



## MEDICAL NEEDS CORSHAM REGIS PRIMARY ACADEMY

**Date: November 2021**

**Review Date: October 2023**

### **Guidelines for Pupils with Medical conditions at Corsham Regis Primary Academy**

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of academies to make arrangements for supporting pupils at their school with medical conditions, in terms of both physical and mental health, so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This came into force on 1 September 2014.

Pupils with medical conditions at Corsham Regis Primary Academy are properly supported so that they have full access to education, including school trips and physical education, so that they enjoy the same opportunities at school as any other child. The Governing body is responsible for ensuring that arrangements are in place to support such pupils and they ensure that the Senior Leadership Team consult with health and social care professionals, pupils and parents in order to effectively meet the needs of children.

Mrs Ceri Stone is the lead person on medical conditions from the Senior Leadership Team.

Medical needs can be divided into three types:

- Chronic illness – a long term problem needing a healthcare plan
- Acute illness – such as infections where antibiotics may be needed
- Emergencies - when immediate medical action such as the administering of adrenaline with an EpiPen may be needed.

### **Chronic Illness**

Parents and carers are asked to give information on medical conditions before pupils start at Corsham Regis. Healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. Typical instances include, children with diabetes or severe allergies. However, not all children will require one. The academy healthcare professional(s), such as the School Nurse or a Paediatric Diabetes Nurse, and parent or carer should agree, based on evidence, when a healthcare plan would be appropriate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A. These will be reviewed annually or before if necessary.

The healthcare plans must include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- whether the child has any specific special educational need or disability, and if they have a statement, a My Plan or a My Support Plan
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring, including what to do if the child refuses to take medicine or carry out a necessary procedure;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- Pupils should also be involved whenever appropriate.
- a photograph of the pupil

The aim of the healthcare plan should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners must agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

It is the responsibility of parents to ensure that medicine stored at school (e.g. inhalers and epipens) remains in date and appropriate for use. Parents are asked to take all medication home at the end of each term. Any medication which has passed its expiry date should be collected from school by parents/carers within 5 days of the expiry date or it should be disposed of safely, e.g. by returning it to the local pharmacist.

**Medicines should not be disposed of in the sink or toilet. Where no longer required, medicines will be returned to the parent for safe disposal. Sharp boxes will be used for the disposal of needles and any other sharps.**

The academy has staff qualified to administer first aid. Staff may undertake training in administering medicines, e.g. Epipens, asthma awareness, when appropriate. This is available firstly from the academy nurse who also gives advice to parents. Specialist training is sought when appropriate.

**THERE IS NO LEGAL DUTY, WHICH REQUIRES ACADEMY STAFF TO ADMINISTER MEDICATION. THIS IS A VOLUNTARY ROLE AT CORSHAM REGIS PRIMARY ACADEMY. THE STAFF DO NOT ADMINISTER INVASIVE MEDICINES (SUCH AS RECTAL DIAZEPAM), WHICH INVOLVE THE REMOVAL OF CLOTHING.**

Long term needs often include asthma. We encourage pupils to be responsible for their own inhalers from Y3 onwards (provided there is agreement between teacher and parent). Pupils are asked to keep them in a safe place and those belonging to younger pupils are kept in teachers' cupboards for ready access. All teachers keep a list of known pupils with inhalers in their classes on the inside of the teachers' cupboards. A full list is made each year and kept in the office. We ask parents to inform us as to triggers for attacks.

If a child refuses to take medicine or carry out a necessary procedure, staff must not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

At the end of every academic year, or when there is a change in class teacher, transition meetings are held between staff so that an individual child's healthcare needs are communicated, and necessary support continues. These meetings sometimes include the parents and the pupil concerned. When new pupils transfer into the school, parents or carers are expected to share any medical needs for pupils. Mrs Stone will then consult, if appropriate, with the family, the previous educational setting and / or relevant healthcare professionals to ensure sufficient support is in place. These arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Copies of pupils' individual healthcare plans and / or medical conditions are displayed in the classrooms, the main office and the school kitchen. A copy is also included in the folder for supply teachers which the class teacher must have readily available.

For advice on other long-term illnesses e.g. epilepsy, diabetes, anaphylaxis, see D.F.E. document "Supporting Pupils with Medical Conditions" April 2014.

### **Acute Illness**

The members of staff at Corsham Regis Primary Academy follow the Department of Health's guidance on infection control in schools.

