



Milford Haven School
HEALTH AND SAFETY

(incorporating Administration of Medicines Policy)
Policy (APR 2019)



1988

..... (Signed by Chair)

.....*Date*

This policy will be reviewed on or before the following date

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PART A - GENERAL STATEMENT

This policy is produced in respect of Milford Haven School/Ysgol Aberdaugleddau only and is supplemental to the Pembrokeshire County Council & Departmental Safety Policy Statements.

STATEMENT OF POLICY

The school recognizes its responsibility to promote a culture where health and safety issues are discussed in an open and positive way to achieve improved standards and safe methods of work.

Without prejudice to the generality of the above the school will ensure, so far as is reasonably practicable, that:

1. Plant, equipment and systems of work are safe and without risks to health.
2. The handling, storage or transport of articles and substances will be safe and without risk to health.
3. Information, instruction, training and supervision will be provided as necessary, to ensure the health and safety of employees, and those who are affected by the work of the school.
4. The site is maintained in a safe condition and without risks to health.
5. Access to and egress from the site and to all places of work on site are maintained in a condition that is safe and without risks to health.
6. A working environment is provided that is safe and without risks to health.
7. There are adequate arrangements for staff welfare at work and the welfare of pupils and other visitors.

The persons with specific responsibilities for health and safety are identified in this policy and the arrangements implemented to meet the above requirements are also detailed.

PART B - ORGANISATION

GOVERNORS

The School governors will ensure that:

The school produces a school Health and Safety policy for approval by the

Governing Body and that this policy is regularly reviewed;
Risk assessments of work activities are undertaken and a written record of the assessments kept and uploaded onto the HWB risk assessment system;
Sufficient funding is allocated for health and safety, e.g. in respect of training, personal protective clothing etc;
Regular safety inspections are undertaken;
A positive health and safety culture is established and maintained.

HEAD TEACHER

(The Headteacher is the day-to-day manager of the site and is responsible for health and safety on that basis.)

The head teacher will liaise with the Local Authority health and safety Office as required to receive advice and guidance on all health and safety issues.

The Headteacher will ensure that:

A school health and safety policy is produced for approval by the governing body and that the policy is reviewed annually and revised as necessary;
Risk assessments of work activities are undertaken, that a written record of the assessments is kept and that the assessments are reviewed regularly and when they are no longer felt to be valid. health and safety risk assessments are uploaded onto the HWB risk management system;
Safe systems of work, identified via risk assessment or to comply with national standards/guidance, are monitored to ensure they are followed and effective;
Information and advice on health and safety is acted upon/circulated to staff and governors.
A regular safety inspection is undertaken;
A termly report is provided to the school governors health and safety sub-committee on health and safety;
Full cooperation with Pembrokeshire County Council in meeting its legal requirements in respect of the monitoring of health and safety practice and procedures;
Staff are competent to undertake the tasks required of them and that they have been provided with any necessary training, equipment or other resources to enable the task to be undertaken safely;
Receive all health and safety information sent to the school and disseminate the information to staff/governors as necessary;
Advise the Governors on action required to comply with relevant health and safety Legislation;
In consultation with Governors, set timescales/ensure work is carried out to meet the requirements of health and safety Legislation;
Carry out the regular safety inspection.

SENIOR MANAGEMENT TEAM

(The leader of learning is responsible for the day-to-day management of health and safety issues within a department.)

The Senior Management Team will:

Ensure that health and safety is a standard item on the agendas of departmental meetings;
Ensure certain departments i.e. Science, PE and Design and Technology have specific statements and procedures relevant to their areas that include any precise health and safety responsibilities and any special arrangements or standards to be followed;
Assist the Health and Safety Coordinator (currently the Site Manager) in identifying competent persons/carrying out risk assessments;
Ensure that health and safety requirements, e.g. staff training, provision of Personal Protective Equipment (PPE), are adequately catered for in the Area/Department budget or brought to the attention of Head/Health and Safety Coordinator/Governors as appropriate; and
Ensure that staff are made aware of health and safety information relevant to them and have access to the health and safety publications provided or referred to as standards.

EMPLOYEE (ALL)

All employees must:

Take reasonable care for their health and safety at work and that of other persons who might be affected by their acts or omissions at work;

Report immediately, or as soon as practicable, any defects noted with plant equipment machinery or the workplace generally to their line manager or other designated person (staff should use the sitehelp@milfordhavenschool.co.uk as far as possible and practical to do so - unless it is urgent)

Not misuse anything provided for health and safety purposes;

Report any accident, near miss incident, dangerous occurrence or case of ill health arising out of work and cooperate with management in investigating such accidents or incidents;

Cooperate with management in respect of complying with health and safety requirements.

NB Staff are advised to ensure that their own vehicle insurance covers them for any use of the vehicle for work purposes. The Council does not hold insurance to cover use of private vehicles.

CONTRACTOR STAFF

Have the responsibilities indicated for all employees together with those indicated in supplemental safety policies.

VOLUNTEER HELPERS

Have the same duties as those indicated for employees.

