



## **13a and 13d First Aid, Supporting Pupils with Medical Conditions and Administration of Medicines Policy and Procedure**

**Review cycle:** Every 2 years  
**Review by:** **SMT, G(H&S),**  
**G(Board)**

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**Policy linked to:**

- Health and Safety Policy

**This document also appears on:**

- School Website
- Staff Intranet

THIS POLICY ALSO APPLIES TO EARLY YEARS

## Policy Statement

The health and welfare of the children at The Beacon is a very high priority. The First Aid provision and administration of medicines is central to the care provided by the Medical Team who administer first aid as well as dealing with illness, accidents and emergencies. In the process of writing the policy, due regard has been given to the DfE Guidance on 'First Aid in Schools 2014' ([www.gov.uk/government/publications/first-aid-in-schools](http://www.gov.uk/government/publications/first-aid-in-schools)) document.

In the process of writing the policy, due regard has been given to the DfE 'Guidance on First Aid' document. The Medical Centre is situated by the boys' changing rooms and is manned from 8am – 6pm, Monday to Friday. A member of the Medical Team is also on Willsfield for all home rugby matches and they are on duty for weekend rugby fixtures.

## Legal framework

1.1. This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

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- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'



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### **1.0 First Aid Information**

#### **1.1 First Aid Boxes**

First aid boxes are checked termly by the Medical Team and contain basic items for dealing with minor injuries. First aid notices are displayed in areas where the boxes are located and additional boxes are available from Medical Centre. The location of boxes can be found in Appendix 2: It is important that all staff take responsibility for reporting to Medical Centre Manager any deficiencies in the first aid boxes.

#### **1.2 Training**

All teaching and support staff at The Beacon are involved in a 3 year rolling programme of First Aid training overseen by Medical Team. There are a number of paediatric first-aiders at the school. We have a paediatric first aider on site during normal school hours and a paediatric first aider goes on all EYFS trips and outings. A list of staff who are qualified and dates of renewal is held in the Medical Centre. It is a requirement that training is updated at least every three years.

#### **1.3 Medical Emergency due to an Accident or Illness**

##### **1.3.1 An Emergency in School**

In the event of injury or medical emergency a member of the Medical Team should be contacted on Ext.228 or on her mobile telephone 07496284984. Communication can also be made through the walkie-talkie via School Office or Estates Department. The white board outside Medical Centre will give his/her location if she/he is on duty elsewhere on the School site. If a member of the Medical Team is not available, most teaching staff are able to administer first aid. If in any doubt, staff should not delay calling an ambulance. The Headmaster or a Deputy Head must always be informed in the event of an emergency. The boy's parents will also be contacted as a matter of urgency.

- In the event of an accident, a casualty should not be moved (unless in immediate danger) until he/she has been assessed by a qualified first aider.
- During term time, send any pupil or staff member who has minor injuries or feels unwell, to the Medical Centre. They will be assessed on an individual basis and the

Medical Team will determine the extent of the injury or illness and make a judgement based on their professional experience and training.

- In the absence of the Medical Team staff should be prepared to dial 999 for the emergency services. Give as exact a location as possible and send someone to the school gates to direct the ambulance when it arrives.
- Emergency First aid should be started, or simple airway measures instigated, if appropriate.
- Stay with the casualty until they are handed over to the care of a doctor, paramedic, hospital accident and emergency unit personnel or another appropriate person.
- In the event of an injury requiring 'intimate' examination of a pupil, two adults must be present, and if possible one of whom should be a male member of staff.
- If the situation is life threatening – asthma attack, cardiac arrest, anaphylactic shock etc. then an ambulance should be called at the earliest opportunity without waiting for Medical Centre Manager to arrive on the scene.
- All victims of serious injuries should be taken to hospital by ambulance. If an ambulance is not available and the victim is being driven to hospital another adult must be with the driver to look after the injured person in the car.
- Any pupil sent to hospital by ambulance should ideally be accompanied in the ambulance by a parent or guardian or in their absence, by a member of staff to act in Loco Parentis, and if possible, met at hospital by a relative. The member of staff should be known to the child.
- In the event of an accident or illness involving a member of staff, liaise with the Senior Master or in his absence a member of SMT to ensure that lessons are covered.

### **Contacting Emergency Services**

Dial 999, ask for appropriate emergency services and be ready with the following information:

1. Your telephone number
2. Give your location as follows: The Beacon School, Amersham
3. State that the postcode is: HP6 5PF or for Sport Field - Grid reference & Address for Willsfield in all sport 1<sup>st</sup> Aid bags
4. Give exact location in the school/setting e.g. Art Room, Osbourne building
5. Give your name
6. Give name of child and brief description of child's symptoms
7. Inform 999 control of the best entrance and state that the crew will be met and taken to the casualty.

### **1.3.2 An Emergency Out of School:**

If staff are taking pupils off site, it is their responsibility to be aware of the medical needs of all the boys in their group. For larger trips such as year groups, this responsibility falls to the Trip Leader who must collate the information and distribute it to the trip staff in the pre-trip briefing. This meeting should take place early on in the planning process in order for any medical conditions to be considered as part of the trip plan.

Staff members taking pupils off site will carry a first aid kit with them. There are first aid boxes in the mini-buses and extra boxes can be obtained from Medical Centre Manager. With any visits out of school, the trip leader is responsible for medical and first aid provision.

Prior to going on a trip, staff members accompanying the trip should ensure s/he has a note of the School office number and/or the School emergency contact number and also take a school trip phone where one is available.

## **Records**

In accordance with HSE guidelines, the school retains records of all treatment and medicines that have been administered to adults and for pupils up to the age of 25 years. All records are then destroyed appropriately. Access to such records is restricted to the Medical Staff and E Team.

- All visits to the medical centre will be logged in the logbook kept in the medical centre and entered onto Medical Tracker and an email sent to parent.
- A separate logbook is kept for EYFS pupils in Reception class and entered onto Medical Tracker and an email sent to parents.
- A separate logbook is kept for staff.
- Records will be kept of all medication brought to the setting and when medication is administered this will also be recorded in the relevant logbooks and on Medical Tracker. Parents will receive an email notification that the medication has been administered.
- Medication Records
  - o A record of all medicines on site
  - o Copies of parent consent forms
  - o Records of administration of medications to individual children
  - o Copies of children's health care plans, where necessary

## **Contacting Parents**

Parents will be contacted if medical assistance is thought necessary or the child needs to go home. The Medical Team have access to the contact number of all parents and will call them if they feel that the parent needs to be involved in deciding the best course of action. This may be to give advice on a pre-existing condition, coming to collect the child from school or meeting them at the hospital. If no parent is available, medical assistance will be sought by the School and the child will be accompanied to the doctor/hospital/dentist by a member of staff known to the child. All parents are requested to sign consent for medical emergency treatment if the need arises.

The school is aware of its duty to inform parents of any accidents or injuries sustained by their son on the same day, or as soon as reasonably practicable, and details of any first aid treatment given. This is done via telephone initially and followed up in writing via email using Medical Tracker to ensure they are aware of the situation.

Where younger pupils, including EYFS children, receive minor medical treatment during the day, parents/guardians are informed either verbally by the pupil's form teacher or medical team and in writing in the pupil's School Book and via email from Medical Tracker. Older

more capable pupils are asked to tell their parents of any minor medical treatment they receive, but parents will still be sent an email via Medical Tracker to notify them of the injury/illness, by the medical team.

