

Alexandra Primary School



Alexandra

Primary School

Aspire, Perform, Succeed

**A policy for the supporting and safeguarding children's
Medical Needs at Alexandra Primary School**

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GDPR

Alexandra Primary School aims to ensure that all personal data collected about staff, pupils, parents, governors, visitors and other individuals is collected, stored and processed in accordance with the General Data Protection Regulation (GDPR) and the expected provisions of the Data Protection Act 2018 (DPA 2018) as set out in the Data Protection Bill.

We hold personal data about pupils to support teaching and learning, to provide pastoral care and to assess how the school is performing. We may also receive data about pupils from other organisations including, but not limited to, other schools, local authorities, NHS and the Department for Education.

Aims

We aim to ensure that all children are able to take full advantage of the educational opportunities offered, feel happy, confident, and secure and develop their sense of self-worth to become successful learners.

We aim to provide high quality learning experiences, in a stimulating, safe and happy environment, through which our children can maximise their abilities and talents and thrive in society able to live safe and fulfilling lives.

We support these aims by monitoring and providing for children's welfare and their individual needs, including any medical needs, and by providing a happy, secure environment in which pupils' well-being is of paramount importance so that they can make a positive contribution to society.

Objectives

We want children to:

- Be enthusiastic about learning and to develop a positive image of themselves as learners;
- Develop a sense of responsibility for their actions and become confident and active members of the community
- Feel valued and have the opportunity to develop to their full potential within a context of mutual respect, justice and fairness.
- Achieve their personal best and value the contribution of others
- Achieve high levels of mental and emotional health.
- Use ICT with confidence.
- Learn in a positive school ethos, which promotes caring attitudes;
- Have trusted adults from whom they can seek advice;
- Be aware of the need to keep healthy;
- Know that parents support the school and work in partnership with it;
- Have high quality medical care when required.

1. Pastoral Support – Whole, Happy, Healthy.

At Alexandra Primary School all members of staff undertake a pastoral role. We believe that a friendly school atmosphere, regular contact with parents and sensitive relationships with the children enable any difficulties that may arise to be dealt with quickly. We aim to

provide an atmosphere in which the children feel able to discuss their concerns with a trusted adult; where appropriate a child will be given a named adult who will listen to their difficulties and provide time and a place for them to talk. The class teachers' day-to-day contact with children plays a crucial part in their pastoral care. The curriculum offered has been designed to develop the whole child.

Support staff also have opportunities to make significant contributions to a child's welfare in informal settings. Opportunities for informal support may occur during meal times, play times, during first aid treatment or in support groups.

2. School Policies

2.1. Confidentiality

The school respects the right of all members of its community to confidentiality. All school records as well as verbal information given about children, their families, members of staff or others is treated in the strictest confidence by members of staff and governors who may become party to it. All such information is only shared with other professionals on a 'needs to know' basis. Written records which may contain sensitive information, e.g. SEN records, are secured in locked filing cabinets and should not be removed from the school premises except for professional purposes.

If a member of staff becomes aware that a child wishes to disclose or has disclosed information of a sensitive nature, he/ she should remind the child that confidentiality will be respected, but that in certain cases information may have to be shared with 'another adult who can help'. It is important that promises are not made 'not to tell anyone' that cannot be kept. Similarly, if personal or sensitive information is given by an adult to a member of staff, the adult should be told that the head teacher may have to be informed, unless the information constitutes an allegation against the head teacher, in which case the nominated governor will be informed (see 4.4 below)

2.2 Attendance and Punctuality

We consider good attendance and punctuality to be an essential ingredient to school success.

Please refer to the Alexandra Primary School Attendance Policy.

2.3. Behaviour Policy

At Alexandra Primary we believe in using positive behaviour management. We reward good behaviour, helpfulness, courtesy and effort through a system of individual and class rewards. We ensure that the children are aware of our expectations and set them clear boundaries. We also encourage them to think of others, in the wider community and world, by raising money and donating goods, as appropriate. We do not accept behaviour which is not in line with the school's ethos.

Please refer to the school's Behaviour Policy.

2.4. Equal Opportunities Policy

It is our aim that all children feel valued, safe and important members of our community.

We explore and celebrate individual differences and challenge any behaviour which is harmful to children's self-esteem or safety. We follow Hounslow's procedures for monitoring and reporting racial incidents.

Please refer to the school's Equal Opportunities Policy.

3. Class Logs

Every class teacher keeps a class log, in which they record pastoral issues and concerns.