Parents are asked, for example, to keep children at home for two days after diarrhoea or vomiting. All children who are acutely unwell should be kept at home. However, some medicines (e.g. antibiotics) still need to be taken when children are fit for school. These medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

For dosages required three times a day these can be administered out of school hours, e.g: before school, after school and at night, (subject to medical advice).

For any medicines needed during the school day parents may come into school and administer them.

Alternatively, the parent should complete and sign the necessary form (Form 1) in the front office. They must provide evidence that the child needs medication during school hours, e.g. instructions on the container or advice from the pharmacist. At the end of the course of medication, Form 1 will be kept in the pupil's file.

**NO medicines will be administered without the signed form and appropriate evidence. This must include the full instructions as to the dosage and frequency.**

The medicine, together with the completed and signed consent form, should be delivered to the main office at Corsham Regis, where possible by a parent, and should be handed personally to the Headteacher or Officew Manager or a designated member of staff.

A written record should be kept of the administration of all prescribed medication to pupils, using Form 2. The record should be kept with the instructions and be checked and completed, by the designated member of staff, each time. Form 2 is kept on the academy premises.

**If a child needs a non-prescribed medicine, such as paracetamol or ibuprofen, which has already been authorised by the parent / carer, a member of staff will contact the parent / carer prior to administering it.**

In order to ensure all medicines are administered by staff safely, two members of staff must be present to check that the medicine and dosage is as prescribed. No medicine should be administered by a staff member on their own.

### **Staff training and support**

**Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Suitable training may be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions must be included in meetings where this is discussed.

The relevant healthcare professional should lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Staff must have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. They are also able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice but should not be the sole trainer.

## Management and storage of Medicines

Medicines should be stored safely in the pharmacist's original container and prescribed medicines must be clearly labelled with a recognised pharmacy label. This must display the:

- contents,
- child's name,
- dosage and
- any other instructions.
- The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

The receiving member of staff should check the accuracy of the name and date.

Any medication that needs to be administered to pupils during the school day is stored in a locked cabinet in Main Office. Medicines should be placed in a suitable additional sealed container, e.g. Tupperware box and clearly marked 'Medicines.' Insulin and liquid medication is stored in the fridge.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. These items should be placed in a suitable additional sealed container, e.g. Tupperware box and clearly marked 'Emergency Medication' and with the child's name. They should be stored in the classroom so that trained staff have immediate access to them.

Controlled drugs may only be administered to those whom they have been prescribed. Any staff administering medicines will do so in accordance with only the prescriber's instructions and not the parent/carer given instructions.

### **Under no circumstances should medicines be kept in First Aid boxes.**

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents must always be informed.

## Emergencies

If a child becomes ill at Corsham Regis, suffers an accident and is distressed, or needs medical treatment an attempt is made to contact a parent or the emergency contact number. Pupils only remain at school if a responsible adult cannot be contacted. **IT IS THE PARENTS' RESPONSIBILITY TO SUPPLY UP TO DATE CONTACT NUMBERS (minimum of 2 which are checked annually at the beginning of each academic year).** If the pupil requires medical treatment a member of staff will take him/her to the nearest available medical practitioner or the hospital.

If the child concerned has a chronic illness and therefore a healthcare plan has been drawn up the emergency procedures outlined on the plan and agreed with a carer are followed. The administering of medicine in these cases is only given by adults and agreed with carers. All adults are trained if necessary, e.g. epipens for anaphylactic shocks.

In an emergency when the pupil cannot be moved, the adult in charge will notify the Headteacher, Deputy, Senior Teacher or Office Manager to send for an ambulance. Staff can also make the decision to send for an ambulance themselves if they are nearer a telephone point and the accident/emergency is

of such a serious nature. (See guidance on Crisis Management). An attempt will be made to contact parents or carers after the emergency service has been notified.

The school has guidelines on accident procedures. These are given to all teachers (excluding supply teachers), TAs and MDSAs. A copy is kept in the office.

NB The academy does not dispose of unused medicines. These are returned to parents by the end of each term.

