Egerton Rothesay School

Supporting Pupils with Medical Needs

Egerton Rothesay School (ERS) aims to provide a safe and secure environment for all its pupils, staff and visitors and is welcoming and supportive of pupils with medical needs.

The following document contains policies and procedures relating to the arrangements in place at ERS for supporting pupils with medical needs and for the provision of first aid.

Confidentiality
The head and all staff will treat medical information confidentially. Please see the school's Data Protection Policy for information on how the school processes personal data.

Responsibilities
The Deputy Head is responsible for the implementation of these policies and for ensuring they are reviewed at the appropriate time.

The school has an appointed Medical Officer who is responsible for overseeing the organisation of medical support and first aid within the school. The Medical Officer reports to the Deputy Head.

Liability and Indemnity
The governing body ensure that when school staff are supporting pupils with medical conditions they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Complaints
All complaints should be raised with the school in the first instance. Please see the school's complaints policy for details of how to make a formal complaint.

These policies will be reviewed annually.

Policy approved by: Alison Walker (on behalf of Governing Body) Date: December 2023 Next Review: November 2024

1 - Supporting Pupils with Medical Needs Policy

Introduction

Egerton Rothesay School (ERS) is welcoming and supportive of pupils with medical needs.

ERS wishes to ensure that pupils with medical conditions receive appropriate care and support at school in order to provide them with the same opportunities and access to activities as other pupils. All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows.

This policy has been developed in line with the Department for Education's statutory guidance released in April 2014, updated 16 August 2017 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and families Act 2014. The statutory duty came into force on 1st September 2014
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and make all efforts to comply.

For pupils who have Education, Health and Care plans which include medical conditions, this policy ensures compliance with the SEND code of practice: 0 to 25 years (statutory guidance to part 3 of the Children and Families Act 2014).

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Key Roles and Responsibilities

The Admissions, SEN and Medical teams are responsible for ensuring arrangements are in place to support pupils with medical conditions when they join ERS and during prospective pupil visits

The Governors and Head are responsible for:
Ensuring all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/sporting activities, remain healthy and achieve their academic potential.

- Ensuring the policy is developed collaboratively across other agencies/services, clearly identifying roles and responsibilities and overseeing implementation of the policy and compliance with the policy
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to: ethnicity/national/origin/religion or belief/sex/gender reassignment/pregnancy/disability/ or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that sufficient numbers of staff will have responsibility to support pupils with medical conditions and those staff members will receive relevant training to enable them to feel competent to fulfil these responsibilities. Staff will be given access to information/resources and materials to support them in fulfilling these responsibilities.
- Ensuring more than one staff member is identified to cover medical responsibilities in case of absences and emergencies.
- Ensure enough trained staff are available to implement the policy and deliver Individual Health Care Plans (IHCPs) in normal, contingency and emergency situations.
- Ensuring the level of insurance in place reflects the level of risk and is in place for staff who support pupils in line with school policy.

- Where necessary, facilitating the recruitment of staff for the purpose of implementing this policy and assigning appropriate accommodation for medical treatment/care.
- Ensuring the provision of equipment/supplies necessary to support the medical needs of pupils and staff, including additional Adrenaline Auto Injectors, Salbutamol inhalers and a defibrillator for use in an emergency.
- Ensuring confidentiality and data protection.
- Handling complaints relating to this policy as outlined in the school's complaints policy

The Medical Team are responsible for:

- The day to day implementation and management of supporting pupils with medical needs and procedures at ERS.
- Ensuring written records are kept of all and any medicines administered to pupils (see Medication policy)
- Developing IHCPs and PCPs in anticipation of a child with a medical condition or personal care need starting or visiting the school.
- Updating and reviewing IHCPs, PCPs or MHSPs for children at school with a medical or personal care need or mental health need and ensuring this is updated as and when advised by parents/health professional and reviewed yearly or as specified in the plan and distributed to relevant staff members.
- Identifying staff who need to be aware of a child's medication/or medical condition
- Liaising with healthcare professionals regarding training required.
- Liaising with medical professionals and parents in the case of any child who has or develops an identified medical condition.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- Notifying the parents/carers when a child has been identified as requiring support in school due to a medical condition.
- Advising the Head in identifying training needs and providers of training.
- Supporting staff to implement the IHCP or PCP and participate in regular reviews.
- Notify the parents or carers if a child has needed emergency support as detailed in their IHCP
- Following data protection guidance and ensuring confidentiality (except where relevant staff need to know).

Staff Members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions.

Parents and carers are responsible for:

Keeping the school informed about any new medical condition or changes to their child's/children's health or ability to self-manage. This includes changes to medication.

- Agreeing and updating when necessary the support plan instigated by the school, including completing the parental consent form to administer medication at school before the medicine is brought into school.
- Ensuring all medication is in date and replaced before the expiry date, that the school has enough medication to administer as outlined in the plan and to collect the medication at the end of the year/term or when no longer required.
- Carrying out actions assigned to them in the IHCP with particular emphasis on their self or second contact being contactable at all times.

Pupils are responsible for:

- Complying with the IHCP and self-managing their medication or health needs including carrying medication/devices (such as inhalers and adrenaline auto injectors), if judged competent to do so by a healthcare professional and agreed by parents.
- Providing information on how their medical condition affects them, if they are able to.
- contributing to their IHCP when appropriate.

Health Plans

ERS have specific plans for managing conditions that may need assistance or support at school, these include:

- **IHCP – Individual Health Care Plans** – for any pupil with a medical condition that may require support and or medication while at school. These are also used for short term medication administration if necessary during the school day.
- **MHSP – Mental Health Support Plan** – for pupils that have a diagnosed mental health need and require personalised support and or strategies to enable them to access lessons.
- **PCP – Personal Care Plan** for pupils that have a personal care need that may need staff support or assistance. (see intimate care and toileting policy).
- **Emergency Contact & Medical form –** Sent to all parents to ensure emergency contacts are correct, and to highlight any medical/mental health/dietary need that may need a plan above.

Other plans available are:

- **PEEPs – Personal Emergency Evacuation Plan** – for pupils with mobility issues that would prevent them from following emergency evacuation procedures (see also Accessibility Policy).
- **PAPs – Personal Accessibility Plan** – for pupils with mobility issues (be it temporary such as a broken leg, or permanently such as a wheelchair user) to access lessons.

Individual Health Care Plans (IHCP)

- An Individual Health Care Plan will be developed by the Medical Team when necessary in collaboration with the pupil, parents/carers, Head, Head of SEN and medical professionals.
- The IHCP will be easily accessible to all relevant staff, including support staff (via Base Leader). If consent from parents is agreed and if deemed necessary (for instance emergency medication) a photograph will also be included in the IHCP. The IHCP is kept securely on the main server and a copy is kept in the pupil's medical file which is locked in a filing cabinet in the medical room. Where there are potential life-threatening implications this information will be accessible to all staff and staff will be informed of signs/symptoms to be aware of. Emergency procedures as outlined in the IHCP will be adhered to.

- The IHCP will be reviewed each September and when a child's medical or personal care circumstances change, whichever is sooner.
- The SEN team are made aware of the IHCP for any pupil who also has an Education, Health and Care plan (EHCP)
- Where a child is returning to school after a period in hospital, the IHCP will be updated and reviewed to ensure it identifies and supports the needs of the pupil to reintegrate.

An IHCP will contain:
Details of child's condition, including triggers, signs, symptoms and treatment

- What help the child needs to manage their condition, what they can do themselves and what help they may need (including supervision)
- Any specific support needed
- Special requirements e.g. dietary or pre-activity precautions.
- Side effects of medicines
- Written permission from the parents to administer medication or to be self-administered by the pupil.
- What constitutes an emergency
- What action to take in an emergency
- What NOT to do in an emergency
- Who to contact in an emergency
- Any plans that need to be put into place for school trips or other school activities outside of the normal timetable.
- If a pupil has an EHCP the IHCP will indicate if it is linked to or part of that plan.
- Where a pupil has SEN but does not have an EHCP the pupil's special educational needs will be referred to in their IHCP
- Review date of the IHCP

Mental Health Support Plan (see also Mental Health & Wellbeing Policy)
ERS actively promotes mental health well-being and has arrangements in place for supporting pupils who have mental health needs from those with everyday worries and emotional issues through to those pupils with recognised mental health problems such as depression and anxiety disorders. ERS has a robust and whole school, well rounded pastoral based support system and actively encourage pupils to discuss their worries and concerns.

ERS are aware that schools have a central role to play in enabling pupils to be resilient and to support good mental health and well-being. School staff cannot act as mental health experts and should not try to diagnose conditions. However, we have clear systems and procedures in place to raise concerns and help identify possible mental health problems via our pastoral and safeguarding policy and team.

For pupils whose mental health may need support at school a MHSP will be created.

The medical team and/or Safeguarding team will liaise with parents, the child and medical professionals (Eg, CAMHS) to ensure the plan supports the pupil's needs. This plan is reviewed as necessary and depending on the pupil's needs can also include regular staff support meetings to ensure the plan is meeting the needs of the pupil and address any concerns or change support as necessary. Any relevant information is shared with the parents and the CAMHS contact or mental health professional involved.

A Mental Health Support Plan includes:

- Background and reason for the plan (This page is only shared to senior & restricted staff)
- Review Date
- Medication
- CAMHS contact or Mental Health Professional contact details.
- Action Plan – outlining the tailored support and who actions this support
- Whether each action is active and when it will be reviewed.
- Additional information and or recommendations
- Who this Support Plan is distributed to
- What information/support is shared and to whom.

A child's MHSP is stored electronically by the medical team on the school's secure server. A copy is also kept on the child's medical file or safeguarding file (if relevant).

A MHSP is only shared with relevant staff and is kept confidential. The Head and Head of SEN receive a copy of any changes to an MHSP.

Staff Training

- School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy. The list of staff first aid qualifications is displayed in the medical room
- No staff member may administer prescription medication without completing the Administration of Medication in Schools course on Educare.
- Newly appointed members of staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their induction if their role involves supporting a pupil with a specific medical condition.
- The school arranges yearly medical training, for first aid, epilepsy awareness and administration of Buccal Midazolam, together with pupil specific training, such as diabetes, as necessary. The medical room staff organise the training and determine, in consultation with Base Leaders, the appropriate staff to attend each training course.
- An IHCP may reveal the need for some staff to have further information about a medical condition or specific training in administering a medication. The school will provide further training or guidance as necessary. All pupils with medical conditions that may need managing at school have Individual Health Care Plans (IHCPs).
- If a member of staff is unhappy with any management of a medical condition, they must inform a member of the medical room staff.

Medical conditions register/list

- All known pupil medical needs and conditions are recorded on the school's electronic register and updated annually or as necessary.
- Parents of new pupils are required to complete medical and emergency contact forms before their child's admission to ERS. The medical team records the information provided and takes action as necessary.
- All parents are asked to update medical information at the beginning of each academic year, but it is the parent's responsibility to inform the school of any changes to medical needs that take place during the academic year so that their child's record and health plan can be amended accordingly. The Medical team update the electronic register with any new diagnosis of medical condition. A register is kept for pupils who have permission to use the school's emergency medication (Salbutamol and adrenaline auto injectors).