3.1. What the logs record

Entries may include comments on:

- Incidents of exceptional behaviour or effort that should be recognised e.g. by special mention, community award;
- Incidents of poor behaviour in classroom, hall or playground, noting action taken and by whom e.g. detention, time out, referral to senior member of staff;
- Relationships and communication with adults and peers, e.g. relevant friendships and any difficulties;
- Attitudes to activities in school, e.g. particular enthusiasm or reluctance, VAK preference;
- Noted or reported talents, strengths and interests;
- Patterns of lateness or absence;
- Issues relating to general appearance and parental care;
- Informal discussions with parents;
- Relevant information about the home/family e.g. parental separation, new baby;
- Independence e.g. tying of shoe laces;
- Care and handling of resources.

3.2. How the logs are used

- All entries are dated and written up as soon as possible after a notable observation has been made or event has occurred;
- Records are made in a factual not judgemental manner;
- Support staff who identify pastoral concerns notify the child's class teacher so that the concerns may be recorded;
- The log may be used as evidence for meetings with parents and / or external agencies and is open to be seen by adults concerned with the child's welfare and progress;
- References to other children may be masked for confidentiality purposes if a parent is to see the record;
- Class logs are passed to the receiving teacher in July and relevant pastoral information is discussed as part of the handover that occurs between each class's former and receiving teacher;
- Teachers are provided with an up to date list of high profile children, whose welfare needs particular monitoring, this is updated regularly;
- The SENCO provides information to staff about pupils with emotional or behavioural difficulties, who may need particular pastoral support, and whose provision map may have objectives related to behaviour;
- Team leaders have a responsibility to bring to the attention of the Head / Deputy / Child Protection Officer, any children for whom they have pastoral concerns.

4. Child Protection

All members of staff have a responsibility to be alert to signs of child abuse and to follow the child protection procedures referred to in this policy.

The school has adopted the London Child Protection Procedures, and London Borough of Hounslow's Child Protection Guidance for Schools 2003. Staff are expected to refer to the guidance and follow the procedures it sets out.

4.1. Reporting child abuse concerns

Any concerns should be referred *immediately* to the school's **Designated Safeguarding Lead - Head Teacher John Norton or the Deputy Head Teacher in his absence Joanna Mansfield / Laura Buchanan or the School Business Manager Karen Griffiths or Jo Bird**. If they are unavailable, the referral should be made to a team leader. Following verbal referrals, CPOMS incident logs should be collected from the head; completed, and returned as soon as possible. The head teacher (or person acting in his absence) will decide on the appropriate course of action and inform the person making the referral of the action taken, and outcomes. Please refer to the school's Child Protection Policy and Procedures.

If a decision is taken to make a referral to Social Services, this should be done by telephone call in the first instance. Within 48 hrs CFAN must be completed by the Child Protection Officer (or person acting in his absence), and sent to the Social Services office where the initial referral was made. In most cases the school will inform parents if a referral is to be made, and endeavour to seek their agreement for this to happen. The school will not inform parents if they believe such a discussion would place the child at risk of significant harm.

4.2. Preventative approaches to child abuse

The value of direct teaching on the subjects of respect and healthy relationships is recognised. These aspects are included within the PSHCE curriculum, Learning to Respect initiative and SEAL (social and emotional aspects of learning) programme. They are also taught and practised through other curricular and extra-curricular activities. It is important that pupils are helped to understand how to protect themselves and the importance of respecting and protecting others. The nurturing of positive self-esteem is also central to the school's ethos.

4.3. Protecting children in school

It is vital that teachers recognise the parents or named carers of the children in their class. Any person arriving to collect a child without authorisation must be referred to the school office. Parents wishing someone else to collect their child must inform the teacher, or the school office, in advance.

Teachers should take children, who have not been collected by 3.30pm for infants and 3:40pm for juniors, to wait in the reception area by the school office and inform the office staff.

4.4. Allegations against members of staff

Alexandra Primary has adopted **Hounslow Council Child Protection Procedures for**

Allegations Against Teaching and Other Staff. These will be followed if it becomes necessary to deal with allegations of abuse against members of staff. Copies of the full procedures are available in the staff room, saved in the Child Protection and Safeguarding folder on staff shared drive and from the head teacher.

Allegations of suspected abuse by a member of staff must be made to the **Head Teacher**, John Norton. If the head teacher is unavailable, the referral should be made to the most senior member of staff on site.