## **Roles and responsibilities**

**The Governing Body** is to ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**The Headteacher** must ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher must ensure that all staff who need to know are aware of the child's condition. They must also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

**Parents** must provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and must be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. It is good practice for them to be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

**Any member of school staff** may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff must receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**The School Nurse** is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

**Other healthcare professionals**, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

## **Relevant documents and legislation: -**

Section 21 of the Education Act 2002

Section 175 of the Education Act 2002

Section 3 of the Children Act 1989

Section 17 of the Children Act 1989

Section 10 of the Children Act 2004

The NHS Act 2006: Section 3 Section 3A Section 2A

Equality Act 2010  
Health and Safety at Work Act 1974  
Misuse of Drugs Act 1971  
The Medicines Act 1968  
Regulation 5 of the School Premises (England) Regulations 2012 (as amended)  
The Special Educational Needs Code of Practice  
Section 19 of the Education Act 1996  
Our Healthier Nation – Guidance on Infection Control in Schools and Nurseries (Dept of Health 99)  
Supporting Pupils with Medical Conditions. (DFE April 2014)  
Ofsted – Pupils with medical needs briefing April 2014  
WCC Health & Safety Manual (Accident Reporting, First Aid)  
Proformas for Health Care Plans  
Medicine forms

## **OFF SITE CARE**

Prior to a school visit or any school activity outside the normal timetable, class teachers must carry out a general risk assessment using Evolve. This risk assessment must include any specific medical conditions of pupils, their healthcare needs and any necessary actions.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The teacher leading the visit must ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

When conducting a risk assessment, teachers must consider how a child's medical condition will impact on their participation and provide enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The teacher must make arrangements for the inclusion of pupils in such activities with any adjustments as required so that they can participate fully and safely unless evidence from a clinician such as a GP states that this is not possible.

### **Residential Visits**

Parents fill in a specific medical form and named staff will be responsible for storing and supervision of pupils taking their medicine. Pupils who are on a short course of medicine, where the taking of this at very specific times is paramount for their recovery, should not go on any planned residential visit.

### **Day Visits**

For any out of academy activity, it is the parent's responsibility to ensure that any medicines that it has been agreed the child should take must be handed to the teacher in a named container, stating dosage and time to be taken. Where an inhaler is self-administered, it is also the parent's responsibility to ensure that the pupil is carrying this. It is the class teacher's responsibility to ensure that all necessary medicines are taken on trips. A designated member of staff will carry medicines for pupils who are not yet able to self-manage these.

Some children require invasive support such as rectal diazepam. Parents/carers would be expected to accompany the child on a visit so that they could administer the medication in the event of an emergency.

Minor first aid (cuts etc) is given by a responsible adult. There are first aid boxes and relevant equipment in the first aid room. Blood and bodily waste is disposed of in plastic bags and put in the designated bin in the first aid room. Members of staff are advised to wear disposable gloves whilst dealing with cuts and abrasions. The current certificates of first aid training held by members of staff are displayed in the First Aid room.

### **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school

### **Liability and indemnity**

Our insurance states that staff are covered for the administration of medication as long the school has obtained written parental consent stating the name of the medicine and the dosage to be administered.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

The academy is a member of the Department for Education's Risk Protection Arrangement (RPA) which is a scheme provided specifically for academies.



