



# Students with Medical Needs & Medical Conditions

## Policy & Guidelines

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## Students with Medical Needs & Medical Conditions Policy & Guidelines

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## **Introduction**

Most students at some time have a medical need or condition, which may prevent them from attending school. For the majority this will be short term. For students who have a long-term or recurrent illness, access to school may be limited. The Department for Education has produced the following statutory guidance and legislation to help schools in ensuring that students are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

- Access to Education for Children and Young People with Medical Needs (2001)
- The Equality Act (2010)
- Ensuring a good education for children who cannot attend school because of health needs (January 2013)
- Supporting students at school with Medical Conditions (2014)
- Children and Families Act (2014)

This policy statement (and accompanying documents) has been written to comply with such legislation and guidance.

Churchill Academy & Sixth Form seeks to maintain a high quality continuing education for those students on roll who have a medical condition or medical needs which may result in them being unable to attend school full time.

All staff should be aware of the contents of this policy and their role in its implementation, this should include emergency and preventative measures. All new staff to the school should be provided with training through the Induction Programme.

Churchill Academy & Sixth Form works closely with the Local Authority (LA), health professionals and other agencies to ensure that their students receive access to the appropriate education provision when they are not able to attend school.

## **Management Responsibility**

The designated member of staff responsible for students with medical needs at Churchill Academy & Sixth Form is the Deputy Headteacher. The designated member of staff has a duty to ensure that:

- Sufficient staff are suitably trained to support children in managing their medical condition;
- All relevant staff are aware of the medical needs and conditions of students;
- Risk assessments are completed for students with medical conditions and needs involved in school visits and other school activities outside of the normal timetable;
- For students with long term medical needs that require specialist knowledge of the condition and related medical, Individual Healthcare Plans (IHP) are in place and monitored at least annually;
- For students whose health needs are affecting their attendance the IHP is reviewed in conjunction with parents through Student Services Board meetings and the Inclusion Register updated accordingly. These record the health needs of the student and the subsequent, appropriate support that the school will put in place during the time of ill-health. Provision is reviewed by Student Services at least every six weeks;
- Arrangements are made within two weeks of a student joining Churchill Academy & Sixth Form for their medical needs or condition to be supported.

## Accidents in School

Procedure for dealing with a student who has an accident or injury:

- When a student has an accident or is injured the first person on the scene should assess the situation and, if necessary, commence appropriate first aid.
- If possible, the injured student should be accompanied to the Medical Room so that they can be assessed and treated by the school Nurse.
- If the student cannot be moved the Nurse should be notified so that she can treat the casualty at the scene.
- The Nurse will assess the student's condition and decide if the injured student should either:
  - Return to school;
  - Receive treatment in the Medical Room as appropriate then return to school;
  - Contact their parents or guardian in order to be taken home or for medical review;
  - Call an ambulance so that the injured student can be taken to hospital for further treatment. If parents are unable to attend hospital promptly, a member of Academy staff should go to the hospital. In the exceptional circumstances of parental permission being required, the Head can act *in loco parentis*.
- All serious accidents and injuries should be entered in the accident book by the Nurse or another first aider if not available. Accidents can also be reported on line through the school base via the Nurse. Reportable major injuries will be reported to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) within 5 school days by the Nurse. All referrals to RIDDOR should be notified to the Chief Operations Officer (COO).
- Parents or guardians of students involved in accidents at school should be notified as soon as possible when appropriate.
- Injuries resulting from school property or equipment should be reported to the Site Team for inspection.
- Accidents that happen during sporting fixtures should be reported to parents by the attending first aider, usually the PE teacher in charge.
- Medication will be administered by a designated member of staff/teacher.

## Storage of Medicines

- All medicines are clearly marked and kept in locked cupboards in the Medical room the key is held by the Nurse or in Reception.
- There is a drug fridge for medicines that require cool storage.
- Students with asthma carry their prescribed inhalers to manage their own medication and if desired a spare inhaler can be kept in the Medical room.
- Students at risk of anaphylaxis (acute severe allergic reaction) carry their own preloaded adrenaline auto injector, AAI (e.g. EpiPen) and a second AAI should be provided and stored in the medicine cupboard in the Medical room.
- Non-prescription medication such as Paracetamol, Ibuprofen, Antihistamine (Cetirizine) are not generally stored in the medical room for students that can manage their own non-prescription medication. If parents feel that the student needs support with self administration this medication can be stored for the student in the medical room but is only administered with parent / guardian written permission.
- Prescribed Medication is brought into school by the parent or student and given directly to the Nurse, or handed to Reception to be safely stored in the Medication Cupboard.
- It must be in the original packaging with the prescription written on this, including the child's name, dosage, times of administration and expiry date.
- A medication form (appendix 2) should be completed and signed by the parent and passed to the Nurse for the medication to be administered.

