Saffron Walden County High School

FIRST AID, MEDICINES AND INTIMATE CARE POLICY

Date adopted or ratified; November 2016

This policy is regularly reviewed following recommended guidelines

Latest Review Jan 2024

First Aid

Trained First Aiders after checking parental permission using the G04Schools list are able to administer medicines.

Medication

Pupils' medication is stored in:

- A locked cupboard in the medical room.

First Aid

In the case of a pupil accident, the procedures are as follows:

- If the child can walk the member of staff on duty sends him/her to the medical room. If unable to walk, call for the nurse or a first aider.
- The first aider administers first aid and records on an Accident Report Form.
- If the child has had a bump on the head, they must be given a Head Injury Advice Card and parent/carer must be informed
- Full details of the accident are recorded on our electronic medical log.

Administering Medicines in School

Prescribed medicines may be administered in school (by any of the first aid team) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours. Wherever possible, the pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the medical room.

Staff will ensure that records are kept of any medication given.

Non-prescribed medicines may not be taken in school.

Storage/Disposal of Medicines

Medicines must be stored in the school medical room. The exception to this rule is inhalers, severe allergies and diabetic medications which must be clearly labelled with their name and kept with the student.

We will dispose of any expired medicines in school.

Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive urgent medical treatment. When an ambulance has been arranged, parents will then be informed and arrangements can be made where they should meet their child. In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child. It is vital

therefore, that parents provide the school with up-to-date contact names and telephone numbers.

Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

Epileptic

Asthmatic

Have severe allergies, which may result in anaphylactic shock

Diabetic

See appendices for additional guidelines and procedures.

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. A school nurse may also provide additional background information and practical training for school staff.

INTIMATE CARE

1) Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002, the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2023), and Keeping Children Safe in Education (2023) to safeguard and promote the welfare of pupils[1] at this school.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- 'Whistle-blowing' and allegations management policies

- Health and safety policy and procedures
- Special Educational Needs policy
- Policy for the administration of medicines

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care must be given appropriate training.

1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

[1] References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

3) Definition

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

4) Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Plans (IP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where a care plan or IP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

4.6 These records will be kept in the child's file and available to parents/carers on request.

4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research[2] which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced CRB checks.

4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's Child Protection procedures will be adhered to.

[2] National Children's Bureau (2004) *The Dignity of Risk*

5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will follow the school's Safeguarding and Child Protection Procedures.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Child Protection Officer. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported in accordance with the school's Safeguarding and Child Protection procedures.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this in accordance with the Safeguarding and Child Protection procedures and 'whistle-blowing' statement in the Safeguarding and Child Protection Policy.

6) Physiotherapy

6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IP and will only be carried out by staff who have been trained

to do so.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Appendices

Appendix 1: Asthma guidelines

Appendix 2: Epilepsy guidelines

Appendix 3: Severe Allergies and Anaphylaxis and guidelines

Appendix 4: Diabetes guidelines

Appendix 5: Emergency procedures from the Red Alert

Appendix 1: Asthma Guidelines

This policy has been written with advice from Asthma UK.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy.

All staff that come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler. Emergency reliever inhalers are kept in the medical room.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler, this will be kept in the medical room. All inhalers must be labelled with the child's name by the parent/carer.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who

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

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

All parents/carers of children with asthma are consequently sent a school asthma card to complete. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. Parents/carers are also asked to update the Medical Room if their child's medicines, or how much they take, changes during the year.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils.

Pupils with asthma are encouraged to participate fully in all PE lessons. Pupils whose asthma is triggered by exercise should use their reliever inhaler before the lesson, take it with them and thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be able to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are encouraged to have training from the community school nurse, who has had asthma training.

The school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

All staff who come into contact with pupils with asthma are aware of the procedure to follow

and know who to call in the event of an asthma attack.

Appendix 2: Epilepsy Guidelines

This appendix is intended to ensure that SWCHS fully meets the needs of pupils who have epilepsy and that all pupils who have epilepsy achieve to their full potential. It has been prepared with reference to information available from Young Epilepsy.

SWCHS will ensure at least one member of staff has training in epilepsy and supporting children who have epilepsy in school medically, socially and academically. That person will lead on ensuring that the epilepsy policy is followed.

