



BEAUDESERT PARK SCHOOL

FIRST AID AND MEDICAL HEALTH POLICY

This is a whole School policy including the EYFS.

We have a Surgery at Beaudesert Park School ("the School") on the first floor of the main building led by Sister Lois Johnstone RGN and Sister Deanna Davies RGN, RSCN, NNEB and their team. Dr Andrew Simpson from the Minchinhampton Practice is the School Medical Advisor.

There is a qualified nurse (Sister) on duty in the Surgery:
Mon – Fri 8am – 5.30pm 7pm – 8.30pm
Sat 8am – 10.30am 1pm – 6pm as required for matches

The Matrons, who are all qualified First Aiders, are available to attend to any medical matters which arise at other times. They also take the Opus Medicines Awareness for Schools training every 2 years.

There are 2 resident Matrons:
Barbara Ratcliffe - First Aid at Work (FAW) (3days)
Resident Gap Student - Emergency First Aid at Work (EFAW)

There is 1 non-resident Matron:
Jackie Excell - EFAW

Sister/Matron will administer first aid, deal with accidents and emergencies or help if someone is taken ill. In the unlikely event that neither are available, first aid trained staff will attend.

All first aid personnel receive updated training (EFAW) every 3 years.
There are paediatric first aid trained staff (trained by St John's Ambulance every 3 years) present in the EYFS setting and on trips with pupils.
There is always a qualified nurse in attendance at the sports field for matches.

Within the School and school grounds Sister/Matron will decide when an ambulance should be called for injuries or illness.

At the sports field, the school nurse will decide when an ambulance should be called for.

If the school nurse is not in attendance, the first aiders will call for an ambulance as necessary.

An ambulance should be called for all serious injuries when the assistance of a doctor is required.

At least half the full time teaching staff and some of the peripatetic staff are qualified as First Aiders (EFAW). All full time staff taking sport are qualified as First Aiders (Sports First Aid and EFAW). Lists of these staff are on notice boards in the Staff Room, Surgery and main corridor.

First aid boxes are placed in all areas of the School where an accident is considered possible or most likely to happen (see D page 9) e.g. sports hall, tennis courts, DT room, Pre-prep, Performing Arts Centre, mini buses, swimming pools, laboratories.

First aid boxes are always taken with groups of pupils who are going out of school on organised trips or to participate in sporting events. These are prepared and given out by the Sisters, collected in and checked afterwards.

All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction into the School.

We keep records of all accidents and injuries, and have a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence.

Severe accidents, where hospital admission or attention of a doctor is required, are reported to RIDDOR.

We must notify Ofsted within 14 days of any serious accident, illness, injury or death of a child in EYFS.

We will always contact parents/guardians by phone if a child suffers anything more than a trivial injury, or if a child becomes unwell, or if we have any worries or concerns about a child's health.

All medical details are entered into the child's medical notes, including treatment and medicine given and details of contact with parents. These are kept in the Surgery.

Parents/Guardians may contact Sister at any time should they wish to discuss any concern that they might have relating to their child's health.

We must ensure that any animals on the premises are safe to be in the proximity of children and do not prove a health risk.

If we believe that any child in EYFS is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, we will inform

Ofsted. Information regarding infectious diseases, and time for recovery before return to School is sent to all parents.

Specific policies included are:-

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An additional policy ‘First Aid and Medical Health Policy – Section II Medicines List should be read in conjunction.

This policy can be made available in large print or other accessible format if required.

Authorised by	M Campbell <u>Chair of Governance & Compliance Committee</u>
Date 21/11/17 Approved by	M Pyper <u>Chair of Governors</u>
Date 21/11/17	
Last Reviewed	November 2016
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Annex A Medication Policy

Introduction

The purpose of this document is to ensure the Sisters and Matrons have a clear understanding of the principles of the administration and control of medicines.

