Al-Khair Secondary Schools'

First Aid Policy

Approved by:	Qasim Rashid	**Date:** 20-9-19
Last reviewed on:	19th Sept 2019	By Aisha Chaudhry
Next review due by:	September 2020 by GB	

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees

- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed first aiders are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on SIMs on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names are also displayed prominently around the school.

3.4 The head teacher

The head teacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of first aiders are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports on SIMs for all incidents they attend to where a first aider is not called
- Informing the head teacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, one of the school admin team will contact parents immediately
- The member of staff or first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A staff (lead) mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

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

4.3 Head Injuries

In the event of a head injury, the following precautions must be taken:

- **Alert -** Is the person alert?

Question him/her:

• Can you open your eyes?

• Can you explain to me what happened?

If there is no response to either question immediately call 999 or 111 for medical assistance.

- **Ask** - If the person is alert, ask him/her:

• Do you have a severe headache?

• Do you feel like you may vomit?

• Do you have difficulty staying awake?

If the answer is yes to any of these questions or if the person has any symptoms that concern you, seek medical assistance or call 999 or 111.

- **Aid-** All head injuries should be evaluated by an appropriate healthcare professional. A hit on the head can cause a brain injury.

• Brain injuries can range from mild (mild concussion) to severe (coma).

• Symptoms may appear hours or days later.

After a brain injury, the person should rest and not engage in any activities requiring a lot of concentration or physical activity until symptom free.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room(s)
- Admin office
- Science lab
- School's minivan

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form on SIMs will be completed by the member of staff dealing with the incident on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form.
- Records held in SIMs will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Reporting to the HSE

The school business manager will keep a record (on SIMs) of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The school business manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

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

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

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

6.3 Notifying parents

The admin team will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

6.4 Reporting to Ofsted and child protection agencies

The head teacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The head teacher will also notify the child protection agencies:

Local authority designated officer (LADO)	Steve Hall – senior officer Jane Parr	02082552889 LADO@croydon.gov.uk
Single Point of Contact (SPOC) for Early Help and Children's Social Care	Urgent child protection matters (Mon to Fri 9am-5pm) Consultation/ advice line (anonymous) Out of hours line	0208 255 2888 0208 726 6464 0208 726 6400 childreferrals@croydon.gov.uk **secure:** childreferrals@croydon.gcsx.gov.uk

7. Training

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

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

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

At all times, at least 1 staff member will have a current pediatric first aid (PFA) certificate and is updated at least every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the head teacher every year.

At every review, the policy will be approved by the proprietor and governing body (when applicable).

Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Child protection & safeguarding policy

Appendix 1: list of first aiders

Staff member's name	Role	Contact details
Mr Tahir Chaudhry	Head of Arabic	abutalhah@alkhairschool.org.uk
Ms Fatima Bukhari	Administrator	fatima.bukhari@alkhairschool.org.uk
Ms Jamila Omar	Teacher	jamila.omar@alkhairschool.org.uk
Ms Aziza Helaly	Head of Science	aziza.helaly@alkhairschool.org.uk
Ms Nora Omar	Head of Maths	nora.omar@alkhairschool.org.uk
Ms Rifka Lodhi	Teacher	rifka.lodhi@alkhairschool.org.uk
Ms Jamila Elwahabi	Teacher	jamila.elwahabi@alkhairschool.org.uk
Ms Houda Benhabiles	Teacher	houda.benhabiles@alkhairschool.org.uk
Mr Asim Nazir	School Business Manager	asim.nazir@alkhairschool.org.uk
Ms Aliya Ali	EC lead & Learning Mentor	aliya.ali@alkhairschool.org.uk
Ms Samia Arooj	Assistant to the head & Examination Officer	samia.arooj@alkhairschool.org.uk
Mr Ridvan Hoxha	Caretaker	ridvan.hoxha@alkhairschool.org.uk

Appendix 2: Pupil sickness protocol

1. Introduction

This policy outlines procedures to be followed in the event of a pupil illness. As illnesses are diverse in nature it will not cover all eventualities. It also does not cover children with a known medical condition, who have a logged care plan with the school.

The purpose of this policy is to:-

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- To protect children and adults from preventable infections
- To enable staff and parents to be clear about the requirements and procedures when children are unwell
- To give guidance to parents and carers so they understand the recommended time scales for keeping children off school in case of a common illness

2. Parental Duty of Care

Making sure a child attends school regularly is the legal responsibility of the parent/guardian. It is also crucial the child's education and future. Full attendance enables a child to make the most of their education. Children who miss days at school risk not understanding classes and not making expected progress. By law, only the school can authorise your child's absence. It's important to keep the school informed if your child is going to be absent because they are ill.