#### **1.4 Head Injuries & Concussion –**

All contact sports have a small risk of causing concussion when the head is jolted violently. It is important to remember that a player does not need to lose consciousness to have a concussion. A player of any age, who sustains a head injury or impact but show no signs or symptoms of concussion may be temporarily replaced for medical assessment by the first aider and may only return to the field of play if permitted.

Any player who exhibits signs of concussion should be immediately removed from play and taken by parent or guardian to see a doctor for further review. The Beacon School follows the UK Government UK Concussion Guidelines for Non-Elite (Grassroots) Sport April 2023 (Appendix 1). The earliest return to a full contact match is 23 days. (See Appendix 1)

#### **Head Injuries in Pre-Prep and EYFS**

All head injuries in Pre-prep and EYFS are assessed by the medical team and the parents called, however minor the injury. A head injury Information note will also be given to the parent or placed in the home schoolbook and an email sent via Medical Tracker. A separate EYFS notebook is kept by the Medical Team to report any injuries accidents or illness for boys in that section.

#### **Head Injuries for Boys in Lower, Middle and Upper School**

If a boy suffers a head injury at school, a head injury note will be given to the child and his form teacher informed. If the injury is assessed and deemed as being more serious the Medical Team will contact the parents and recommend further course of action. Parents will receive an email via Medical Tracker containing NHS information regarding symptoms of Concussion.

#### **1.5 Management Sharps injuries or Bites (Human or animal)**

Immediately encourage the wound to bleed and wash wound with soap and water (do not suck). Has the pupil/staff any known risk factors? The hospital may require the medical and travel history of the biter or individual using the sharps. Information can only be given with permission of the parent of the child concerned.

Contact GP immediately go to the nearest Accident and Emergency department, from The Beacon, this is Stoke Mandeville Hospital.

Complete an accident/incident form on Medical Tracker.



## 1.6. Protocol for Dealing with Spillage of Body Fluids

Individuals cleaning up such spills must cover any abrasions, wear personal protective equipment (PPE) provided: disposable gloves and aprons, and wash their hands.

### Dealing with bodily fluids

Urine, faeces and vomit must be cleaned up immediately using the following methods using the biohazard body fluid single use clean up kit:

- Ask for biohazard bodily fluid kit, “spillage kit” – these are kept in locations around school or contact the Estates team who will come straight away and clear up the spill – nobody else should be doing this, although paper towels or equivalent can be put lightly over the affected area.
- If dealing with the boy who has been sick put on apron and gloves from the pack.
- Move other pupils as far from the spill as possible – any food affected must be thrown.
- Inform the Medical Team.
- Reassure pupil who has been sick, and if at all possible, move him to the medical room, preferably via the outside route. The parents of the boy concerned will be called and it will be arranged for him to go home.
- Remove as much of the spillage as possible by sprinkling Emergency Absorbent Clean-up powder. Allow approximately 90 seconds, before sweeping up. Use a stiff brush and suitable container. Place contents in a yellow clinical waste bag. For indoor spillages, the area can then be vacuumed.
- For spillages outdoors sluice the areas with water. Dealing with bodily fluids - Blood spillages must be cleaned up immediately, thorough cleaning with detergent and water will suffice.

## 1.7 - Control of Infectious Diseases

### Also refer to infection control policy

### Sickness & Infectious Diseases

A pupil **cannot** attend school until they have been free of symptoms for 48 hours after last episode of sickness and/or diarrhoea, or in the case of a raised temperature, it's fine to send your child into school with a minor cough or common cold but if they have a fever, keep them off school until the fever goes away. This may take a few days.

For further information see appendix 3 – Public Health England (HPE) document ‘Guidance on Infection Control in Schools and Other Childcare Settings’  
<http://hillocks.notts.sch.uk/wp-content/uploads/2018/12/Guidance-on-infectioncontrol-in-schools.pdf>

This risk of Infection will be greatly minimised

- If all members of the school community practice good hygiene.
- By parents keeping children at home when they are unwell.
- If contact with anybody with an infectious illness is kept to a minimum, either through isolation of pupil, or affected person staying away from school until infectious period is passed.
- Practicing good hygiene is the single most effective way to stop the spread of infectious diseases. A virus or bacteria can be prevented from spreading to others by:
  - Always having tissues available in classrooms etc.
  - Using tissues to cover mouth and nose when coughing and sneezing.
  - Disposing of the tissues as soon as possible.
  - Washing hands regularly with soap and water, especially after visits to the toilet, before eating, after handling dirty items, e.g. bins, and before, during and after food preparation.

Everyone has a responsibility to ensure their own hygiene standards are good, and to ensure students understand the importance of good hygiene. They should be willing to challenge those not following safe practice.

### **Control through isolation or absence from school - When to isolate**

The school will be guided by advice set out by GOV.UK UKHSA in its document Managing Specific Infectious Diseases: A-Z (February 2023)

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

### **Pupils**

- Upon notification from parent of infection, the Medical Team will ensure correct advice regarding exclusion from school, ensuring that the PHA guidelines are followed.
- If a pupil presents to the Medical Centre with a suspected infectious disease as listed in PHA document, the Medical Team on duty will contact parents.
- Where isolation is required, parents will be requested to collect their child from school. Until the pupil is collected, he will be taken to the isolation room and supervised until collection.

### **Method of Isolation**

- Pupils being cared for in isolation should be cared for in the isolation Room and use the toilet in the corridor until collected.
- They should not be visited by other pupils.
- All crockery/cutlery used by the pupil should be washed in a dishwasher on the hottest setting after use.

- Medical equipment used, e.g. thermometer, should be used exclusively for the infectious pupil until no longer needed and thoroughly cleaned.
- The Medical Team should wear face mask, face shields, disposable aprons and gloves when caring for the pupil, use alcohol hand gel when leaving the room and maintain good hygiene practices.
- The isolation room and toilet/washroom should be thoroughly cleaned by domestic staff after the pupil is collected and should not be used by any other person until this is done.

## **Staff**

Any staff member with an infectious illness should remain away from school for the period of time recommended by Public Health Agency guidance. They should seek advice regarding this from their own GP. They may seek verbal advice via the Medical Team, but proper diagnosis of an illness can only be made by a Doctor or Practice Nurse, who will carry out a medical examination and laboratory tests.

In the case of pandemic illness, e.g. influenza, COVID-19, the school will follow Public Health Agency guidelines to manage the outbreak, which may involve direct contact and liaison between the Medical Team and the Local Authority Health Prevention Officer.

Standard Infection Control Precautions

## **A clean clinical environment**

Contaminants such as dust, large numbers of micro-organisms and the organic material that harbors them e.g. faeces, urine, blood, pus and other body fluids need to be contained by a cleaning process. This process includes disinfection which kills some micro-organisms but does not leave the surfaces completely free of contamination and is only effective if the equipment or surface is thoroughly cleaned with a detergent solution beforehand. The following precautions/procedures will be adhered to:

- Treatment of room work surfaces daily.
- The above surfaces must be dried using disposable paper towel as this reduces the cross-contamination risk.
- All bedding will be washed in the washing machine, weekly, unless otherwise soiled, at the hottest temperature the fabric will tolerate

## **Hand Hygiene**

- Hand washing is the single most important measure to reduce the spread of infection. Correct hand washing technique is essential.
- Use hand sanitiser when it is not possible to wash hands.
- It is essential to decontaminate hands before direct contact with a patient and after any activity or contact that contaminates the hands i.e. specimen handling.
- Liquid only dispensers are to be used at hand basins.
- Hands should be dried using paper towels.

