

Bradford Grammar School

First Aid Medication and Chronic Illness Policy

This policy applies to the Junior School and is published to parents, pupils and employees. Updated 30 November 2016

This policy has regard to the Department for Education Guidance: First Aid in Schools, 2014; The Education (School Premises) Regulations, 1996; Health & Safety at Work Act, 1974.

1. Introduction

This policy outlines Bradford Grammar School's (the "School") responsibility to provide adequate and appropriate first aid to pupils, employees, parents and visitors and the procedures in place to meet that responsibility.

The Head is responsible for putting the School's policy into practice and for developing detailed procedures. The Head also has a responsibility to make sure that parents are aware of the School's health and safety policy, including arrangements for first aid.

2. 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 employees with a practical and informative document.
- To ensure that first-aid provision is available at all times whilst people are on School premises, and also off the premises whilst on School visits.
- The minimum first-aid provision is: to provide a suitably stocked first-aid container; to identify an appointed person to take charge of first-aid arrangements; and to provide information for employees on first-aid arrangements. These minimum provisions must be supplemented with a risk assessment to determine any additional provision which may be required from time to time.

3. Objectives

- To provide sufficient and appropriate resources and facilities.
- To inform employees 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 and 2013.
- To provide detailed guidelines for employees involved with pupils with chronic health conditions.

4. 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 employees, pupils and visitors (including contractors).

There is a designated Health and Safety Officer.

5. Named first aiders

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

There is always a trained nurse on site and a list of first aiders can be found in the shared area in the Health and Safety file.

First aider details and locations are accessible via the School's computer system PC desktop by clicking on the icon:



- There will always be a first aider or nurse on site.
- 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. At School, the main duties of a first aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School, and when necessary to ensure that an ambulance or other professional medical help is called.
- The School will base its provision on the results of its risk assessment. If there are parts of the School where different levels of risk can be identified, the School will consider the need to make different levels of provision in different areas/departments.
- When considering how many first-aid personnel are required, the Head Teacher will also consider adequate provision for lunchtimes and breaks.
- The School acknowledges that it is good practice to: encourage lunchtime supervisors to have first-aid training; make adequate provision for leave and absences; make first-aid provision for off-site activities i.e. School trips; make adequate provision for practical departments, such as Science, Technology, Home Economics, Physical education and make adequate provision for out of hours activities e.g. sports activities and clubs.

6. 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 yearly cycle.
The School will keep a record of first aiders and certification dates.

7. First aid kit provision

- There are first-aid kits in School in main areas and departments. Employees have a responsibility to know where their department first-aid kit is kept.
- Employees must report usage to allow for restocking throughout the year.
- All high risk areas, such as science rooms, games areas, theatres, buses and play areas have immediate access to first-aid kits.
- All games employees have been allocated first-aid kits and have access to them while doing any form of activity.
- All first-aid containers must be marked with a white cross on a green background.
- The School's Appointed Person shall be the person responsible for examining the contents of first-aid containers. These will be checked frequently and restocked as soon as possible after use.
- The School acknowledges that transport Regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on board a first-aid container.

The 1996 Regulations require the School to have a suitable room that can be used for medical or dental treatment when required and for the care of pupils during School hours.

The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

8. 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 employees to alert the cleaners to assist with spillages of body fluids.
- Protective equipment is provided for the cleaners 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.
- The pupil or other person involved in the incident will be offered the appropriate assistance, assessment and referral.

9. Recording accidents and incidents

- Incident forms are available electronically in the shared area.
- Any pupil involved in an incident or accident resulting in potential injury will be seen by the nurse for assessment.
- All visits to the nurse will be recorded on the pupil's record on a daily basis. The accident statistics will be recorded and sent to SMT at least every term.
- An accident form will be completed and sent to the Health and Safety Officer if appropriate.
- Parents will be informed by phone, letter or the pupil depending on the type of injury and resulting treatment.

10. 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 will be 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; and
 - ❖ name and signature of the first aider or person dealing with the incident.

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

11. Calling an ambulance

- If possible, the pupil/person in need will be seen and assessed by the nurse or a first aider prior to requesting an ambulance.
- However, it is the responsibility of each employee 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 an employee will be alerted to guide the ambulance to the correct area of the School.
- The pupil's parents/guardians will be informed immediately.