Aims

1. To ensure that all medicines are used safely and effectively.
2. To ensure that all medicines are used appropriately to meet the needs of the individual children.
3. To provide information and guidance which will allow staff to operate safely and in accordance with current legislation.
4. To ensure the correct storage and disposal of medication.

Storage and administration of medication

1. All medication is stored in a locked medicine cabinet which is attached to an inner wall, or if requiring refrigeration, in a locked refrigerator.
2. All staff should check the child's name, drug name, dosage and expiry date on the pack/bottle of all medication prior to giving it and observe the student swallowing it, then sign the treatment form in the child's notes.
3. All medical notes are kept in a lockable filing cabinet in the surgery.
4. Keys to the surgery, medicine cabinet, the medicine cupboard, filing cabinet and the refrigerator are held by Sister and Matron only.

Medication

1. All staff should ensure that they are familiar with any medical issues and allergies of the children in their care.
2. Staff should have a basic knowledge of any medication they are to give including the reason for giving it and any possible adverse side effects.
3. If a GP prescribes a medication, it should be given to Sister/Matron in the original packet/bottle from the pharmacy with the original pharmacy label.

Routine medication

1. All routine medication is given at the discretion of, and by the Sister, or in her absence by a Matron.
2. If a student misses their medication for any reason, this should be documented on their medication sheet in their notes.

Administration of non-prescription and prescription medicines

The Sisters and Matrons who administer all medication, take an online Opus Medicines Awareness in Schools course every 2 years.

1. All parents/guardians must sign 2 medicine permission forms when their child comes to the school. One for prescription medication and one for non-prescription medication, (a list of the homely medicines carried is attached).
2. Prescription medicines should be handed directly to Sister/Matron in the original package/bottle labelled by the pharmacist.
3. Sister/Matron will record the receipt and return of all prescription medicines.
4. All medication is recorded in the child's treatment notes as follows:
 - a) Name and dose of medication given.
 - b) Time and date medication was given.
 - c) Reason the medication was given.
 - d) Signature of person giving it.
5. Asthmatic children in the prep school keep their inhalers in designated pigeonholes in the surgery lobby. In Pre-Prep they are kept in the office. They are accessible at all times.

The children are responsible for taking their inhalers to games and returning them afterwards. There are 2 emergency Salbutamol inhalers for use if children do not have their own, one in the Surgery cupboard and one in the games field First Aid bag.
6. Anaphylactic children keep their Epipens in personalised boxes in an unlocked cupboard in the surgery lobby. The children collect them when they go to the games field or on away trips, and return them afterwards.

In Pre-Prep Epipens are kept in the office.
7. For school outings, one member of staff is designated as being in charge of all medical needs and is briefed by Sister beforehand. On return, all medical attention given or medicines administered are recorded in the children's notes.
8. All full time staff and some peripatetic staff are trained in first aid every 3 years and given additional training for anaphylaxis by Sisters.

Lists of trained staff are on the notice boards in the staff room, Surgery and corridor.
9. In EYFS all prescription medicines are given with full instructions, directly to Sister/Matron.

Annex B Record Keeping

Before new pupils start their first term, parents/guardians are requested to complete:

- 1 A medical record form giving medical history, inoculations and ongoing medical needs and information.
- 2 Two medicine consent forms, one for non-prescription medicines and one for prescription medicines. A list of homely (non-prescription) medicines carried, is attached to the consent form.
- 3 A nebuliser consent form, should the child be asthmatic and have their doctor's permission.

These are kept by the Sisters.

If the child is to weekly board, he/she may be transferred to the school doctor's list if the parents wish, in which case Sister will need the NHS medical card in order to do this. These new boarders will be given a medical by Sister during the first few weeks of term. They will be weighed and measured and given an elementary vision test.

All boarders are regularly checked for head lice throughout the term.

Vision and hearing tests are also offered annually to all children at age 4, 7 and 11 years old.