THE SCHOOL'S HEALTH AND SAFETY SUB GROUP

This sub group is formed from members of the Resources Committee and will include the Site Manager, a union representative and a governor representative. The sub group will inspect areas of the school on a regular basis (at least termly) as part of the policy monitoring process and will report their findings to the Resources committee.

PUPILS

(Although students are not employed and have no specific responsibilities in legislation, other than the requirement on all persons not to interfere with items provided for health and safety, schools will have expectations as to what is appropriate behaviour.)

Students are expected to:

- a) Comply with school rules relating to general behaviour;
- b) Take note of and comply with information provided for safety with regards activities undertaken;
- c) In cases of emergency to remain quiet, listen and obey instructions given by staff;
and
- d) Not to misuse anything provided for health and safety reasons.

PART C – ARRANGEMENTS

The following arrangements have either been established through risk assessment at school level or are national standards. Each Area/Department has/will produce a supplemental policy covering the organisation and specific arrangements within Area/Department and these will be attached as appendices.

GENERAL ARRANGEMENTS

1 – ACCIDENT/INCIDENT RECORDING/REPORTING

1.1 – PUPILS – All accidents to pupils involving injury are to be recorded. This will initially be by using the standard accident forms as provided by Pembrokeshire County Council (PCC)- these are kept in the First Aid room or with the Headteachers PA.

In addition all accident forms will be entered on to the County Council accident report system (accessed via the PCC Intranet under the Health and Safety section)

<http://pccintranet.pembrokeshire.gov.uk/content.asp>)

Reportable incidents are categorised as:-

- Accident
- Incident
- Near miss
- Assault

1.2 – STAFF – All accidents to staff are to be recorded using the same accident form as for the pupils - reporting process and categories are the same as above.

1.3 – VISITORS – All accidents to visitors are to be recorded on the accident forms and reported via the PCC intranet module using the same process as for pupils and staff.

1.4 – NEAR MISS INCIDENTS – For any near miss incident, which is an incident with the potential to have caused injury to a person or damage to property, an accident form is to be completed. The form will be sent to the health and safety Coordinator who will then decide if it needs to be forwarded to the County Council health and safety Unit. This will be the case for any major structural collapse, any explosion or any fire which causes the closure of a room or more.

1.5 – BEHAVIOUR INCIDENTS – These include violence, bullying and harassment and are to be recorded by the health and safety co-ordinator on the accident forms.

2 – ASBESTOS

The asbestos register is compiled and completed by Pembrokeshire County Council under local authority policy. Procedures are such that the register is kept centrally and not on site. Any major works planned must be approved by the local authority officer with responsibility for asbestos management.

Do not assume there is no asbestos present and always liaise with the local authority prior to commencement of any works on site.

3 - CONTRACTORS ON SITE

There are two distinct types of contractors who will have access to site. These will be service contractors who regularly work on the site and building contractors who work on an 'as and when' basis.

3.1 – SERVICE CONTRACTORS – Service contractors have regular access to site as specified by a contract (these would be under the local authority service level agreements so overseen by PCC). Such contractors' visits can vary from an annual visits to ad hoc requirements, e.g. to service boilers, check and ensure all fire extinguishers are fully charged and complaint, Portable Appliance Testing (PAT) testing, responsive requests etc. The PCC service contract specifying what work is expected of them and what they can expect from the school.

Their personnel will follow their own safe systems of work but their working methods do take into account how they will impact upon staff, students and other visitors on site. The school has/will provide details of its own risk assessments to the contractors where relevant. A copy of this policy will be provided to the PCC Building Maintenance Officer as well.

3.2 – BUILDING CONTRACTORS – These are contractors who attend site to undertake building works, which can vary from simply replacing a broken window to remodelling a room. The following is the general risk assessment on these activities that identifies the potential hazards and how these will be minimised/eliminated. These types of works are generally organised via the local authority building maintenance department who would ensure contractors follow local authority processes and procedures.

Hazards associated with building work relate to personal injury or damage to health caused by:

- a) slips/trips/falls as a result of contamination of surfaces by spillages, trailing leads or unprotected edges;
- b) being hit by falling objects dropped by persons working above head height;
- c) inhalation of smoke/fume through heating substances or use of same, i.e. paint/varnish/tar etc.
- d) coming into contact with machinery or vehicles.

The above is only a brief outline of the hazards associated with this activity that may occur in areas where staff and students have access. Such hazards are controlled by the arrangements listed below and by the effective supervision of students.

3.2.1 – SMALL SCALE BUILDING WORKS – This will include day-to-day maintenance work and all work undertaken on site **where a pre-site meeting has not taken place.**

a) All contractors must report to the office on their arrival and under no circumstances are they to commence work until given approval to do so by the **Headteacher/Site Manager.**

b) Before any work is commenced, it is essential that the **Headteacher/Site Manager** is made aware of

- what work is to be undertaken,
- where the work is to be carried out,
- an indication of the likely timescale,
- what equipment is to be used,
- which services are required.

c) Before work is to commence, the contractors must be advised by the **Headteacher/Site Manager**

Where they can gain access to services,

What the fire precautions are for the building, i.e. upon hearing the alarm, which is a continuous bell, they must exit the building immediately and report to the **rear of the school / school assembly point**

Any particular problems with the work, e.g. access may still be required to the area.