- At the beginning of each academic year the relevant Base Leader/Form Tutor/ Head of PE/Head of SEN and Head receive an up to date copy of the pupils with medical conditions/medical list and are informed when changes are advised and made to the child's plan.
- The Head of Catering is given a dietary report with a picture of the child if they have food allergies or food intolerance or a religious dietary requirement.
- Support and supply staff are provided with information as necessary without compromising confidentiality and data sharing principles.
- Pupils with medical conditions meetings can be arranged in advance of key stage transition if parents, school and health professionals wish, in order to enable smooth transitions with an appropriate IHCP in place and staff training where necessary.

Information/Posters
General posters about medical conditions (diabetes, asthma, epilepsy etc.) are displayed in the medical room along with ChildLine contact information and pocket cards.

Emergencies
In the event of a medical emergency the schools emergency procedures will apply and/or the pupil's IHCP will be followed. These procedures are communicated to all relevant staff so they are aware of what signs and or symptoms may constitute an emergency and what action to take place.

Walkie-talkies can be used to summon medical assistance – see walkie-talkie policy. Staff may also send another staff member or a responsible pupil to request assistance.

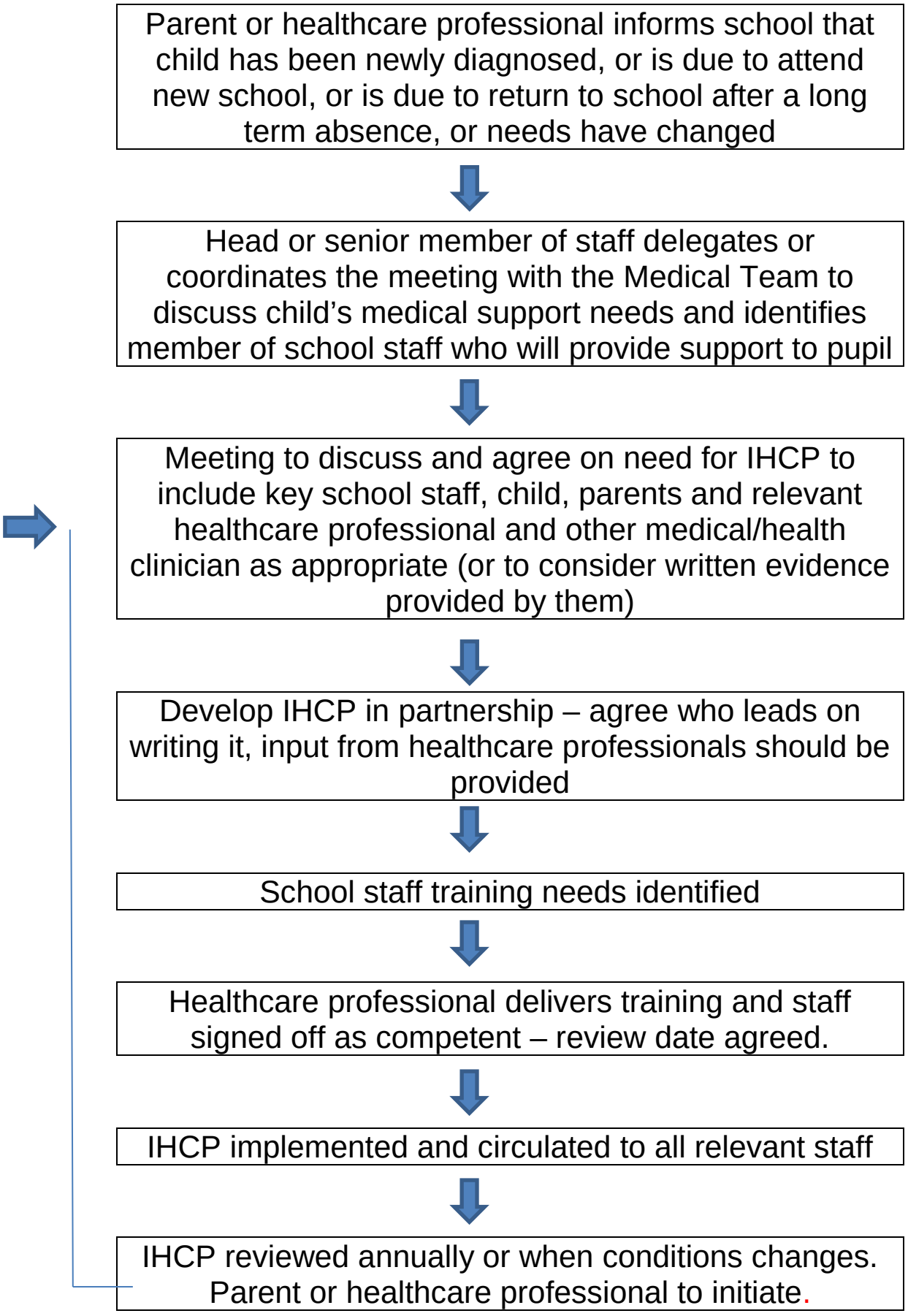
Avoiding unacceptable practice
ERS aim to follow best practice always. The following behaviour is unacceptable to ERS.

- Creating barriers to children participating in school life (including school trips) because of medical conditions.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Requiring parents to attend school to administer medication or provide medical support, including toileting issues.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.

Definitions
- **Parent(s)** is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents or other persons who have parental responsibility for, or who have care of, a pupil.
- **Medical condition** for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Feeling unwell and common childhood diseases (Eg, Chickenpox or Conjunctivitis) are not covered.
- **Medication** is any prescribed or over the counter treatment.

- **Prescription medication** is any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- **Staff member** refers to any member of staff employed by ERS.

Model Process for developing Individual Health Care Plans



2 - Policy for the Administration of Medication.

Introduction:
This policy should be read in conjunction with the school's first aid policy. ERS is committed to ensuring the safe administration of medication required by a pupil, in accordance with the specifications contained within this policy.

Definition of Responsibilities

- Parents or guardians have prime responsibility for their child's health and are responsible for ensuring that he/she is well enough to attend school.

- Parents should provide full information about their child's medical needs including details on medicines their child needs, via an Individual Health Care Plan form available from the medical team.

- There is no legal duty which requires school staff to administer medication. This is a voluntary role and staff who volunteer to do so have the support of the School. Staff that administer medication have completed an online Administration of Medication in Schools course.

- It is the responsibility of the prescribing doctor to specify the dose and medication required, the dispensing pharmacist to ensure the correct name and dosage are clearly visible on the container, the parent to ensure the School fully understands the instructions and the person administering the medicine to check that the correct medicine is given in the correct dose to the correct child.

Prescribed Medication

- Prescribed medication should only be administered in school if it would be detrimental to a child's health or school attendance not to administer it.

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medication must be in date and be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage (except in the case of insulin which may come in a pen or pump). The prescription label must clearly show the name, dosage & administration instructions. Expiry dates and storage instructions should be included in the packaging. Medicines that do not meet these criteria will not be administered.

No medication will be administered if it is out of date.

School staff cannot administer medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions, unless specified in the child's Individual Health Care Plan (IHCP) - *see First Aid Policy.*

ERS cannot be held responsible for side effects that occur when medication is taken correctly.

The school encourages and prefers, where clinically appropriate, if medicines are prescribed in dose frequencies which enable the medicine to be taken outside school hours.

Medication will only be administered to a child if:

- this is specified in an Individual Health Care Plan
- for painkilling medication such as Paracetamol, the medical team have received written or verbal permission from a parent - *see First Aid Policy;*
- for some antibiotics, depending on the type and prescription, parental permission has been received by the Medical Team or Head and an IHCP is completed for permission to administer.

School staff trained in Administration of Medication in Schools will administer medication, they will check the medication/dosage/time and whether the medication is in date before administering to the pupil. If a pupil is able to self-administer this will be encouraged with staff supervision.
All medication administered at school will be recorded in writing and a copy kept in the pupil's medical file.

Controlled Drugs
The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act (2001). Any staff member may administer a controlled drug (if no specific training is required) and staff have completed the Administration of Medication in Schools course. Staff administering the medicine should do so in accordance with the prescriber's instructions.

Although a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. It is the school's policy to keep all controlled drugs in a locked non-portable controlled drug cabinet. Only named staff have access to the keys to this cabinet. A record is kept for audit of all controlled drugs. The school uses record sheets which detail the number of medications received, the date, time and the balance of medication left after administration for each child. All controlled medication must be received in its original prescribed packaging.

If a controlled drug is to be administered off site, the drug must be signed for and checked by the person who will be administering it. The tablet balance noted and recorded. The drug is to be kept on the staff member's person in a bum bag supplied by the school. The controlled drug is not to be carried in a general first aid kit. Any staff member responsible for administering a controlled drug offsite must be aware of the IHCP and what to do in an emergency. It is that staff member's responsibility to ensure they have the correct medication for the child.

Controlled drugs must be handed to the medical team by the parent/carer or responsible adult. Controlled drugs should not be bought to school by the pupil or given to the bus driver and must be in the original packaging.

Non-Prescribed Medicines.
Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parent or if parental permission has been received via telephone for medications such as painkillers. Other non-prescribed medication, such as herbal medication, is not administered by school staff, except in exceptional circumstances. In such a case, agreement in writing from the parent and the provision of the original box/ packaging with instructions would be required.

Children under 16 should never be given Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Once parental permission is received for administering non-prescribed medicines a letter will also be sent home, detailing dose and time of medication with the pupil.

Short term Medical Needs
For pupils that will need to take medicines during the day for a short period of time, a letter received from the parent must accompany the medication and where necessary an Individual Health Care Plan may need to be drawn up. All medication must be received in its original prescribed packaging clearly detailing the prescription.

Long term Medical Needs
It is vital the school receives sufficient information about the medical condition of any child with long term medical needs. The school will develop an IHCP for any pupil with a long-term medical need.

This IHCP will contain:

- Details of child's condition, including triggers, signs, symptoms and treatment
- What help the child needs to manage their condition, what they can do themselves and what help and/or supervision they may need
- Any specific support needed
- Special requirements e.g. dietary or pre-activity precautions.
- Side effects of medicines
- Written permission from the parents to administer medication or to be self-administered by the pupil.
- What constitutes an emergency
- What action to take in an emergency
- What NOT to do in an emergency
- Who to contact in an emergency
- Any plans that need to be put into place for school trips or other school activities outside of the normal timetable.
- If a child has an EHCP whether the IHCP should be linked to or become part of that plan.
- Where a child has SEN but does not have an EHCP the child's SEN will be referred to in their IHCP
- Date the Individual Healthcare Plan will be reviewed.

Administering Prescribed Medicines
No child under 16 will be given medicines without their parent's written or verbal consent. Staff administering medicine to the child should check:

- The child's name
- Prescribed dose
- Expiry date.
- Written instructions provided by the prescriber on the label or container.

If in doubt about any procedure or the administering of medication to a particular child, a check with a member of the medical room staff should be made prior to administering the medicine.

All medicines administered, prescribed or not, will be recorded and note sent home to parents or an entry made in the child's school diary if the diary is bought to the medical room.