A record is kept of all treatments given and any medicines given to children, with the time, dosage, reason for giving it, and the signature of the Matron/Sister who gave it. If day children are given any medicine whilst at school, they are given a note to take home with details of that medication, the reason for having it, the time it was given and the name of the Sister/Matron who administered it.

If a pupil needs to bring prescribed or non-prescription medication in to school, the bottle in which it has been dispensed must be handed straight to Sister/Matron with clear instructions as to its administration.

Accident Book

All accidents are recorded in an accident book with the time, date, place and nature of the accident completed by the member of staff who witnessed it or who was in charge at the time and how/when parents have been informed.

There is a separate accident book in the Pre-prep office.

Annex C Procedure for Sick Boarders and Day Children

If a child is unwell and unable to attend school:-

Day Children

Parents must inform school before 9 am that their child will be absent.

If the child is well enough to attend school but cannot take part in games, PE or swimming, a note to that effect must be sent to school with the child and handed to either the form teacher or Sister.

A child without a note will be considered fit enough to join in all activities.

If a child is unable to take part in sporting activities for longer than a week, a note will be required every Monday morning.

If a note has stated “off sport until further notice”, a second note will be required when the child is to resume games, etc.

If a child is taken ill during the school day he/she is taken to Sister/Matron who will attend to them in sick bay. If it is a temporary sickness, the child will remain in sick bay until he/she recovers and then return to class. Sister/Matron will inform parents by telephone or email. If the child is unlikely to return to class, after discussion with parents the child is permitted to go home if possible.

Boarders

Remain in bed until seen by Sister who may move the child to the sick room where he/she can be nursed more easily.

In the event of both a boy and girl being unwell at the same time provision can be made to use a dormitory, next to the Surgery, so that the different sexes can be cared for separately.

Sister or Matron will decide when the child can return to lessons and resume sporting activities.

The parents of boarders are informed if their children are ill in bed for more than half a day.

A matron is on call for all children in the house including the sick room throughout the night and can be summoned by means of an emergency ‘panic’ button.

Annex D Accident Procedure

In the event of an accident that requires a child to be taken to hospital, follow this procedure:

Patient must not be moved

Call First Aider (EFA or Sports FA) to assess injury. Ensure airway is clear.

If injury is serious to head, leg or spine, call ambulance.

Inform parents/guardian.

OR

If First Aider (EFA or Sports FA) thinks the child can be moved (arm, wrist injury) bring back to the department or if it is decided by the First Aider that the child needs a doctor's opinion, take the child (see below) to A & E.

Inform the parent/guardian what has happened. They must be contacted out of earshot of the child. The parent may wish to take the child to A & E. If parent/guardian is unable to come, take the child to hospital in own car or school car (school has insurance cover) accompanied by another member of staff.

Details of the accident are written up in the Accident Book. In Pre-Prep one copy is kept in the Pre-Prep office and a copy is sent home. In the Prep school the accident form is kept in the Surgery filing cabinet.

All parents are informed of any major/minor accidents as soon as possible and written instructions given suggesting observation, further care and medication already given.

Sister is responsible for reporting serious accidents to RIDDOR.

Emergency Medical Procedure

All children needing attention for minor cuts, bruises, nose bleeds or feeling unwell should go to Sister/Matron in the surgery. Another child should accompany them. If Sister is off duty, a notice on the linen room door will denote where Matron can be located.

In the event of a more serious injury:

- 1 Send someone to fetch Sister/Matron.
- 2 Administer Emergency Aid until Sister/Matron arrives.
Ensure the airway is clear.
- 3 Send away all onlookers.
- 4 Assist Sister/Matron as necessary.
- 5 If an ambulance is called, ensure someone is available to direct the paramedics to the casualty.
- 6 Sister/Matron to inform parents.
- 7 Accident book must be filled in.