## **Anaphylaxis Policy**

Anaphylaxis is a potentially life threatening, severe, allergic reaction needing immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or substances, although can occur after quite a considerable amount of time (e.g. hours)

- The school recognises that good communication and partnership between governors, parents, teachers, doctors and students will enable a pupil at risk of anaphylaxis to participate fully in all aspects of school life.
- The school aims to provide effective support for students at risk.
- An Individual Healthcare Plan for each student at risk will help allay concerns by parents, students and staff and minimise risks by reassuring them that prompt and effective action will be taken in accordance with medical advice.

In school:

- A list of students at risk is displayed in the Medical Room, and shared through the Inclusion Register and with catering providers
- Staff should be aware of the condition and have information on emergency treatment.
- Students prescribed adrenaline should carry their medication at all times.
- A spare Adrenaline Auto-injector (AAI), to be stored safely in the Medical Room.
- Staff should know where the medication is stored.
- Staff should be regularly updated on the use of AAI's.
- Arrangements for outdoor activities and school trips should be discussed in advance by the school with the parents and staff.
- The school will be aware of possible trigger situations in school and manage them appropriately. These include avoidance of known allergens where possible or use appropriate signage to indicate possible allergens.
- Thoroughly clean areas where allergens have been used to stop cross contamination.
- Stuart House designated a 'nut free' zone.

### **Responsibility of parents / guardian**

- Inform the school if their child has potential severe allergic reaction before entry to the school so that an Individual Healthcare Plan can be devised by the Nurse and the parents to support their child in school
- Inform the school of the medication the student requires. Parents should ensure that their child carries their AAI on them at all times. During outdoor games/activities, their AAI should be given to the teacher to be kept in the valuables box or first aid kit.
- Inform the school any changes in medication.
- Provide spare medication to be kept at school. This should be labelled clearly with name and instructions for use.
- Ensure medication carried by their child and kept at school is within its expiry date.
- Be vigilant about keeping contact numbers up to date.
- Advise the catering manager of special dietary requirements.
- During residential trips, students must carry their AAI's with them at all times

### **Allergens**

- Food allergens are detailed in the "Food Allergy Policy" but examples of these are nuts, kiwi fruit, shellfish and dairy products
- Bee and wasp stings
- Latex
- Drugs

### **Signs and symptoms**

- Urticarial rash (nettle rash/hives)
- Itching
- Sneezing
- Generalised flushing anywhere on the body.

- Swollen throat/mouth
- Hoarse voice and/or feeling of a lump in throat
- Cough and/or wheeze (severe asthma symptoms)
- Difficulty in breathing and/or swallowing
- Feeling of faintness and/or apprehension
- Blue colour to the lips
- Nausea and vomiting
- Abdominal pain
- Loss of consciousness
- Alteration in heart rate
- Breathing stops, no pulse felt and heart stops beating

**Action:**

- Call for someone to telephone for an ambulance stating the student is having anaphylactic reaction and call for Nurse/First Aider.
- Assist students to give AAI if prescribed, this should be injected into the outer aspect of the thigh.
- Keep the used AAI to be handed safely to the ambulance crew, taking care to avoid needle stick injuries. Make a note of the time the Adrenaline was administered.
- If the student is feeling faint or weak - lay them down with their legs elevated. They should not stand up.
- If they have difficulty breathing they may feel more comfortable sitting up. If there are signs of vomiting, lay them on their side to avoid choking.
- Inform parents

**Mild Allergic Reaction:**

- Itching
- Rash
- Tingling and or swelling of lips
- Give antihistamine tablet (checking permission given first)
- Remain with student and observe for signs that the reaction is worsening
- Contact parents.