SWCHS will ensure that all pupils who have epilepsy achieve to their full potential by:

• Keeping careful and appropriate records of students who have epilepsy

• Recording any changes in behaviour or levels / rates of achievement, as these could be due to the pupil's epilepsy or medication

• Closely monitoring whether the pupil is achieving to their full potential

• Tackling any problems early

SWCHS will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by:

• Offering support in school with a mentoring or 'buddying' system to help broaden understanding of epilepsy

• Supporting pupils to take a full part in all activities and outings (day and residential)

• Making necessary adjustments e.g. exam timings, coursework deadlines, timetables

• Giving voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school.

- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents.

SWCHS will liaise fully with parents and health professionals by:

- Letting parents know what is going on in school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.

We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure.

If needed, there will be an appropriately trained member of staff available at all times to deliver emergency medication.

Communication

With Parents

When a pupil who has epilepsy joins SWCHS or an existing student is diagnosed with epilepsy, a meeting will be arranged with the parents (and pupil where appropriate) to:

- Discuss the pupil's medical needs, including the type of epilepsy he or she has.
- Discuss if and how the pupil's epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Discuss any potential barriers to the pupil taking part in all activities and school life, including day and residential trips, and how these barriers can be overcome.
- Discuss with parents and the pupil the arrangements for ensuring that all relevant staff are trained and other pupils are epilepsy aware.
- Ensure that both medical prescription and parental consent are in place for staff to administer any necessary medication.
- Initiate the completion of an Individual Heath Care Plan**,** including types of seizures, symptoms, possible triggers, procedures before and after a seizure and medicines to be administered.
- Discuss how the school, parents and pupil can best share information about the pupil's progress in school and any changes to his or her epilepsy and medication.

A record of what was discussed and agreed at this meeting will be kept by the school.

After the initial meeting, the school will continue to share information with the pupil's parents and to involve the parents in any decision making process. Where appropriate the pupil will also be involved in this process.

School staff

All appropriate staff, including teachers and office staff will be told which children in the school have epilepsy, and what type of epilepsy they have. Key staff (teaching and support) will receive basic epilepsy awareness training, including what to do if a child has a seizure. New staff will be given this information as part of their induction. Supply staff, who will be responsible for a child with epilepsy, will be given information about epilepsy, including what to do if a child has a seizure, before they begin working in the school.

School Life

Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take a full part in the school curriculum and school life, including activities and school trips (day and residential). Parents and staff will discuss any special requirements prior to such events.

Staff will consider the adjustments necessary to enable the pupil to participate fully in school life and to reach their full potential. This might include changes to timetables, exam timings

and coursework deadlines. These adjustments will be recorded and shared with other appropriate members of staff.

Medical Needs

The pupil's Individual Healthcare Plan will be kept in the medical room. The medical room will be responsible for reviewing the plan at least once a term and will advise other appropriate staff of any changes**.**

All first aid staff will receive training regarding epilepsy and actions to take.

A record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

A medical room with a bed will be kept available, so that if needed, the pupil will be able to rest following a seizure, in a safe supervised place.

Appendix 3: Anaphylaxis Guidelines

These guidelines have been written with advice from Anaphylaxis.org.uk

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto injector (such as an EpiPen, Jext or Emerade) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions on their enrolment form. As soon as the school medical room is made aware of a new student with anaphylaxis, or a current student with a new diagnosis, she will contact the parents/carers before the start of term or at the time of diagnosis. She will ensure that an Individual Anaphylaxis Health Care Plan is developed in

consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide a completed Anaphylaxis Action Plan with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated Anaphylaxis Action Plan.

Communication

The medical room will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Staff training and emergency response

The staff are made aware of any students with anaphylaxis prior to the start of term or at diagnosis and are reminded of the signs and symptoms of anaphylaxis, and also how to treat this. If a student thinks they may be having anaphylaxis the medical room/first aider must be called to the student.

Teachers and other school staff, who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

The school's first aid procedures and student's Anaphylaxis Action Plan will be followed when responding to an anaphylactic reaction.

School Trips

On school trips, the medical rooms will go over necessary procedures with the teacher in charge. Going on trips should not cause any real problems for students with anaphylaxis. They need to remember to take their auto injector with them plus the spare device held in the medical room.

Appendix 4: Diabetes Guidelines

These guidelines have been written with advice from Diabetes care UK.