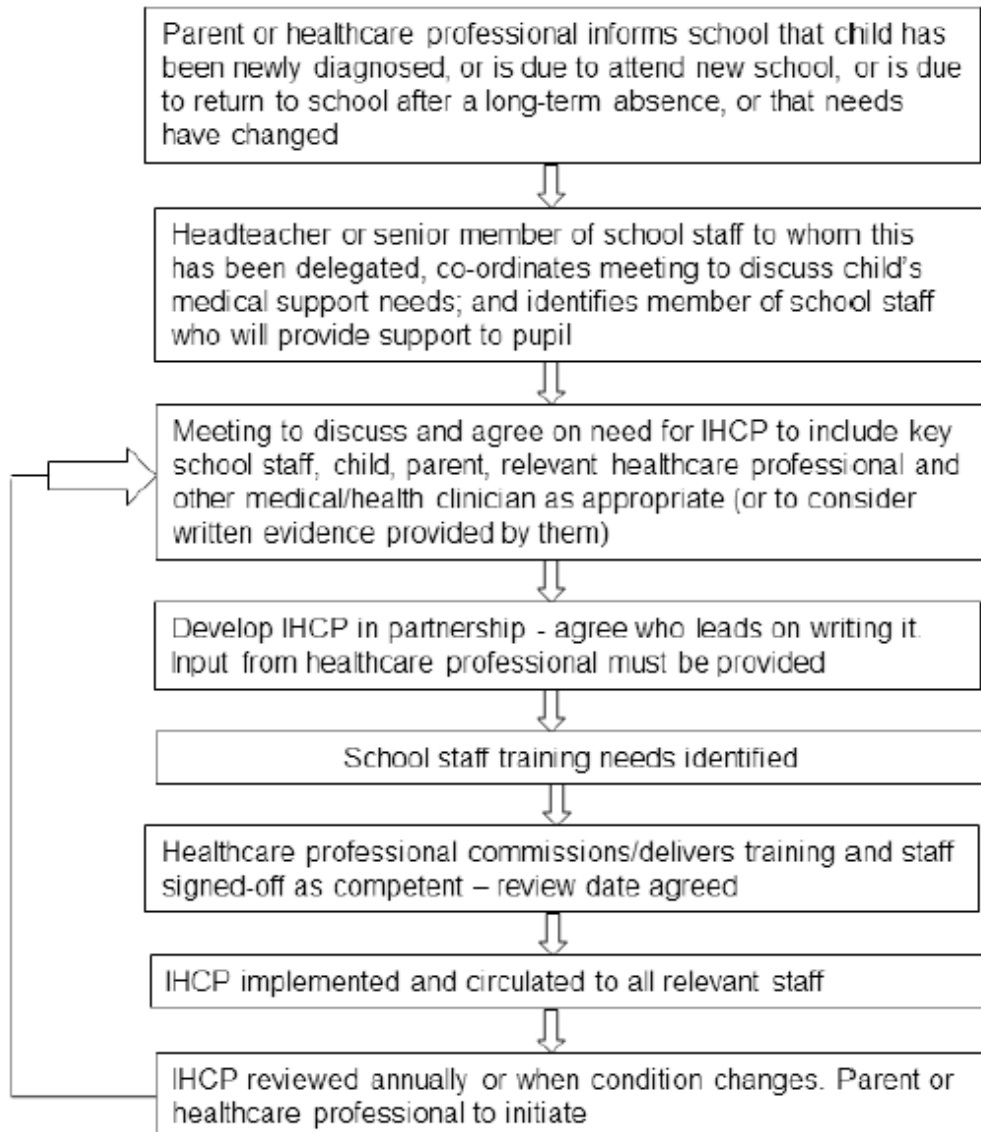
## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the lead person for Medical Conditions at Corsham Regis, Mrs Ceri Stone. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

(November 2018)

## Annex A: Model process for developing individual healthcare plans



APP

## APPENDIX B - EPILEPSY POLICY

The academy recognises that pupils with epilepsy should take a full part in the life of the school. It is important that they should be able to participate in sporting activities, but supervisors/teachers should be aware of the pupils who have epilepsy, particularly for swimming lessons.

In the event of a pupil with a diagnosis having a seizure, the supervising staff will employ suitable first aid as identified on the risk assessment. If the pupil is not on the epilepsy register or the seizure occurs with a fever, staff will arrange for urgent medical treatment by calling 999. If the pupil has a known history of epilepsy and makes a rapid recovery, he/she may in some circumstances be able to continue in school, this will be indicated in the risk assessment. However, in every case, the teacher will inform the parents of a seizure at the earliest opportunity.

## APPENDIX C – DIABETES POLICY

The school recognises diabetes as a common medical condition likely to affect some of its pupils. It seeks to enable such pupils to reach their potential in all areas of school life. It is recognised that children with diabetes require regular food intake and that this is particularly the case in relation to exercise when additional food may need to be taken.

The most common emergency treatment of a diabetic pupil will be when the pupil's blood sugars are low ie hypoglycaemia. The early signs of this will vary according to the pupil, and its severity. The early warning symptoms individual to the pupil will be indicated in the risk assessment. In the early stages, treatment with a sugary snack or drink is required. If not recognised early enough, 'rescue' medication such as hypostop or glucogel may be required. The risk assessment will identify where rescue medication will be stored. It should be taken on all outside visits, along with the relevant snack or drink.

## APPENDIX D – ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADHD is one of the most common psychiatric conditions of childhood. Impulsivity, distractibility, overactivity and hyperkinesia (unusual, possibly uncontrollable, muscular movements) are features of the condition. Management should be multi-disciplinary involving work with community paediatricians, parents/carers and staff members.

Medication (e.g. Ritalin) can improve attention and reduce physical restlessness. It is thought the medication does not improve behaviour per se but may allow behaviour techniques to work through increased attention span.