3. Absence reporting procedure

There is a clear process for you to follow to inform the school that your child may not be attending because they are ill:

1. The parent/carer must send an email or telephone the school between 8.00 am and 8:40 to inform the school that their child is absent and the cause of the absence. The school will ask for the nature of the illness (in the case of sickness/diarrhoea, the checklist in Appendix A will be used) and the expected duration of the absence. The administrator will give guidance on the recommended length of absence if appropriate.
2. Parents coming into school to drop off siblings of the sick child must inform the office of the absence as well as the respective teacher.
3. If the school does not receive a phone call, within the above timeframes, from a parent/ guardian, the school will send a text home to ascertain the child's whereabouts and

reason for absence. If the school can't contact the parent at home, school will contact emergency contacts until the whereabouts of the child and their well-being can be confirmed. This is part of our safeguarding procedures.

4. Decisions regarding attendance or absence

Common sense is the best guide when deciding whether or not to send your child to school. Ask yourself:-

- Is your child well enough to join in the varied activities of the school day? (The school cannot always offer to supervise your child if you do not think they can go outside at playtimes.) If not keep your child at home.
- Does your child have a condition that can be passed on to other children or staff? If so, keep your child at home.
- Would you take a day off work if you had this condition? If so, keep your child at home.

5. Common Conditions

Most conditions can be classified as one of a few minor health conditions. Whether or not you send your child to school will depend how serious you judge the illness to be. This guidance can help you make that judgement.

Coughs and Colds – a child with a minor cold or cough may attend school. If the cold is accompanied by shivers, drowsiness or a fever please keep your child away from school until the symptoms have been reduced and your child feels well enough to join in with a normal school day – usually 24 to 48 hrs. If your child has a severe cough it is best to consult your GP, who can provide guidance as to whether the child should stay at home. A severe cough can be debilitating for the child, interrupt lessons and your child will not be at their best.

Raised temperature – if your child has a raised temperature they should not attend school until the temperature has returned to normal and they are feeling better.

Rash – rashes can be the first sign of many infections such as chicken pox and measles. Children with these conditions should not attend school. If your child has a rash, check with your GP or nurse before sending them to school.

Headaches – a child with a minor headache does not normally need to be kept off school. If the headache is accompanied by a fever or rash, then keep your child off school and consult your GP.

Vomiting and diarrhoea - Children can be sick for many reasons – eating too many sweets and fizzy pop, eating a food which disagrees with them; you know your child and whether any of the

above have caused the sickness. Some children also have specific intolerances to certain foods; they may be sick or have diarrhoea but are then well once the offending food has left their system. If you can be sure that any of the above are the reason for the vomiting then the child may return to school once they feel well – after 24 hrs.

Vomiting can also be caused by a viral condition. It is this form of sickness that concerns us most as we do not want other children to be infected and viral conditions can spread through a school quickly. If you cannot identify a reason for your child's sickness or if other members of the family have been ill or the sickness is accompanied by a fever, listlessness, a temperature and a general feeling of being unwell, you must not send your child to school for 48 hrs following the last incident of vomiting or diarrhoea. Some children recover very quickly and may appear to be well after 24 hrs but if the vomiting was not clearly linked to overeating or type of food eaten you must keep your child away from school for the full 48 hrs just in case they are still carrying a virus.

If you return your child to school before the 48 hrs and the cause of the vomiting is suspected to be viral, the school will ask you to take your child home for another day even if they appear well.

Sore throat – a child with a sore throat alone does not have to be kept from school. If your child is ill with it, the child should stay at home. A sore throat is often a precursor to a cold. If your child has not been their normal self at home but is not showing signs of illness when brought to school, parents should mention this to staff and ensure that the contact details are correct and that they are obtainable.

6. How Long Should a Child Remain at Home?

To minimise the risk of transmission of infection to other children, and staff, the following guidelines are suggested:

Disease/Illness	Minimal Exclusion Period
Chicken pox and shingles	5 days after the onset of the rash. Immunocompromised children/adults – should take separate advice from their GP
Conjunctivitis	A child should stay away if the eye is discharging until treated for 24 hrs and/or eyes appear normal again.
Diarrhoea & vomiting	Until there has been no diarrhoea or vomiting for 48 hrs
German measles – rubella	5 days from the onset of the rash and until the child feels well.