At the end of term or half term, parents can arrange to collect their child's medication with prior arrangement with the Medical Team. Medication will not be given to the child to take home.

Medication expiry dates are checked annually and termly depending on the medication (such as Buccolam/auto injectors that generally have a shorter shelf life). A parent will be informed by letter or email if their child's medication is due to expire and/ or has gone out of date. Any out of date medication will be disposed of safely if it is not collected by a parent or if no up-to-date IHCP has been received by the Medical Team at the beginning of each new school year.

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents immediately. If the refusal to take the medication results or could result in an emergency, emergency procedures will apply and an ambulance will be called.

Pupil Self-Management
It is good practice to support and encourage children (if they are able) to take responsibility to manage their own medicines and the school will encourage this where appropriate.

If a child can take their own medicines themselves, staff may only need to supervise. A note will still be written and sent home. It is school policy for children to carry their own auto injectors/ inhalers. The school also encourages parents to supply a spare auto injector/ inhaler to be kept in the medical room. It is noted in a child's IHCP where the medication is kept.

Record keeping
Parents should tell the school about any medicines that their child needs to take and provide, in writing, details of any changes to the prescription or the support required. Staff should check this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of Administration
- Time/frequency of administration
- Any side effects
- Expiry dates

All medication administered at school is recorded in the child's medical file and parents are informed via a letter or inclusion in the child's school diary. This includes dose, time, date and supervising staff.

ERS seeks permission from parents/carers before sharing any medical information with any other party.

Offsite Prescribed Medication
The school operates a ‘medication follows the child' policy. If a pupil goes offsite with the school their emergency medication and/or any medication that may need to be taken while offsite accompanies the child. A nominated staff member will be responsible to collect their medication (as identified in the risk assessment) and should be collected in line with the Medication Signing Out and In protocol (see also Controlled Drugs above).

Educational visits
The school encourages children with medical needs to participate in safely managed visits. The school will consider what reasonable adjustments can be made to enable children with medical needs or those requiring medication during the visit to participate fully and safely. This will include a risk assessment for such pupils and the necessary steps included.

Sometimes additional safety measures may need to be taken for outside visits. This may include additional staff and arrangements for any necessary medicines. Staff supervising any offsite activities or trips should always be aware of any medical needs and relevant emergency procedures. A copy of the pupil’s IHCP should also be taken on any offsite visits.

If a member of staff is concerned about whether they can provide for a child’s safety or the safety of other children on a visit, they should seek advice from a member of the Medical Team or Base Leader.

Sporting activities
Most children with medical conditions can participate in physical activities. The school has sufficient flexibility for all children to participate in ways appropriate to their own abilities. Any restrictions on a child’s ability to participate in PE should be recorded in their IHCP. All relevant staff should be aware of issues of privacy and dignity for children with particular needs.

Some pupils may need to take precautionary measures before or during exercise and some may need immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should be aware of any relevant medical conditions and any necessary medications that may need to be taken during an emergency. Staff should ensure they have the correct pupils’ medications available to them at all times, whether on or offsite. Sports staff should consider risk assessments and whether they are necessary for some children.

Home to school Transport
A bus declaration form is issued to all parents of children that wish to use the bus services. This declaration is given to the driver and details any known medical condition that the driver needs to be aware of. Parents are made aware that the bus drivers cannot be responsible for medication or medical conditions while travelling on the bus and that the child travels on the bus service at their own risk. If a child has a specific medical condition and the parents wish to use the bus, the school will undertake a risk assessment to ascertain if this is acceptable. If it is deemed too risky, then alternative travel arrangements must be made by the parent.

Parent and carers
It only requires one parent to agree to or request that medicines are administered. Where parents disagree over medical support, the disagreement must be resolved by the courts. The school will continue to administer the medicine in line with the consent given and in accordance with the prescriber’s instructions, unless a court decides otherwise.

For the administering of non-prescribed medications (Eg, Calpol or other painkiller), any person who is not a parent of the child but has parental responsibility for, or care of, the child, such as a foster parent, can agree for medicine to be given). With parental pre-agreement this can also be the ‘nanny’ or other child care/home help.

Teachers and other staff
Staff who have children with medical needs in their class or group will be informed about the nature of the condition and whether the child has an IHCP. The Base Leader, Head of PE and Form tutor are given all the relevant information about the pupils in their care and it is the Base Leader’s responsibility to ensure all further relevant staff have any relevant information. All staff are actively encouraged to contact the Medical Team for information on children in their care and whether they have any specific medical needs.

All relevant staff should make themselves aware of the likelihood of an emergency arising and what action to take if one occurs (*see walkie talkie procedure*). When a member of staff responsible for administering specific medical care is absent or unavailable, back up cover will be arranged by the Base Leader as appropriate. Other staff, such as lunchtime supervisors, are also provided with relevant medical information on pupils they may come into contact with and suitable training will be provided. The Head of Catering is given pupils’ dietary requirements and a picture of the child if they have any allergies or food intolerances. This is reviewed each September and as notified by parents of new allergies/dietary requirements.

Staff personal medication.
If staff require prescribed or non-prescription medication for their personal use to be available, this must be stored in their secured personal lockers and not in bags etc. Medication can be stored securely in the medical room if it is not emergency medication. If staff need their medication on them at all times then this must be on their person. It is staff’s responsibility to ensure their medication is kept in date and safe from pupils.

School Staff Administering Medication
Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate guidance and training as necessary. Staff are asked to complete the Administration of Medication in Schools online course before they are able to administer any medication and Epilepsy Awareness and Buccal Midazolam training for pupils that may require emergency medication. They should also be aware of the side effects of the medicine and what to do if they occur. This type of training will depend on the individual case.

The school has specific training for conditions such as epilepsy and Individual Healthcare plans for all pupils that have this condition. For other conditions such as diabetes, staff are given training for the specific child rather than the condition.

Pupil specific training is usually organised and sometimes held by the parent or their health professional. The parent’s signature on the child’s IHCP is taken as consent that they are happy with the controls and management of their child’s condition that the school has in place. The child’s health authority may also sign off staff as training complete and competent.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines, if a staff member is not happy to do so, they must inform their Base Leader and a member of the medical room staff, so alternative management can be arranged.

The school arranges yearly medical training, for first aid, epilepsy awareness and administration of Buccal Midazolam, together with pupil specific training, such as diabetes, as necessary. The medical room staff organise the training and determine, in consultation with Base Leaders, the appropriate staff to attend each training course.

An IHCP may reveal the need for some staff to have further information about a medical condition or specific training in administering a medication. The school will provide further training or guidance as necessary. All pupils with medical conditions that may need managing at school have Individual Health Care Plans (IHCPs)

If a member of staff is unhappy with any management of a medical condition, they must inform a member of the medical room staff.

Storing Medicines
Controlled drugs, plus Buccal Midazolam (as good practice) are stored in a controlled drug cabinet. The keys are kept with the medical room staff and with the Business Manager/Deputy Head (in case of emergency).

All other medicines are stored in the grey lockable cabinet in the medical room which has a key code door and lockable doors. The keys are kept with medical room staff, selected PE staff and also with the Business Manager/Deputy head (in case of emergency). Stored medications are clearly labelled with the pupil's name, and are kept with a copy of the pupil's IHCP

All medicines should be kept in their original container, and the expiry date should be noted and recorded. The name, dosage, and instructions should also be read each time they are administered. All relevant information is recorded in the child's IHCP and/ or the pupil information database (Engage).

Children, if able, should know where their medicines are stored and who holds the key.

- Asthma medications are stored in an asthma wall rack storage unit and are accessible to anybody.
- Spacers are in the grey cabinet in named bags.
- Auto injectors are also stored on the wall rack storage.

School Asthma Inhalers (Salbutamol) – See also Asthma Policy & Protocol
The school holds its own asthma inhalers and can administer these to pupils whose parents have indicated in writing that they are happy for the school inhalers to be used in an emergency. These pupils must have either been diagnosed with asthma or prescribed an inhaler or have been prescribed an inhaler as reliever medication. This information is in a chart above the storage unit. It is school policy to request all pupils with asthma, also carry their own inhalers.

Adrenaline Auto injectors - see also Adrenaline Auto injectors in School Policy and Protocol

The school actively encourages all pupils to carry their own auto injectors, but request a spare in case of emergency, which is kept in the wall rack in the medical room. The school also holds two school adrenaline auto injectors, which are clearly labelled school emergency and stored in the wall rack. The school's spare Adrenaline Auto injector can only be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay (or is out of date or broken) and if medical authorisation and written parental consent for use of the spare AAI has been provided. The school has a register above the wall rack with this information.

Other storage

Occasionally it may be necessary to store medicines in a fridge. The medical room has a fridge, which can be used to store medicines, other than controlled drugs. This fridge is not a medical fridge and is also used to hold food. The medicines stored in the fridge must be in an airtight container and clearly labelled. Only a member of the medical room staff may access the fridge if medicines are stored there and a member of the medical room staff must always be present if a pupil is in the same room as the fridge.

Access to medicines

All medicines are stored in the medical room and pupils must have immediate access to their medicines when required. The school has a system of the medication following the child. This means that, if the child is off site, the medication will follow together with staff who are aware of the pupil's medical needs and trained to administer their medication. All emergency medication (such as inhalers and Adrenaline Auto Injectors) follows the child in any Physical Exercise lesson.

Disposal of Medicines

All medicines (controlled or not) are requested to be taken by the parents at the end of the year/time period (eg., of prescription) or when a pupil leaves the school. If the parents do not collect their child's medication at the end of their time here or when it is expired, the medication will be disposed of by a hazard waste company which the school will employ. A record is kept on file of all disposed medication and to whom it was originally prescribed. A copy is kept in the Health & Safety file and filed in medical.

All needles will be disposed of in a sharps box. Collection or disposal of the boxes will be arranged with the parent or via a hazard waste company and paperwork filed with ERS Health & Safety

Hygiene and Infection Control (see also Infection control policy)

All medical room staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Access to disposable vinyl gloves and aprons are readily available. Spillage of blood or other bodily fluids are disposed of hygienically. A yellow hazardous waste bin is available and emptied regularly by the hazard waste company. Paperwork is filed by ERS Health & Safety.

Confidentiality

The Head and all staff will treat medical information confidentially. Medical room staff will provide relevant information regarding the administering of medication as required to Base leaders and the Head of PE who will then ensure all relevant staff are aware of this information.

3 - Medication signing in and out protocol

Who can collect and administer medication

- Medication should be collected only by staff members with a minimum of a one day first aid qualification
- Controlled medicines MUST only be collected by trained members of staff who know what to do with the medication and how to manage and record it.
- Medication must be administered only by staff members who have completed the Educare course – The Administration of Medication in Schools.

Any member of staff collecting medication must be prepared either to administer the medication or to take responsibility for ensuring that it is administered by another member of staff who is qualified and willing to do so. This includes collecting medication for pupils who only require assistance or supervision. Any staff member who administers medication (including emergency medication) is responsible for knowing and understanding the contents of the pupil's IHCP and must be aware of:

- **When to administer the medication**
- **How to administer the medication**
- **The level of support/assistance needed by the pupil**
- **What to do in an emergency**

Any staff member administering medication is responsible for checking that the medication is not out of date. Out of date medication MUST not be administered.