Allegations of suspected abuse by the head teacher should be made to the most senior member of staff on site, who will in turn inform the **nominated governor**.

In no circumstances should an accused member of staff be informed by a colleague that an allegation has been made against them.

4.5. Reports by parents

If parents report concerns about children other than their own, they should be asked to inform Social Services directly; the school should not act on their behalf. However, if the school already has concerns about a child, the DSL will decide who needs to be informed when information is obtained in this way.

4.6. Recruiting and selecting staff

In order to minimise the risk of employing individuals who pose a predictable risk to children's safety the school follows the procedures outlined in the London Child Protection Procedures (Section 14.6).

The school also buys Human Resources services from Strictly Education, and is careful to follow the advice they give about the recruitment, selection and employment of staff.

5. First Aid

5.1. First Aid staff:

Qualified First Aid Staff are on call throughout the school day. Mrs Carla Dias Da Cruz – Welfare Assistant is the named First Aider based in the Medical Room. Children who are unwell or have been injured are to be sent to the Medical Room for further treatment, if required. All of the SMSA's and TA's across the school are First Aid trained. The "Medical Needs List" document contains the first aid information and information about specific children's needs, teachers and TA's have access to copies. A copy is located in the Medical Room and is kept electronically. This is updated regularly.

If a child is unable to walk or a serious injury is suspected, the child must not be moved without the attendance and advice of a qualified First Aider.

5.2. Recording and reporting First Aid treatment:

Children (first aid) A first aider must record all incidents/accidents in the 'Incident at School Pad'. The white copy is given to the Welfare Assistant and the yellow copy is given to the child. The Welfare Assistant will then record all incidents onto the School's MIS. The First Aider on duty/ Welfare Assistant will judge if a child's parent/ carer needs to be contacted during the day because of accident or illness.

Employees and visitors (first aid) The school has a responsibility to provide first aid to all employees and visitors within the school. If an employee has an incident/ accident they should seek first aid from any of our First Aiders. All employee incidents/ accidents will be recorded on the 'Visitors/ Accident Report' form.

5.3. First Aid boxes

The Welfare Assistant is responsible for checking the contents of First Aid boxes, ensuring that they are kept stocked with LA approved items and reordering supplies as required.

First Aid boxes are available in school as follows:

- (i) Medical Room
- (ii) Year group area
- (iii) Classrooms (EYS)

First Aid bags for off-site visits and activities are available from the Medical Room. The Welfare Assistant is responsible for ensuring that these are stocked with appropriate items and for handing one or more of them to the person responsible for First Aid on the visit / activity. That person is responsible for ensuring the safe keeping of the First Aid kit/s during the visit and for returning it / them to the Medical Room.

5.4. Managing Blood and Bodily Fluids

Blood and body fluids (e.g. - Faeces, Vomit, Saliva, Urine, Nasal and Eye discharge and Semen) may contain viruses or bacteria capable of causing disease. It is therefore, vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body fluid spillages.

Spills of Blood and other Body fluids should be cleaned up immediately taking the following precautions.

Universal Precautions:

A trained member of staff should handle all body fluids. The immediate area should be cleared of people using hazard signs as necessary. Appropriate protective garments should be worn. These include Disposable gloves and apron. Shoe protectors should also be used when appropriate. Organic matter should be removed using disposable absorbent cloths. The area should then be cleaned using hot water and detergent followed by the appropriate disinfectant taking into account the surface where the incident happened. The area should be dried thoroughly.

Disposal and cleaning precautions:

All spillages of body fluids and material used during clearing up should be treated as "clinical waste" and be disposed of appropriately.

Clinical waste should be disposed of in a securely sealed YELLOW bag. This is to distinguish them from other refuse. All Clinical Waste (yellow bags) should be brought to the Medical Room ready for collection from the PHS special waste company in order that it may be disposed of appropriately. PHS will collect Clinical Waste at the end of each month from the Medical Room yellow bins. This collection should be signed and relevant documentation kept for records. Non-disposable cleaning equipment, such as mops and

buckets should be disinfected and dried after use. It would be advisable to identify special mops and buckets to be used on these occasions. These will be colour coded (e.g. - Yellow) in order to prevent cross contamination. Contaminated clothing should be laundered separately on a hot wash. Carpets, soft furnishing and upholstery should be steam cleaned when possible. (In cases of excessive spillage, these items should be disposed of as clinical waste through PHS).

