is obtained from parents/guardians for all children admitted to Bradford Grammar School. The nurse is qualified to give medications within this school. Teachers may administer under their guidelines (for example on a school trip). The nurse is able to accept the child's consent to give medication if they deem this appropriate and within the child's ability to meet the consent requirements (Fraser guidelines). However, teachers have a general duty to act 'in loco parentis' but they have no obligation to supervise or administer medications and may do so on a voluntary basis and only when there is appropriate permission is on file, or in the case of emergencies.

## **Treatment**

Our homely medication policy includes a few but effective over the counter medication i.e. Paracetamol, cough linctus, throat lozenges, Olbas Oil inhalation, peppermint water, gripe water (junior school) antacid (senior students only) and antihistamines. Nursing staff may also dispense Ibuprofen.

We have strict guidelines for the administration of homely medication and often contact parents if the symptoms are new or unexpected eg. hayfever with no previous record of the

condition. We always try the basic and minimum treatments first and we are very aware that sometimes physical symptoms are a sign of anxiety, especially for new first years, and appropriate contact would be made with the parents and teaching staff.