12. RIDDOR Reporting

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 and 2013) require the School to report to the Health and Safety Executive Online www.hse.gov.uk/riddor. All injuries can be reported online but fatal and specified injuries can be reported by telephone 0845 300 99 23 Monday to Friday 08.30am – 5pm.

The School will keep a record of any reportable injury, disease or dangerous occurrence, which will include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records (as above)

13. 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. This must be followed up within 10 days with a written report.
- Other reportable accidents do not need immediate notification, but they must be reported to HSE within 10 days.

Visit www.hse.gov.uk/riddor/do-i-need-to-report.htm to check if an incident needs reporting .

The Head is responsible for ensuring that 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 assessments - reviews which 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, which are forwarded to the relevant heads of section/department and discussed with the SLT;
- re-assessment of first-aid provision;
- as part of the School's annual monitoring and evaluation cycle, any changes to employees, 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; and

- the emergency first-aid training received by other employees and organises appropriate training.

14. Support for pupils with chronic medical conditions

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

To assist employees and parents to meet the needs of pupils with chronic conditions, the School has guidelines for the following conditions:

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

The full details for each guideline are included in the appendix 1.

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 guidelines' – see appendix 2.

APPENDIX 1

EPIPEN/ANAPHYLAXIS GUIDELINE

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 employee awareness of 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 employees in the management of severe respiratory distress/anaphylaxis.

Training of School employees

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

School nurse(s) shall update all employees on medical emergency procedures 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 employees. The PowerPoint presentation used by the nurses to train the staff is available in the shared area. Employees joining throughout the year are also given training as part of their induction.

Training will include possible causes of reaction, warning signs action appropriate to symptoms and the use of Epipens.

It is the responsibility of the Teachers and Head to inform the substitute teacher who has yet to attend the Medical Emergency update of pupils in their classroom with medical problems and the location of the individual health care plans for each pupil. Each classroom has a purple folder with all relevant health information and pictures of Epipen carriers.

The Epipen policies/procedures are located in the School medical room, staff room and on the shared area.

The School Nurse will inform all employees who have a child in their class with an Epipen as soon as possible, at the start of each School year, via the medical folder in the whole school shared area online.

In the Junior School an Epipen will be kept in the Head's office, the child will have one on their person and there will be one in the Nurse's office.

Classroom teacher/specialist responsibilities

- Review any student Individual Health Care Plan (IHCP) with the School Nurse.
- Ensure that there is 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 pupil reports signs of an allergic reaction.
- Ensure familiarity with the use of an Epipen, that the teacher is 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; and
 - encourage the child to take responsibility in the dining hall.
- If a bee/wasp gets in a classroom, any pupil with this allergy must immediately remove themselves from the room.
- The School Nurse will remind parents when the Epipen is about to expire but the overall responsibility for provision of Epipens lies with the parent.

Employees' responsibilities

Encouraging pupils 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 their Epipen auto-injector is located and who has access to the medication;
- carry their own Epipen (age appropriate);
- read food labels; and
- 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 pupils with allergies will be placed in the kitchen.
- Ensure that the School Nurse can be contacted.
- Never question or hesitate to act if a pupil reports signs of an allergic reaction.
- Ensure familiarity with the use of an EpiPen.
- Read all food labels and recheck routinely for potential food allergens.
- 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

- 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 the company's individual policies.
- Inform the School Nurse of a child's allergies prior to the opening of School (or as soon as possible after a diagnosis).
- 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.
- Provide the School Nurse with medication orders from the licensed provider and EpiPen auto-injector(s) when appropriate.
- Discuss the individual health care plan with the School Nurse.
- Consider providing the child with a medical alert bracelet/card.
- Provide the School Nurse with the licensed provider's statement if a child no longer has allergies or as any change occurs and update annually. This enables the School to add or remove information from the child's records.
- Provide, and keep up to date, three EpiPens for Clock House – one for the child to carry, and two others for emergency use to keep in Clock House and Senior School.
- To provide, and keep up to date, one EpiPen in Senior School for the medical room and also one for the child to carry one on their person.

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 the School Nurse to develop an individual health plan, initiate medication orders, medication administration plans and parent/guardian authorisations for each medication received. The health card will have emergency information such as people to contact, phone numbers and doctor's details and will be in the Nurse's office. Names of pupils are also held at reception in the School's main office.

- A recent photo of any pupil with an EpiPen order will be placed on the emergency care plan.
- Information on all those with an EpiPen order, together with a photograph, will be displayed in the staff room, (unless there is parental objection to this) and in each classroom in the purple folders.