Procedure for staff:

During the school day all blood and body fluid spills should be notified to the Premise Managers on site. Outside of school hours the Premise Managers should be notified if available. Out of normal hours' competent staff available should adhere strictly to these guidelines. The immediate area should be cleared of all people and hazard signs used if necessary. The appropriate casualty should be escorted if safe, to the Medical Room. Anybody handling the casualty should wear protective clothing, i.e. gloves and apron. During accidents and injuries, disposable gloves should be worn and can be found in all first aid kits.

Cleaning up body fluids:

1. Use the appropriate body fluids disposal kit or absorbent material.
2. Use appropriate protective clothing e.g. gloves, apron and possibly shoe protectors if necessary.
3. Sprinkle the absorbent powder supplied over the spillage. This should turn into a gel like substance.
4. Using the scraper supplied, scoop up the gel and place in the yellow bag provided.
5. In case of small areas of spillage (e.g. - spots of blood) soak up the spillage using absorbent paper towels and place these in the Yellow bag provided.
6. Wash the area using hot water and detergent with the identified equipment.
7. If appropriate for the surface wash thoroughly with disinfectant using the manufacturer's guidelines for correct concentration.
8. Ensure the area is dry.
9. Place all disposable items into the yellow bag provided.
10. All non-disposable equipment should be washed thoroughly and disinfected.
11. The yellow bag should be sealed tightly and taken to the storage point for appropriate disposal.
12. Wash hands thoroughly.

5.5. Injury or illness needing emergency hospital treatment:

When an illness or accident requires urgent medical attention, the following **EMERGENCY** procedures will be followed:

- A member of the School Office will telephone for an ambulance. (999) The time of the call will be recorded and subsequently logged with the date, name of patient and nature of injury/illness on ScholarPack.
- The head / deputy will instruct a member of the school staff to wait at the entrance to the car park for the ambulance, **note time of arrival and direct ambulance crew via the quickest route to the child/person.** If the child/person is on the playground these gates must be opened (key in school office) prior to the arrival of the ambulance.
- A member of the School Office will telephone the parents of the child or named contact person. They should be directed to meet the patient at the hospital. The time

that contact is made must be logged for entry ScholarPack.

- The head/deputy will identify the member of staff who will accompany the child to hospital and await the arrival of the parent/guardian.
- A member of the School Office will place the following documents in an envelope for the member of staff accompanying the child to hospital:
 - A copy of the child's emergency contact form.
 - A copy of any relevant medical information from the Medical Room
- When the parent/carer arrives at the hospital the accompanying member of staff should give only the established facts of the child's accident and not discuss details, giving the school's telephone number and referring them to the head teacher.
- The accompanying member of staff should telephone the school and confirm arrangements for her/his return to the site.
- If the parent/guardian has not arrived within half an hour of the child being discharged from the hospital, the accompanying teacher must telephone the school and take instructions from the head teacher/deputy head teacher.
- The accompanying teacher must record the length of time spent at the hospital and the names of medical staff attending the child and treatment given (if known) on ScholarPack.

5.6. Accident requiring hospital treatment without the need for an ambulance.

When a parent cannot quickly come and take the child to hospital, the head teacher may arrange for the child to be transported in a car owned by a member of staff who has appropriate public liability insurance. In such cases a second member of staff, who supervises the child and remains with her/him at the hospital until the parent/guardian arrives, must accompany the driver.

The head teacher is responsible for checking the insurance of any staff car used for the transportation of pupils.

A reputable taxi service might be used in these circumstances.

5.7. Reporting of referrals to doctor or hospital

The Welfare Assistant must enter details of every accident that is referred to an emergency doctor or hospital.

An accident form must be completed on the London Borough of Hounslow Incident Remote Form which is sent to Hounslow Occupational Health and Safety section. A copy of the completed Incident Record sheet is kept on file in the Medical Room.

It is the head teacher's duty to report fatal or major injuries IMMEDIATELY (by telephone) to the Health and Safety Section at Hounslow and the Chair of Governors.

It is also the responsibility of the head teacher to report to the Governing Body all accidents that have been statutorily recorded, together with any incident of assault upon a member of staff.

5.8. Monitoring

The Welfare Assistant monitors the visits to the Medical Room and informs the head/deputy of any cause for concern (e.g. children who make frequent visits to the

Welfare Room, high incidences of injury at particular times or locations, or marked increase in types of injuries). The head teacher investigates accidents reported to ensure that any unsafe practice is identified and remedial action is taken immediately.