First Aid Boxes

- 1 Minibus
- 2 Minibus
- 3 Minibus
- 4 Minibus
- 5 Minibus
- 6 Forest School x 2
- 7 Games Field
- 8 Indoor swimming pool
- 9 DT Room
- 10 Science laboratory x 3
- 11 Lower tennis courts pavilion
- 12 Pre-prep x 3
- 13 Kitchen: responsibility of the caterers
- 14 Sports Hall
- 15 Stable yard (maintenance)
- 16 Performing Arts Centre

These are checked by Sister termly and re-stocked.

If any member of staff uses an item from any box – Sister must be notified.

Annex E Head and Neck Injuries on the Sports Field

- 1 If someone is unconscious after a head injury, assume that they might also have a serious neck injury.
- 2 Resist the temptation to do anything other than observe natural recovery.
- 3 The injured player should move only when he/she is ready.
- 4 If consciousness does not return spontaneously, do not attempt to transport the player yourself. Call for ambulance help. This may delay the game restarting, but it is preferable to inducing paraplegia.
- 5 There is one exception to doing nothing. This is if the player appears to be going blue or swallowing his/her tongue. In this situation, four adults with EFAW or Sports FA (one for the head and three for the body and legs) should turn the player into the recovery position, so allowing the tongue to flop away from the airway under gravity. When doing this it is essential to ensure that the head and body are never rotated or bent in relation to each other. This prevents any possible neck fracture from moving and compressing the spinal cord.
- 6 When a player seems to have recovered after being knocked out, they must leave the pitch and play no further part in the game. Referees should insist on this even if under pressure from other individuals not to do so. If in doubt, take the safe option medically. The same policy should apply to players who have been knocked out, but who appear “not quite right” or seem to have no memory for events after they are thought to have recovered fully.
- 7 All players described in paragraph 6 should:
 - a) be taken to Casualty at Stroud hospital by a reliable adult witness to be checked by the duty doctor.
 - b) not to play contact sports for three weeks after the injury.
 - c) Parents/guardians must be informed immediately.
 - d) the incident must be entered into the Accident book.

Annex F Medical & Nursing Confidentiality

In accordance with the school doctor's and nurse's professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical care for a pupil, it is recognised that on occasions a doctor and nurse may liaise with parents or guardians, the head teacher or other academic staff and house staff, and that information, ideally with the pupil's prior consent, will be passed on as appropriate. With all medical matters, the doctor and nurse will respect a pupil's confidence except on the rare occasions when, having failed to persuade that pupil, or his authorised representative, to give consent to divulgence, the doctor or nurse considers that it is in the pupil's better interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

Annex G Spillage of Bodily Fluids

If an accident has occurred where body fluids ie. blood, urine or vomit have been spilt, Sister/Matron/EYFS Assistant will be asked to attend to it.

1. Protective gloves and apron should be put on before clearing up.
2. Ready prepared cleaning equipment should be collected from the cupboard under the surgery sink.
3. Use absorbent granules and disinfectant.
4. Place all fluids, soiled paper towels and cloths, gloves and apron in yellow bag and place in 'soiled dressings' bin behind surgery door. This bin is replaced every four weeks by a commercial waste disposal company.

Cleaning equipment consists of:

Gloves and apron
Mask (optional)
Absorbent granules
Dustpan and brush
Disinfectant
Cloth
Paper towels
Yellow bag
Bowl

Annex H Eating Disorder Policy

Problems with eating can begin when food is used to cope with:

1. Boredom
2. Anxiety
3. Anger
4. Loneliness
5. Being ashamed or sad
6. To relieve stress
7. Low self-esteem
8. Family relationships
9. Problems with friends or school
10. Sexual or emotional abuse
11. Death of someone close

Many talk of “ feeling fat “ or “ not being good enough. “ Eating disorders arise because it is the only way the child feels he/she is in control.

When a child who is thought to be suffering from an eating disorder is brought to the attention of staff, usually by a friend or friends of that child, or by a member of staff, the child will be encouraged to talk to someone about their problem with whom they feel confident.