Ritalin is often a three times daily medication thus necessitating the need for the academy's involvement in its administration. The tablets should be placed in a child safe medicine pot and clearly labelled with the child's name, dosage and instructions. It must be stored in the locked medical cupboard.

Medication should be given as close to its prescribed time as possible. A written record of its administration should be completed by a designated member of staff and in a way that ensures the pupil's confidentiality. In all cases a risk assessment should be completed.

## APPENDIX E – SEVERE ALLERGY

The academy understands that severe allergy is a significant issue in some people's lives, and undertakes preventative measures (avoiding the allergen), administration of medication and follow up measures as indicated in each individual's risk assessment. Training in administration will be given as necessary, under the direction of the School Nurse.

The academy undertakes to promote inclusion by making suitable and reasonable adjustments.

Regarding food allergies:

- The Catering Manager is vigilant and supportive and will liaise directly with parents/carers concerning their children's needs.
- Ingredients used during class cookery sessions will be checked and adjusted for all, according to the class profile. Utensils will be of appropriate material and thoroughly cleaned
- Special arrangements will be put in place for cake sales, in consultation with parents/carers.

Regarding insect stings/contact allergies:

- High risk situations/substances will be avoided for the whole cohort, to promote inclusion and equality of opportunity.

## APPENDIX F

### Reducing the Risk of Needle Stick Injuries Policy & Procedure

#### 1. Purpose

The purpose of this policy is to outline schools position regarding the prevention and management of needle stick injuries and provide guidance and procedure for staff. Needle stick or sharps injuries are wounds caused by an object or device with a sharp point, protuberance or cutting edge that are capable of puncturing or piercing the skin. This presents a potential exposure to blood borne viruses (BBV). Those blood borne viruses of most concern are HIV, Hepatitis B and Hepatitis C. Whilst the risk of acquiring a needle stick injury within the school environment is low, it is vitally important that all needles are disposed of safely thereby ensuring that staff and pupils are not harmed.

#### 2. Scope

This document explains the procedural arrangements for the control of sharps and will ensure that staff are aware of the appropriate action to take in the event of the inoculation of blood or bodily fluids by a needle or other sharp.

#### 3. Objective

The objective of this policy is to ensure that school adopt practices which minimise the risk of needle stick exposure.

#### 4. Legislation

The relevant legislation in respect of risks from sharp injuries includes:-

- The Health and Safety at Work Act 1974
- The Control of Substances Hazardous to Health Regulations 2002
- The Management of Health and Safety Regulations (Northern Ireland) 2000
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1997

#### 5. Procedure Details

Where staff are required to assist in the administration of medication with particularly young or disabled children they should receive training from a member of the medical profession.

In relation to the storage and disposal of used sharps:

- All sharps bins/containers used should be BS7320: 1990 and UN3921 approved.
- Sharps bins/containers should be sealed when the sharps reach their fill line, parents or relevant person should be informed and then replaced.
- Sharps bins/containers should be located in safe and secure position.
- Needles should not be re sheathed after use.
- Sharps should be disposed of immediately after use and not left lying around. Pupils must be advised on the safe disposal of sharps, in their own personal care. Needles are only to be disposed of in the sharps bin/container.
- Never carry sharps in hands or pockets, take the sharps bin/container to the syringe, do not walk with the needle or syringe.
- Contents of the sharps bins/containers should not be decanted into another container.

Cleaning Staff, the Site Manager or any other member of staff should be instructed not to place their hands into any area or object where they cannot see as there may be concealed sharps. Visual inspections should be carried out prior to work commencing to check for the presence of any sharps.

Risk Assessments will identify the requirement for suitable PPE(Personal Protective Equipment) such as gloves, thick soled footwear and litter pickers.

In the case of a spillage from a sharps container, the following procedure should be followed:-

- Wear protective clothing, e.g. gloves
- Gather up spilled sharps using a dustpan and a brush and put them into the appropriate sharps container.
- Dispose of protective clothing, e.g. gloves
- Wash and dry hands thoroughly.

In the case of a needle stick injury occurring

- Encourage the wound to bleed by gently squeezing the site (Do not suck).
- Wash the area with running water and soap.
- Dry area and apply waterproof dressing.
- Report the incident to your line manager, who is required to report the incident using the accident injury report form.
- Seek urgent medical attention through your Doctor or A&E Department.

#### 6. Roles and Responsibilities

The Senior Leadership Team and Governing Body are responsible for ensuring this policy and procedure is adopted as part of the overarching safety policy. .