If the staff member signing out the medication cannot sign it back in they must indicate on the signing out form who will be returning the medication

All staff must ensure they have enough time to collect and sign out medication and return medication and sign back in.

- Medication cannot be signed out early and left in first aid kits and must be collected just before the lesson is due to commence/trip due to go out.

If staff take a first aid kit, they must ensure they are fit for purpose. Medical Room kits are labelled and the contents advertised on the wall. Please sign out the kit that is required and add any additional items that the activity or trip may require (available on the shelf above the kits). Please ensure any additional items added are removed when the kit is returned and signed back in. This will ensure that the kits always contain what is advertised and will help all staff ensure they have the correct items that maybe needed.

- All kits contain the statutory minimum and are checked yearly. If anything is taken out of the kits it is the responsibility of whoever took it to ensure it is replaced or medical room staff told and kit kept separate – items used should be recorded in the signing out sheet.
- Remember, if you need items specific for trip/activity then please request from medical room staff or take from the shelf, E.g. sanitary towels if off site for a trip or additional ice packs for athletics. Wound spray and antiseptic can also be added to the kit if you are off site. Medical room staff can advise on things that might be needed.

Controlled Drugs

Any staff member, who has completed the online Administration of Medication in Schools course, may administer a controlled drug (if no other specific training is required). Staff administering the medicine should do so in accordance with the prescriber's instruction and in line with the child's IHCP if relevant.

Only named staff have access to the keys to this cabinet (SV/EM).

If a controlled drug is to be administered off site:

- The drug must be signed for and checked by the person who will be administering it.
- The tablet balance noted and recorded.
- The drug is to be kept on the staff member's person in a bum bag supplied by the school. The controlled drug is not to be carried in a general first aid kit.
- Any staff member responsible for administering a controlled drug offsite must be aware of the IHCP and what to do in an emergency.
- It is that staff member's responsibility to ensure they have the correct medication for the child.
- The controlled drug MUST never be out of the possession of the staff member who signed it out, until administered
- Buccal Midazolam can only be collected and administered by appropriately trained staff.

A record is kept for audit of all controlled drugs. The school uses record sheets which detail the number of medications received, the date, time and the balance of medication left after administration for each child. These must be completed by any staff member collecting controlled medication.

Please do speak to medical room staff if you want any clarification, they are happy to help.

4 - First Aid Policy

Introduction
The school aims to provide a safe and secure environment for all its pupils, staff and visitors. However, in a busy school accidents or events which cause illness or injury are inevitable. It is the aim of this policy to ensure that, when an accident or event occurs which requires the administering of first aid, it is dealt with effectively to minimise both discomfort and the possibilities of long term affect to the individual.

Responsibilities
The Deputy Head is responsible for the implementation of this policy and for ensuring it is reviewed at the appropriate time.

The school has an appointed Medical Officer who is responsible for overseeing the organisation of first aid within the school. The Medical Officer reports to the Deputy Head.

When first aid is required, it will usually be administered by a designated 'Primary First Aider' (PFA). All PFAs within the school hold a current 3 day First Aid qualification.

However, in some circumstances, first aid will need to be administered before a PFA is able to attend. The majority of staff have completed a Medical Emergencies Training for Schools qualification and the school will continue to increase the amount of training provided in the future. The school has also instigated an Epilepsy Awareness and Buccal Midazolam training programme, which a number of staff have completed. Training is reviewed annually.

The names of the First Aid Officer and the Primary First Aiders and the number of staff who have completed the Medical Emergencies Training for Schools qualification are contained in the appendix. The names of staff with emergency first aid training are available from the First Aid Officer.

3 Day First Aid Qualification: 13 staff
Medical Emergencies Training for Schools: 60 staff
Epilepsy Awareness/Buccal Midazolam administration: 31 staff

The Paediatric First Aider until March 2025 is Natalie Jowlett

First Aid Procedure

Injury
When an injury has occurred, the first person to be contacted should always be the PFA on call. The PFA on call will be based in the medical room or will be contactable via walkie talkie (see walkie talkie procedure).

For pupils who have incurred an injury that affects mobility and the ability to reach the sick bay, the member of staff on duty/teaching should assess firstly for danger and whether the PFA needs to be contacted. The member of staff should, if possible:

- Comfort the injured pupil.

- Clear the area of spectators and send two pupils, or an available member of staff, to the medical room to collect the PFA. The pupils will escort the PFA to the location of the casualty.
- If a walkie talkie is available, summon medical assistance, detailing location and name of child.
- Allow the PFA to work unimpeded and provide assistance as requested.
- If a significant injury has occurred outside during a break time send another pupil to find a senior member of staff to assist with break time organisation and supervision.

If the casualty can walk they should be escorted to the sick bay where the PFA will assess the injury and decide what action to take next. This may include calling a parent to collect and transport to A&E hospital if appropriate. In a medical emergency, or following serious injury, the PFA will contact the ambulance service to transport the patient.

If parents cannot be contacted or are unable to collect their child, the child will be made comfortable until collection at the end of the school day, unless injury/condition deteriorates and requires emergency treatment, in which case an ambulance will be called.

The PFA will arrange for a member of staff to remain with the pupil until a parent arrives.

If a child has been attended by the PFA, a letter will be sent home with the child advising the parents of the reason, the time and the treatment received. A copy of this letter will be kept on the child's medical file.

Illness

When a pupil presents or is sent to the PFA as feeling unwell, the PFA will assess the child, noting pallor, discussing their symptoms, and taking temperature if necessary. The PFA will contact the child's parent to collect the child if they deem this necessary. While waiting for a parent to collect, the child will be monitored by the PFA who will reassure and comfort them if upset.

If a child has an Individual Health Care Plan and they require medication, the PFA can administer this medication, if supplied and if they have been trained as part of the implementation of the plan (see Administration of Medication). After medication is administered a standard medical letter will be completed by the PFA and sent to the parent detailing time, condition and treatment/medication given. This should be signed by both the PFA and the pupil. A copy of the letter will be kept in the child's medical file.

For children suffering with headaches or other minor discomforts, the PFA will encourage the pupil to drink lots of water and sit quietly on the 'sick bed' to see if symptoms dissipate. If they do not, the PFA will contact a parent. Painkilling medication will only be administered if permission from the parent has been received.

If a pupil is sent home the PFA will complete a 'yellow' form, noting date and time of collection. They will pass this onto the form tutor for filing with registers.

Epileptic Seizure

In the event of an epileptic seizure, the member of staff on duty/ teaching should:

- Stay with the casualty and start timing seizure until PFA arrives.
- Make area safe for the pupil.
- If possible, clear the room of other pupils immediately.

- Send 2 pupils to collect the PFA, informing pupils to tell the PFA the patient's name and that they have been summoned to manage an epileptic seizure.
- Ensure the casualty has plenty of clear space around them.
- For pupils that have been risk assessed to need full time adult support by a member of staff with a walkie talkie, staff are to use the walkie talkie to summon help as dictated by the walkie talkie procedure.

If a seizure lasts for five minutes an ambulance will be called unless the child's Epilepsy Individual Health Care Plan (IHCP) specifies differently.

Buccal Midazolam will be administered if this has been prescribed and is identified within the child's Epilepsy Individual Health Care Plan (IHCP). The school has a training programme for Epilepsy Awareness and Administration of Buccal Midazolam.

Staff who have completed the Epilepsy Awareness Training and Buccal Midazolam Training have by completing the course, agreed to be responsible and assist a child with Epilepsy if necessary.

Ambulance
In the case of injury attended by a PFA, the decision to call an ambulance rests with the PFA. However, in an emergency any member of staff can make an emergency call. Once a call has been made, the PFA on call must be notified immediately, followed by a senior member of staff and/ or the Head teacher.

Either the Head or the senior member of staff attending the incident will determine who travels in the ambulance with the pupil. The PFA will provide the member of staff who is travelling in the ambulance, with the pupil's medical record (kept in the Medical Room). This will be needed to book the patient into A & E.

The member of staff travelling in the ambulance should check to which hospital the ambulance is going and notify the PFA as soon as possible. Any further change or development should be communicated to the PFA as it happens.

First Aid Kits and Equipment
Contact the First Aid Officer for first aid kits. First aid blankets can be found under the sick bed. Any item used from a first aid kit must be replaced when returned and the medical team notified.

First Aid Kit for a Trip
The Group Leader organising a trip should collect a kit from the medical team. The contents of the kit should be packed according to the nature of the trip, the group of children going and their known individual medical requirements.

- The first aid kit should be requested before the trip date.
- If the first aid kit requires additional contents, these should be requested from the medical team at least one week before the trip date
- It is the Trip Organisers responsibility to ensure that the risk assessment takes into account any pupils with specific medical needs or conditions and that appropriately trained staff are present.
- The Group Leader or Designated First Aider should check the first aid kit has adequate and relevant content for the trip. The Group Leader must ensure that all asthmatics/ epi-pen users have their inhalers/ epi-pens on their person together with any pupil that may require

emergency medication as outlined in the child's IHCP as necessary. (See Administration of Medication Policy)

- The Group Leader must advise the Medical Team if any items have been used or replace them.
- The Group Leader or the appointed first aider for the trip is responsible for collecting and returning the first aid kit and any medication.
- It is the Group Leaders responsibility to ensure the kit is returned promptly

First Aid Kit for a Department

Heads of Departments are responsible for their Department's first aid kit. They should ensure their kit contains the required items and that items are in date. Information regarding the need for a first aid kit and the expiry dates of items within a kit should be obtained/ discussed with the medical team.

First Aid Kit for a Bus

Before using a school bus, the driver of the bus is responsible for checking that it contains a first aid kit.

All bus drivers on home/ school buses have basic first aid training.

First Aid Kit for Games/ Activities/After School Clubs (Inside and out)

It is the responsibility of the member of staff leading the games, activity or club to ensure that a correct first aid kit is available. This applies both in school time and after school, whether on or off the premises. The member of staff should ensure that all asthmatics/ epi-pen users have their inhalers/epi-pens available and that appropriate medication is available to any child whose IHCP specifies it. (See Administration of Medication Policy)

Sports Day

It is the responsibility of the lead organiser of sports day to ensure that adequate first aid cover is in place for the event, and that a sports first aid kit is available on the field. A PFA should also be in attendance. The organiser must ensure that all asthmatics/epi-pen users have their inhalers/epi-pens available, together with any emergency medication that may be required for pupils as per their IHCP. The school's Defibrillator is also to be taken onto the field for Sports Days only. (As per the Defibrillator Policy)

Fixtures

A PE First Aid Kit must be available at all match fixtures, both home and away. It is the responsibility of the organising member of staff to ensure that this is available. The PE Head of Department is responsible for ensuring the kit is correctly stocked and restocked as necessary. The organiser must ensure that all asthmatics/ epi-pen users have their inhalers/epi-pens and all emergency medication available and that all medication is returned and signed out and back into the medical room after the fixture. (See medication Policy)

Recording an Incident

All accidents should be recorded on a form in the Accident Book, which is situated on top of the grey unit in the Medical Room. The file is blue and clearly marked. Usually it is the member of staff first on the scene or present when an injury or accident occurs who records it in the Accident book. When they have done this, they should notify the First Aid Officer who will then ensure that the completed form is copied and filed in a) the Accident Records folder and b) in the medical file of the pupil.