This person could be:

1. Form teacher
2. Sister/Matron
3. House parent
4. Any member of staff
5. School counsellor
6. Parent or family member

At that chosen person’s discretion and bearing in mind the Confidentiality Policy for boarding schools, he/she may tell the child they will have to inform their parents/guardians or seek professional help.

Action:

1. Parental discussion
2. Talk to GP
3. Give information and encouragement to eat a balanced diet
4. Close monitoring by chosen person
5. Weekly weigh-in
6. Social involvement

Information:

On the internet eg. Eating Disorders Association (www.edauk.com)

Annex I Nocturnal Enuresis

Boarders with bedwetting problems are appropriately supported in managing the problem and avoiding undue embarrassment.

The management of the enuresis is discussed with parent and child prior to his/her start of boarding.

The child is encouraged to drink at tea time and advised not to drink after 7pm. If the child wets the bed during the night, he/she is shown how to ring the bell for matron. If he/she does not wish to do this, then it is agreed earlier that they are provided with a towel and clean pyjamas for use during the remainder of the night. In the morning the child washes and dresses and tidies the bed as normal, but on the way to breakfast informs matron that the bed needs changing.

Should it be necessary, the family GP may suggest referring the child to a specialist, with parental agreement.

Annex J Asthma Policy

1. Guiding principles.

- i. Beaudesert Park School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children with asthma.
- ii. Beaudesert Park School encourages children with asthma to achieve their potential in all aspects of school life by having clear guidelines that are understood by all staff and children.

2. Record Keeping.

When a child joins the school, parents/carers must inform the school if their child has asthma, and give details of medication and known triggers. This can be done on the medical form, and will be subsequently placed in the child's medical notes and all staff informed. All medical information relevant to teaching staff is listed on staff room notice board.

3. Asthma Medicines.

- i. Immediate access to medicines is essential. Children are encouraged to carry their reliever inhalers in their games bag.
- ii. Parents/carers are encouraged to provide the school with a spare inhaler, which should be clearly named and handed in to the school surgery. These are kept in named pigeonholes in the surgery lobby and are accessible at all times.
- iii. All children are responsible for their own reliever medication, keeping a reliever with them at all times. Spare relievers and boarders preventers are kept in designated pigeonholes in the surgery lobby.
- iv. In the Pre-Prep school and Year 3, the staff keep the inhalers and assist with the medication when necessary.

4. Exercise and Activity – Physical Education Lessons.

- i. Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which children have asthma from the staff medical list.
- ii. Children with asthma are encouraged to participate in all PE and games lessons. They are reminded to use their inhalers before sport and to take them with them to the games field.
- iii. If a child does not have an inhaler and feels that he/she needs asthma medication, he/she should go to surgery.

Asthma Attack Guidelines

1. Stay calm.
2. Reassure child.
3. Get the child to take 2-10 puffs of reliever inhaler. Ensure it is taken promptly and properly with the head raised to open the airway, breathing out first and breathing in as the inhaler is triggered. A spacer can be used if easier.
4. Stay with the child until the attack is resolved. If in class, call for assistance to deal with other pupils.
5. Help the child to breathe by loosening clothing and removing heavy coats.
6. Sit the child back to front on a chair with arms resting on the back and leaning slightly forwards. Encourage deep breathing.
7. Don't keep asking how they are, when they are trying hard to concentrate on breathing.

Emergency Situation

Call an ambulance if:

- a) After approx. 10 minutes there is no effect from the reliever.
- b) Child is distressed or unable to talk.
- c) Child is becoming exhausted.
- d) You have doubts about the child's condition ie. blueness in face and lips.
- e) Continue 10 puffs of reliever every 5 minutes whilst awaiting ambulance.
- f) Telephone parents/guardian.

Recovery from an attack

Minor attack

If recovered after 1-2 puffs of reliever, child should be encouraged to return to normal activities after 20 minutes. Inform parents/guardian.

Severe attack

Hospital staff and parents will advise.

Annex K Diabetes

Diabetics cannot produce their own insulin ~ this is given by injection.