**Asthma**

- From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 allow schools to keep a salbutamol inhaler for use in emergencies.
- Asthma is a long term medical condition which affects the airways. Triggers can irritate the lining of the airways causing them to become inflamed and the muscles around the airways to tighten. This leads to difficulty in breathing.
- Churchill Academy & Sixth Form recognises that Asthma is an important medical condition affecting many students and staff within the school but it can be managed successfully with the cooperation of the parents/guardians, the teaching staff and Nurse. Children and young people can usually control their asthma by taking the appropriate medication (using the correct technique) and avoiding or managing known triggers.
- The School encourages students with asthma to participate in all aspects of school life.
- The School recognises the possible triggers and where possible reduces or manages the risks.

**Known triggers are:**

- Tobacco Smoke - a no smoking policy is adopted within the school.
- Colds and Flu
- House Dust mites
- Mould - rooms should be well aired and damp and mould reported to maintenance to be dealt with quickly. Autumn leaves should be cleared regularly.
- Pollen and grass cuttings
- Stress and emotion - Support (educational and emotional) is offered to all students.
- Furry animals

- Scented Deodorants and perfumes - Staff and students to be encouraged not to wear strong perfumes. No air fresheners or room deodorisers to be used and unscented /non aerosol products to be encouraged. Changing rooms to be well ventilated.
- Latex gloves - The school is to use latex free gloves.
- Chemicals and fumes - where possible avoid chemicals and fumes in science and art that may trigger students' asthma. Store such items in a fumes cupboard.
- Cleaning and gardening products - where possible cleaning sprays, aerosols and lawn weed/insect sprays are not to be used. If required use out of school hours. Ensure rooms are well ventilated.
- School maintenance or woodwork chemicals - avoid isocyanate chemicals (spray paint, foam moulding, adhesives, foundry core and surface coatings). Colophony chemicals (soldering fumes, glues and floor cleaners).
- Wood dust - masks to be used by asthma sufferers during carpentry, joinery and D/T lessons and extractors fans. Avoid working with hardwoods.
- Weather and air quality - avoid leaving windows open during thunderstorms as this can increase the pollen in the air. Give students who suffer from asthma the option of staying indoors during high pollen days, very hot or cold days. (Does this fit with other school policies?)

### **Record keeping:**

- When a student with asthma starts at Churchill Academy & Sixth Form and parents complete a data sheet, Nurse is informed and as soon as possible will contact parents to devise an Individual Healthcare Plan (IHP)
- Physical Education:
  - Although exercise can be an asthma trigger, taking part in sport is an essential part of school life and promotes healthy living, therefore it is a trigger that should be managed rather than avoided. Churchill Academy & Sixth Form encourages students with asthma to participate fully in all sports and activity based lessons.
  - Sport coaches should always make sure they are aware of students who have asthma and their potential triggers.
- Students with asthma, especially those whose triggers include exercise and pollen should always carry their own inhalers and manage their own treatment.
- If a student needs to sit out for a short while, they should be encouraged to still participate for example by taking notes, doing ball work or line duty if they are able to do so.
- All inhalers brought on to the pitch, field or gym should be named and held in the plastic container provided by the teacher or first aid kit. It is the student's responsibility to retrieve this at the end of PE.

### **Medication and treatment:**

Every child and young person with asthma should have a reliever inhaler - these are essential in treating asthma attacks. Reliever inhalers are usually blue but come in various shapes/sizes.

Reliever medication can be taken immediately when asthma symptoms start.

- Immediate access to a reliever inhaler is vital.
- Students with asthma are expected to carry their own inhalers with them and a spare one, provided by their parents, should be kept in the Medical room. It is recommended that one should also be kept in student's sports bags.

When a pupil has an asthma attack or difficulty breathing Nurse/First Aider is contacted and when possible he/she is escorted to the Medical room for treatment.

The school will hold an Emergency Salbutamol inhaler. These should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Written consent will be obtained either on the specific emergency asthma inhaler consent form or IHP.

## **EMERGENCY PROCEDURES**

Common signs of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Pale skin, possible blue tinge around the lips.