## **Personal Protective Equipment**

- This is stocked and used by the Medical Team in the medical room as a routine infection control precaution, but in the case of an outbreak of infectious illness, where pupils may be cared for elsewhere in the school, the Estates Team will have responsibility for ensuring that adequate supplies of equipment are available.
- Gloves – should be worn for invasive procedures; all activities that carry a risk of exposure to blood, body fluids, secretions (including respiratory secretions) and excretions; handling sharp and contaminated equipment.
- Aprons – disposable plastic aprons should be worn whenever there is a risk of personal clothes coming into contact with a pupil's blood, body fluids, secretions (including respiratory secretions) or excretions or during activities that involve close contact with pupil.
- Medical grade masks and face shields – use of these may be recommended under certain circumstances. They should: cover both the nose and the mouth; not be allowed to dangle around the neck after or between each use; not be touched once put on; be changed when they become moist; be worn once only and then discarded in an appropriate receptacle such as clinical waste (yellow) bin. Hand hygiene must be performed after disposal is complete.

### **1.8 Clinical Waste Disposal**

- Waste generated within the clinical setting should be managed safely and effectively, with attention paid to disposal of items that have been contaminated with body fluids
- Clinical waste should be put into orange bin bags, tied, and disposed of in clinical waste bin
- Staff should wear gloves when handling all waste and should perform hand hygiene after removing the gloves.
- Orange Clinical waste bags are disposed of in the yellow locked clinical waste bin in the car park and collected monthly by Stericycle for safe disposal.

### **1.9 Safe Management of Sharps**

For their own safety and that of others, staff must adhere to the following procedures.

- Keep handling of sharps to a minimum.
- Do not pass sharps directly from hand to hand.
- Do not break or bend needles prior to disposal.
- Do not re-sheath needles.
- Disposal of sharps into yellow sharps bins conforming to BS7320 and UN 3291. These containers must not be filled more than two thirds full and when full must be sealed securely.
- Sharps containers in use must be positioned in a safe place away from the pupils.

- Sharps bins to be collected 6 monthly by Stericycle specialist waste management company

## **2.0 Reporting of accidents and injuries**

Some accidents that happen in schools or, during education activities out of school, must be reported to the Health and Safety Executive (HSE), under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). These regulations require employers and other people in control of premises to report certain accidents, diseases and dangerous occurrences that arise out of or in connection with work. The duty to notify and report rests with the 'responsible person.' At The Beacon the 'responsible person' will be the Medical Centre Manager or in their absence the Senior Master or Director of Finance & Operations. For incidents involving pupils and school staff, this is normally the main employer at the School. Providers must notify local child protection agencies of any serious accident or injury to, or the death of any child, whilst in their care and act on any advice given. All reports are subject to guidance provided in the Data Protection Policy. For full details on RIDDOR, see the Health and Safety policy.

## **3.0 Providing Information Regarding Children's Medical Condition, Illness and Allergies**

Parents are responsible for providing the Medical Centre Manager with any information regarding Medical Conditions and Allergies relating to their child/children as soon as possible after diagnosis and before the child returns to school.

All staff must be aware of existing medical conditions; this information is contained in ISAMS. At the beginning of each academic year, a list of all boys with medical and dietary conditions requiring attention is uploaded onto SharePoint – Medical – Public, by Medical Centre Manager (this is only accessible by staff and is not in public domain). This is further updated every time latest information is provided by the parent. In addition, information about other potentially difficult medical circumstances is distributed by Medical Centre Manager.

The Catering Department is always informed by Medical Centre Manager of pupils with specific allergies, food intolerances and religious regimes.

The Medical Centre Manager must be informed of all illnesses and injuries which have happened outside school hours and should be contacted in advance if a boy is to return with crutches or appliance that will hinder mobility, so that risk assessments can be undertaken, and helpful measures put in place including an emergency evacuation plan (PEEP).

## **4.0 Administration of Medication**

Any medication brought into school should be handed over to the Medical Centre by parents or carers. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. The Beacon School follow

guidelines, set out in The Department of Education document – ‘Supporting Pupils with Medical Conditions at School’ with regards to storage and administration of medication in school and adheres to the following recommendations

For EYFS:

At The Beacon we rely on parents to keep us informed about any medical condition or treatment that their child receives. Any treatment needing to be undertaken, during a session/day (whether regularly or in the event of an emergency) should be discussed with the Medical Centre Manager, the Head of Pre-Prep and the child’s key person/class teacher. A health care plan should be completed and if medication needs to be administered a parental consent form signed. The Beacon adheres to guidelines set out in GOV.UK Statutory framework for the Early Years Foundation Stage and in relation to health and medication page 32 of the guidelines.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/974907/EYFS\\_framework\\_-\\_March\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)

- At The Beacon, no child will be given prescription or non-prescription medicines without their parent’s written consent. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. Paracetamol or Piriton, will never be administered without first checking maximum dosages, age of the child, when the previous dose was taken, and that prior consent has been obtained. Parents will be informed.
- The Beacon will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage and accompanied by a signed school consent form. 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. Some over the counter medication will be accepted, but it must also be in its original packaging, in date, clearly named and accompanied by a signed consent form from the parent/guardian
- In EYFS written permission must be obtained from parents prior to the administration of each and every administration of medicine. There are forms in Medical Centre for this purpose or on the Parent Portal.
- All staff must follow the allergy pathway, in the event of an allergic reaction, as set out in the Department of Health Guidance on the use of adrenaline auto-injectors in schools. A copy of the pathway can be found in the emergency bags of all pupils with AAI’s in school. Staff will assist or administer any emergency medication as required in the event of an emergency.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

### **Procedure to be followed when Administering Medication**

In general, it is the Medical Team's responsibility to administer medication; however occasionally the Form Tutor may administer on their behalf with parents' agreement. Key staff undergo training in an online EDUCARE 'Administration Of Medication In Schools' course in order to administer medicines on trips or when School Medical team are not available.

- Confirm the identity of the pupil by asking him to tell you his name and date of birth.
- Check that the medicine to be administered has the correct name of the pupil on it.
- Carefully read the instructions on the prescribed medicine and written instructions from the parent.
- Administer medicine as instructed.
- Sign the Medicines Permission Form and state the time and the amount of medicine given.
- All medication administered, will be recorded in Medical Centre logbook which is kept in the Medical Centre and on Medical Tracker and an email sent to parents' and the consent form is signed. On trips, treatment will be recorded in the 1<sup>st</sup> Aid bag log book and on the consent form.
- A separate form is required for each medication.
- The Medical Team may occasionally administer Paracetamol to Years 3 - 8 on a one-off basis following prior consent. The Medical Team will only administer Paracetamol or similar to Pre-Prep School boys in exceptional circumstances and with verbal consent, usually by phone.

In EYFS, if a child refuses to take their medication, staff will not compel them to do so. They will record in the child's record the refusal and any surrounding circumstances and will inform the parents as soon as possible and at the end of the session at the latest.