Individual Health Care Plans, kept in the surgery, should be followed.

Diabetics 'burn up' extra carbohydrate when taking exercise.
They need extra carbohydrate before taking strenuous exercise eg. Swimming, running etc.

Diabetics' blood sugar levels can fall if they do not eat enough carbohydrate during the day.

This is called HYPOGLYCAEMIA (HYPO) for short. Concentration lapse, feeling hungry, unusual, aggressive or rude behaviour, and becoming pale and sweaty are all signs of low blood sugar levels.

Carbohydrate in the form of DEXTROSOL, or biscuits will normally return the blood sugar levels to normal within 10~15 minutes.

Mental function can take 10~15 minutes to return to normal following a hypo (low blood sugar levels).

In an emergency, GLUCOGEL should be given, and Sister/Matron's assistance obtained as soon as possible. If there is no response please seek medical assistance or call an ambulance.

Dextrosol, biscuits and GLUCOGEL are placed in EMERGENCY BOXES in the areas where the diabetic is likely to be during the day or night.

Annex L Anaphylaxis Policy

Parents of a known anaphylaxis child must fill in a detailed form of treatment for an attack:

- a) What likely triggers there may be.
 - b) What usual signs of anaphylaxis the child shows when an attack is starting.
 - c) Whether an oral antihistamine is to be given at the first signs of an attack, or just the Epipen when an attack is established.
- 1 A letter of consent for staff to administer the Epipen must be written by the parents of an anaphylactic child, with all contact numbers in the event of an emergency.
 - 2 Information and demonstration given to all staff who teach or care for those children with severe food allergies, who may need the Epipen.
 - 3 Clear instructions on its use to be left with the Epipen in the First Aid cupboard

The Epipen

- a) A box is provided for any child with anaphylaxis to contain his/her Epipen and instructions.
- b) The box is kept in the surgery (in the main school) or in the office (Pre-Prep) so it is immediately available. A second box containing an Epipen is kept in the kitchen office for children in the main school with a food allergy.
- c) The box is taken on trips out of school by the class teacher and returned afterwards.
- d) The parents are responsible for maintaining an up to date Epipen for day children, Sister will be responsible for boarders' Epipens.

Annex M Dental Policy

- 1 All children who sustain injuries involving teeth are to be sent to Sister in the surgery.
- 2 All dental injuries are to be referred to a dentist within 24 hours via parents for day children or to the school dentist for boarders.
- 3 If the child's parent or dentist is unavailable, referral will be to the school dentist.
4. All whole or fragments of teeth knocked out will be placed in a labelled container with milk and sent with the child to the dentist. If milk is not available the tooth or fragment should be wrapped into some plastic with the patient's saliva.
5. All dental injuries are to be written into the incident book.

Emergency Dental Treatments

If a child has a dental accident and cannot get to their own dentist quickly, the school Dentist / orthodontist will attend to the injury.

She is:

Miss Evans
Spring Hill Surgery
Spring Hill
Nailsworth

Tel: 01453 832726

Annex N Verruca Policy

Verrucae are warts on the feet usually on the sole of the foot or on the pads of the toes. They are caused by a virus. They may multiply but eventually the body will develop an immunity to them and the verrucae will disappear. This can take a month to 2 years and sometimes more. They can be left untreated or can be treated with a variety of preparations available from the chemist. Some general practitioners run wart clinics where the verrucae can be frozen off with liquid nitrogen.

Dr Simpson, our school medical officer has advised us to allow children with verrucae to swim and shower as normal without protection, and allow the children to build up an immunity as soon as possible, since it is virtually impossible to avoid contact with the viruses throughout school life.

If a parent, however, wishes to purchase verruca socks for their child to wear for swimming, which is perfectly acceptable so long as the child is taught to put their own socks on and take them off.

Annex O Head Lice

Flexi and weekly boarders are checked regularly for head lice and parents of day children are asked to check their children at least once a week.