### **AN ASTHMA ATTACK - WHAT TO DO:**

- Keep calm
- If possible escort the student to the Medical room
- Otherwise let the pupil sit up and slightly forward. Do not let them lie down. Never leave the pupil alone.
- Make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately. If possible, use a spacer. If the child's own inhaler is not available, use the emergency inhaler.
- Loosen tight clothing.
- Reassure the student
- If there is no immediate improvement, continue to make sure the student takes two puffs of reliever inhaler every two minutes up to a maximum of 10 puffs

After 5-10 minutes:

- If symptoms cease, the student can return to what they were doing.
- If the symptoms improve but not completely disappeared, escort the student to the Medical Room

Call 999/Ambulance if:

- The student's symptoms do not improve in 5-10 minutes
- The student is too breathless or exhausted to talk
- The student's lips are blue
- You are in any doubt or worried

Inform the Parents and Nurse. It is not necessary to accompany the student to hospital if a parent can arrive promptly. However, if there may be a delay a member of staff should attend the hospital to "handover" to a parent when she/he arrives.

## **Diabetes Policy**

Diabetes is a long term medical condition in which the level of glucose (sugar) in the blood is too high because the body is unable to use it properly. This happens because:

- The pancreas does not make any or too little insulin.
- The insulin produced does not work correctly
- A combination of both the above.

There are two main types of diabetes:

- Type 1- (insulin dependent) this develops if the body is unable to produce any insulin. It is the most common type in children and it means the child will have to replace their missing insulin for the rest of their lives (via injection or pump therapy)
- Type 2 – (non-insulin dependent) Develops when the body can still make insulin but it is either not enough or does not function properly. This is often related to obesity and usually appears in people over 40. However, there has been an increase in school age children being diagnosed.

### **Recognising Signs and Symptoms:**

It is important that the staff at Churchill Academy & Sixth Form are aware of the signs and symptoms of diabetes, especially when involved in off school activities.

Below is a list of complications and how they should be treated.

### **HYPOGLYCAEMIA (or HYPO)**

This occurs when the level of blood glucose falls too low, usually below 4mmols (the norm being 4-8mmols). This is especially likely before meals. When this happens the student will often experience any of the following:

- Hunger
- Trembling
- Anxiety/irritability
- Tingling of the lips
- Sweating
- Blurred vision, glazed eyes
- Paleness
- Mood change e.g. - angry, aggressive behaviour
- Difficulty in concentrating
- Rapid heartbeat or palpitations
- Drowsiness
- Vagueness

A hypo may occur because:

- too much insulin
- too little food, especially carbohydrates
- delayed or missed meal/snack
- strenuous /unplanned activity
- alcohol
- no obvious reason

### **What to do:**

Immediately give something sugary (a quick acting carbohydrate) such as:

- A glass of Lucozade, cola, fruit juice (no diet drinks)
- Three or more glucose tablets
- Five sweets e.g. jelly babies
- Glucogel (if they are conscious but find difficulty in eating/drinking)

This should be sufficient for those students using pump therapy, however, for those who inject insulin; a longer acting carbohydrate will now be required in order to prevent the blood glucose level dropping again. Examples of these are:

- Roll or sandwich
- Portion of fruit
- Individual pack of dried fruit
- Cereal bar
- Two biscuits (e.g. Digestive, ginger nuts)
- A meal if it is due

If there is no improvement after 15 minutes something sugary should again be given.

If the student becomes unconscious

- DO NOT give anything to eat or drink
- Ensure they are breathing and place them in the recovery position
- Contact the school nurse who can administer a glucagon injection if available
- Call 999 (ambulance)
- Contact the parents
- Continue to observe

### **HYPERGLYCAEMIA (or Hyper)**

This occurs when the levels of glucose in the blood rises above 10mmols and stays high. The symptoms do not appear suddenly but will build up over time. They include:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea

- Blurred vision

### **What to do:**

The student should be encouraged to administer extra insulin to counteract the high levels of glucose and drink plenty of water following their IHP specifically tailored to their diabetes and written by their diabetes nurse

Call 999 if any of the following occur:

- Deep and rapid breathing
- Vomiting
- Breath smells of nail polish remover (in the presence of ketones)

### **Treatment of Diabetes:**

Churchill Academy & Sixth Form recognises the importance of helping students with this condition in achieving near normal blood glucose levels in order to improve the wellbeing of the student.

### **INSULIN:**

- Insulin is either given subcutaneously as an injection up to four times a day or via a pump device. Students will need to adjust their insulin according to their daily routine. In order for them to calculate the levels of units of insulin required they will need to test their blood glucose levels regularly using a finger prick test.
- Insulin pens can either be disposable or replaceable and should be kept at room temperature. Unused cartridges of insulin however should be stored in a fridge. Once opened, the cartridges will need to be used within 1 month.
- The school will provide a safe environment whereupon the student can store and administer their insulin if desired. The student may wish to carry their insulin around - in this respect the independence and wishes of the students should be respected.
- Each student can store spare Insulin and their "hypo box" in the Medical room where there is also a sharps box for the safe disposal of needles.

