



DITTON INFANT SCHOOL
Wellbeing
Pupil Illness at School Policy
November 2018

This policy should be read in conjunction with the 0-25 SEN &D Policy and Supporting Pupils with Medical Conditions Policy.

Parents are responsible for making sure that their child is well enough to attend school. Parents are responsible for the administration of medicine to their children. However, they may request school to undertake some of this duty during the school day.

The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.

The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school. However, in cases of confidentiality the health and safety of the child must take precedence.

The Governors wish to support families and individual pupils with medical needs, as far as possible, in order to promote regular school attendance and participation in school activities.

Specifically, this will entail:

- supporting pupils with short term illnesses
- having procedures to deal with illnesses and/or accidents occurring during the school day

- undertaking a risk assessment and producing an individual health plan for children with long term medical needs
- reviewing training needs of staff regularly
- liaising with other medical advisors as necessary, especially the school health service
- keeping accurate records
- respecting parents cultural and religious views
- treating medical information confidentially and seeking parents' agreement before passing on information.

Parents / carers will provide the school with sufficient information about their child's medical condition and specific needs and parents / carers will be fully involved in any decisions taken.

Administering Medicine

It is recognised that there is no legal statutory responsibility which requires school staff to administer medication. This is a voluntary role. However, we are prepared to assist pupils requiring medication, providing there is adequate training. Mrs Gordon administers medicines on a day-to-day basis, in her absence Mrs Hamer will administer medication following the procedures herein.

- All day to day decisions regarding administration of medicines are the responsibility of the Headteacher.
- Staff volunteering to assist with any form of medical procedure are acting within the scope of their employment and are indemnified for insurance purposes.
- All staff should follow the school procedures concerning administration of medicine

This school will have at least one person trained to HSE 'First Aid at Work' level (K Savoury). At least one person will have the Paediatric First Aid certificate. All support staff will have the opportunity to attend a basic first aid course (1 day) every 3 years. The names of the First Aiders will be displayed in the first aid file in the corridor outside the office.

Implementing the policy

Short term illness (and administration of medicines procedure)

Doctors frequently advise that pupils should attend school while still needing to take medicine, either because they are suffering from a chronic illness or allergy, such as

- diabetes or asthma, or because they are undergoing a course of treatment needing antibiotics

The Governors of Ditton Infant School accept the fact that many parents may find it extremely difficult to come to school at midday to administer these medicines personally and will allow a trained member of staff to give medicine to the children if the following points are followed.:

- That the antibiotics need to be administered 3 or 4 times a day
- Written permission from the parents giving the name of the child, Dosage and timing of medicine - see Template A for form
- Written advice on storage of medication (e.g. if refrigeration is needed).
- Bottles/ packets of tablets are in original container, in date, with details of dosage, frequency of administration and pharmacist on label
- Staff who give medicines are volunteers who have had some basic first aid training.
- Prescription medicines have a relevant information e.g. name of child, date
- No pupil should carry medication, unless it has been agreed beforehand (eg epi-pen, asthma inhaler). Medicine should be handed into the office by parent/carer - with the exception of asthma inhalers and antihistamines which are kept in the classroom (in the Big Red Boxes). Epi-pens are kept in the evacuation box in the school office as antihistamines are to be given initially in most cases followed by the epi-pen if needed. This then means that the medication including a spare asthma pump will be available if the school needs to be evacuated.
- Medicines should be kept separate from the normal work environment i.e. in a locked cabinet (in main office) or in a fridge that children do not have access to (in staff room).

There are a number of people who know where the key is kept, in the absence of Mrs Gordon.

- School staff should not dispose of medicines. Parents should collect them at the end of each term (including inhalers). It is the parents' responsibility to dispose of date expired medicines.
- All medicines given to children will be written in the medicines file - kept by the medical cabinet.
- Non-prescription medicines e.g. pain killers, are provided **only in exceptional circumstances** and with full written parental consent. These must be in date and are limited to paracetamol based products
- The school will consult with the School and Child Health Visitor about notifiable diseases- list in office.