If an infestation of live lice or nits (eggs of the lice) is found, the hair should be washed as usual followed by an application of conditioner. Whilst still wet, the hair should be combed through with a fine tooth comb. It is important to comb down the full length of the hair from the root, clearing the comb after each stroke. This process should be repeated daily for at least two weeks.

At the moment Beaudesert is using 'Hedrin' for persistent cases, but other treatments are readily available from pharmacies and supermarkets.

The most effective preventative of head lice is regular combing with a fine tooth comb whilst the hair is wet.

Please contact the matrons or sisters if further information is required.

Annex P Tick Infestation

During the summer season , it is quite common to find ticks appearing on pets when they have been running through the woods or rolling on the grass.

Unfortunately these ticks do appear occasionally on humans and especially on children.

These ticks bury their heads and mandibles into the skin and feed on blood, and the first sign of their presence is an engorged body about the size of a grain of rice on the skin or in the hair. Do not be tempted to pull it out because the head will be left under the skin and is likely to cause infection.

TREATMENT

Use a tick remover – available from most pharmacies.

Alternatively go to A&E where the tick will be removed professionally and the child checked for infection.

Annex Q Pandemic Flu

School seeks advice from the local authority and the school doctor.

Measures are put in place to prevent the spread of infection:

Letters are sent to parents to keep children at home if there are any signs of a temperature or if their child is unwell.

They must be kept at home for 48hrs following the end of their illness.

The children and the staff are told to cover their nose and mouth with a tissue when coughing and sneezing and dispose of the tissues promptly and carefully.

All waste tissues are bagged and binned.

Good hygiene is maintained by washing hands frequently with soap and water to reduce the spread of the virus from hands to face, or to other people.

Hard surfaces (eg. Work tops, desk tops, door handles, stair hand rails) are cleaned frequently using normal cleaning products.

Antiseptic rub bottles are placed around the school.

Instructions if flu is contracted:

Stay at home and rest.

Drink plenty of fluids.

Take medicines such as Ibuprofen and Paracetamol.

DO NOT RETURN TO SCHOOL UNTIL COMPLETELY RECOVERED.

If children are unable to go home immediately once they develop flu symptoms, they are isolated in the sick room or neighbouring dormitories made over to sick bay.

No visitors are permitted.

Strict hygiene is observed.

Contingency plans are made for backup teachers in case of illness.

Decisions are made on closure of the school and continuing education during the pandemic.

Annex R Epilepsy Policy

This school recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school.

The school supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential.

All relevant staff receive training about epilepsy and administering emergency medicines.

When a child with epilepsy joins the school, the school nurse and possibly a specialist epilepsy nurse will meet with the parents to establish how the epilepsy will affect their school life, what signs and symptoms to be aware of in the event of a seizure and the action to be taken.

A Health Care Plan for that particular child will be written and approved of by parents and the child's doctor.

The child will be given an emergency box containing emergency medication and instructions of what to do in the event of a seizure. This is kept in the office in the pre-prep or in the surgery in the main school. This emergency box goes with the child whenever he/she goes out of school for matches or trips away and is returned afterwards.

Children in the same class will be introduced to epilepsy in a way that they will understand. This will ensure that the child's classmates are not frightened if the child has a seizure in class.

In the event of a seizure:

Petit Mal – (Still and distant)

Stay with child until he/she recovers, reassuring constantly.

Allow child to lie down and rest afterwards.

Inform parent.

Record seizure in medical notes.

Grand Mal (rigid, jerking, gritted teeth)

Stay with child throughout, removing anything on which they might hurt themselves.

Place something soft under the head.

If seizure lasts more than 3 mins. Give emergency medication according to the child's Health Care Plan.

Call 999.

When seizure stops place child in recovery position to assist breathing.

Inform parent.

Stay with the child throughout the seizure and reassure him/her until recovery.

Aid breathing by placing the child in the recovery position once the seizure has finished.

Inform parents.

Record the event in the child's medical notes