Head Lice	No exclusion but please treat immediately and inform school
Impetigo	Once the spots have crusted over or healed or 48 hours of antibiotics and the child feels well
Mumps	7 days from the onset of swollen glands and the child feels well.
Scabies	Child may return to school the day after treatment

7. What will the school do if a child is ill in school?

If a child complains of feeling unwell the staff will initially monitor their condition and keep them comfortable depending on their symptoms. Sometimes drinking water, getting some fresh air, sitting quietly for 10 minutes settles the child and they may recover.

If a child is still feeling unwell they will be seen by a First Aider, all our teaching staff are qualified in First Aid and if a decision is made to send a child home the parents/carers will be contacted. In the meantime, the child will be kept as comfortable as possible until a parent arrives.

If the member of staff considers the illness/situation to warrant immediate medical attention, they will report to the Head teacher who will contact emergency services or take the child directly to the hospital and the carer or parent will be notified accordingly.

8. Collecting a sick child from school

The school administrator or teacher will describe the child's symptoms, any treatment given and direct the parent to this policy on the school website before bringing the child back to school.

If a child returns to school and staff feel that the child is still unwell we reserve the right to either ask the parent to take the child home or contact the parent to collect the child.

9. Administering Medicines in school

On the rare occasions that children need medication during the school day a written parental consent form needs to be completed which is available online. As a general rule: The school will only administer prescribed medicines that cannot be given outside the school day. For antibiotics that need to be given 3 times a day – these can be given before school, after school and at bedtime so there would be no need for staff to administer the medicine in school.

The school will not, under any circumstances, administer any Paracetamol or Ibuprofen products such as Calpol. If your child needs such medicines administered during the School day, then they are probably not well enough to attend school. We do understand however that there may be

exceptional circumstances where a child may need pain relief in school time. In these exceptional circumstances, agreement to administer Paracetamol or Ibrufen products must be sought in advance from the Headteacher. In these circumstances it will be expected that the parent/carer will come into school to administer the medicine. The school will not accept a third party administering medicines to a child e.g. a friend of the parent.

If your child suffers from asthma you must provide the school with the child's prescribed inhaler. Children are not permitted to carry any medicines around school with them.

If your child has any severe allergies such as an allergy to nuts or fish and your doctor has prescribed an epipen for emergencies, you must supply the school with 2 epipens. These will be retained by the school for emergencies.

10. References

This policy has been prepared in conjunction with the Government recommendations for **Health protection in schools and other childcare facilities which can be found at:**

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Appendix 3. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles he should inform her GP and antenatal care immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, he should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.

Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC **Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)**	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those

		being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days after starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical

		waste as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, especially handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Appendix 4: Asthma Protocol

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, PE, science, educational visits and out of hours 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
- Endeavours that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- Ensures that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack .Training is updated annually.

Asthma medicines

Immediate access to reliever medicines is essential. The reliever inhalers of all children are kept in the school office.

All inhalers must be labelled with the child's name by the parent/carer and be presented in the original packaging. It is the parent's responsibility to ensure the reliever inhaler is in date, also to inform the school if their child is likely to need their reliever more often at certain times of year e.g. if they have a cold or hay fever. All children should be supplied with a spacer by their parent/carer for use in emergencies as per the recommendations set by WSCC Senior H&S Officer. The school will ensure a spare spacer is purchased for emergency use. If used, this spacer should be given to the child and replaced as they should not be shared.

Inhalers and spacers will be sent home periodically for parents to check and clean, but parents must ensure that they are returned for the beginning of the next school day. Parents are welcome to collect them from the school for cleaning whenever they want to. If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form (reverse side 'For Office Use' box). Further conversations may be appropriate, at the discretion of the school.
- If the parent/carer fails to supply the inhaler as requested, write to the parent using the example letter. This repeats the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable
- to follow the usual Asthma Emergency inhaler procedures and will be reliant on calling 999 and awaiting the Emergency Services. The letter will be filed with the child's asthma information form.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (Including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and down.

When a child is falling behind in lessons

If a child is missing a lot of time from school or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents/carers. If appropriate the teacher will then talk to the school nurse and special educational needs co-ordinator about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

School Environment

The school endeavours to ensure that the school environment is favourable to pupils with asthma. The school will take into consideration, any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers. Occasionally we do have visiting animals and in Reception eggs are hatched and the chicks looked after onsite for a number of weeks, if you think this may be a problem for your child; please ensure that you let us know. On school trips the teacher or another responsible adult will carry the inhaler for the child and a First Aider will always be available.