School trips – School responsibility

- The trip leader will ensure that **2 EpiPens**, per pupil with anaphylaxis, will be taken on trips/fixtures. One EpiPen will be the one carried by the child in school every day and the other will be provided by the School Nurses along with an EpiPen container with all contact numbers/information enclosed, for the trip leader to carry. It is the responsibility of the trip leader to approach the nursing employees for advice and medical support about pupils on a trip.
- The trip leader for the trip/fixture will ensure that the parent/guardian location and phones numbers are where they can be reached in the event of an emergency. This teacher will also have considered how to respond in the event of an emergency.
- A mobile 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.
- If the children are likely to be with adults other than members of staff it is sometime appropriate for them to wear a medical alert bracelet whilst on the trip. This can be decided on an individual basis.

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 the School hopes will make planning for School trips easier for everyone involved: employees, parents and, of course, the allergy sufferers themselves. If parents have any comments or would like to add their tip to the list, they should email nurse@bradfordgrammar.com. They may also like to contact the EpiPen website via email info@allergyinschools.org.uk.

Before the trip

Prepare well in advance.

Contact the Activity Centre (if appropriate) before the trip to make sure that they are aware of the child's allergy. Send them an information sheet about allergies.

Make sure the teacher organising the trip is fully aware of the 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 that the allergic child has a point of contact.

Medication/treatment protocol tips

Ensure accompanying employees are informed and feel comfortable with dealing with allergy. If they have not 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 the pupil know about their allergy.

If the pupil is in any doubt about what they are eating, they should politely but firmly refuse.

The pupil should take snacks with them in case there is something that they cannot have. The pupil should pack a few biscuits/bars etc. as it is often the puddings that are tricky. Small packets of cereals are good standbys for breakfasts.

Do not let it stop the pupil having fun!

ASPERGER SYNDROME SUPPORT GUIDELINES

The School offers support to pupils who are able to cope with the academic work but who have a diagnosis of Asperger or show tendencies. The symptoms can be varied and therefore each pupil is assessed and an individual care plan formulated with appropriate employees.

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

Understanding some of the background enables employees 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 younger than their actual age);
- impulsive when asked their 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 do not get the punch line of a 'regular' joke, but their own punch lines are not funny to others);
- difficulty with social pleasantries (when visiting someone's house they may go straight to the TV and change the channel without greeting the householder or respecting the channel they were watching);
- difficulty consoling others. If someone tells them about something that is making them sad, they 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, wearing the same thing all the time;
- difficulty judging the personal space of others (standing too close); and
- difficulty distinguishing sincerity from sarcasm (other children take terrible advantage of this).

Physical manifestations:

- hypersensitivity to any or all of the five senses;
- clumsiness;
- difficulty with balance and coordination;
- unusual posture;
- problems with gross and fine motor skills;
- sleep difficulties;
- verbosity; and
- poor personal hygiene (possibly sensitivity to grooming products and an inability to see how others perceive them).

Cognitive characteristics:

- confusion 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; and
- do not adjust well to changes in plans, routines or surroundings (they do not like change and do not like surprises).

Basic information for employees 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 the pupil is 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 employees/pupils/instructions if unclear to them;
- reassurance and repetition of requests may be needed; and
- their interactions with peers may be alter during the trip.

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

ASTHMA GUIDELINES

The School:

- recognises 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;
- recognises 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 employees (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; and
- will work in partnership with all interested parties including the School's governing body, all School employees, 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. This is kept in the Head's office 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 parent's/carer's responsibility to replace out of date inhalers. However, the nurses will try to ensure reminders are sent out each term as appropriate.

School employees are not required to administer asthma medicines to pupils (except in an emergency), however many of the employees at the School are happy to do this. School employees who agree to administer medicines are insured by the School. All School employees will let pupils take their own medicines when they need to.

All parents/carers of children with asthma are sent a letter requesting a spare inhaler and their condition is recorded on SIMS under "medical conditions".

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 medical lists.
- 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 teachers 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 employees 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 that 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 employees who come into contact with pupils with asthma know what to do in the event of an asthma attack. All staff are updated annually in September by the School nurses.
- The PowerPoint presentation used by the nurses to train the staff is available in the shared area. Employees joining throughout the year are also given training as part of their induction.