### **Meals and Snacks**

- It is vital that the students with diabetes have regular meals and snacks in order to maintain stable blood sugar levels. Churchill Academy & Sixth Form recognises that the student may need to drink or eat snacks during lessons in order to prevent the possibility of a "Hypo".
- Priority should be given at lunch time to all students with diabetes and they should be allowed extra portions if required.
- It is sometimes the case that students with diabetes are also diagnosed with coeliac disease. Therefore, the catering staff will ensure an appropriate meal is provided each day. The catering staff will be issued a list of all students with diabetes alongside their photo for ease of recognition.

### **Exercise and Activity**

The majority of students with diabetes should be able to enjoy all kinds of physical activity and thus the school will encourage all students to join in on all school sports and activities. However, the school recognises that students with diabetes will need to prepare themselves carefully prior to any activities that will use up glucose. If a student has a blood glucose of 15mmols or above, they should not participate in any physical activity. Nurse should be notified.

- Students should be encouraged to monitor their blood glucose levels prior to activity.
- Students should be informed of how strenuous/long the activity is in order they can eat an appropriate snack prior. They should also be allowed to stop the activity at any time to eat further snacks or have a drink.
- The student and the teacher leading the activity should ensure that glucose tablets or a sugary drink are easily accessible in case of a Hypo. There is no reason why the student should not return to the activity once they have recovered.
- Students wearing an insulin pump should disconnect the pump during contact sport. This should be for no longer than an hour. Once the activity is over the

student should reconnect their pump and test their blood glucose levels. In the case of extended activity, it is important to check that students are managing their glucose levels. Students who have pump therapy should have a plastic needle/port attached to the pump in order to reduce the risk of needlestick injuries to others during contact sport.

### **School Trips:**

Students with diabetes will 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) and the Equality Act (2010).

Day Trips:

These should not cause any problems; however, it is important that:

- The student takes their insulin and injection kit with them. Even those who do not usually inject during school hours as delays need to be accounted for.
- Students should provide extra snacks and drinks
- Students should take their blood glucose monitor with them.

### **Residential/overnight trips**

It is vital that the student is confident at managing their own injections and monitoring their blood glucose levels. If they are not confident, then the student may not be allowed to go on the trip. The Nurse/First Aider can contact the student's diabetes nurse for advice before a decision is made.

The students' Individual Healthcare plan should be provided to the staff present on the trip with guidelines on how to deal with a HYPO or HYPER.

The student should ensure he/she takes the following:

- Tablets or insulin injections (plus spares)
- Blood glucose monitoring kit (plus spare battery)
- Hypo remedies/box
- Ketone urine/blood test sticks
- Personal identification card/bracelet
- Letter from the diabetic team confirming the student's condition and need for needles/injection during a flight (required by Customs and Excise)
- Insulin pump users should provide:
  - Spare insulin set
  - Spare battery for the pump
  - Extra insulin for the pump
  - Extra-long acting insulin
  - Insulin pen/syringe in case of pump failure.
- During ski trips the school will provide a card in the local dialect advising the relevant ski instructor of signs/symptoms/treatment of a hypo.

### **In school:**

- It is the parents' responsibility to ensure that all details of regime, treatment are updated to Nurse including full contact details
- The parents should ensure that all supplies of snacks, glucose therapy, insulin and blood glucose testing are kept in stock and in date
- Nurse will inform all relevant staff of any students with diabetes.
- Each student will have an IHP specific to their needs.
- Staff need to be aware of any students with diabetes in their care during off school activity. They should feel confident on how to recognise a Hypo and its treatment.
- The Nurse will provide regular updates to staff on diabetes.
- Students with diabetes should carry their own supplies of extra snacks/drinks when they take part in strenuous activities. Emergency supplies of Glucose drinks, tablets, gel and biscuits will be kept in the Medical Room.
- Sharp boxes will be provided in the Medical room for safe disposal of needles/vials
- All students with Diabetes will be encouraged to fully take part in Churchill Academy & Sixth Form life maintaining their independence and privacy.