Out of School Hours

A register of children attending any after school or out of school clubs will be taken and passed onto the relevant member in charge of the group. A First Aider is always on site for any out of school activities/clubs. Children who take part in after school activities will have access to their reliever inhaler at all times under the guidance of the member in charge of the group. Reliever inhalers will be accessible but safely out of reach of other children.

Asthma Attacks – School's Procedure

A CHILD IS HAVING AN ASTHMA ATTACK IF:

- Their reliever inhaler (usually blue) isn't helping, and/or
- They can't talk or walk easily and/or
- They're breathing hard and fast and/or
- They're coughing or wheezing a lot and/or
- They may also complain of a tummy ache.

THE FOUR SIMPLE STEPS TO TAKE NOW

1. Help them to sit up straight and stay calm
2. Help them take a puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs
3. Call 999 for an ambulance and call their parents if:
    a. their symptoms get worse while they're using their inhaler
    b. they don't feel better after 10 puffs
    c. You're worried at any time, even if they haven't yet taken 10 puffs.
4. While you wait for the ambulance, reassure the child. Repeat step 2 if the ambulance takes longer than 15 minutes.

Always call 999 immediately if you don't have a reliever inhaler with you.
The child's written Asthma Plan should be sent with the child if they go to hospital. If the child does not go to hospital their parents will be informed that they have had an asthma attack and have responded to their reliever. They will be advised to make an urgent same day appointment with their GP.

<u>After the attack</u>
Minor attacks should not interrupt a child's involvement in school.
When they feel better they can return to school activities. The child's parents/carers must be told about the attack.

We will provide equal opportunities for all pupils whatever their age, gender, ethnicity, attainment and background.

Dear Parent/Carer

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME …… Age …… Class ……

1. Does your child need an inhaler in school? Yes/No

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

……

……

3. What triggers your child's asthma?

……..

Inhalers must be clearly labelled with your child's name, be supplied in the original packaging from the pharmacy and must be replaced before they reach their expiry date.

The school requests children to be provided with a spacer for emergency use in school.

I agree to ensure that my child has in-date inhalers and a spacer in school.

Signed:…… Date……
I am the person with parental responsibility

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

……

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

1. Help them to sit up straight and stay calm
2. Help them take a puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs
3. Call 999 for an ambulance and call their parent if:
    a. their symptoms get worse while they're using their inhaler
    b. they don't feel better after 10 puffs
    c. You're worried at any time, even if they haven't yet taken 10 puffs.
4. While you wait for the ambulance, reassure your child. Repeat step 2 if the ambulance takes longer than 15 minutes.

Always call 999 immediately if the child does not have a reliever inhaler in school.

Yes / No

IMPORTANT - If you have responded "No" please give instructions below for staff to follow

……

……

……

……

Signed:…… Date……
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.
We suggest that spacers need to be taken home every 4 weeks to be cleaned, especially if they are used regularly.
Thank you

Parental Update (only to be completed if your child no longer has asthma) My child ……. no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed *I am the person with parental responsibility*	Date

For office use:

	Provided by parent (Yes/No)	Location (delete as appropriate)	Expiry date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
Inhaler		In office/first aid room(B)			
Inhaler		In office/first aid room(G)			
Spacer (if required)		In office/first aid room (B)			
Spacer (if required)		In office/first aid room (G)			
Record any further follow up with the parent/carer:					

Appendix 5: Administering Medicines policy and protocol

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Head will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Aisha Chaudhry

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

The head have ultimate responsibility to make arrangements to support pupils with medical conditions. They will ensure that sufficient staff have received suitable training and are competent before they are responsible

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

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

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

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

3.4 Parents

Parents will:

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

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

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

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

4. Equal opportunities

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

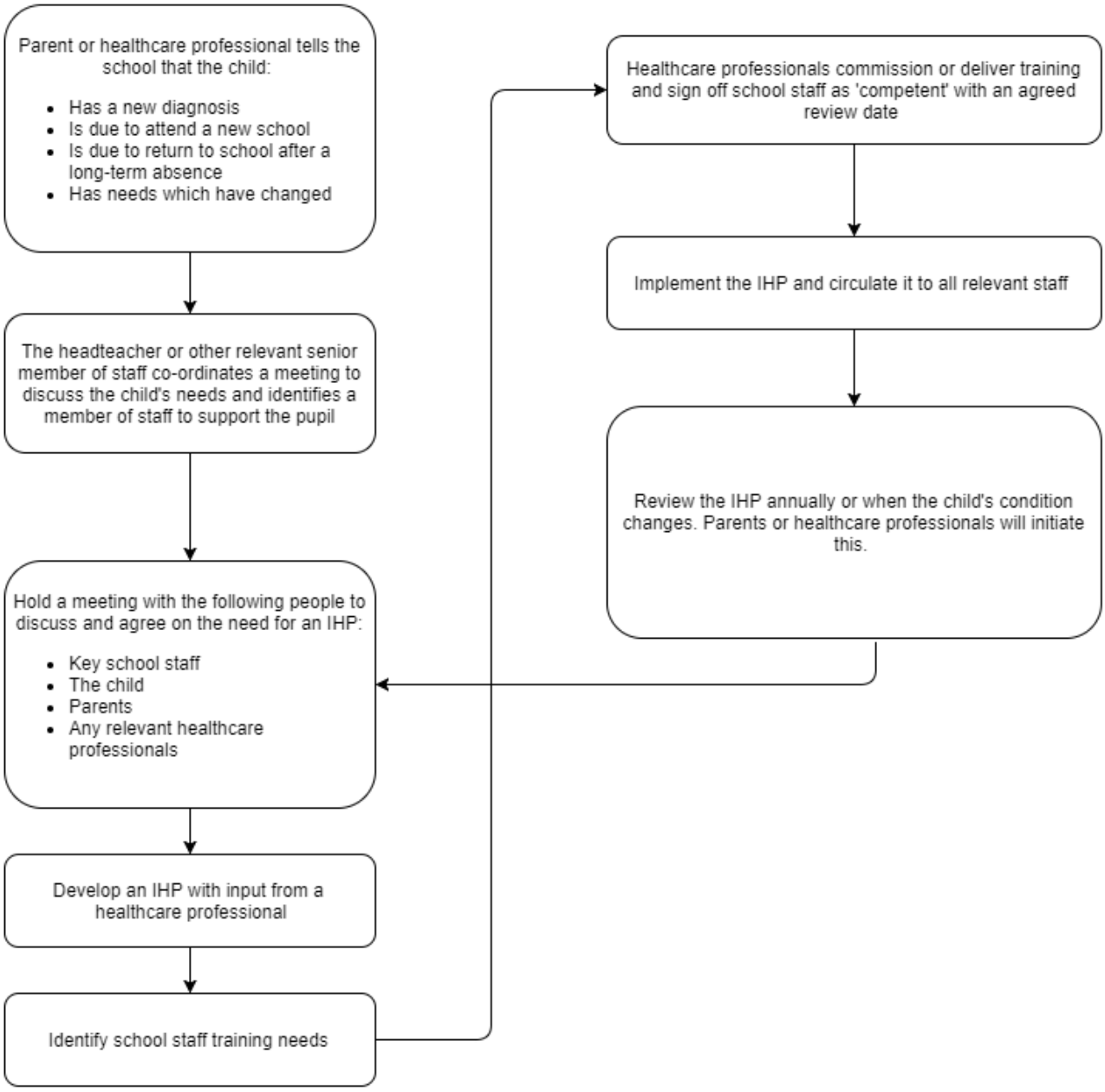
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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

5. Being notified that a child has a medical condition

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

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



6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Ms Aisha Chaudhry (head teacher) & Ms Aliya Ali (learning mentor)

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

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

- What needs to be done
- When
- By whom

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

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

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

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

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

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

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

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

The school will only accept prescribed medicines that are:

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

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

7.1 Controlled drugs

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

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

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

7.2 Pupils managing their own needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

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

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

9. Training

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

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

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Proprietor and governing body (when applicable). Training will be kept up to date.

Training will:

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

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

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

10. Record keeping

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

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

11. Liability and indemnity

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

The details of the school's insurance policy are:

Ecclesiastical Services ltd

12. Complaints

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

13. Monitoring arrangements

This policy will be reviewed and approved annually by the proprietor and governing body (when applicable).

Consent Form to Administer Medicines

The school staff will not give any medication unless this form is completed and signed.