### **Controlled Drugs**

The Medical Team (school staff on trips), may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The Beacon will record all Controlled medicines administered to individual children, stating what, how much was administered, when and by whom in a controlled drug record book. The record book is kept in the Medical Centre. Any side effects of the medication to be administered at school should be noted in school.

On trips, the medication will be signed out of the medical room, to the trip leader, by the Medical Team. The trip leader will sign a record document for each child, which contains details of the amount of medication supplied for the trip. This document will be used to log medication administered and stock levels whilst on the trip. The trip leader and another member of staff will oversee the administration of the medication and record the stock level. Any remaining controlled medication, at the end of the trip, will be returned immediately to the Medical Centre by the trip leader and will be logged back into the controlled drugs record book and stored in the locked cupboard.

## Vaccinations

Influenza vaccinations are currently offered to boys in Reception to Year 8 inclusive. HPV injections are offered to Year 8 boys at the beginning and end of Year 8. Both vaccinations are provided by Buckinghamshire School Nursing Immunisation team. In September 2021 Covid vaccination offered to pupils aged 12 – 15 years Staff Vaccinations against influenza are currently offered annually.

### 4.1 Storage of Medication

All medication should be clearly labelled and given to Medical Centre Manager at the beginning of the year by parent/carer and a consent form signed. It will be the parent's responsibility to ensure everything is in date and replaced as necessary. All medication brought into school will be entered onto medical tracker and parents will receive an email to alert them that medication is due to expire. For AAI and inhaler users, each boy will be given a named bag and shown their location which is accessible at all times. Occasionally, arrangements are made for the teacher to keep an inhaler in class for emergencies. The boys should be taught self-administration and frequency of use. All medication taken will be timed and documented in Medical Centre Manager's logbook and on Medical tracker and an email sent to parents

Medical Centre Manager must be informed of all recent illness and related symptoms as all boys are encouraged to participate in all activities unless otherwise stated by the GP.

All medicines will be stored safely. Children will be shown where their medicines are at all times and be able to access them immediately with the help of a member of staff. All Beacon staff have key card access to the Medical Centre, where emergency medication such as inhalers and Adrenaline injectors are stored in an unlocked cupboard. Medicines and devices such as asthma inhalers, blood glucose testing meters and AAI's 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.

Pupils are NOT permitted to carry medication in pockets or bags whilst in school, unless going to or from the sports field or to matches or trips, when inhalers and AAI's will be collected from the Medical Centre and carried. All other medication must be handed in to the Medical Centre staff, by the parent/guardian, on arrival at school, on the first day that the medication is to commence. The parent/guardian is expected to collect the medication at the end of the school day and not send the pupil to collect it.

- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- The Beacon keeps controlled drugs, that have been prescribed for a pupil, securely stored in a non-portable container (a locked cupboard, within a locked cupboard, on an inside wall) and only the Medical Team have access. A record is kept of any doses used and the amount of the controlled drug held in the controlled drugs record book, by the Medical Team. Stock levels are checked weekly and accounted for in the controlled drugs record book. A portable locked container will be used on school trips only.



- A range of medications need to be refrigerated , including Insulin, antibiotic liquid, injections, eye drops and some creams may need to be refrigerated. These medications must be stored between 2°C and 8°C. The Medical Centre has a refrigerator, with restricted access. Medication should be placed in a closed plastic container and clearly labelled. Medication stored out of the Fridge should be in accordance with manufacturer recommendations. Some medicines state 25°C or below, but others state 30°C or below. At The Beacon, we aim to keep the room temperature of the Medical Centre below 25°C.
- The internal and external fridge temperatures are checked and recorded daily and recorded on a sheet on the side of the fridge. The sheet is renewed monthly and old records are filed in the Medical Centre
- All stock medication such as Paracetamol, Ibuprofen, etc is stored in locked cupboards. The expiry dates and batch numbers of every product is displayed on the inside of the cupboard doors

## 4.2 Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each school year. If parents do not collect out of date or no longer required medicines, they will be collected by Stericycle, a specialist waste management company on a 6 monthly basis

'Sharps' boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from their daughter's GP or paediatrician. Collection and disposal of the boxes will be carried out 6 monthly by Stericycle

## 5.0 Common Medical Conditions – Asthma, Diabetes, Epilepsy, Sickle Cell Disease, Allergies and Related Policies

The policies on the following pages set out the procedures which the school either currently follows with regard to existing pupils, or would follow in the event of a pupil suffering from: Diabetes Type 1, Asthma, Anaphylaxis or Epilepsy

Parents must inform the school about all conditions through the Beacon School health form, to be completed on commencement and update care management as necessary. Note that the following Policies are a guide only each Child with a medical condition will have an individualised health care plan

At The Beacon we respect the child's right for confidentiality and, in EYFS, information will only be shared with relevant staff members after discussion with parents about who needs to be informed.

A list of all pupils with any of the above conditions is circulated at the start of every academic year and is accessible by all staff on SharePoint-Medical-Public. Staff are informed of any changes/updates throughout the year. Pupils must be made aware of their conditions and this is the responsibility of their parents/guardians.

Classmates may be made aware (with consent from the parents), of a pupil who could potentially become unwell in class arising from, for example, peanuts, low/high blood sugars, breathing difficulties etc. Staff must be careful not to breach confidentiality Pupils with a medical conditions in school will have an individualised Health Care Plan either provided by the health care provider or written by the parent in conjunction with the Beacon Medical Team, using current research based practice. Care plan templates are available for parents to complete electronically on the Parent Portal. They can be updated at anytime and amendments are automatically sent to the Medical Team.

If a child with a pre-existing condition in EYFS needs a medical intervention in an emergency, then staff are to consult the child's individual health care plan. All staff, where appropriate, will have read and discussed the emergency procedures so that they are able to support the Medical Team. Copies of the emergency procedures will be laminated and stuck to the inside of the store cupboard door, so they are readily available for consultation in the event of an emergency.

## **5.1 Allergy & Anaphylaxis Policy**

The Medical Centre Manager is informed of pupil allergies on the Pupil medical details form that parents/guardians are required to complete for all incoming pupils. Parents are asked to inform the Medical Centre manager of any allergies that they become aware of or that develop whilst their child is at The Beacon. A list of current pupils with known allergies is prepared by the Medical Centre manager at the beginning of every school year and sent to all teaching staff, including PE staff.

### **Food Allergy**

The school's catering staff and catering and hospitality are made aware of all pupils and their food related allergies, and cater to their needs with every school meal or snack provided. A list of pupils with allergies is also sent to teaching staff, including sport staff. As soon as the Medical Centre manager is made aware of any changes to the list, all relevant staff will be notified immediately.

Staff and parents are reminded frequently that foods containing nuts are not permitted on the school site or on trips or sporting fixtures or activity camps.

### **Adrenaline Auto-Injector (AAI) Training**

The Medical Team provides refresher training on the recognition and management of an allergic reaction/anaphylaxis annually or more frequently if staff request this, especially before trips etc. Instructions on how to use an EpiPen, Emirade and Jext brand of AAI are given in conjunction with practice with trainer pens of each AAI brand.

Set out below are the guidelines provided to staff based on the guidelines set out in the Government document 'Guidance on the use of Adrenaline Auto-Injectors in Schools' (September 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

### **What can cause anaphylaxis?**

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- Insect stings (e.g. bee, wasp)

- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps). The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis. The time from allergen exposure to severe lifethreatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:
- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

A list of all pupils and staff with AAI's can be found on SharePoint-Medical-Public and is updated at the beginning of each academic year and when new pupils/staff join the school there after.