Reporting to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). The First Aid Officer will determine whether an incident or accident is reportable as required by the current regulations. If an incident is reportable, the First Aid Officer will report online and inform the Deputy Head, who is responsible for ensuring that a report is made.

In line with data protection regulations both medical and accident files are stored in a locked medical cabinet or office.

Individual Health Care Plans (IHCPs)

An Individual Health Care Plan (IHCP) will be completed for children who;

- have a known heart condition or have had heart surgery
- are epileptic
- have been prescribed an epi-pen
- have had a long-term illness
- have had investigative surgery
- are taking long term medication and/or require regular medication to be administered at school
- are asthmatic
- suffer acute pain such as migraine
- suffer an ailment that may be affected by any school activity or have some other medical need known to the parent.

A child who has a specific medical condition that may need managing, or emergency medication while at school will require an Individual Health Care Plan (IHCP). The IHCP will be drawn up for the child, in conjunction with the parents and the child's health authority if appropriate and will be agreed with and signed by the parent. The school will manage the pupil medically as per the IHCP

A Personal Care Plan (PCP) will be completed for any child that has a personal or intimate care need. This will outline the care required and agreement for staff to aid/assist the child. (see Intimate Care and Toileting policy)

All IHCPs and PCPs are updated annually and as necessary throughout the year. Information is passed to relevant staff including those accompanying the pupil if on an offsite activity. For pupils that require a Mental Health Support Plan (MHSP) or a pupil risk assessment (PRA) these will be created by the Designated Safeguarding Lead, the medical team or by senior staff.

Evacuation

In the event of an evacuation e.g. a fire, the PFA should bring a first aid kit and blankets to the meeting point. An evacuation chair and Evacupad are located by the science lab at the top of the stairs. These can be used to evacuate a pupil or staff member if injured, unresponsive or suffering a medical emergency during an active evacuation. Training to use these evacuation aids is given at induction and as part of specific medical training for pupils with epilepsy.

Offsite medical emergency

In the event of an offsite medical emergency or injury requiring specialist first aid treatment, the group leader/ teacher in charge should determine whether the use of first aid facilities at the trip destination would be suitable or whether ambulance should be called. Whichever is decided, the casualty must be accompanied at all times by a member of staff. The group leader/ teacher in charge will arrange for the school to be contacted and informed of the situation. The school will contact the child's parent.

Areas of Concern

If any member of staff has concerns regarding the health of any pupil this should be discussed as soon as possible with a PFA who will make a note on the pupil's medical file and monitor as necessary. If the concern relates to a child's welfare or safety a referral should be made urgently to the Designated Safeguarding Lead. A PFA who identifies a pupil who is presenting medical issues more often than expected will discuss this with the Designated Safeguarding Lead.

If a staff member has a suggestion for improving a first aid procedure or has a concern regarding any first aid procedure within school, they should discuss this with the medical team.

The medical team meet regularly to discuss any areas of concerns and to check the accident book for potential hazards.

5 - Intimate Care & Toileting Policy

(See also Personal Care 12 Point Plan)

Introduction
In line with The Equality Act 2010 anyone with a named condition that affects aspects of personal development must not be discriminated against. Delayed continence is not necessarily linked with learning difficulties but can also affect children with global development delay which may or may not have been identified by the time they start school. ERS are committed to making reasonable adjustments to meet the needs of each child or young person.

ERS is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The intimate Care and Toileting policy and guidelines regarding children has been developed to safeguard children and staff. They apply to everyone who may be involved in the intimate care of children.

Intimate care is any care which involves washing, touching or carrying out invasive procedures (such as cleaning a child who has soiled him/herself). Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Examples include support with dressing and undressing (underwear), changing sanitary wear/incontinence pads and helping a pupil use the toilet or washing of intimate parts of the body.

Most children will be able to carry out these tasks themselves but some children who are unable to do so, due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development or delayed development may need assistance. Some children may need occasional or regular support and where applicable a personal care plan will be created for the child.

Personal care tasks include prompting to go to the toilet, support with dressing or undressing and help with feeding. It may also include skin care and applying external medication and washing non-intimate body parts.

Some children who may need personal care plans/assistance may include those with Cerebral Palsy, Epilepsy, Diabetes, visual and hearing impairment, ASD, gross obesity and Downs syndrome amongst many others. Some children may have delayed continence due to their condition.

The aim of this policy is to

- Provide guidance and reassurance to staff
- Safeguard the dignity, rights and well-being of children and young people at ERS
- To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account

Basic Principles

- Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

- It is essential that every child/young person is treated as an individual and that care is given as gently and as sensitively as possible.
- The child/young person should be encouraged to express choice and to have a positive image of his/her body.
- A child/young person's Intimate/Personal Care Plan/Education Health Care Plan should be designed to lead to independence.
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have a right to feel safe and secure.
- Religious and cultural values will always be taken into account when making arrangements for managing intimate/personal care needs for children and young people and stereotypes should be challenged. Staff concerned will simply ask questions about the child/young person being supported and what is needed.

Cross Gender Care
There is a positive value in both male and female staff being involved in intimate/personal care tasks, although it may be unacceptable to some parents, carers, child or young person to have a staff member of the opposite sex attend to their intimate or personal care needs and this should be respected at all times. ERS has a policy of female only staff attending to intimate/personal cares needs of female children/young people. On site ERS' medical team provide the intimate/personal care needs of pupils both male and female, unless the male child or young person requests a male staff member to be present to assist. Offsite the Group Leader will assign the staff member most suitable to assist with personal or intimate care needs of a child.

Vulnerability to abuse
Children and young people with special educational needs and disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is expected that all staff at ERS are familiar with the schools safeguarding/Child Protection policy and procedures and have completed the required training.

Intimate care may involve touching the private parts of the child or young person's body and therefore leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

Parental responsibility
For pupils with no known disability/medical/special education or developmental need, it is expected that pupils from Key stage 1 upwards have achieved the early learning goals to manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently.

In the interests of health and safety it is unreasonable for staff to be expected to change a child who regularly soils unless a child has a medical condition as an underlying cause.

Parents are expected to advise the school if their child has a personal or intimate care need, this will enable a personal care plan to be created and outlines how we will manage the care with permission from parents or carers to do so and who at school is responsible for assisting with the child's personal or intimate care. This ensures clarity of expectations, roles and responsibilities.

Parents are expected to supply change of clothes/wipes and any necessary products. If school spare clothing is used, parents are expected to launder and return the items promptly.

Staff responsibility
Parents will be informed by the medical team if their child had a personal care issue at school and will include the nature, date, time, what was done and by whom in writing/email or by phone. A record will also be kept on the child's medical file, to enable progress or concerns to be recorded.

Medical team staff and nominated staff members will wear gloves and protective clothing while assisting the child with their personal or intimate care need.

Staff will never force a child to change/clean, if gentle assistance is refused, parents will be notified and asked to come to school to assist or take home.

The medical team will place soiled clothes inside a clinical waste bag or sealed bags to take home.

The medical room has a shower facility but this is only used when absolutely necessary and when it is better and less invasive to shower a child after an accident (e.g. faecal) than assist with cleaning by hand. As the safeguarding issues of undressed children can outweigh personal care issues, only medical room staff will supervise or assist when a shower is necessary and this will only be used if previous agreement from parents has been received in writing and if it is safe to do so. For pupils who do not have a PCP but have the occasional or one-off toileting accident, the medical room will change/assist the child and notify parents.

ERS has a selection of clean underwear and wipes to enable swift, sensitive and discreet care. Parents will be notified immediately by telephone and the accident will be recorded in the child's medical file.

A child who has soiled or wet themselves will be taken to the medical room for assistance. The staff member escorting is expected to stay and assist (if necessary) or stay with the child if medical room staff are busy with medical issues.

Medical room staff will actively encourage a child to self-manage their personal care. Medical room staff will give as much verbal guidance as possible to enable the child to self-manage, clean and dress, undress themselves.

Children will be expected to dress themselves in clean clothing, wash their hands and then return to class.

Adults should wash their hands thoroughly after assisting and arrange cleaning and disinfecting of the area immediately.

ERS Positive Approaches
When a new pupil with a PCP starts at ERS, medical room staff will introduce themselves to the child or young person to ensure a degree of comfort and familiarity and to enable any potential assistance to be less stressful for the child. The PCP will be reviewed yearly or regularly as appropriate.

- Medical room staff will have knowledge (if informed) of any cultural or religious sensitivity related to aspects of intimate care.
- Staff will address the child/young person in age appropriate ways and ensure sensitivity and respect.

- Pupils will be given clear explanations of what is happening or what needs to happen in a straightforward and reassuring way.
- Respect will be shown for the young person's preference for a particular sequence of care
- The child/young person will be encouraged to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing and undressing.
- The child's permission will be sought before undressing or assisting in their intimate or personal care need.
- Facilities will be provided that afford privacy and modesty.
- Records will be kept noting responses to intimate care and any change of behaviour.

Other areas to consider.

ERS adopt a two staff approach to personal/intimate care on site. This can be two female staff members (eg., medical team) dealing with a personal care issue, or an LSA assisting or being close by (to listen to the support given or to assist) in order to support and protect both pupil and staff. Offsite personal care will be managed by the Group leader as risk assessed, bearing in mind age/needs of child and staff availability.