Illnesses during the day

- No medicine will be given to children who fall ill during the day.
- Children with diarrhoea and/or vomiting should not return to school until 48 hours after the symptoms have stopped. Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period. Children may also be sick or have an upset stomach for other reasons. If this is the case for your child please call the school office for further advice.
- If a child is suspected of having an infectious illness e.g. measles etc. parents will be informed immediately and will be required to come and collect them.
- If a child is suspected of having headlice, parents will be informed as soon as possible. Please see Appendix 1.
- Any child who becomes ill during the school day will be sent to the office for an assessment. If, after consultation with class teacher, headteacher/deputy or Mrs Gordon, it is felt that they are unfit to be in school, parents will be contacted by the office staff. We will err on the side of caution and will record all checks on temperature.

Accidents and First Aid

- First Aid equipment must be clearly labelled in a green container marked with a white cross. First Aid boxes are located in the Year 2 area and in the main foyer.

- The LAs and MDMSs will check the contents of the boxes regularly and ask Mrs Gordon to re-stock as necessary. A list of the permitted contents and quantities should be fixed on the inner lid of all First Aid boxes. Additional supplies may be obtained from the stock room. Mrs Savoury also checks the stock of first aid supplies each term.
- Any minor accidents will be dealt with by the nearest member of staff, as the majority of staff will be given basic first aid training.
- Most cuts/abrasions can be dealt with by using water or medi-wipes (saline wipes). All staff should wear gloves when dealing with any bodily fluid. Always cover weeping wounds.
- Accidents at playtime and lunchtime should be treated in situ and written in the blue accident folder.
- Any injuries that cause concern (where the child does not recover or is still distressed after a few minutes) the most qualified first aid trained staff should be called. Miss Pole, Mrs Savoury, Miss Robb are all trained. 2 staff have paediatric first aid qualifications and 1 member of staff has First Aid at Work. Children may be taken to the seats by the front office for 'recovery time'. These children will be monitored via the adult who has brought them and a qualified First Aider will decide if the child's parents need to be called.
- All gauze, tissues etc that are used in the treatment of cuts / nosebleeds should be put in a plastic disposal bag (plus the gloves that have been used) and placed in the sani-bin container for incineration. (staff toilets)
- Any accident which needs treatment will be recorded in the accident book - located in the medical bags. The member of staff responsible for First Aid will monitor these folders termly to see if any patterns of injury are occurring. She will report to the Headteacher.
- Any injury that needs more than TLC and head injuries where concussion is suspected (apart from very minor bumps, where the "Head Bump" letter is sent home) will be reported to the parents immediately and full details written in the HSE form HS157 which is available in the blue accident folder in the Year 2 area and main foyer. This will be transferred to an online form via Kelsi. The member of staff who is dealing with the injury should complete this form and ensure that parents and class teachers are made aware of the nature of the injury.
- The parents of children who have had a head bump will be called to notify them of the incident.

- Serious or fatal injuries may involve reporting to Health and Safety Executive at Maidstone - Headteacher/Deputy Headteacher will call Local Authority for advice.

Contact details

In order for this policy to work effectively, it is vital to have not only the pupil's home telephone number, but parents' work numbers and other emergency numbers, such as those of relatives / childminders. These details should be updated regularly.

Parents who continually fail or refuse to give emergency numbers should realise that school staff will act in 'loco parentis' should an incident occur. This may result in a referral to Social Services.

If a child becomes seriously unwell, or is injured, an ambulance will be called and parents or relatives should be informed. A member of staff will wait with the child until the pupil's parent/carer arrives. (see First Aid Policy for Emergency Procedures).

Long term medical needs - detailed guidance can be found in the Supporting Pupils with Medical Conditions Policy (Dec 2018)

Doctors frequently advise that pupils should attend school while still needing to take medicine because they are suffering from a chronic illness or allergy, such as diabetes or asthma. Appendix 2 on asthma is attached

The school will arrange training for volunteer staff for any child needing medicines that are crucial to their welfare or require some medical expertise or intimate care. A Health Care Plan would be drawn up for these children. This individual Health Care Plan would be written by the Inclusion Manager and parents with advice from relevant health professionals if necessary to identify the level of support that is needed at school.