Head teachers and principals

Head teachers and principals have a responsibility to:

- ensure School asthma guidance is in place to support employees;
- ensure the School's asthma guidance is in line with national guidance;
- liaise between interested parties – School employees, School nurses, parents/carers, governors, the School health service and pupils;
- ensure that the plan is put into action, with good communication of the guidance to everyone
- ensure that the guidance is maintained;
- working with the HR Manager and Health and Safety Officer assess the training and development needs of employees and arrange for them to be met;
- ensure that the Nurses check and maintain the medical lists in the medical folders, staff shared area;
- regularly monitor the policy and how well it is working.

School employees

All School employees have a responsibility to:

- understand the School asthma guidance;
- 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 that pupils have their asthma medicines with them when they go on a School trip or out of the classroom;
- ensure that 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; and
- liaise with parents/carers, the School Nurse and special educational needs the Learning Support 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 that 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; and
- ensure that pupils with asthma always warm up and down thoroughly.

School nurses

School nurses have a responsibility to:

- help plan/update the School asthma guidance and register, and to check the expiry date on spare relievers/inhalers;
- if the School Nurse has an asthma qualification it can be their responsibility to provide regular training for School employees in managing asthma;
- provide information about where the School can get training if it is not able to provide specialist training itself; and
- School nurses in the School hold responsibilities in the management and monitoring of pupils' asthma .

GUIDELINES 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:

- 'The Chief Medical Officer's Working Report on CFS/M.E.';
- NICE Guidelines on CFS/ME;
- RCPCH Guidance on CFS/ME; and
- 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 for personal and professional support.

The 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 three recommended strategies in the CMO report as being potentially helpful in managing the illness. The best guidelines 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 an individual is 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.

Do not 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 Head, Form Teacher and Pastoral Lead 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 employees.
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 two 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 two weeks and if the child has achieved the time table five out of seven 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 two 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 every two weeks. 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

The overall aim is to control the symptoms.

There are some very good leaflets about 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 the child's 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 the situation should be discussed with the child's GP or consultant as many people with CFS/ME find household medication has no impact on pain. Others are sensitive to medication and cannot take any;
- activities – ideally these should be paced – see appropriate leaflet and discuss with the Nurse;
- limit activities on a good day; if the 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 lean back when travelling and be supported; and
- avoid excessive stress or upset – however, maintain normal boundaries as much as possible, but household chores will need to be limited and planned into the 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 darkened quiet room (different to the bedroom if possible)
- If the child finds 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 five out of seven days.

The others will be introduced when they are 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 two weeks- longer if possible.

DIABETES GUIDELINES

The School:

- recognises that diabetes is a life long condition and offers pupils support to fulfil 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;
- recognises 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 School Nurses inform all employees who come into contact with pupils with diabetes know what to do in a hypo attack; and
- will work in partnership with all interested parties including the School's Governing Body, all School employees, School nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the guidance 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 medical lists.
- Pupils with diabetes are encouraged to participate fully in all PE lessons. Emergency 'hypo boxes' are kept in the Nurse's room.

Hypoglycaemic attacks

- All Employees 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 Diabetes Pack*.

School employees

All School employees have a responsibility to:

- understand the guidance on diabetes;
- know which pupils they come into contact with have diabetes via the medical lists in the medical folder, Staff Shared area and in the purple folders in each classroom;
- know what to do and how to recognise a 'hypo' attack;
- call the Nurse if there are any concerns;
- tell parents/carers if their child has had an attack;
- ensure that pupils have their glucose/insulin with them when they go on a School trip;
- ensure that pupils who have been unwell catch up on missed School work; and
- 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 to plan/update the School diabetes guidance; and
- support colleagues and the needs of each pupil.

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

EPILEPSY GUIDELINES

The School:

- recognises that epilepsy is a lifelong condition and offers pupils support to fulfil 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;
- recognises 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 School Nurses communicate to all employees who come into contact with pupils have an understanding about their needs; and
- will work in partnership with all interested parties including the School's Governing Body, all School employees, School nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the guidance is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the School is provided with any necessary equipment to support the pupil 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 medical lists.
- 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 employees who come into contact with pupils with epilepsy are informed (by the Nurses) about what to do in the event of a seizure.

School employees

All School employees has a responsibility to:

- understand the School guidance;
- know which pupils they come into contact with who have epilepsy;
- know what to do and how to recognise a seizure;
- tell parents/carers if their child has had an episode;
- ensure pupils who have been unwell catch up on missed School work; and
- 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 to plan/update the School epilepsy guidance.
- support colleagues and the needs of pupils.