An Anaphylaxis care plan for each pupil is completed and signed by the parents and by the school, with a copy kept on SharePoint-Medical-Public, and copies sent to the parents. The Care Plan contains the 'Recognition and Management of an Allergic Reaction/Anaphylaxis' pathway, which can be found on page 4 of the 'Guidance on the use of Adrenaline Auto-Injectors in Schools' document (Appendix 4)

### **Storage of AAI's at The Beacon**

Pupil AAI's are kept in an individual plastic box with lid inside a green waterproof bag with the name of the pupil written clearly on the outside of the bag or in an orange medi bag. Staffs AAI's are kept in a plastic box with lid, inside an orange water proof bag and clearly. All pupils and staff AAI boxes contain a laminated copy of 'Recognition and Management of an Allergic Reaction/Anaphylaxis' pathway as a quick reference guide in an emergency.

- **Parents are responsible for ensuring that x2 adrenalin auto-injectors per pupil are kept in school and are within their expiry date.**
- **Pupils will not be permitted to attend school without their AAI's. The Beacon School does keep spare AAI's.**

If a pupil attends a sports fixture and/or school trip, the AAI's must go with them. If this involves flying on an aircraft, the pupil must take a letter with him from his GP, explaining the need for him to keep this injection with him at all times whilst on the flight.

### **5.2 Asthma Policy**

Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs. When a pupil with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscle around the walls of the airways tightens so that the airways become narrower and the lining of the airways becomes inflamed and starts to

swell. All these reactions cause the airways to become narrower and irritated making it difficult to breathe and leading to symptoms of asthma.

- All children with Asthma will have a named and in date reliever inhaler in school at all times, in the original packaging and accompanied by a school consent form.
- All staff will be informed at the beginning of the new academic year of the children with Asthma. A list of these children, per section of school, (Pre-Prep, Lower, Middle & Upper School) can also be found on SharePoint-MedicalPublic
- Inhalers will be stored in the Medical Centre in an unlocked cupboard and the pupil will be shown where this is. All staff have access to the Medical Centre using their key cards.
- Inhalers must be taken by the pupil to all sport sessions on Willsfield, all away sporting fixtures and trips away from school.
- Every pupil will have an individualised Health Care Plan, ideally written by the Health Care provider such as the GP or Asthma Nurse, or by the Parent in conjunction with the school medical team. Care plans are available on the parent portal and can be updated at anytime by the parents and the medical team will be alerted by email. A risk assessment will also be written.
- Parents must disclose to the School Medical Team, all Asthma triggers and the signs that their child may be having an asthma attack, and when to call 999. The child's written asthma action plan must list asthma attack symptoms and has step-by-step instructions on what to do.
- The child having an Asthma Attack will not be left alone without an adult present until they're feeling better. In the event that an ambulance is called, a member of staff will remain with the child until a parent/guardian arrives at school. If a parent/guardian is unable to get to school, before the ambulance leave for the hospital, a member of staff, known to the child, will travel with the child in the ambulance and will remain with the child, until their parent/guardian arrives at the hospital.
- A pupil with Asthma will not be sent to get their own inhaler, a member of staff will be sent to collect it

### **Procedure for Dealing with an Asthma Attack**

All staff are provided with, and are frequently reminded of, the following guidelines for how to deal with a pupil who is having an asthma attack whilst awaiting medical assistance:

- Ensure pupil/adult is calm and comfortable and reassure them.
- Sit them in the "W" position or slightly forward on a chair to allow the chest to open.
- Allow them to take their own inhaler, but assist as necessary.
- Encourage them to breathe slowly.
- If the attack has not eased within five to ten minutes, they may need to take another puff of the inhaler.

- If no effect after this time, or the pupil's condition worsens, dial 999 for an ambulance and notify the parents/next of kin.

### **Spare Generic Inhaler**

There is also a generic Ventolin inhaler in school, which is only to be used in an emergency if the pupil/adult's own inhaler has run out or has been left at home, and the parent has signed the permission slip for its use. Pupils with asthma are encouraged to take part in all activities within the school curriculum unless otherwise stated by the GP. For further information <https://www.asthma.org.uk/advice/child/life/school>

### **5.3 Diabetes Type 1 Policy**

Diabetes Mellitus is a condition in which the body fails to produce sufficient amounts of insulin to regulate the body's blood sugar levels. High blood sugar is known as hyperglycaemia and low blood sugar as hypoglycaemia.

Symptoms of Hypoglycaemia include

- Weakness
- Feeling faint/dizzy or hungry
- Butterflies in tummy or headache
- Strange/moody behaviour
- Sweating and pale
- Feeling sleepy or deteriorating level of consciousness

#### **Symptoms of Hyperglycaemia include**

- Fruity and sweet breath (ketones)
- Excessive thirst and need to urinate frequently
- Difficulty breathing
- Feeling tired/drowsiness, leading to unconsciousness
- Tummy pain
- Moody
- 

If the pupil's level of consciousness deteriorates or they lose consciousness, phone 999 for an ambulance. The parents should also be phoned at this point.

### **Individualised Health Care Plan**

The Medical Centre Manager holds a current individual Care Plan for pupils with Type 1 Diabetes, which has been prepared in consultation between, the parents, and the diabetic specialists at the pupil's allocated hospital. The parents will inform the Medical Centre Manager if there are any changes to their son's condition and related Care Plan/s. All staff will be informed of the pupil's medical needs during a staff inset or staff meeting and a copy of the care plan/s can be found on SharePoint – Medical- Public. The Diabetic pupil will also carry a copy of the care plan with them at all times.

- The Diabetic pupil will keep a supply of sugary foods e.g. biscuits, glucose tablets, glucose gel in the Medical Centre and on himself, which can be taken if required, following a blood glucose test.
- An appropriate snack will be given to the pupil if necessary, dependent upon the results of each test. Relevant testing equipment and snacks are taken to the sports field, on all educational visits and to all offsite sports fixtures.
- Needles are disposed of immediately into a “Sharps” bin.
- Every pupil who suffers from Diabetes is encouraged to participate in all activities within the school curriculum unless otherwise stated by their GP or parents.

### **Insulin Injections**

The pupil with diagnosed Diabetes Type 1 requires insulin injections during the school day. He will have an Individualised Health Care Plan, provided by the Diabetic team at the hospital, providing directions as to when to test the blood glucose level and when insulin is required and when glucose may be required.

Care plans will vary from child to child, as some children may need to manually test their blood glucose level, before giving insulin, some may have a continuous glucose monitoring system, which reduces the need to manually test.

Insulin is either kept in the Medical Centre, or on the pupil if they are deemed responsible enough for its safe keeping. Spare, unopened insulin vials for the individual are kept in the fridge in the Medical Centre.

Pupils, who are deemed safe to independently manage their Diabetes, by their health care provider, may come to the Medical Centre to administer Insulin, or in another private area. Newly diagnosed pupils or, those not deemed competent to manage their Diabetes independently, will be supported by the Medical Team.

Used needles should be put into a ‘Sharps’ bin, and subsequently given to the parent to dispose of in the correct manner.