Whilst the individual needs of each student with diabetes drive our approach, there are several common themes in the management of diabetes within school which may be of interest to parents. Diabetes in itself should never cause limitations to a student's participation in any school activity. This policy refers to Type 1 diabetes only, as Type 2 poses very few problems for the student during school.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions on their enrolment form. As soon as the school medical room is made aware of a new student who has diabetes, or a current student with a new diagnosis, she will contact the parents before the start of term or at the time of diagnosis. A general discussion will cover the particular needs of the student and the general policy of the school. The parents and student will be invited in to school. Parents are asked to provide a signed copy of the child's individual healthcare plan including written permission for the school medical room to give glucagon by injection if necessary. We liaise closely with the specialist diabetes nurses attached to hospital out-patient departments and welcome their advice.

Diabetes management

Children and young people with diabetes should have an annual review with their healthcare professional to discuss their diabetes management. They should also have reviews every three months. A pupil's diabetes specialist nurse may want to visit the pupil at school and values feedback from school staff.

Young people with diabetes should carry their blood glucose monitor at all times and may test as and when required and wherever they feel most at ease. Snacks may be brought into school and eaten quietly in class when required. The school medical room also holds emergency supplies for treating hypoglycaemic episodes which are always accessible, even outside of school hours.

Young people with diabetes may be asked to supply a single dose of glucagon injection to be held in the medical room.

Staff Training

Students with diabetes must not be excluded from day or residential visits on the grounds of their condition. They are protected by the DDA (Disability Discrimination Act) and the DED (Disability Equality Duty).

The staff are made aware of any students with diabetes prior to the start of term or at diagnosis and are reminded of signs and symptoms of hypoglycaemic episodes, and also of how to treat them. If a student feels hypoglycaemic either the nurse is called to the student or the student is always accompanied to the nurse.

Hypoglycaemia

All staff who come into contact with students with diabetes are aware of the procedure to follow, where emergency supplies are kept and know who to call in the event of a hypoglycaemic episode.

School Trips

On school trips, the medical room goes over necessary procedures with the teacher in charge. Going on a day visit should not cause any real problems for students with diabetes. They need to remember to take their insulin and injection kit with them, even those who would not usually take insulin during school hours, in case of any delays over their usual injection time.

Exercise and physical activity

Exercise and physical activity is good for everyone, including pupils with diabetes. The majority of pupils with diabetes should be able to enjoy all kinds of physical activity. It should not stop them from being active or being selected to represent school or other sporting teams. However, all pupils with diabetes do need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose.

Before an activity

Ensure the pupil has time to check their glucose levels. Check that a pupil with diabetes has eaten enough before starting an activity, to prevent their blood glucose dropping too low and causing a hypo. Some pupils with diabetes may also need to eat or drink something during and/or after strenuous and prolonged exercise to prevent their blood glucose level dropping too low and causing a hypo

While it is important that teachers keep an eye on pupils with diabetes they should not be singled out for special attention. This could make them feel different and may lead to embarrassment. If a pupil with diabetes does not feel confident participating in physical activity, teachers should speak to the pupil's parents to find out more about the pupil's situation. The majority of pupils should be able to take part in any sport, exercise or physical activity they enjoy, as long as they are enabled to manage their diabetes.

During an activity

It is important that the person conducting the activity is aware that there should be glucose tablets or a sugary drink nearby in case the pupil's blood glucose level drops too low. If the activity will last for an hour or more the pupil may need to test their blood glucose levels during activity and act accordingly.

Examination Procedure

Older students who are sitting external examinations have to follow a strict procedure should they feel unwell during an examination. This is to ensure that any claim that hypoglycaemia affected a student's performance and ultimate grade can be rigorously defended by the school, and evidence produced to back up the claim.

Appendix 5: Emergency procedures from the Red Alert updated and issued to all staff each year

<u>Emergency Procedure – DIABETES</u>

Normal blood sugar is between 4 and 8 mmols

Hypo (glycaemia) – means blood glucose level is low (below 4 mmols)

Hyper (glycaemia) – means blood glucose level is high (above 10 mmols) **and stays high**

<u>Hypo - watch out for</u>:

- hunger
- trembling/shakiness/sweating
- anxiety/irritability
- glazed eyes/pallor

- mood change – especially angry/aggressive behaviour
- lack of concentration/vagueness
- drowsiness

If you notice any of the above symptoms or odd behaviour in a student who has diabetes ask them to check their blood sugar

Do:

Alert the medical room/first aider

Ask student to check blood sugar (should be between 4 – 8 mmols)

Give a quick acting carbohydrate such as one of the following:

- three or more glucose tablets
- five sweets e.g. jelly babies
- glucojuice

Inform the medical room if you have used the school supplies giving the name of the student and the location you have used supplies from