5.9. HIV and AIDS

The Governors, through the head teacher, undertake to implement Hounslow's policy statement on HIV and AIDS and to follow the guidelines on the prevention of blood borne infections (see Appendix E).

6. Medical Needs

6.1. Medical information

Parents are asked to complete a form, giving basic medical information, when children start at Alexandra Primary. These records are kept in the school office, relevant information is noted by the Welfare Assistant and used to update the Medical Needs List.

Parents have prime responsibility for their children's health and are requested to ensure that the information they provide the school is up to date. The Welfare Assistant is responsible for checking that the school has medical records for every child and for providing the head teacher with a list of children who have individual Healthcare Plans.

6.2. Medical needs

Children will, at some time, have a medical condition that may affect their participation in school activities. For many pupils, this will be short term, but some pupils will have medical conditions that, if not properly managed, could limit their access to education. These children have **medical needs**. At Alexandra Primary we aim to ensure that pupils with medical needs receive the care and support enabling them to participate as fully as possible in school life.

Most children with medical needs can attend school regularly, but staff need to take extra care in supervising and in being risk aware for some activities to make sure that these pupils, and others are not put at risk.

Children identified as having medical needs will have an individual Healthcare Plan for a Pupil with Medical Needs. The main purpose of the Healthcare Plan is to identify the level of support that is needed at school, and is a written agreement between parents and school. Plans should be reviewed at least annually. Those involved in drawing up Healthcare Plans will be the head or deputy, parents, class teacher, the Welfare Assistant and the school nurse (as necessary). The Healthcare Plan will also include details of medication and who is to administer it.

A Healthcare Plan may reveal the need for school staff to have specific training on a medical condition, on administering a particular type of medication or in dealing with emergencies. The school nurse will provide appropriate training. Where there is concern about whether the school can meet a pupil's needs, the head teacher will seek advice from the school nurse and Hounslow LA.

The Welfare Assistant is responsible for keeping the list of children with medical needs up to date. All staff are given the list of these pupils. When a class teacher is absent the team leader is responsible for ensuring that this information is available to the person covering the class.

The head teacher will ensure that all medical information is treated confidentially and will reach agreement with individual parents about who will have access to this information.

6.3. Medication

Parents of children with long term medical needs (e.g. Asthma) must provide details of medication so it can be included in a child's individual Healthcare Plan.

Many children will need to take medication for a short period of time (e.g. to finish a course of antibiotics). Parents should try to ensure medication is prescribed in a frequency which enables it to be taken out of school hours. Where this is impossible, parents are asked to see the Welfare Assistant and to complete the 'Parental Request for Administration of Medication' form. Medication will only be given when this form has been completed. Parents are responsible for handing medication to the School Office, and for ensuring that it is labelled with the child's name, dose of drug, and frequency of administration.

Members of staff giving medicine to a child should check the child's name, written instructions provided by the parents or doctor, the prescribed dose, and the expiry date of the medication. Staff must complete and sign the 'Parental Request for Administration of Medication' form every time they administer medication.

All staff are trained in administering medication using an Auto-injector as children requiring such medication in an emergency need **immediate** attention by the supervising adult.

In most cases the only staff to administer medication will be the Welfare Assistant, or a qualified First Aider or staff named on the child's individual Healthcare Plan.

The Welfare Assistant is responsible for ensuring that qualified First Aid staff are fully conversant with new cases, and procedures for the administration of any medication.

It is preferable for pupils who are able to, to administer their medication themselves. This is usually done in the Medical Room under the supervision of an identified adult (as specified above).

If a child refuses to take medication, school staff will not force them to do so. The pupil's parents should be contacted immediately, and if necessary the emergency services.

Staff at Alexandra Primary School will not administer non-prescription medicines. This includes painkillers e.g. analgesics such as aspirin. Children must not bring non-prescription medicines to school.

Parents are responsible for ensuring that a child is well enough to attend school. Children brought to school who are unwell will be sent home.

6.4. School trips and sports activities for pupils with medical needs.

At Alexandra Primary we encourage all pupils to participate as fully as possible in school activities.

Staff in charge of these activities are responsible for checking with the Welfare Assistant about the medical needs of participating pupils, and for ensuring that they are aware of

medical needs, emergency procedures and medication requirements. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils, they must seek advice from the head teacher. Any restrictions on a pupil's ability to participate in PE should be included in their individual Healthcare Plan.

6.5. Storage of medication

When it has been agreed that the school will administer or supervise a pupil's medication, the parents should provide small doses (if possible daily doses). Medication must always be stored in a locked cupboard in the Medical Room, with the exception of inhalers and auto-injectors, or drugs that need refrigeration.