For further Diabetes information in schools <https://www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools>

### **5.4 Epilepsy / Febrile Convulsions Policy**

All pupils and staff with Epilepsy will have an individualised health care plan written by the health care provider, or the parents in conjunction with the medical team. The main symptom of epilepsy is repeated seizures. These are sudden bursts of electrical activity in the brain that temporarily affect how it works.

Seizures can affect people in different ways, depending on which part of the brain is involved.

Some seizures cause the body to jerk and shake (a "fit"), while others cause problems like loss of awareness or unusual sensations. They typically pass in a few seconds or minutes.

Seizures can occur when you're awake or asleep. Sometimes they can be triggered by something, such as feeling very tired.

## Types of seizures

### Simple partial (focal) seizures or 'auras' A

simple partial seizure can cause:

- a general strange feeling that's hard to describe
- a "rising" feeling in your tummy – like the sensation in your stomach when on a fairground ride
- a feeling that events have happened before (déjà vu)
- unusual smells or tastes
- tingling in your arms and legs
- an intense feeling of fear or joy
- stiffness or twitching in part of your body, such as an arm or hand
- You remain awake and aware while this happens.
- These seizures are sometimes known as "warnings" or "auras" because they can be a sign that another type of seizure is about to happen.

### Complex partial (focal) seizures

During a complex partial seizure, you lose your sense of awareness and make random body movements, such as:

- smacking your lips
- rubbing your hands
- making random noises
- moving your arms around
- picking at clothes or fiddling with objects
- chewing or swallowing
- 

You won't be able to respond to anyone else during the seizure and you won't have any memory of it.

### Tonic-Clonic Seizures

A tonic-clonic seizure, previously known as a "grand mal", is what most people think of as a typical epileptic fit. They happen in two stages – an initial "tonic" stage, shortly followed by a second "clonic" stage:

1. **tonic stage** – you lose consciousness, your body goes stiff, and you may fall to the floor



2. **clonic stage** – your limbs jerk about, you may lose control of your bladder or bowel, you may bite your tongue or the inside of your cheek, and you might have difficulty breathing

The seizure normally stops after a few minutes, but some last longer. Afterwards, you may have a headache or difficulty remembering what happened and feel tired or confused.

### **Absences**

An absence seizure, which used to be called a "petit mal", is where you lose awareness of your surroundings for a short time. They mainly affect children, but can happen at any age.

During an absence seizure, a person may:

- stare blankly into space
- look like they're "daydreaming"
- flutter their eyes
- make slight jerking movements of their body or limbs
- The seizures usually only last up to 15 seconds and you won't be able to remember them. They can happen several times a day.

### **Myoclonic seizures**

A myoclonic seizure is where some or all of your body suddenly twitches or jerks, like you've had an electric shock. They often happen soon after waking up. Myoclonic seizures usually only last a fraction of a second, but several can sometimes occur in a short space of time. You normally remain awake during them.

### **Clonic seizures**

Clonic seizures cause the body to shake and jerk like a tonic-clonic seizure, but you don't go stiff at the start.

They typically last a few minutes and you might lose consciousness.

### **Tonic seizures**

Tonic seizures cause all your muscles to suddenly become stiff, like the first stage of a tonic-clonic seizure.

This might mean you lose balance and fall over.

### **Atonic seizures**

Atonic seizures cause all your muscles to suddenly relax, so you may fall to the ground. They tend to be very brief and you'll usually be able to get up again straight away.

### **Status epilepticus**

Status epilepticus is the name for any seizure that lasts a long time, or a series of seizures where the person doesn't regain consciousness in between.

It's a medical emergency and needs to be treated as soon as possible.

You can be trained to treat it if you look after someone with epilepsy. If you haven't had any training, call 999 for an ambulance immediately if someone has a seizure that hasn't stopped after 5 minutes.

### **Seizure triggers**

For many people with epilepsy, seizures seem to happen randomly.

But sometimes they can have a trigger, such as:

- stress
- a lack of sleep
- waking up
- drinking alcohol
- some medications and illegal drugs
- in women, monthly periods
- flashing lights (this is an uncommon trigger)
- Keeping a diary of when you have seizures and what happened before them can help you identify and avoid some possible triggers.

### **Management of a pupil/adult having a seizure**

If you see someone having a seizure or fit, there are some simple things you can do to help. You should call an ambulance if you know it's their first seizure or it's lasting longer than 5 minutes.

It might be scary to witness, but don't panic.

If you're with someone having a seizure:

- only move them if they're in danger – such as near a busy road or hot cooker
- cushion their head if they're on the ground
- loosen any tight clothing around their neck – such as a collar or tie to – aid breathing
- when their convulsions stop, turn them so they're lying on their side – read more about the recovery position
- stay with them and talk to them calmly until they recover
- note the time the seizure starts and finishes
- If they're in a wheelchair, put the brakes on and leave any seatbelt or harness on. Support them gently and cushion their head, but don't try to move them.
- Don't put anything in their mouth, including your fingers. They shouldn't have any food or drink until they fully recover.

### **When to call an ambulance**

Dial 999 and ask for an ambulance if:

- it's the first time someone has had a seizure
- the seizure lasts for more than 5 minutes

- the person doesn't regain full consciousness, or has several seizures without regaining consciousness
- the person is seriously injured during the seizure
- People with epilepsy don't always need to go to hospital every time they have a seizure.

Some people with epilepsy wear a special bracelet or carry a card to let medical professionals and anyone witnessing a seizure know they have epilepsy. The charity Epilepsy Action has more information on seizures that last longer than 5 minutes.

### **Make a note of any useful information**

If you see someone having a seizure, you may notice things that could be useful for the person or their doctor to know:

- What were they doing before the seizure?
- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure occur without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did they become pale, flushed or blue? If so, where – the face lips or hands?
- Did any parts of their body stiffen, jerk or twitch? If so, which parts were affected?
- Did the person's breathing change?
- Did they perform any actions, such as mumble, wander about or fumble with clothing?
- How long did the seizure last?
- Did the person lose control of their bladder or bowels?
- Did they bite their tongue?
- How were they after the seizure?
- Did they need to sleep? If so, for how long?

### **Keeping a seizure diary**

If you have epilepsy, it can be helpful to record the details of your seizures in a diary. For further advice about Epilepsy

NHS <https://www.nhs.uk/conditions/epilepsy/> Epilepsy Action

[https://www.epilepsy.org.uk/?utm\\_source=Google&utm\\_medium=adwords&msclkid=659ed0cec08c102cc7f28deff0f0ee73](https://www.epilepsy.org.uk/?utm_source=Google&utm_medium=adwords&msclkid=659ed0cec08c102cc7f28deff0f0ee73)

Epilepsy Society <https://www.epilepsysociety.org.uk/>

## **5.5 Sickle cell Disease Policy**

**Sickle cell disease is the name for a group of inherited health conditions that affect the red blood cells. The most serious type is called sickle cell anaemia.** Sickle cell disease is particularly common in people with an African or Caribbean family background.

People with sickle cell disease produce unusually shaped red blood cells that can cause problems because they do not live as long as healthy blood cells and can block blood vessels.

Sickle cell disease is a serious and lifelong health condition, although treatment can help manage many of the symptoms.

### **Symptoms of sickle cell disease**

People born with sickle cell disease tend to have problems from early childhood, although some children have few symptoms and lead normal lives most of the time.