Once blood sugar restored to above 4 mmols, student can resume normal activities if able. PE or other physical activities should not be resumed until blood sugar reaches 7 or 8 mmols

Call 999 if student is unable to swallow or co-operate or begins to lose consciousness

Glucose tablets and Glucojuice are stored in following locations:

Medical Room	Music Office	Technology Office
PE Office	Languages Office	Learning Centre Office
Year Office – B Corridor	Reception	Main Office
Year Office	Crush Hall	6th Form Office

Hyper – watch out for:

thirst/frequent urination

- tiredness
- dry skin
- nausea
- blurred vision

DO

Alert the medical room/first aider

Ask student to check blood sugar

Call the student's parent/carer – extra insulin may be required

Call 999 if there is deep/rapid breathing, vomiting, and breath smelling of nail polish remover

Emergency Procedure – ASTHMA ATTACK

Common signs of an asthma attack:

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest

Serious if:

- not responding to inhaler
- difficulty in playing/speaking
- symptoms getting worse
- lips are blue

Do:

Alert the medical room/first aider

Help the child take two puffs of reliever inhaler (usually blue) immediately, preferably through a spacer. Spare inhalers and spacers can be found in the medical room in the drawer labelled ASTHMA

Sit the child upright

Get them to take slow steady breaths

Keep calm and reassure them

DO NOT LEAVE THEM ALONE

If there is no immediate improvement continue to give two puffs of reliever inhaler (one puff at a time) every two minutes, up to ten puffs

Call 999 if any of the following:

- the pupil's symptoms do not improve
- if the child does not start to feel better after taking the reliever inhaler as instructed
- the pupil is too breathless or exhausted to talk
- the pupil's lips are blue
- you are in any doubt

After a minor asthma attack:

Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities. The parents/carers must always be told if their child has had an asthma attack

Important things to remember in an asthma attack:

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to the medical room to get the spare inhaler and spacer
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Send another pupil to get another teacher/adult if an ambulance needs to be called
- Contact the pupil's parents or carers immediately after calling the ambulance
- A member of staff should always accompany a pupil taken to hospital by ambulance

and stay with them until their parent or carer arrives
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

Emergency Procedure – EPILEPSY

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure

In the event of a fit the student should remain where they are and any dangerous items removed

Do:

- Alert the medical room/first aider and call an ambulance (reception/office staff can do this for you) Please give the name and exact location of the student
- Most fits end fairly quickly but **AN AMBULANCE MUST BE CALLED**
- Notify parent/carer
- Record the time the seizure started and how long it lasts
- Protect the student from injury
- Cushion their head
- Look for epilepsy identity jewellery – this may give information about a student's condition and what to do in an emergency
- Once the seizure has finished, gently place them in the recovery position to aid breathing
- Keep calm and reassure the student
- Stay with the student until recovery is complete

Don't:

- Restrain the student
- Put anything in the student's mouth
- Try to move the student unless they are in danger
- Give the student anything to eat or drink until they are fully recovered
- Attempt to bring them round

Emergency Procedure - ANAPHYLAXIS

It is important to realise that the stages described below may merge into each other rapidly as a reaction develops

Keep the student still. Movement will drive the allergen into their system and worsen the reaction.

Anaphylaxis has a whole range of symptoms.

Any of the following may be present but not all students will experience all of these:

- Generalised flushing of the skin
- Nettle rash (hives) anywhere on the body
- Difficulty in speaking or swallowing
- Swelling of throat and mouth
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting

- Sense of impending doom
- Sudden feeling of weakness (due to drop in blood pressure)
- Collapse and unconsciousness

Do:

If a student with allergies shows any signs of anaphylaxis call the medical rooom/first aider immediately – give them the student's name

Call 999 for an ambulance and tell the operator that you believe the student is suffering from anaphylaxis

If a student is feeling faint lay them down with their legs raised

If there are signs of vomiting, lay them on their side to prevent choking

If they are having difficulty breathing they will feel more comfortable sitting up but still raise their legs

Administer appropriate medication in line with perceived symptoms (anti histamine, auto injector)

If symptoms are potentially life threatening give the pupil their adrenaline auto injector into the outer thigh – follow the instructions on the pen to administer

Students should carry their auto injector with them. A spare pen is kept in the medical room in the drawer labelled "Epipens"

Make a note of the time the adrenaline is given

Retain the pen and hand over to the ambulance crew

Remain with the child until an ambulance arrives

Contact parent/carer