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

SELF-HARM GUIDELINES

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 employees can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm.

2. Scope

This document describes the School's approach to self-harm. This guidance is intended as guidance for all employees including non-teaching employees and Governors.

3. Aims

- To increase understanding and awareness of self-harm.
- To alert employees to warning signs and risk factors.
- To provide support to employees dealing with pupils who self-harm.
- To provide support to pupils 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;
- e-drug use/smoking; and
- other risk taking.

5. Risk factors

The risk factors set out below, 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; and
- drug or alcohol abuse.

Family factors:

- unreasonable expectations;
- neglect or physical, sexual or emotional abuse;
- poor parental relationships and arguments; and
- depression, self-harm or suicide in the family.

Social factors:

- difficulty in making relationships/loneliness; and
- being bullied or rejected by peers.

6. Warning signs

School employees may become aware of warning signs which indicate that a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and employees 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. the pupil 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; and
- changes in clothing e.g. becoming a Goth.

7. Employees' roles in working with students who self-harm

Any action taken to support a pupil who is suspected of self-harming must be consistent with the Child Protection Policy. Pupils may choose to confide in a School employee if they are concerned about their own welfare, or that of a peer. School employees may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a School employee is showing a considerable amount of courage and trust.

Pupils need to be made aware that it may not be possible for employees to offer complete confidentiality. **If an employee considers that a pupil 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 pupil puts pressure on an employee to do so.

Any employee who is aware of a pupil 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; and**
- **if employees are concerned or suspect that the pupil has taken any harmful substance e.g. overdose of painkillers, drugs or alcohol, they must call 999.**

8. Further considerations

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

- dates and times;
- an action plan;
- concerns raised; and
- details of anyone else who has been informed.

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

It is important to encourage pupils to let the employees (a teacher they can confide in for example) 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 dangerous and that by seeking help and advice for a friend they are taking responsible action and 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 an employee either individually or in a small group. Any employee 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 pupils in the same peer group are harming themselves.

APPENDIX 2

THE SCHOOL'S HOMELY MEDICATION GUIDELINES

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 - Employees 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) - there 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 their inhaler on them for when they need it immediately.

Training

The school nurses administer any medication in the day and are 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; and
- 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.

Medicines brought into School should be recorded for each pupil, including over the counter and complementary medicines.

MEDICINE GUIDELINES

All administration of medication is recorded by the nursing employees

Prescription only medication

Frequent requests are made for the School Nurse and employees 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 the medication. 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 employees are trained in the administration of the Epipen. Training is updated regularly. No teachers are expected to be involved in a procedure that 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 are made available and the pupil and all employees are informed of their location.
- The School Asthma Guidelines encourages pupils to administer their own medications. Spare inhalers, labelled with the pupil's name and form, are stored on an unlocked shelf, in the Head's office.
- Those pupils 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 Senior School 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 pupils, employees 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. Pupils are strongly encouraged to talk about what is happening to them to family members and/or relevant employees in School if it is in their best interests.

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 the School Nurses by telephone and email at any time.

Although the School maintains confidentiality if requested, it encourages sharing information about treatment and follow up care - between the pupil concerned, their parents, Health Centre and relevant academic employees, and request that all parents keep us informed about events that occur during holiday periods, especially if the pupil needs additional support during the next term.

Homely medication guidelines

Prior consent for administration of over the counter medication to pupils, (where necessary), is obtained from parents/guardians for all pupils admitted to the School. The Nurse is qualified to give medications within the School. Teachers may administer under their guidelines (for example on a School trip). The Nurse is able to accept the pupil's consent to give medication if they deem this appropriate and within the pupil's ability to meet the consent requirements (Fraser guidelines). However, teachers have a general duty to provide an enhanced duty of care, 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 on file, or in the case of emergencies.

Treatment

The School's homely medication guidelines 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 pupils only) and antihistamines). Nursing employees may also dispense Ibuprofen.

The School has strict guidelines for the administration of homely medication and often contacts parents if the symptoms are new or unexpected (e.g. hay fever with no previous record of the condition). The School always tries the basic and minimum treatments first and is very aware that sometimes physical symptoms are a sign of anxiety, especially for new pupils, and that appropriate contact should be made with the parents and teachers.