The main symptoms of sickle cell disease are:

- painful episodes called sickle cell crises, which can be very severe and last up to a week
- an increased risk of serious infections
- anaemia (where red blood cells cannot carry enough oxygen around the body), which can cause tiredness and [shortness of breath](#)

Some people also experience other problems, such as delayed growth, [strokes](#) and lung problems.

### **Prevention & Management of Sickle Cell Disease In School**

Each child diagnosed with Sickle Cell Disease will have their own care plan with care prescribed by their health care provider.

## **6.0 Supporting Pupils with Medical Conditions**

### **6.1. Admissions**

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

### **6.2. Notification procedure**

When the school is notified that a pupil has a medical condition that requires support in school, the Community school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion

concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

### 6.3. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the community school nurse through the development and review of IHPs, on as required for all school staff, and when a new staff member arrives. The community school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on as required for all staff and included in the induction of new staff members.

The community school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations. Training will be provided by the following bodies:

- Commercial training provider
- The community school nurse
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer. The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions. Supply teachers will be:

- Provided with access to this policy.

- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

#### 6.4. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for selfmanaging their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered. If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

#### 6.5. IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required

- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

#### 6.6. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

#### 6.7. Unacceptable practice The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.

- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

#### 6.8. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

### **7.0 Pupils with Impaired Mobility due to a Medical Condition or Injury Policy**

Risk assessments are done for pupils who have mobility issue, whether on crutches or in a wheelchair or other appliance causing reduced mobility, to ensure they are assisted in exiting a building were there to be an emergency. A Personal Emergency Evacuation Plan (PEEP) is drawn up by the Medical Centre Manager, in conjunction with the Estates manager, the parent and the pupil.

Providing the GP or hospital consultant has given approval, children and staff can attend school with plaster casts or crutches. Students with a lower limb encased in a plaster cast or other splint device need to be able to move about school independently, confidently and safely. They may or may not require crutches using crutches or a wheelchair.

A buddy will be appointed to help with carrying bags, holding open doors and helping in the Dining Room.

The Medical Centre shall carry out a risk assessment on the first day back in School. Form Tutors are to ensure the child is sent to Medical Centre on arrival at School. If it is considered unsafe for the child or member of staff to be in School, work will be set for him/her to complete at home.

All people using crutches/wheelchair should use the lift in the Osbourne foyer to access the first floor. They must have a buddy with them, who can obtain the lift key from the school office. An adult must escort pupils in the lift that accesses the Science department and English/LSC departments in the Osbourne building.

In the case of an emergency, lifts are not to be used and therefore all people using crutches must wait until others have evacuated first, to avoid causing obstruction on stairways. A member of staff will assist the pupil down the stairs, if they have been able to demonstrate



that they can get down a flight of stairs if necessary or the EVAC chair will be used. If the individual cannot manage the stairs, they must wait with a member of staff in the nearest refuge area, until a member of the Grounds team arrives to evacuate them using the Evac chair

There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play; a quiet area should be provided so the limb can be elevated and rested during break times, e.g. the main library or medical room can offer suitable alternatives for break time. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety – pupils should leave lessons 5 minutes early.

Pupils/Staff must ensure that walking aids are safely stored, whilst in the classroom, to avoid others from tripping over and injuring themselves. The walking aids must be returned at the end of the lesson.

Should a limb require elevation, whilst in class, this must be provided and staff must assist the injured person, to position themselves safely and comfortably. Their usual seat in a classroom may need to be temporarily changed, to accommodate the safety of the pupil and the injured limb.

All staff should be informed on first day back at school and any further updates disseminated once received.

## **8.0 Defibrillator Policy**

This Policy establishes guidelines for the placement, care and use of the IPAD NF1201 Intelligent Public Access Defibrillator located at The Beacon. The Defibrillator is used to treat the most common causes of sudden cardiac arrest (SCA), including ventricular fibrillation (VF). SCA is a condition that occurs when the heart unexpectedly stops pumping. SCA can occur to anyone, anywhere, at any time. Many victims of SCA do not have warning signs or symptoms. A Defibrillator should only be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The IPAD NF1201 Defibrillator will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the Defibrillator will charge to the appropriate energy level and advise the operator to deliver a shock. It is important to understand that survival rates for SCA are directly related to how soon victims receive treatment. Treatment cannot ensure survival. In some victims, the underlying problem causing the cardiac arrest is simply not survivable despite any available care.

### **Storage and Accessibility**

The Beacon has 2 Defibrillators. One is located on the outside wall of Beech Barn, in School House Car Park. This defibrillator is also registered with The Circuit (The National Defibrillator Network) and is available for members of the local community to use in an emergency. The Medical Team are responsible for the checking & replacing of equipment in this Defibrillator after use, whether by school or member of the public. The second

defibrillator is located inside the pavilion on Willsfield and is only available for school use, again the Medical Team are responsible for checking and restocking of equipment after use.

**The Medical Team are responsible for the following:**

- Coordinating equipment and accessories.
- Keeping up to date with government guidance relating to first aid in schools.
- Half Termly inspection of exterior and connectors for dirt or contamination; checking supplies, accessories and spares for expiration dates and damage; checking operation before moving and reinstalling the battery
- All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions
- Post event procedures: checking equipment after an event; conducting a staff incident debriefing; and incident reporting as required in accordance with the School's First Aid Policy.
- All Beacon staff are 1<sup>st</sup> Aid trained. The Medical Team will ensure that a school defibrillator is present in all first aid training, to ensure that staff are familiar with the defibrillators on site. Both defibrillators are identical to avoid confusion.

Appropriately trained staff are responsible for activating the internal emergency response system and providing prompt basic life support including using the defibrillator according to training and experience. NB. The defibrillator can be used by anyone as it gives automated instructions.

**Responsibilities of All 1<sup>st</sup> Aid Trained Staff**

- Conduct an initial assessment of the patient and environment.
- If the patient is not responding and signs of breathing and circulation are not present, provide CPR until the Defibrillator arrives. Call 999
- If you are in doubt as to whether the victim has suffered from a sudden cardiac arrest, apply the pads. Follow the voice instructions for each step in using the defibrillator.

**9.0 Accommodation**

The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The first aid room will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid room includes a wash basin and is situated near a toilet.

The first aid room will not be used for teaching purposes.

The first aid room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.

- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

## **Appendix 1**

### **Return to play protocols**

Follow the link below to the UK Government UK Concussion Guidelines for Non-Elite (Grassroots) Sport April 2023 <https://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209bff4b2575b46.pdf>

Follow the links as necessary for the specific age groups and latest up to date information/guidelines

**Appendix 2**

**Location of First Aid Boxes**

FIRST AID BOXES s+ DEFIBRILATORS	LOCATION Academic Year 2022/2023	DATE LAST CHECKED	DATE	DATE
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<b>OAKWAY</b>				
NURSERY	Classroom Shelf Opposite desk	6/9/22	6/1/23	17/4/23
RECEPTION BLUE/RED	Rec Blue Classroom Cupboard	6/9/22	6/1/23	17/4/23
PRE-PREP LATE STAY	RUCKSACK – OAKWAY LADIES TOILET	6/9/22	6/1/23	17/4/23