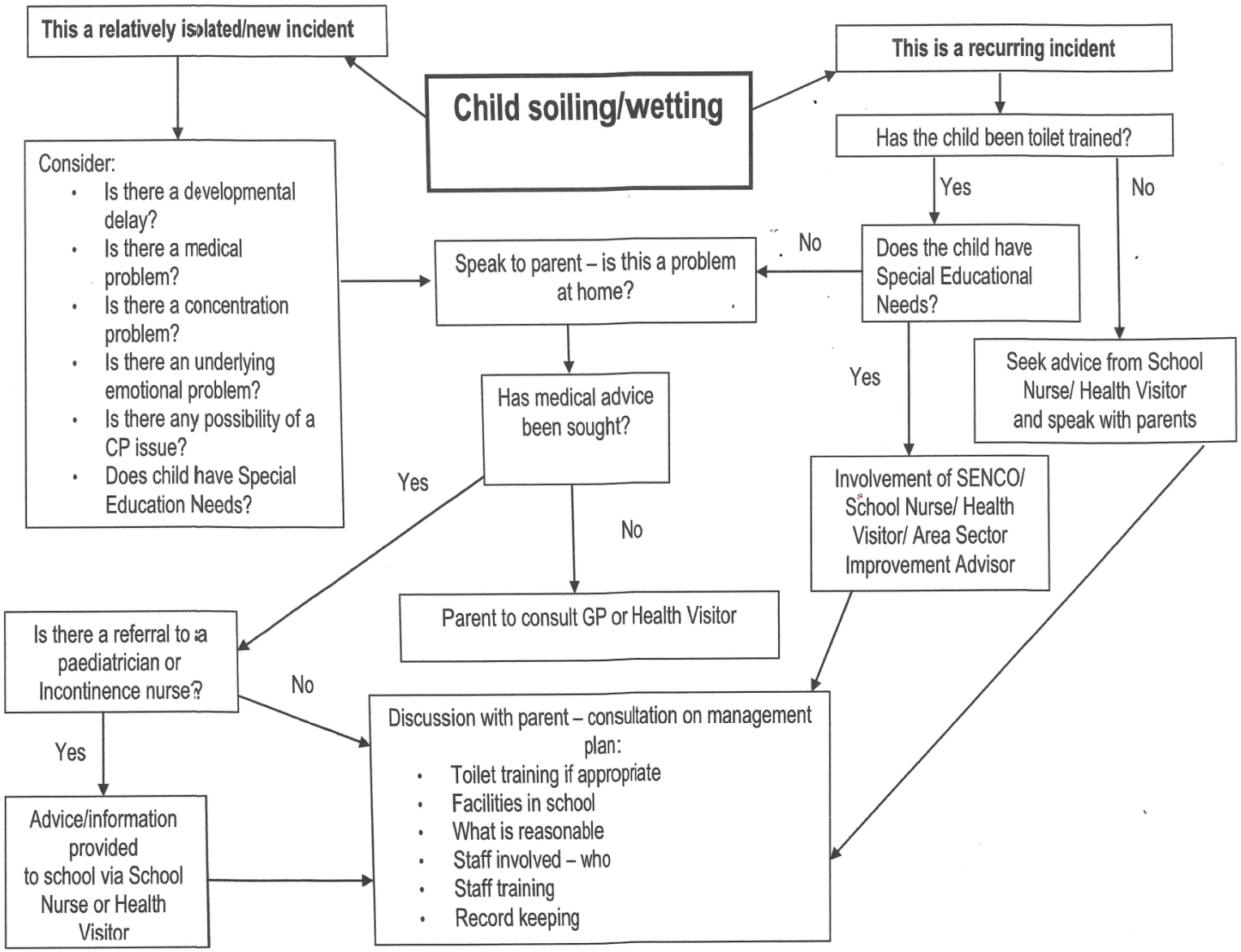
If a personal care situation occurs which causes staff embarrassment or concern, another staff member will be called to assist and the incident will be reported and recorded.

If staff are concerned about a child/young person's actions or comments whilst carrying out the personal care procedure, this will be recorded and actioned via our safeguarding procedures and (concern depending) discussed with their line manager.

Facilities

- ERS have a medical team and facilities to enable adequate management for personal/intimate care issues.
- ERS have special arrangements in place for disposal of contaminated/clinical waste and clinical waste bins
- ERS have clinical waste bags which are double bagged for soiled clothing and or towels.
- ERS have appropriate protective clothing and antibacterial hand wash and hygienic hand rub.
- ERS have a supply of sanitary wear, and a supply of clean clothes/underwear (the child's or young person's own where possible). These are kept in the medical room for ease of access.

Assessing toileting support



NB: always be aware of the possibility of Child Protection issues (in which case follow Child Protection Procedures)

6 - Personal Care 12 Point Plan

In the event of a pupil having a personal care need offsite, please follow this guideline in conjunction with the child's PCP (if relevant and available).
If you are offsite, and a child has a personal care accident, please ensure you treat it delicately, and with dignity and privacy. Ensure you do not put yourself at risk of any allegation and always think about how your actions could be interpreted.

1. Ensure **YOURs** and the child's safety.
2. **Do not** put yourself at risk of allegations. **Always** have another member of staff with you or within earshot. Ask that staff member to witness or listen to you while you are dealing with the situation.
3. If possible always verbally encourage a pupil to assist themselves with changing or cleaning.
4. **Always** wear gloves.
5. If possible try to **avoid** touching the more intimate private areas and visual contact with 'front bottoms'
6. Try and keep the child facing away from you to protect their privacy if undressed.
7. **Always** wipe towards the bottom
8. Put soiled underwear and wipes used in a clinical waste bag. If faecal accident and offsite, dispose of bag if easier.
9. Fill in paperwork, outlining what you have done, why, where and time. Report back to medical room staff, so parents can be informed. If after hours it will be your responsibility to inform parents.
10. A male teacher must NOT assist a female student in need of personal care issues. **Always** find a female staff member.
11. Try and find a male member of staff to assist if the child is male and of senior school age. If no male staff member is available another female staff member can assist. **Always** take into account the age of the child and treat the situation accordingly.
12. **Always** remember to follow prearranged risk assessments and prioritize the need to deal with any soiling/wetting in accordance with circumstances at the time. Soiling or wetting is rarely, if ever going to be life threatening, the safety of the group is paramount.

If a personal care issue arises due to a seizure or other medical emergency, follow the pupil's IHCP (if they have one). Protect their dignity and cover with a blanket or similar and call for help. If the pupil regains composure, help the pupil with cleaning (if required and with their permission). The priority has to be the medical issue, not the personal care issue.
Please remember that personal care issues can arise at any time with any age of child and not necessarily for only those who have a PCP.
We create a personal care plan for children with personal care issues but if these issues become unmanageable then we reserve the right to withdraw the child's place at ERS. However, this would only be done in exceptional circumstances and in consultation with parents. The medical room has a shower facility, but this is only to be used when absolutely necessary and when it is better and less invasive to shower a child after an accident (e.g. faecal accident) rather than to assist with cleaning by hand. Medical room staff advise when a shower is necessary as the safeguarding issues of undressed children can outweigh some personal care issues.
If you have any concerns or require further clarification about personal care issues please speak to the medical team. If you wish to see examples of a PCP please speak to the Medical Team

7 - Epilepsy Policy

Introduction
ERS recognises that epilepsy is a condition which affects pupils at school. The school welcomes pupils with epilepsy and is committed to fully meeting the needs of pupils who have epilepsy, keeping them safe, ensuring they achieve their full potential and are fully included in school life. The Medical team are responsible for ensuring this policy is followed

We do this by:

- Ensuring pupils with epilepsy are fully included in school life, activities and visits/trips (day and residential) and are not isolated or stigmatised. All trips and activities are risk assessed and additional measures included if necessary.
- Ensuring children with epilepsy are treated sensitively and with respect, maintaining their dignity and privacy during a seizure.
- Liaising fully with the parents, child and health professional to ensure the correct support is in place.
- Ensuring that relevant staff are epilepsy aware and trained in the administration of Buccal Midazolam (Buccolam) and know what to do if a pupil has a seizure.
- Tackling problems and concerns early

Management in School

- The Medical team create an Individual Health Care Plan tailored to the needs of the child for every student with epilepsy. This ensures we can support and meet any emergency needs that the pupil may have while at school by responding quickly and as outlined in their plan. The plan will include information on the seizures, triggers (if any), medication and emergency protocols.
- There will be a trained member of staff to deliver emergency medication at all times throughout the school day. (including on and off site if a child with emergency medication is present)
- The medical team ensure relevant staff record and keep records of any changes that may relate to a child's epilepsy or medication, so this information can be passed onto parents and health professionals if parental agreement has been received.
- It is the parent or carer's responsibility to notify the school if their child suffers from epilepsy or another condition that involves seizures. Full details are required including the severity of the condition and the name and dosage of medication prescribed.
- Parents or carers are asked to inform the school if and when their child has been unwell with a seizure outside of school, particularly if they have required hospitalisation.
- Parents are required to advise the school if Buccal Midazolam has been administered within the last 24 hours before coming into school and what time it was given to ensure school do not administer another dose too soon.

School Staff

- All appropriate staff, including teachers, LSAs, catering staff & specialist, will be told which children in school have epilepsy and what type of epilepsy they have (via their child's IHCP). All staff responsible or attached (1:1 LSA support) to a child with epilepsy will have specific epilepsy awareness and Buccal Midazolam training. New staff, if relevant, will also

be given this information as part of their induction. Supply staff will also be given this information if appropriate.

- At the beginning of each academic year (or as changes are advised by parents) a new IHCP will be sent to the Head of SEN, Base Leader, Form Tutor and Head of PE. The Base Leader will ensure all other relevant staff (including attached LSAs) have a copy of this plan.
- The medical team are responsible for ensuring the IHCP is updated and amended and distributed as above.
- A record of staff trained in Epilepsy Awareness and Buccal Administration is kept by the medical team. This training is updated every 2 years. The medical team also record staff that are first aid trained as well as other first aid/medical and mental health training.

For Pupils with Epilepsy

- The school will give voice to the views of pupils with epilepsy - for example, feeling safe, what should happen during and following a seizure - and will make adjustments to support and enable them to access lessons and fully participate in school life.
- Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take full part in the school curriculum and school life, including activities and school trips. Parents and staff will discuss any special requirements prior to such events and risk assess as necessary.
- For higher risks activities such as swimming, this will be risk assessed and additional controls included to ensure the safety of the pupil and quick response to a seizure.
- It is ERS policy to request an additional life guard at the swimming pool to monitor and be aware of the pupils with epilepsy so quick responses can be actioned in the event of a seizure. A staff member also remains poolside with the emergency medication of the pupil and a copy of the child's IHCP protocol.

Medication and Control

People with epilepsy are very often medicated to control their condition. Further information for pupils who require medication at school can be found in the Administration of Medication Policy.

The pupils IHCP will be kept on the school secure server and a copy kept in the child's medical file. A copy of the IHCP is also kept with emergency medication (if prescribed).

Emergency medication (Buccal Midazolam) is stored in the controlled drug cabinet as best practice. The medical team and the Business Manage/Deputy Head hold keys to this cabinet.

The following information will be included in the pupil's IHCP:

- If the child has previously had Buccal Midazolam administered and what (if any) reaction was observed.
- Date of last seizure and length of seizure
- Information on type of seizures
- Any other information that parents feel relevant.

Triggers

In many pupils with epilepsy, seizures can happen without warning, but for some people certain triggers can be identified, such as the following examples: stress, anxiety or excitement, hormonal changes, late nights, not taking medication, illness, unbalanced diet, photosensitivity, alcohol and recreational drugs.

In the event of a child having a seizure staff should follow the procedure below (see also the pupils IHCP)

Do

- Protect the person from injury (remove harmful objects from nearby)
- Call for assistance/help
- Clear the room of pupils
- Send for the medical team – say who the child is and whether their emergency medication may be required
- Time the seizure from start to finish
- Cushion their head
- Administer emergency medication (if prescribed) and as dictated in their IHCP
- Place a blanket over their core in case of accidents and to afford some privacy
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Stay with the pupil until complete recovery
- Be calm and reassuring
- Medical team will inform parents

Don't

- Restrain the person's movements
- Put anything in the person's mouth (except emergency medication as trained and as dictated by their IHCP)
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

Call an Ambulance if

- You know it is the person's first seizure or
- The seizure continues for more than 5 minutes or once the emergency medication has been administered.
- One tonic clonic seizure follows another without the person regaining consciousness between seizures.
- The person is injured during the seizure
- You believe the person needs urgent medical attention

It is important to remember that a seizure can vary and that the most important thing to do is to limit any further injury while the seizure takes place. You cannot prevent a seizure, nor make one less severe. But you can reassure and stay calm and give the pupil the privacy and reassurance they need.