## **Epilepsy Policy**

Epilepsy is a tendency to have seizures (sometimes called fits). The seizure is caused by a sudden burst of intense electrical activity to the brain, causing temporary disruption to the way messages are passed between brain cells.

- Epilepsy can affect anyone, at any age. It can have an identifiable cause such as meningitis or a blow to the head or for the majority of cases have no known cause.
- There are many different kinds of Epilepsy and Seizures described below.

### **Signs and Symptoms:**

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

- Generalised
- Partial (sometimes called Focal)

### **Generalised:**

These affect the whole or most of the brain. These will always involve a loss of consciousness, although not everyone will fall to the floor.

### **Absence:**

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

### **Myoclonic:**

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

### **Tonic clonic seizures:**

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

### **Atonic seizures:**

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

### **Partial seizures:**

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

### **Simple partial seizure:**

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

### **Complex Partial seizure:**

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

## Status Epilepticus

If a person experiences a long seizure (30 minutes or so) or does not regain consciousness, they need to be treated as a medical emergency to assess trauma to the brain.

### Triggers:

In many students with epilepsy, seizures happen without warning, but in some people certain triggers can be identified. Here are some examples:

- Stress, anxiety or excitement
- Hormonal changes
- Not taking medication
- Unbalanced diet
- Alcohol and recreational drugs
- Some over the counter/ prescription medication
- Late nights
- Illness
- Photosensitivity

### Emergency Procedures:

#### Tonic clonic seizures:

Symptoms:

- Loss of consciousness
- Body stiffening and falling to the ground
- Jerking movements
- Blue tinge around the mouth (caused by irregular breathing)
- Loss of bladder and/or bowel control

After a minute or two jerking will stop and consciousness will be regained.

DO

- Protect the person from injury-remove harmful objects nearby
- Cushion their head
- Look for Medical ID (Card, bracelet, necklace) to find out what to do in an emergency and contacts
- Once seizure over, gently place in the recovery position and observe
- Keep calm and reassure the pupil. Stay with them until fully recovered

DO NOT

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

CALL 999

#### Seizures involving altered consciousness or behaviour:

Symptoms:

- Twitching
- Numbness
- Sweating
- Dizziness
- Nausea
- Disturbance to vision, smell, taste or hearing
- As strong sense of déjà vu
- Plucking at clothes
- Smacking lips, swallowing repeatedly
- Wandering around
- Falling to the floor
- Daydreaming

DO

- Guide the student away from danger

- Look for medical ID card for guidance
- Stay with the student until recovery is complete
- Keep calm and reassure the student
- Explain what they have missed

#### DO NOT

- Restrain the student
- Act in a way that would frighten them such as shouting or abrupt movement
- Assume the person is aware of what is happening or what has happened
- Give the pupil anything to eat or drink until they are fully recovered
- Attempt to bring them around

#### CALL 999

#### **Responsibilities of the school:**

- All students diagnosed with Epilepsy will be identified to all staff
- All Staff will read the School Policy regarding Epilepsy, its symptoms and treatment
- All members of staff to be aware of possible triggers
- Each student will have an Individual Healthcare Plan (IHP)
- In the event of students who have lapses in concentration- teachers will provide reassurance and reiterate the work done.
- Any prescribed medication will be dealt with under the usual school guidelines (Policy for Medication in School)

#### **Illness in School**

- When a student is feeling unwell, at school, they should let their teacher or a member of the duty staff know so that appropriate first aid support can be provided.
- If it would seem unwise to move the student because they feel faint or dizzy, the Nurse should be contacted to assess them before taking them to the Medical Room.
- The Nurse will assess the student's condition and will:

1. Treat their complaint as appropriate and they will return to school

Or

2. Keep them in the Medical Room for observation and rest and if appropriate treat their complaint until they are well enough to return to school.

And

3. Contact their parents or guardian so that either they can be taken home or be taken for further medical advice or, if the student is well enough to return to class
- Parents of students who are suffering from Diarrhoea and Vomiting will be notified of the 48-hour exclusion period as advised by the Health Protection Agency.
  - The Nurse will inform the Health Protection Agency of any notifiable illnesses/conditions or possible epidemics.
  - If the student is in the Medical room and subsequently sent home, the parent/carer signs them out at the main Reception when they are collected.
  - All students who are unwell and need to go home must be seen in the Medical Room first by Nurse (or First Aider in her absence) so that a record is kept both in the Medical Log book and on Bromcom of why the student was sent home.
  - Students are not allowed to contact their parents to ask to be collected.