Pupils are informed of where their medicine is kept and when to go to the Medical Room for it.

Medicines such as asthma inhalers are not locked away, but are kept in the class room so that they are readily available for use.

Auto-injectors are kept in the Medical room in a clearly marked cupboard.

The Welfare Assistant is responsible for the safe storage of all medication.

6.6. The Legal Position of Staff

There is no legal duty on school staff to administer medication; it is a voluntary role. Staff who provide support for pupils with medical needs will be given appropriate training, and have access to all necessary information. If staff follow the school's procedures they will normally be fully covered by Hounslow's public liability insurance.

Staff are expected to do all they can to assist a child in medical need. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

7. Common Medical Needs

Managing Medical Conditions in Schools

Please refer to the Hounslow policy on supporting pupils with medical conditions
https://search3.openobjects.com/mediamanager/hounslow/fsd/files/pupils_with_medical_conditions_hounslow_final_oct19_archive.pdf

Information about online training to support the management of medical conditions is available in the attached document.

Asthma, Epilepsy, Diabetes and Anaphylaxis are the medical conditions children in school most commonly have. The following section provides basic information on each condition.

7.1. Asthma

Children's individual Healthcare Plans will identify severity of asthma, individual symptoms, and triggers such as cold air and exercise.

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites.

Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheezing and difficulty in breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

Medication and Control:

There are several medications used to treat asthma. Some are for long-term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise). Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow the children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Children with asthma must have immediate access to their reliever inhalers when they need them.

Asthma medication is kept in the class room where it is readily available for pupils.

Parents are asked to ensure medication is labelled. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If, however, a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects.

Pupils with asthma are encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities.

They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion.

Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

Asthma Attack:

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply.

The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5 - 10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought, and/or an ambulance called.

As part of school admission process all schools (mainstream and special schools) should complete a health check. If it is determined that a child has asthma, parents should be able to share the asthma care plan with the school, or the GP can be contacted directly for a copy of the asthma care plan. GPs are responsible for providing an asthma health care plan (unless the child has more significant asthma difficulties where they are seen by specialist services). If there are difficulties in obtaining the asthma care plan from the GP for children with a Hounslow GP, the school nursing service are able to assist with chasing this for you. For out of borough GPs, all schools need to liaise with that GP directly. If you have specific problems in obtaining the asthma care plan for an out of borough GP, let the Designated Clinical Officer (DCO) know who can escalate this to the DCO in the relevant borough.

7.2. Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around 1 in 130 children in the U.K. have epilepsy. Parents are sometimes reluctant to disclose their child's epilepsy. At Alexandra Primary we aim to encourage them to do so by informing them of our positive policy towards children with medical needs.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals, some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body, which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery-times can vary, some require a few seconds, while others need to sleep for several hours.

Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day-dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

Simple Partial Seizures (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

Complex Partial Seizures (when consciousness is impaired) is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TV. A child's individual Healthcare Plan should detail likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming. Off-site activities may need additional planning, particularly overnight stays.

Concern about any potential risks will be discussed with pupils and their parents, and if necessary, the head teacher will seek additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Staff may naturally be concerned about agreeing to undertake such an intimate procedure and proper training and guidance will be given before staff will administer Diazepam. Diazepam causes drowsiness so pupils may need some time to recover after its administration.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything in the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

For children with epilepsy, parents should have a letter from the consultant. West Middlesex Hospital have an interim epilepsy specialist nurse and for children/young people under her care she will support schools to write the care plans and see the child / young person in the hospital clinic. For children requiring Buccal or rectal medications the Children's Community Nursing team (CCN) would then write the whole care plan and would discharge from their case load once the plan is finalised.

www.youngpilepsy.org.uk/guideforschools is a useful source of information for schools.

All staff in the class should undergo general epilepsy awareness training. This can be accessed through these links:

<https://www.youngpilepsy.org.uk/guide-for-schools/epileptic-seizures/>

or

<https://www.epilepsy.org.uk/training/for-schools>

For mainstream and special schools a meeting between school staff and parents should be arranged to review the letter from the consultant. If training on emergency medication (Buccal Midazolam or rectal paraldehyde) is required the Children's Community Nursing (CCN) team can provide the training on a case by case basis.

7.3. Diabetes

A health care plan should be written in conjunction with the specialist health professional. Training can be delivered from the diabetic specialist service at West Middlesex hospital.