Symptoms and signs

Each pupil with epilepsy will experience the condition is a way that is unique to them. Seizures can happen at any time and generally last a matter of seconds or minutes, after which the brain returns to normal. Seizures are divided into two groups:

- Generalised
- Partial (sometimes called Focal)

- **Generalised:**

These affect the whole or most of the brain and include the following;

- **Absence:**

Here the person stops what they are doing and may stare, blink or look vague for a few seconds. They are often mistaken for daydreaming or inattention. These are the most common types of seizure in children and young people and can occur several times a day.

- **Myoclonic:**

These involve sudden contractions of the muscles, either a single movement or numerous. These seizures tend to affect the arm, sometimes the head but can affect the whole body in some cases.

- **Tonic Clonic seizures:**

This is the most widely recognized type of seizure. The pupil will lose consciousness, their body will stiffen and they will fall to the ground. This is followed by jerking movements known as convulsions. Sometimes the pupil will become incontinent. After a few minutes the jerking will cease, the pupil will be confused and will probably need to sleep.

- **Atonic seizures:**

All muscle tone is lost and the person drops to the floor. The body will go limp and they will usually fall forward. They are therefore at risk of hitting their head. The pupil can usually get up straight away.

- **Partial (Focal):**

Only one part of the brain is affected. However, this may be a warning or act as an ‘aura’ for a generalized seizure. They are divided into simple (where consciousness is not impaired) and complex (consciousness is impaired).

- **Simple Partial seizure:**

Symptoms depend on which part of the brain is affected. For example, a pupil experiencing this type of seizure may report tingling, sweating; they may go pale or experience a strange smell or taste. The pupil will remain fully conscious and the seizure is brief.

- **Complex Partial seizure**:

Again, the symptoms depend on the part of the brain affected, the pupil can appear fully awake but may be acting strangely (e.g. smacking lips, plucking at clothing or wandering aimlessly). They cannot control their actions and therefore cannot follow instructions.

8 - Spare Adrenaline Auto Injectors in School and Management of Anaphylaxis Protocol

The Human Medicines (Amendment) Regulations 2017 allows schools to buy and administer a spare adrenaline auto-injector, for:

- Use in emergencies
- Only to a pupil at risk of anaphylaxis
- If both medical authorisation* and written parental consent for use of the spare AAI has been provided.
- If the AAI is available.
  **Medical authorisation is taken if a pupil has been prescribed an AAI and a prescription label denotes their name and details.*

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay (or is out of date or broken).

If a pupil/staff appears to be having a severe allergic reaction (anaphylaxis) we will call 999 without delay, even if they have already used their own AAI device or the spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet the above criteria, emergency services (999) will be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

The school's spare AAI will only be used on pupils known to be at risk of anaphylaxis for whom both medical authorisation and written parental consent for use of the spare has been provided. (unless instructed by emergency services).

The school's AAI should be considered a spare/back up and not a replacement for a pupil's own AAI. Current guidelines from Medicines and Healthcare Products Regulatory Agency (MHRA) state that anyone prescribed an AAI should carry two of the devices at all times. This policy does not supersede this advice and the school's spare AAI should be regarded as in addition to those already prescribed to a pupil.

The school is not required by law to hold a spare AAI, but feel it is good practice to do so.

The school will endeavour to ensure a replacement is made before the expiry date of the school AAI, however, is not legally obliged to do so. It is the parents' responsibility to ensure their child has an up to date and usable AAI on their person and a spare kept in the medical room if required. **The school's AAI is not to replace the child's AAIs.**

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If a parent agrees by ticking the appropriate box on the medical form to have access to the school AAI, this information will be included in the pupil's IHCP and distributed to relevant staff so they are also aware. This information will also be recorded in the IHCP Emergency Auto Injector Register.

The School's AAI is kept in the inhaler rack – marked 'school's' and has the expiry date clearly marked. This AAI must be kept on site.

In the event of the school's AAI being deployed, a new one will be ordered. This may take a few weeks to arrive.

Out of date AAI's will be disposed of safely or used in refresher training for staff. Parents can collect their child's out of date AAIs if they wish to dispose of them.

A register on the wall will be kept of the pupils for whom we have written consent/medical authorisation to administer a school AAI.

If an AAI is used on a pupil, be it their own prescribed AAI or, if agreed, the school's AAI, parents will be informed, the emergency services will be called and a written record will be recorded.

The school holds a 300 microgram (0.3 milligram) of adrenaline in Emerade or Epi Pen 300 device. This dose is suitable for children aged 6-12 years and for teenagers age 12+ a dose of 300 or 500 microgram can be used. The school do not hold a 500 microgram AAI.

The school has two AAI devices. These AAIs are kept in the medical room and are not to go offsite. The school AAIs are kept in the inhaler rack in the medical room. The school's AAI devices will not follow pupils offsite if a child's spare AAI is unavailable or out of date.

Severe anaphylaxis is an extremely time critical situation, delays in administering adrenaline have been associated with fatal outcomes. If the school hold a pupil's spare AAI this is also kept in the medical room. These must follow the pupil off site.

Parents will be notified if their child's spare AAI is out of date before the expiry date to ensure a new one is arranged. However, it is the parent's responsibility to ensure their child carries their own AAI and that they are in date and that the child's spare AAI device held by the school is in date and replaced before expiry.

The medical team are responsible for ensuring the school's auto injectors are fit for purpose and replaced (if available and agreed by the Head).

The school cannot administer out of date medication.

What to do if any symptoms of anaphylaxis are present.

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the diagram overleaf, it is vital that an adrenaline auto injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto injector if there are ANY signs of anaphylaxis present and follow the pupil's IHCP

Staff can help administer the pupil's own AAI if available, if not use the spare AAI (if permission and criteria are received/met – check chart). The AAI can be administered through clothes and injected into the upper outer thigh in line with the instructions issued for each brand of injector. Staff present must inform what might have caused the reaction e.g. recent food so this information can be given to the emergency services.

IF IN DOUBT, give adrenaline.

After giving adrenaline, the pupil must not be moved and the pupils should sit or lie down as standing someone up with anaphylaxis can trigger cardiac arrest. The pupil should lie down with their legs raised. If the pupil is having difficulty breathing, allow the pupil to sit. Provide reassurance.

Always dial 999 and request an ambulance if an AAI is used. Always call parents to inform.

Always bring the AAI device to the pupil, never take the pupil to the AAI device.

If the pupil's condition does not improve within 5 to 10 minutes after the initial injection administer a second dose (if available). If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched and inform that a second AAI has been administered.

Ensure school protocol is adhered to for calling emergency services.

Staff

Any member of staff that has undergone first aid training with epi pen/auto injector training may administer or help to administer a pupil's AAI in line with their IHCP. Refresher training is available if requested and the medical room staff can run through a pupil's Individual Health Care Plan and use of AAI if requested.

All staff should be aware of whether a child is on the anaphylactic register and what to do in an emergency. The anaphylactic register is located in the medical room

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction

- Swollen lips,face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child,call for help if necessary
- Locate adrenaline auto injector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Airway:	Persistent cough
	Hoarse voice
Breathing:	Difficulty swallowing,swollen tongue
Consciousness:	Difficult or noisy breathing
	Wheeze or persistent cough

If any one (or more) of these signs are present: (ofthesesignsarepresent:

1. Lie child flat with legs raised:(if breathing is difficult,allow child to sit)
2. Use Adrenaline auto injector*without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

IF IN DOUBT,GIVE ADRENALINE

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if here are no signs of life

Anaphylaxis may occur without initial mild signs:ALWAYS use adrenaline auto injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

9 - Spare Emergency Salbutamol Inhalers in School Policy and Protocol

The Human Medicines (Amendment) (N0.2) Regulations 2014 allows schools to buy Salbutamol inhalers, without prescription, for use in emergencies.

It is ERS school policy for pupils with asthma to carry their own inhalers on them and to supply a spare for the medical room as an emergency. In addition, ERS also have purchased Salbutamol inhalers for use in emergencies only.

These emergency inhalers can only be used by pupils for whom written parental consent for use of the school's emergency inhaler has been given and have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to Salbutamol (such as Terbutaline). The Salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

- ERS have school Salbutamol inhalers in the medical room on the wall rack.
- The school's inhaler can be used if the pupil's prescribed inhaler is not available (for example, empty, broken or misplaced),
- A register will be kept above the wall rack of the pupils for whom we have written consent/medical authorisation to use the school inhaler,
- If a pupil uses the school inhaler a note will be sent home and a record kept on their file.
- The medical team are responsible for ensuring the school inhalers are in date and replaced before expiry date is reached.
- The medical team are also responsible for ensuring protocol is followed and ensuring staff are appropriately supported and trained where necessary.
- All out of date inhalers will be disposed of safely and in line with disposal of medication policy.

Pupils at ERS should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them. If not, a spare should be kept in the medical room and must be clearly labelled with their name, expiry date and stored in the wall rack, for ease of access. If a pupil needs assistance with their inhaler or asthma symptoms and IHCP should be completed by the parents (see Supporting Pupils with a Medical Condition Policy)

Risks
The main risk is that the Salbutamol inhaler for emergency use may be administered inappropriately to a breathless child who does not have asthma. It is therefore ERS policy to ensure the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler and for whom written parental consent has been given. (see register).

Storage and Care of Inhalers.

- The inhalers and spacers are checked to be in working order and in date termly.
- Replacement inhalers are obtained when expiry dates approach
- Plastic inhaler housing are cleaned/sterilised, dried and returned to storage half termly or as used.

- Spacers are washed and sterilised each time they are used.
- Emergency inhalers are clearly labelled school inhalers.

Responding to Asthma Symptoms and an Asthma Attack
Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma.

For this reason, the emergency inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

School's first aid training includes Asthma.

Common day to day symptoms of Asthma are:
- Cough and wheeze (a whistle heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of the child's own inhaler and rest and would not usually require urgent medical attention.

Signs of an Asthma Attack include:
- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- Child complaining of shortness of breath at rest, feeling tight in the chest (younger children may express this as tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- **Appearing exhausted**
- **Blue/white tinge around the lips**
- **Going blue**
- **Collapse**

If a child is displaying the above signs of an asthma attack, commence the procedure below. If the child is displaying any of the last 4 bullet points CALL AN AMBULANCE IMMEDIATELY and commence the procedure below.

Responding to signs of an Asthma Attack
- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while inhaler and spacer are brought to them (DO NOT escort child to medical room – but keep them calm and call for assistance)
- Immediately help the child to take two separate puffs of the Salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs or until their symptoms improve. The inhaler should be shaken between puffs.

- Stay calm and reassure the child. Stay with the child until they feel better, then take to medical room so parents can be notified. The child can return to school activities when they feel better.
- **If the child does not feel better or if you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.**
- **If an ambulance does not arrive in 10 minutes give another 10 puffs as before.**
- **The child's parents or carers should be contacted after the ambulance has been called.**
- **A member of staff should accompany the child to hospital by ambulance and stay until parent or carer arrives.**

Recording and informing parents/carers
If the emergency inhaler is used, this will be recorded, including where and when the attack took place (e.g. PE lesson, playing field) and how much medication was given and by whom. This will be recorded in writing, a copy given to parents and kept in the child's medical file.