The Head Teacher is responsible for implementing this procedure and ensuring that it is adhered to by staff and pupils for whom they are responsible.

#### 7. Glossary of Terms and Acronyms

BBV Blood Borne Viruses

Sharps an object or device with a sharp point or protuberance or cutting edge which is capable of cutting or piercing the skin

#### 8. Associated Documents and Guidance

[www.hse.gov.uk/healthservices/needlesticks/actions.htm](http://www.hse.gov.uk/healthservices/needlesticks/actions.htm)

<http://www.nhs.uk/chq/Pages/2557.aspx?CategoryID=72>



## APPENDIX G

### Asthma procedure

#### **Background:**

Asthma can develop at any time in life but most often starts in childhood. The airways become irritated by one or more triggers and narrow so that air can't move freely in or out of the lungs. The sufferer feels wheezy and tight-chested as a result. To a non-sufferer the feeling is like having someone sitting on your chest, who won't get off. There are many triggers including lung infection, allergies, exercise, colds, stress, sudden weather and temperature changes etc.

#### **Look out for:**

- Wheezing
- A cough
- Difficulty in speaking, e.g. the sufferer finds it difficult to speak a normal sentence without taking several breaths.

#### **The Principles of our school Asthma Policy**

- Corsham Regis Primary Academy recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

## **Medication**

Immediate access to reliever is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.

All inhalers must be labelled with the child's name by the parent. **All school staff will let children take their own medication when they need to.**

### **Types of medication:**

#### **Preventer:**

- Usually Brown, Beige, Orange, Red or White inhaler  
e.g. Becotide, Becloforte.

#### **Reliever:**

- More frequently used and most likely to be brought to school.
- Usually, a Blue inhaler e.g. Ventolin (Salbutamol).
- Taken to relieve an attack by widening the airways.
- May be taken more frequently to keep the asthma in check when the chest first starts to feel tight.
- A reliever may be taken before exercise or an activity where a trigger may be present.

#### **Spacer device:**

- Place inhaler in one end and use as normal.

#### **Nebuliser:**

- Usually given after an attack.
- Liquid ventolin is inhaled through a mask.

## **Record Keeping**

When a child joins the school, parents and carers are asked if their child has asthma when they complete their admissions form and return it to the school. From this information the school keeps its asthma register which is available to all school staff. Parents and carers must complete an accompanying medication form if the child is to take treatment (especially a preventer) in school time.

The form should state the dosage and how frequently the medication needs to be taken (dosage is usually noted on medicine box if this is provided). If medication changes, parents are asked to inform the school in writing.

Corsham Regis does now hold an emergency inhaler.

Parents of children with Asthma are sent a letter asking permission for the emergency inhaler to be used if their own inhaler is not available. In default of completion to the contrary, the school will assume permission has not been granted and will not use the emergency inhaler. See Appendix 1 attached. Parents will be informed by letter if their child has used the emergency inhaler (Appendix 2).

### **PE and school trips**

Taking part in sports and school trips is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE and school trips. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson or activity. During PE, each child's inhaler will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson or activity, they will be encouraged to do so.

### **The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the break out area if particular fumes trigger their asthma.

### **When a Child is falling behind in lessons**

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the special educational needs coordinator who may decide to talk to the school nursing team about the situation or encourage the parent to make an appointment with their doctor for an asthma review. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

### **Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms:

- 1. Ensure that the reliever inhaler is taken immediately.**
- 2. Stay calm and reassure the child.**
- 3. Help the child to breathe by ensuring tight clothing is loosened.**
- 4. The child will feel more comfortable seated.**

### **After the attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be informed about the attack.

### **Emergency procedure**

If after the reliever has no effect after five to ten minutes:

- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition

- If for any reason the child stops breathing, **an ambulance should be called immediately. Asthma attacks are serious and need immediate treatment.**

Call an ambulance from the school office and advise the parents straight away of all action taken.

**A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate**

## Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept at school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, \*I do/ \*do not consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

\*please mark as appropriate

Signed: ..... Date: .....

Name: (print) .....

Child's Name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-Mail: .....

Please return to the school office as soon as possible c/o Mrs McCrum

## Emergency Salbutamol Inhaler Use Form

Child's name: .....

Class: .....

Date: .....

Dear .....

This letter is to formally notify you that ..... has had problems with his/her breathing today. This happened when .....

\*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... Puffs.

\*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

XXXXXXXXXX  
Class teacher

\*Delete as appropriate