## **First Aid**

The Governors of Churchill Academy & Sixth Form are committed to provide suitable and adequate first aid provision for their employees and for students if they become ill or are injured. Churchill Academy & Sixth Form arrangements for first aid take into account guidelines in the Health and Safety (First Aid) Regulations 1981 supported by the Health and Safety Commission's approved code of practice "First at Work". All accidents, injuries and illnesses are referred to Nurse or qualified first Aider

### FIRST AID PERSONNEL

- Staff members from SLT, PE staff and other staff members are covered by a First Aid at Work Certificate.
- Lists should be displayed on all noticeboards, printed on green paper with a green cross and at Reception

### ACCIDENT OR INJURY

When a student has an accident or is injured the first person on the scene should assess the situation and if necessary start first aid.

If possible, the injured student should be accompanied to the Medical Room, so that they can be assessed and treated by Nurse

If the student cannot be moved, the Nurse should be notified so that she can bring a first aid kit to the scene of the accident.

Nurse will assess the student's condition and decide if the injured pupil should:

1. Return to school or
2. Receive treatment in the Medical room as appropriate and return to school or
3. Contact their parents or carer in order to be taken home or for medical review or
4. Call an ambulance so that the injured student can be taken to hospital for further treatment

Parents or carers of students involved in accidents at school should be notified as soon as possible.

## **Treatment records**

Nurse keeps daily records of attendance and treatments. Additional information will be recorded daily on Bromcom.

## **Accident book**

This is located in the Medical Room

For injuries to students and visitors, it is the responsibility of the most senior member of staff who witnessed or dealt with the injured person to record details in the accident book.

For injuries suffered to members of staff, it is the responsibility of the injured person to ensure details of the accident have been recorded, however the actual details may be recorded by another person on his/her behalf.

## **First Aid / Treatment Room**

Forms part of the Medical Room and contains as a minimum the following facilities and equipment

- a) Sink with running hot and cold water always available;
- b) Drinking water and cups;
- c) Liquid soap;
- d) Paper towels;
- e) Hygiene hand rub
- f) Smooth topped working surfaces;
- g) Suitable store for first-aid materials;
- h) First-aid equipment;
- i) Medical examination chair which converts into a couch if necessary
- j) Clean protective garments for use by first-aiders;
- k) Chair
- l) An appropriate record book; (Medical Log Book)

- m) Thermometer
- n) Adequate lighting
- o) Clinical waste bin
- p) Drug/medicine cabinet (complying with the Misuse of Drugs Regulations 2005)
- q) Refrigerator
- r) Bio hazard kit

The room should be clearly identified as a first-aid room. Identification should be by means of a sign complying with the Safety Signs Regulations 1996.

### **First Aid Kits**

(See Appendix 3)

### **First Aid Kit Contents**

(See appendix 4)

Science department contains eye wash kit

PE kits contain extra disposable ice packs

### **Automated External Defibrillator (AED)**

This is located at the main Reception Entrance on the outside wall and can be accessed using a code. All first aiders have access to the code and Reception or it can be accessed by phoning 999 when a person has collapsed who will then give the code to the person phoning for an ambulance. Who can be any member of staff or member of the public.

### **Mental Health**

#### **Please also see Response to Covid 19 – Positive Mental Health Strategy Addendum**

Children and young people who are mentally healthy can: Develop psychologically emotionally, creatively, intellectually and spiritually; Initiate, develop and sustain mutually satisfying personal relationships; Use and enjoy solitude; Become aware of others and empathise with them; Play and learn; Develop a sense of right and wrong; Resolve (face) problems and setbacks and learn from them. (Mental Health Foundation, 1999, p6).

Following return to school after the interruptions for the first and second lockdown in response to the pandemic many students are being seen in the medical room that do not necessarily come under the first aid category but rather mental health first aid.

Students are seen and assessed as normal in the medical room. Nurse/First Aider will be mindful that mental health issues may manifest as signs or symptoms indicating other physical health issues and investigate both facets of these to ensure that the correct help is actioned or sought. Also that students are sign-posted to where they can access further help if needed, e.g. kooth.com, Anna Freud, self-care. If there is a safeguarding issue then, if urgent, the safeguarding team should be contacted and the issue recorded on Bromcom whether urgent or otherwise.