- I request and authorise that my child *be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		**Date of Birth**	
Address **Daytime Tel no(s)**			
School Site			
Class/Form Group			
Name of Medicine:			
Special precautions e.g. take after eating			
Has your child previously taken this medication?			
Are there any side effects that the school needs to know about?			
Time of Dose		**Dose Amount**	
Start Date		**Finish Date**	

- This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

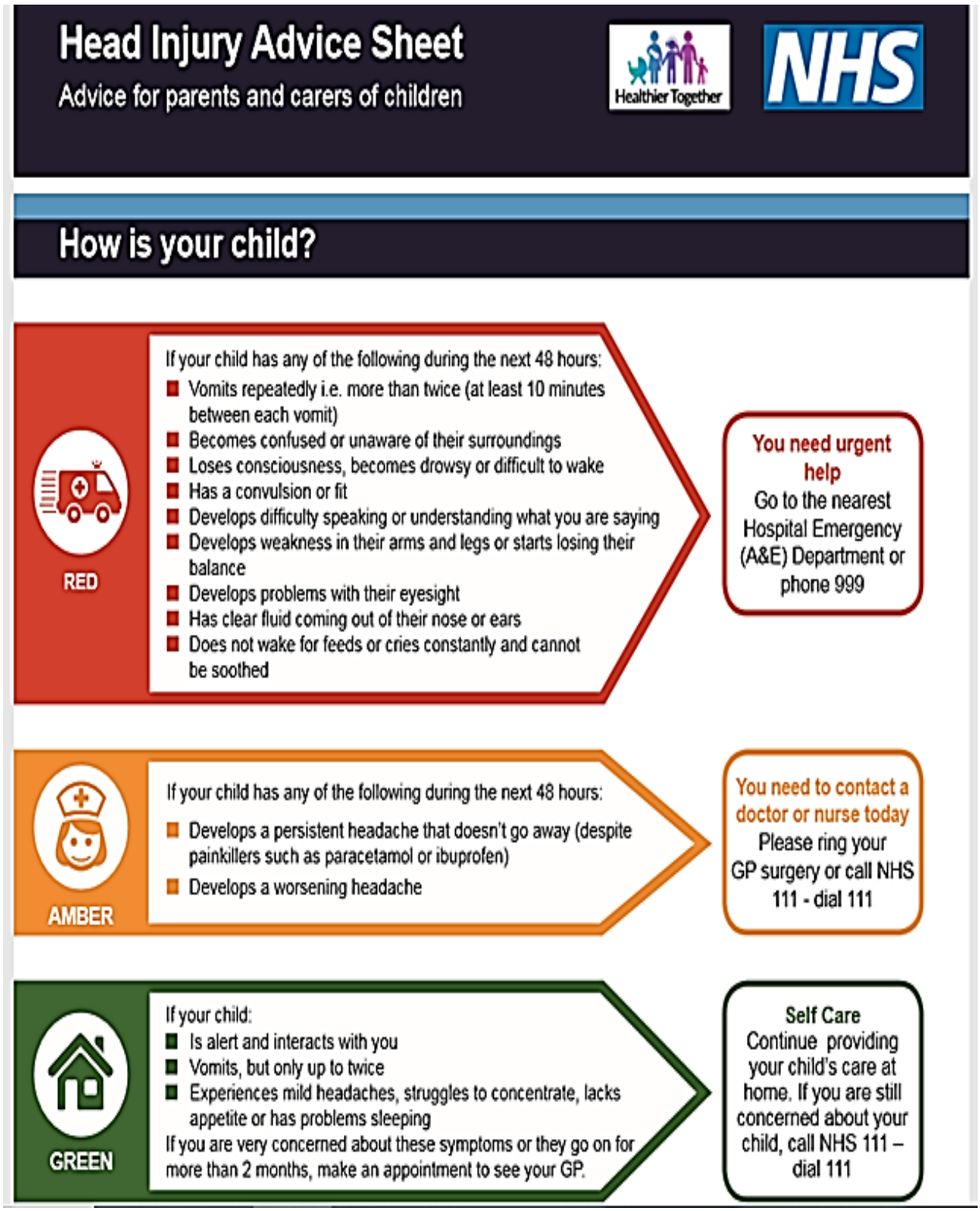
Name of medical professional:	
Contact telephone number:	

I confirm that:

- Yes, It is necessary to give this medication during the school/setting day
- Yes, I agree to collect it at the end of the **day/week/half term** (select as appropriate)
- Yes, this medicine has been given without adverse effect in the past.
- Yes, the medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

Signed (parent/carer)	
Date	

Appendix 6: how to deal with head injury



How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz

Football: goo.gl/zAgbMx