APPENDIX 1 HEADLICE

Head louse infections are passed on during close head to head contact. These infections are quite common amongst young children due to the type of contact they have with friends and family members whilst playing or being cared for.

Schools and parents need to work together to control head louse infections in the school. Schools have a responsibility to educate and inform parents about headlice but it is the parents' responsibility to detect and carry out treatment of head louse infections.

The school will provide:

- Information and advice about head louse infections to all parents - at new parent's meetings and subsequently, when requested.
- Confidential support to families with head louse infections.
- Information about head louse detection and treatment, including wet combing and 'Bug busting' routine at all new parent's meetings.
- Regular reminders for parents to check for head lice on wet hair.
- Information about any head louse infections in a child's group.

Schools expect that parents will:

- Regularly check their child's hair for head lice e.g. after each hair wash.
- Inform the class teacher/ office if live lice are found.
- Carry out treatment according to the leaflet HEAD LICE - Information for families, written by Kent Health Authority.
- Check their child's hair as soon as information is given about contact with an infected classmate, friend or relative.
- Keep long hair tied back when child is in school.

Head Louse Infections - Procedure

1. If live lice are seen on the child's head during the day the family will be contacted to advise that their child will need to be treated as soon as possible to prevent the possible spreading of infection to other children.

2. Make sure that school staff are aware that their own hair may need checking.
3. Give out letters to other children who may be at risk due to close contact with the child.

It is unnecessary and worrying (often raising concern that there is a serious problem) if letters are sent out to all children every time there is a child with an infection. We don't do it for other infectious illnesses e.g. chicken pox.

4. Remind parents about how to treat their child's hair - with advice sheet.

Families with continuing or recurring infection should be assisted and supported, possibly with help of health professionals, e.g. school nurse

APPENDIX 2 - ASTHMA

Asthma affects many children but, if well managed, children are able to participate in the full range of curriculum and physical activities.

We will work in partnership with parents and health professionals to ensure that this policy supports pupils, families and staff

General Information:

- People with asthma have airways which react to various triggers - common ones include cold air, viral infections, grass pollen, animal fur. Exercise and stress can also precipitate attacks
- Asthma is characterised by coughing, wheeziness and difficulty in breathing, especially breathing out.
- Preventative medication is long term and usually given out of school hours.
- Medication that relieves symptoms e.g. inhalers, will be brought to school.
- Although PE is good for asthma sufferers they should be encouraged to undertake warm up exercises before rushing into sudden activity, especially in cold weather and they may need to use their inhalers before each session. They should not be forced to take part if they feel unwell.
- If a child has an asthma attack the child should use the inhaler immediately, sit down and be encouraged to breathe slowly and deeply. If pupil is very distressed or the medication has had no effect after 5 - 10 minutes' medical advice must be sought.

Procedures:

1. Information

- Parents will inform school, on entry, if their child has asthma and will complete an asthma card.

- The asthma cards will be kept in the front office, with the name and address details, so parents can update the cards as necessary.
- The office staff will produce lists of children with asthma (and other medical needs), updated termly, and given to class teachers, learning assistants deputy and head teacher and midday supervisors.
- Parents/ carers will provide the inhalers in a named box with prescription label attached (the inhaler also needs to be named).
- Parents/ carers will be responsible for replacing the inhaler, although the class teacher will inform the parent/ carer when the inhaler is low or the expiry date is imminent.
- A list of children with asthma will be kept with the inhalers in the classroom and be in a prominent position so that supply teachers are aware of children's needs.
- Named inhalers will be stored in an accessible place within each classroom.
- Children will be encouraged to administer the inhaler themselves although staff will help if required.
- Every time a child uses their inhaler it will be noted down in an asthma log, kept with the inhalers.
- Inhalers will be taken on school trips and before and after PE as necessary.
- A spare inhaler is kept in the evacuation box in the school office in case of emergency

2. Training

- All staff are trained to recognise the symptoms of asthma and will be aware of symptoms developing.
- All staff should know what to do in the case of an asthma attack or could call a trained first aider to assist.
- Any child missing a lot of school through asthma will, after consultation with parents/carers be referred to the school nurse.