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control

their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and be allowed to use the Medical Room.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will need access to the Medical Room.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Lazed eyes
- Shaking
- Lack of concentration
- Irritability

Each pupil may experience different symptoms and this should be discussed when drawing up their Individual Healthcare plan.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10 - 15 minutes later. If the pupil's recovery takes longer an ambulance should be called.

7.4. Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases; they go through the whole of their school lives without incident. The most common cause is food

— in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold it back. Training is provided for all staff on how to administer the injection.

For some children the timing of the injection may be crucial. This needs to be clear in the individual Healthcare Plan and suitable procedures put in place so that swift action can be taken in an emergency.

Medication is kept in the Medical Room and the child's classroom.

Parents will expect the school to ensure that their child does not come into contact with the allergen. For this reason, Alexandra Primary is a nut-free school. Parents are asked not to send products containing nuts to school at any time. It is not possible to ban other foods which may cause allergies, such as fish, but staff are aware of children's allergies and do all they can to ensure children at risk avoid them. It is also necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty in breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the Individual Healthcare plan.

Call an ambulance immediately if the pupil does not respond to the medication.

Children who require Epipens will receive ongoing prescriptions from their GP. Epipens last for 18 months. Schools are able to purchase emergency Epipens if additional Epipens are required. Training can be accessed through this link:

<https://www.allergywise.org.uk/>

7.5 Haemoglobinopathy (Sickle Cell Disease or Thalassaemia Major)

HRCH have a specialist nurse to assist with specialist care plans.

7.6 Any other conditions

Where children are receiving care under a specialist hospital, the treating professional should produce a health care plan. Guidance is often provided in the form of a letter. Schools may require support in interpreting information contained in letters.

In mainstream schools, school nurses should be approached for support.

In special schools, where children are known to the CCN team, the CNN team can be approached for support. If children are not known to the CNN, the School nursing service can be approached for support with regards to developing a health care plan.

Parents are responsible for ensuring the school is kept up to date with any changes to care need and provide the most up to date letter.

8. Health Care

8.1. Referrals by staff

Staff who are concerned about a child's health (e.g. weight, hearing, speech, sight) must refer the child to the Welfare Assistant who will discuss the matter with the head teacher. Following consultation with the child's parent arrangements can be made for the child to be seen by the school nurse.

8.2. Medical examinations

Medical examinations by the school nurse may occur periodically during a child's time at school. Parents are informed and asked to give permission of these examinations by the Health Authority and are invited to attend.

The school nurse may refer children for further tests to other professionals. It is the parent's responsibility to ensure that they keep these appointments.

8.3. Communicable diseases

Any child suspected of having a communicable disease must be sent to the Medical Room. The Welfare Assistant will contact the parents.

If a parent reports that their child has a communicable disease the information must be given to the Welfare Assistant, who will immediately notify the agencies concerned and inform the head teacher.

The head teacher will authorise exclusion from school of pupils / siblings in appropriate cases.

The head teacher will inform the Chair of Governors of the case/s. The head teacher will inform the staff about cases of communicable diseases. Parents will be informed of cases of communicable disease by letter with a brief description of symptoms to watch for.

The Head teacher will carry out a risk assessment and take advice from the Health Authorities as to any need for an immunisation programme or any further action.

8.4. Health in the curriculum

Children are taught about keeping healthy and encouraged to take responsibility for their own health through the school's PSHCE, PE and science curricula. Children are taught about emotional as well as physical health; the SEAL materials (social and emotional aspects of learning) support this aspect of the curriculum. Alexandra Primary has Healthy Schools status and the Sport England Activemark and actively encourages healthy eating habits and walking to school through its food and travel plans. School also promotes "Change for Life" clubs. We are constantly striving to improve the health and well-being of our pupils and staff.

9. Responsibilities

9.1. Governors

It is the responsibility of the Governing Body to:

- Oversee the implementation of the Safeguarding and Medical Policy;
- Ensure the policy is monitored and reviewed and that necessary revisions are undertaken;
- Ensure the Health and Safety Procedures are followed.

9.2. Head/Deputy

It is vital that the head teacher and deputy head teacher are kept well informed, as their role is crucial in the communication and monitoring of pastoral care in the school. The head / deputy are responsible for:

- Overseeing the implementation of this policy;
- Monitoring and reviewing of the policy;
- Ensuring that staff fulfil their roles effectively;
- Determining if short term medication may be administered in school;
- Liaising with parents and support services;
- Monitoring absence and attendance;
- Reporting Child Protection issues to appropriate agencies;
- Ensuring staff are sufficiently trained;
- Ensuring confidentiality of medical records;
- Communicating policy and procedures to parents;
- Overseeing the drawing up Healthcare Plans for children with medical needs;
- Ensuring staff are kept informed of medical issues related to children in their care.