## Appendices

### Appendix 1 Form to request the Academy to administer medication

The request form can be accessed [here](#).

### Appendix 2 Daily Record of Medication

#### Daily Record of Medication

Name.....Tutor group.....

Date	Time	Name of Medication Administered	Dose	Signature

### Appendix 3 First Aid Kits around Churchill Academy & Sixth Form

1. IT Department
2. Humanities
3. ASC
4. BCSS (Alan Turing Building)
5. Science 3 Boxes
6. DT 5 Boxes
7. Sixth Form
8. Reception
9. Food Tech. 2 Boxes
10. Site Team Hut
11. Dance
12. PE 5 Boxes
13. Art

### Appendix 4 First Aid Kit List

- Alcohol Free Cleansing Wipes
- Assorted plasters
- Sterowash for cleaning wounds and eye irrigation x2
- Small and large adhesive dressings x2
- Small and large dressings
- Pack of Gauze squares
- Gloves
- Adhesive tape
- Eye pad
- Triangular bandage
- Vomit Bag
- Yellow biohazard bag
- Sanitary towel (can be used for wounds also)
- First Aid advice leaflet
- Resuscitation Mouthpiece

Medical provision:

<p>Upon arrival to the Academy, until the end of Lesson 1</p>	<p>Emergency first aid provision is available. Students who need emergency first aid should:</p> <p>go to reception, if before school</p> <p>tell their tutor or lesson 1 teacher if there is an emergency first aid situation requiring support and they will decide whether the student requires medical assistance</p>
<p>Lesson 2,3,4</p>	<p>Students feeling unwell should report to their teacher who will decide whether the student requires medical assistance.</p>

Break and Lunchtime	Students feeling unwell or who need emergency first aid during social time should report to the nearest member of duty staff who will assist and seek further support from the Nurse if required.
Lesson 5	Emergency first aid provision is available and students who need emergency first aid should tell their lesson 5 teacher if there is a situation requiring support.
After school	If first aid support is required after school, students should speak to the member of staff supervising their activity or go to reception.

## How families are advised to support medical provision

1. **Inform us of any changes to pre-existing medical conditions:** contact your child's Head of House and copy in the School Nurse (nurse@churchill-academy.org) so that we can update individual Health Care Plans and share any necessary new information with your child's teachers as required.
2. **Inform us of new medical conditions:** Inform your child's Head of House if they have a new medical condition so that an individual Health Care Plan can be written and agreed with you. This will then be shared with your child's teachers as required.
3. **Prescribed medication:** continue to inform the School Nurse if your child has prescribed medication to take during the school day. This must be handed to the School Nurse by a parent or carer and be in its original packaging, with clear instructions from the pharmacist regarding dosage.
4. **Send your child in healthy:** we assume that if a child is in school then they are fit for lessons and learning. Please do not send your child to school with the message that they can ask to be sent home during the school day. We have had an increasing number of children coming into school in the morning and very quickly expecting to be sent home if they are feeling a little unwell or upset. This is unnecessarily disruptive to students and their families, and to the smooth running of the Academy.

If children do feel unwell during the day, we advise:

- Make sure you have had something to eat and drink
  - Make sure you have had some fresh air at break and lunch time
5. **Provide paracetamol or ibuprofen from home:** The Department for Education advice to schools is that students should be encouraged to take responsibility to self-administer non-prescription medication, provided that their parents or carers judge that they are mature and responsible to carry a single dose of paracetamol

or ibuprofen in their school bag. If this is appropriate for your child, please ensure they have plenty of water and the correct single dosage for their age.

Should you consider that your child needs to be supervised to self-administer paracetamol or ibuprofen, the School Nurse will be able to continue to support them as required. However, the School Nurse will no longer be providing paracetamol or ibuprofen as part of our in-school provision. If students require them, we expect them to bring a single dose from home. Please note that students should not carry full packs of painkillers, or other medications, and should never share medications with anyone.

Our priority is to reduce the number of students visiting the medical room to obtain routine painkiller doses, to ensure that our new School Nurse can use her skills and expertise to support our most vulnerable students and those with significant medical conditions, so that they can have full and uninterrupted access to the curriculum. We will continue to keep our medical provision under close review, to ensure that it is supporting those with genuine needs so that all our students can remain fully focused on learning.