Allergies - Non life threatening

- Parents will be asked for information about known allergies when children are admitted to school and details written in front of medical file.
- MDMS will be informed of these allergies during meetings with the Deputy Headteacher.
- Food allergies will be reported to the cook and parents asked to write a letter directly to the cook.
- Before arranging any visit / science experiment etc. children's allergies will be considered.

APPENDIX 3 - EPILEPSY

General Information

- People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication.
- Parents may be reluctant to disclose their child's epilepsy to the school but support will be given through the drawing up of an individual health care plan. In this parents should explain the type and duration of the seizures and likely trigger points
- The nature of the seizure may vary. Children may exhibit unusual behaviour (e.g. plucking at clothes, repetitive movements), experience strange sensations or become confused instead of, or as well as, experiencing convulsions and / or loss of consciousness.
- Although most children's symptoms can be controlled by medication and children are unlikely to have an attack in school, parents should inform the teachers of the likely triggers so that action can be taken to minimise exposure to them. Some activities may need extra care e.g. swimming, offsite activities.
- Computer graphics and flashing or flickering lights may be a trigger

If a child has an epileptic fit parents will be phoned immediately.

- The child should not be moved unless he/she is in a dangerous place, although something soft can be placed under the head. Pupils should not be restrained in any way and there should be no attempt to put anything in the mouth. Once the convulsion has stopped put the child in the recovery position. One adult needs to stay with the child until he / she recovers and re-orientates but other children in the class should be removed to another area.

Tonic clonic seizures

The muscles become rigid during the tonic phase and the child falls to the ground with laboured breathing. During the clonic phase there will be rhythmic movements of the

body which will gradually cease. Some pupils experience only the tonic phase, others just the clonic phase. Recovery times can vary from a few seconds to several hours sleep.

Absence seizures.

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and may go unnoticed. Parents or teachers often think the child is inattentive or daydreaming.

There are also partial seizures, simple partial seizures and complex partial seizures.

APPENDIX 4 - ANAPHYLAXIS SHOCK

* Children who suffer from anaphylaxis shock will have their photo taken and placed on the First Aid information board in the office area.

General information

- This is an extreme allergic reaction requiring urgent medical treatment.
- When such severe allergies are diagnosed the children concerned are made aware from a very early age of what they can or cannot eat and drink.
- The most common cause is food - in particular nuts, fish, dairy produce. Wasp and bee stings can also cause allergic reaction.
- In its most severe form it can be life threatening but it can be treated with medication.
- This may include antihistamine, adrenaline inhaler, or adrenaline injection depending on the severity of the reaction.
- The adrenaline injection looks like a fountain pen and is preloaded with the correct dose and is injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer.
- Responsibility for the injection should be on a purely voluntary basis.
- For some children the timing of the injection can be crucial but this would be made clear in the individual Health Care Plan. Symptoms would also be included in this Plan.
- It may be necessary to take precautionary measures to minimise the risks of the child coming into contact with the allergen.
- Epi-pens (or equivalent) are kept in the evacuation box in the office in case of emergency

Allergic reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing
- Call an ambulance immediately if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication

APPENDIX 5 - DIABETES

- Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels, due to a partial or total lack of insulin They usually need daily insulin injections, to monitor their blood glucose level and to eat regularly.
- It is unlikely that injections will need to be given during the school day. Some diabetics do not need injections and control their blood glucose levels by tablet and diet.
- Monitoring of blood sugar levels may need to take place during the lunch break.
- They may need to eat regularly, including snacks during class time or prior to exercise.
- If a meal is missed or after strenuous activity the pupil may experience a hypoglycaemia episode (a hypo) during which blood sugar level drops to too low a level. Glucose tablets, a chocolate bar or a sugary drink should be given immediately. Slower acting starchy food, such as a sandwich or 2 biscuits and a glass of milk should be given once the pupil has recovered 10 - 15 minutes later.

Indications of a likely hypo attack are :

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

After a 'hypo' the person concerned may feel well again immediately or may need to go home as a feeling of being unwell may persist eg headache.

Template A: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration - y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____