Staff responsibility
Any member of staff may volunteer to take on these responsibilities but they cannot be required to do so. All staff are expected to be aware of the school policies, how to react and summon assistance if needed. If staff need further or refresher training they should request this from the medical team.

Staff must not send a child unaccompanied to the medical room if they are having difficulty breathing or have requested assistance for their asthma. Another staff member must be asked to get help from the medical room. A pupil may be sent for assistance if another staff member is not available

Medical team are on hand to advise and assist and are contactable via walkie talkie as well as by phone. Staff must inform them if the child needs help with their asthma and whether they have an inhaler with them. The medical team will check if they are on the register before administering the school inhaler.

10 - Infection Control Policy

This document provides guidance on infection control issues in school.

Its aim is to prevent the spread of infections by ensuring:

- High standards of personal hygiene and practice, particularly hand washing
- A clean environment is maintained
- Staff actively follow recommended guidelines in good hygiene practice

Good Hygiene Practice

Hand washing
Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food or medication and after handling animals. Cover all cuts and abrasions with appropriate dressings if able.

Coughing and Sneezing
Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues.

Personal Protective Equipment
Disposable latex free gloves are available and must be worn where there is a risk of contamination or splashing with blood/bodily fluids. Disposable aprons are also available.

Cleaning of the environment
A contracted cleaning service is used. Equipment, if non-disposable, is cleaned after each use. Bedding is changed and washed if spillage occurs or if soiled in anyway. All bedding is changed regularly. Disposable rolled paper towels are used on top of the beds.

Cleaning of blood and body fluid spillages.
All spillages of blood, faeces, saliva, vomit, nasal and eye discharges will be cleaned up immediately and wearing protective clothes or clothing as appropriate. When dealing with spillages, appropriate cleaning solutions are used that are effective against bacteria and viruses and suitable for use on the affected surfaces. Spillage kits are available.

Never use mops for cleaning up blood and body fluids. Use disposable paper towels and discard waste in clinical waste bin.

Laundry
Laundry will be washed at the hottest wash the fabric will tolerate. Wear protective clothing/gloves when handling soiled linen. Children's soiled clothes should be bagged to go home, and never rinsed by hand.

Clinical Waste
All clinical waste, including aprons, gloves, soiled dressings etc. should be stored in a correct clinical waste bag/foot operated bin. All clinical waste must be removed by a registered waste

contractor which is contracted out. All clinical waste should be less than two thirds full and stored in a dedicated, secure area while awaiting collection (if bin is full)

Sharps Disposal.
Sharps should be discarded straight into a sharps bin conforming to BS7320 and UN 3291 standards. Sharps bins must be kept off the floor (Pref wall mounted) and out of reach of children. The school keeps the sharps bin inside the grey cabinet in the medical room and dispose of filled ones via contractor.

Vulnerable children
Some medical conditions make children vulnerable to infections that would rarely be serious is most children, these include those being treated for leukaemia or other cancers, on high dose steroids and with conditions that seriously reduce immunity. Parents are required to advise if their child has a medical condition that could make them vulnerable to infections. These children are particularly vulnerable to chickenpox, measles or parovirus B19 and if exposed to any of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female Staff – pregnancy.
If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by their doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German Measles (Rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy,
- 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.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

This advice also applies to pregnant students.

Immunisations.
The school expects parents to have their children immunised. The school allow the NHS school nurses to vaccinate pupils in school with parents' consent. Parents are encouraged to have their child immunised and any immunisation missed or further catch doses organised through the child's GP. For the most up-to-date immunisation advice, see the NHS choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

All staff should ensure they are up to date with immunisations including MMR.

Rashes and Skin Infections

Children with rashes should be considered infectious and assessed by their GP.

Infection or complaint	Recommended period to be kept away from school	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	See: Vulnerable Children and Female Staff – Pregnancy
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	Preventable by immunisation (MMR x2 doses). See: Female Staff – Pregnancy
Hand, Foot and Mouth	None	Contact your local HPT (Health Protection Team) if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See: Vulnerable Children and Female Staff – pregnancy
Molluscum Contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet Fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus	None (once rash has developed)	See: Vulnerable Children and Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and Female Staff – Pregnancy
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	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting.	
E Coli 0157 VTEV 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 or under or 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 authority 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	Comments
Flu (influenza)	Until recovered	See vulnerable children
Tuberculosis*	Always consult your local PHE	Requires prolonged close contact for spread
Whooping Cough* (pertussis)	Five days from 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	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult Public Health England.
Diphtheria*	Exclusion is essential. Always consult with HPT (Health Protection Team)	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 blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills see Good Hygiene Practice.
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 if 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, in particular hand washing 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 (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes but most cases are due to viruses and do not need an antibiotic.

- 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, Office for

Standards in Education (OFSTED/Commission for Social care Inspections (CSSI) may wish to be informed – please refer to local policy.

Outbreaks: If an outbreak of infectious disease is suspected, please contact your local PHE centre.

Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 0207 654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

11 - Walkie Talkie Procedure

Key staff have now been issued with walkie talkies. These have been introduced to contact and assist in the event of a serious incident, if cover is required or for a pupil with specific medical needs who has an attached staff member and may need their emergency medication or specific medical assistance as outlined in their IHCP.

Walkie talkies have been issued to:

- Medical Room Staff
- Receptionist
- Poplar
- Rowan
- Staff attached to pupils with specific medical needs
- Deputy Head
- PE Department
- Maintenance

Response:

- Medical Room will respond to any call on channel 2 (The medical channel)
- Reception will respond to any call on Channel 1 (general channel). Poplar base can be contacted on channel 3.
- Staff attached to medical needs pupils will test their walkie talkie each morning with the medical room staff to ensure it works
- Receptionist will test walkie talkies each morning and chase for cover or help if needed and inform senior management of any incidents.
- Poplar/Rowan will request medical assistance if required.
- Deputy Head will be aware of any incident and ensure action
- Medical Room can be used by any staff to request assistance to the medical room.

In the event of any department with a walkie talkie needing emergency first aid assistance, contact can be made by issuing a request through the walkie talkie. All members of staff on channel 2 with a walkie talkie will receive this request. If request is for a particular child with known medical needs/medication, please give the name of child, classroom/area of incident.

In the event of emergency mediation being needed – please be clear with the name of child, their need and location.

In the event of the medical room staff being called from the medical room to an incident and leaving the medical room unattended – medical room staff will notify reception via walkie talkie that the room is unmanned, so cover can be arranged and reception are aware that the first aid room is unstaffed.

Any staff can use the medical room walkie talkie if a pupil arrives in the medical room and the medical room staff are absent.

In the event of medical staff needing assistance, they will request assistance from the Business Manage/Deputy Head or school reception, giving details of location/name of child.

- Walkie talkies can be charged in reception.
- Walkie talkies should be turned on during school hours.

12 - Defibrillator Policy

Purpose
To provide guidance in the management or administration of our school-based AED programme.

Sudden cardiac arrest is a condition when the electrical impulses of the human heart malfunction, causing a disturbance in the heart's electrical rhythm. This erratic and ineffective heart rhythm causes complete cessation of the heart's normal function of pumping blood, resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of the VF.

An AED can only be applied to casualties who are unconscious, without pulse and signs of circulation and normal breathing. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

AED Location: School reception area

- **Model**: Mediana Automated External defibrillator Pads Model: PADS-AP. Unit to be checked/serviced yearly (Easter). Serial Number: 155815120146
- **Battery life (guaranteed 2 years or 200 shocks)**
- **Pads Expiry:** 02/12/26
- **Purchase date**: March 2016
- **Warranty**: 5 years from March 2015 – purchased from NHS Supply Chain
- **5 Yearly check-up/replacement consumables as needed:** Defibshop. 08450710830

The ambulance service has been notified of our AED purchased.

System Owner: Egerton Rothesay School
System Coordinator: Sarah Vest/Ellen Masters

Responsibilities of System Coordinator:
- Selection of employees for AED training and distribution of AED/First Aid trained staff as necessary,
- Coordination of training for emergency responders
- Coordinating equipment and accessory maintenance
- Revision of procedure as required
- Monitoring the effectiveness of the system
- Communication with Senior Management on issues relating to medical emergency response programme including post event reviews.

Maintenance – Equipment and routine
All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific Maintenance requirements include:

- To inform response staff of changes to emergency medical equipment

- The AED Programme coordinator /Health and Safety Officer shall be responsible for having regular equipment maintenance performed.
- All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions and by a reputable company.

Following use of emergency response equipment, all equipment shall be cleaned. If contamination includes body fluids, the equipment shall be disinfected. Pads can only be used once.

The AED will be checked for the ok light on the display panel weekly (every Monday) by the receptionist/admin staff and signed on the sheet kept with the AED unit that it has been checked. If the OK icon is NOT visible but an X is showing contact the AED Coordinator immediately. The AED coordinator will check device and arrange battery replacement or service as necessary.
If the expiration date on the electrode is near, notify the Coordinator immediately to arrange replacement.

Training
Basic First aid, CPR and AED training will be provided on site. AED training must be approved by the NHS or Ambulance Service or be a recognised certification. The school shall maintain training records for trained employees. As the AED program includes treatment of children under 8 years old or 25kg (55lbs) training will include child CPR as technique differs from adult.

Staff Responders may possess various amounts of training in emergency medical response and if their training is supplied by sources outside of the company, a copy of the certification is required. Responders can assist in emergencies, but must only participate to the extent allowed by their training and experience. Any staff member wishing to potentially use an AED on the school premises should have successfully completed an approved AED course including CPR within the last 3 years.

Refresher Training
Trained employees will renew first aid and AED training every 3 years or as defined by the certification.
AED training can also be refreshed using computer-based training if basic first aid /CPR training is up-to-date. Staff are also encouraged to periodically refresh their AED training by using a free online AED computer programme.

The school AED may be used by:
In the event of a member of the public wanting to use it in a life/death situation it can be used at their own responsibility and under the guidance of the emergency services. Anyone can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond shall be appropriate to their training and experience. These responders are encouraged to contribute to emergency response only to the extent they are comfortable. The emergency medical response of these individuals may include CPR, AED or medical first aid.

Location/Procedure
The AED is located within the reception area and the school office staff are responsible for receiving emergency medical calls from internal locations and deploying AED trained staff to the emergency location. Alternatively help can be summoned via walkie talkie or by sending another person for help to reception. Remaining staff, if trained, to commence with CPR until additional help arrives.

The AED unit to be taken to the field on Sports Day's by the Medical Team only, along with the usual first aid requirements.

In the event of a child or adult sudden collapse, responding staff to inform if the casualty is conscious and or not breathing when they request help.

School office staff to notify senior management of any medical emergency incident, and to ensure a staff member is deployed to meet the emergency response vehicle and direct to the location of the casualty. As per our first aid policy, Ambulance or emergency aid can be called by any staff member as dictated by the incident in question.

The medical room will be responsible for informing first aid staff to changes of emergency medical equipment.