<b>WINTERBORNE</b>				
CORRIDOR	ON LADIES TOILET WALL	6/9/22	6/1/23	17/4/23
<b>FIELD HOUSE</b>				
	IN FIONA JONES OFFICE	15/11/22	1/3/23	28/4/23
<b>OSBOURNE</b>				
LIBRARY	UNDER DESK	15/11/22	6/1/23	28/4/23
ART ROOM	NR TEACHER'S DESK	6/9/22	6/1/23	28/4/23
CDT	ON WORKROOM WALL	6/9/22	6/1/23	28/4/23
FOOD TECH	UNDER SMART BOARD	15/11/22	6/1/23	17/4/23
SCHOOL OFFICE	IN LEFT CUPBOARD UNDER PHONE	6/9/22	6/1/23	17/4/23
STAFF ROOM	NEAR SINK UNIT	6/9/22	6/1/23	17/4/23
SCIENCE LAB 1	ON WALL NEAR SMART BOARD	11/11/22	6/1/23	28/4/23
SCIENCE LAB 2	ON WALL NEAR SMART BOARD	11/11/22	6/1/23	17/4/23
SCIENCE - JUNIOR	ON WALL NEAR SMART BOARD	11/11/22	6/1/23	17/4/23
SCIENCE PREP ROOM	ON WINDOW SILL	11/11/22	6/1/23	17/4/23
<b>BEECH BARN</b>				
	IN COUNSELLING ROOM KITCHEN ON WORK TOP	11/11/22	6/1/23	17/4/23
<b>SPORTS HALL/MUSIC</b>				
	IN SPORT HALL CUPBOARD	6/9/22	6/1/23	17/4/23
<b>ASTRO</b>				
RED RUCKSACK	TO BE COLLECTED FROM MEDICAL ROOM DAILY	5/10/22	6/1/23	17/4/23
<b>QUAD</b>				
GREEN BAG	TO BE COLLECTED FROM MEDICAL ROOM DAILY	5/10/22	6/1/23	17/4/23
<b>GROUND STAFF</b>				
GROUNDS	STAFF NEAR WINDOW	11/11/22	13/3/23	18/4/23
KITCHEN				
TRACTOR SHED	ON WALL BY WORK BENCH	11/11/22	16/3/23	18/4/23

<b>SPINNEY THEATRE</b>	On the right of the door from the main corridor	11/11/22	6/1/23	17/4/23
<b>MINIBUSES X 5</b>	SIDE OF SEAT OPPOSITE SLIDING DOOR OR GLOVE COMPARTMENT	6/9/22	6/1/23	17/4/23
	LM13 EWT	6/9/22	10/3/23	17/4/23
	LM 13 EVC	6/9/22	6/1/23	17/4/23
	WA67 CYV	6/9/22	6/1/23	17/4/23
	YP69 PLX	6/9/22	6/1/23	17/4/23
	HX 69 DDO			
<b>CAR</b>	GC18 NWM - Car	6/9/22	6/1/23	17/4/23
<b>Electric Minibus</b>	KN71 YGE	6/9/22	11/1/23	17/4/23
<b>MEDICAL CENTRE</b>				
TRAVEL 1 <sup>ST</sup> AID RED RUCKSACKS X 6	MEDICAL CENTRE	5/10/22	6/1/23	Bag 1 28/4/23 Bag 2 28/4/23 Bag 3 28/4/23 Bag 4 28/4/23 Bag 5 28/4/23 Bag 6 28/4/23
OUTDOOR LEARNING ORANGE 1 <sup>ST</sup> AID RUCKSACK X 1		5/10/22	6/1/23	9/5/23
2 X LARGE RED /YELLOW RUCKSACKS – MATRON USE	MEDICAL CENTRE	19/10/23	6/1/23	9/5/23
SPORTS 1 <sup>ST</sup> AID BAGS 4 X RED BAGS	Medical Centre	5/10/22	6/1/23	9/5/23
1 x GREEN BAG (DAILY SPORTS FIELD USE)		6/9/22	6/1/23	17/4/23
DEFIBRILLATOR	WILLSFIELD PAVILION	9/9/22	See Defib. Check list	See Defib. Check list
	BEECH BARN (OUTSIDE WALL)	9/9/22		
<b>SWIMMING POOL</b>	GREEN BAG IN EQUIPMENT CUPBOARD ABOVE PHONE	9/9/22	11/1/23	9/5/23
<b>Critical Injury Pack</b> <b>Estate Managers office</b>	Critical Injury Pack 1 <sup>st</sup> Aid Kit	11/11/22 11/11/22	1/3/23 1/3/23	28/4/23

Critical Injury Pack Medical Room	Critical Injury Pack	11/11/22	1/3/23	28/4/23
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Updated 10/5/23

### Appendix 3

#### Health protection guidance

Follow the links as necessary for the latest up to date information/guidelines

Link to GOV.UK Managing Specific Infectious Diseases: A-Z Updated Feb 2023

<https://www.gov.uk/government/publications/health-protection-in-schools-andother-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

Exclusion Table for Infectious diseases

<https://www.gov.uk/government/publications/health-protection-in-schools-andother-childcare-facilities/children-and-young-people-settings-tools-andresources#exclusion-table>

## Appendix 4

### Anaphylaxis

THE SIGNS OF AN ALLERGIC REACTION (DEPARTMENT OF HEALTH OF HEALTH GUIDELINES)

MILD-MODERATE ALLERGIC REACTION

- SWOLLEN LIPS, FACE EYES
- ITCHY/TINGLING MOUTH
- HIVES OR ITCHY SKIN RASH
- ABDOMINAL PAIN OR VOMITING
- SUDDEN CHANGE IN BEHAVIOR

#### **ACTION**

- STAY WITH PATIENT, CALL FOR HELP IF NECESSARY
- LOCATE ADRENALINE AUTO INJECTORS
- GIVE ANTIHISTAMINE ACCORDING TO THE CHILDS ALLERGY TREATMENT PLAN
- PHONE PARENT/EMERGENCY CONTACT

WATCH FOR SIGNS OF ANAPHYLAXIS

(LIFE - THREATENING ALLERGIC REACTION)

AIRWAY - PERSISTANT COUGH, HOARSE VOICE. DIFFICULTY SWALLOWING,  
SWOLLEN TONGUE

BREATHING – DIFFICULT OR NOISY BREATHING, WHEEZE OR PERSISTANT COUGH

CONSCIOUSNESS – PERSISTANT DIZZINESS, BECOMING PALE OR FLOPPY,

SUDDENLY SLEEPY, COLLAPSE, UNCONCIOUS

#### **IF ANY ONE (OR MORE) OF THESE SIGNS ARE PRESENT**

1. LIE CHILD FLAT WITH LEGS RAISED – IF DIFFICULTY BREATHING ALLOW CHILD/ADULT TO SIT

**2. USE ADRENALINE AUTO INJECTOR WITHOUT DELAY**

**3. DIAL 999 TO REQUEST AMBULANCE AND SAY ANAPHYLAXIS**

**4. \*\*\*\*\*IF IN DOUBT GIVE ADRENALINE\*\*\*\*\***

AFTER GIVING ADRENALINE

1. STAY WITH PATIENT UNTIL AMBULANCE ARRIVES, DO NOT STAND CHILD UP

2. COMMENCE CPR IF THERE ARE NO SIGNS OF LIFE

3. PHONE PARENT/EMERGENCY CONTACT

4. IF NO IMPROVEMENT **AFTER 5 MINUTES, GIVE A FURTHER DOSE** OF ADRENALINE USING ANOTHER AUTO INJECTOR DEVICE, IF AVAILABLE.







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