9.3. SENCO

The SENCO is responsible for:

- Following up referral of pupils to other agencies;
- Providing staff with information about children needing particular pastoral support (as detailed in their provision maps.)

9.4. Class teachers

Class teachers are responsible for:

- Providing support and guidance to pupils in their care;
- Keeping the class log up to date;
- Reporting pastoral concerns;
- Being aware of Child Protection issues and reporting Child Protection concerns; immediately to the head teacher;
- Keeping abreast of information relating to the medical needs of children in their class and/or teaching group and seeking advice when necessary;
- Providing a secure learning environment in which all children feel safe and valued.

9.5. Team leaders

Team leaders have overall responsibility for the pastoral welfare of children in their team. They are responsible specifically for:

- Ensuring implementation of this policy;
- Being the first point of reference for class teachers in their teams about pastoral concerns;
- Providing support and guidance to teachers over pastoral issues;
- Ensuring they have all necessary information about children in the year groups they are responsible for;
- Providing support and guidance to pupils in these year groups;
- Monitoring class logs;
- Ensuring Child Protection procedures are followed.

9.6. Welfare assistant — First Aid appointed person

The Welfare Assistant is responsible for:

- Ensuring medical records are up to date for every child in the school;
- Ordering First Aid equipment, keeping it in good condition, and ensuring it follows LA guidelines;
- Storage of First Aid equipment;
- Attending training on First Aid and Medical issues, and ensuring that qualifications are kept up to date;
- Helping with the writing of individual Healthcare Plans and storage of these plans;
- Monitoring welfare room log and informing the head/deputy of concerns;
- Informing parents of a child's injuries / illnesses;
- Reporting Child Protection issues to the Child Protection Officer, John Norton;
- Keeping lists of high profile children up to date and informing appropriate staff;
- Providing the First Aid kit and individual children's medication for school trips;
- Following school procedures when administering medication and keeping records;
- Providing support and advice to pupils;
- Reporting pastoral concerns to class teachers.
- Recording medical needs on ScholarPack
- Recording first aid treatment on ScholarPack

9.7. Support staff

Support staff are responsible for:

- Providing support and advice to pupils;
- Helping pupils with special educational needs to achieve their targets;
- Reporting any Child Protection concerns to the Child Protection Officer, John Norton following school procedures for administration of medication and keeping records;
- Reporting pastoral concerns to class teachers.

9.8. Other Staff

Other staff are responsible for:

- Providing support and advice to pupils;
- Reporting pastoral concerns to class teachers;
- Reporting any Child Protection concerns to the Child Protection Officer, John Norton

9.9. Parents

Parents are responsible for:

- Providing necessary medical information to school and ensuring it is kept up to date;
- Helping to draw up individual Healthcare Plans and being involved with their review;
- Providing necessary medication and written information, and ensuring the school is kept informed of changes to prescriptions or support needed;
- Informing class teacher, head or deputy of any changes of circumstances / events that may affect their child in school (e.g. bereavement, separation etc) so that appropriate support can be given.

10. Monitoring and Assessment

10.1. Children's pastoral and medical needs are monitored through:

- Class logs
- SEN review meetings
- Child Protection reports
- Individual Healthcare Plans
- Class lunchtime logs
- Team and Phase meetings
- Parents' meetings
- CPOMS

10.2. The Senior Leadership Team will assess the effectiveness of this policy through:

- Minutes of phase and team meetings
- Regular meetings of the SLT, and deputy with the head.
- Class logs (Team leaders)
- First Aid Day Record (Head)

- Incident Record file (Head)
- Individual Healthcare Plans (Head)
- SEN review meetings (Head and SENCO)
- Meetings with individual parents
- CPOMS

We seek to ensure that we provide the best possible care and support for our children. To ensure this is the case we will regularly review this policy and our procedures and amend them in the light of our findings.

11. Success Criteria

We will judge this policy to be effective if:

- Members of the community believe that Alexandra Primary provides a happy, safe and secure learning environment for all children and staff.
- Children have high self-esteem and expectations of themselves.
- Children's welfare and medical needs are provided for and monitored.