The contractors must be issued with a visitors pass and advised that it must be worn at all times whilst on site.

The contractors must be advised who to contact on site if they have a problem.

3.2.2 – LARGE SCALE WORKS - This encompasses all work where a pre site meeting is required. In normal circumstances this will involve work where part of the site is completely handed over to the contractors. Such work usually coming under the requirements of the Construction Design and Management Regulations and is overseen by the local authority building maintenance department under the school's SLA agreement. For all large scale works a pre meeting will take place and the **Headteacher/Site Manager** will attend the meeting. This meeting will identify timescales for work, methodology (e.g. noisy work done when school is unoccupied wherever possible), access requirements, emergency access requirements, etc).

4 – CONSULTATION WITH EMPLOYEES

The school complies with the Health and Safety (Consultation with Employees) Regulations 1996 by:

a) having health and safety as a standard item on the staff briefing at the commencement of the academic year;

b) circulating any school safety news to all staff; and

c) where appointed, consulting with the Trade Union Accredited Safety Representative/ representative(s) of employee safety in good time on all health and safety issues.

5 – COMPETENCE

All staff appointed are considered to be competent to perform the tasks they are given. Specifically, with regards to health and safety competency is viewed as one of the key elements of risk management and is essential in respect of the control of dynamic work situations, e.g. teaching a class of students.

For each job/role basic competency requirements are included in the job description but for health and safety the school has a list of items that need to be covered at induction and a supplemental list within each Department.

6 – INTERNET USAGE / E-SAFETY

The school has a separate policy for Internet usage / safety and a copy of this policy can be found on the staff intranet. The policy indicates there is a whole school approach to internet safety and details the ways ICT facilities can and cannot be used by the networks users.

7 – FIRST AID

The school exceeds the basic recommendation for first aiders, which is for two persons to have a first aid at work certificate, and a list of staff who hold a first aid at work certificate is on notices displayed around the school or available from the office.

(See also First Aid Policy)

7.1 - FOLLOWING ACCIDENT - In all cases where an accident involves a serious injury, e.g. broken bone, or where there is any doubt about the injury the injured person is not to be moved, unless in danger, until assessed by the first aider. The first aider will then decide what action is to be taken but where they are in doubt as to the severity of the injury the advice is to **obtain immediate medical attention by dialling 999 and asking for an ambulance**. In cases involving students, their parent/guardian should be contacted as soon as possible, but this should not result in a delay obtaining medical attention.

For cases involving injuries to students that are less serious but still of concern, e.g. sprains, strains, cuts etc. the student will be asked if parents/guardians should be contacted or if they feel fit enough to stay in school.

NB in the event of a bump to the head it is essential that persons be monitored and not left alone or unsupervised.

7.2 – RECORDING - Any accident where first aid is administered to students is to be recorded on the PCC accident forms and submitted on the PCC accident reporting module.

7.3 – FIRST AID BOXES/MATERIALS - First aid boxes are kept on site and these only contain approved materials. The boxes are available for use by all staff/adult visitors on site. The teaching assistant with designated first aid responsibilities will periodically check and re-stock all the first aid boxes.

7.4 – INJURIES INVOLVING BLEEDING - Staff dealing with injuries involving bleeding must wear appropriate protective clothing. Disposable gloves are provided for this purpose and kept *in* the first aid box. Staff are advised to contact the site team who have a specific spillage kit for cleaning up spillages such as blood or vomit.

8 – GENERAL MAINTENANCE CONTRACTS

All equipment on site will be maintained in efficient working order to ensure that it is safe to use. Without detracting from the generality of the above the following maintenance arrangements have been made.

a) ELECTRICAL INSTALLATION

The fixed electrical installation is tested by maintenance contractors every 5 years as required by the electricity at Work Legislation. Following this check a certificate is issued to confirm the electrical installation is safe.

b) FIRE EXTINGUISHERS

Fire extinguishers are subject to an annual check by contractor and on a termly basis the extinguishers are checked, by the **Site Manager**, to ensure that they are in position and that the pins are in place.

c) PORTABLE ELECTRICAL EQUIPMENT

Portable electrical equipment is to be visually checked by staff before use and if any defects are noted the item is to be put out of use. In addition, the portable electrical equipment is subject to a regular check in line with guidance on the checking of electrical equipment.

9 – INFECTIOUS DISEASES

The school follows the national guidance produced by the Health Protection Agency, which is summarised on the poster, 'Guidance on infection Control in Schools and other Child Care Settings'.

10 – MEDICAL NEEDS

The school will try to accommodate pupils with medical needs wherever practicable in line with the *School Policy on Managing Medical Needs*.

11 – RISK ASSESSMENTS

The school risk assessment process is managed using the PCC HWB risk management system and risk assessments are reviewed annually or sooner if required. It is based on generic information, whether in the form of model risk assessment, model procedures or national standards, which are then checked to ensure they are appropriate to the school or amended to make them site specific. This information is then included within point of use texts or schemes of work, or links provided therein to relevant documentation, as appropriate. This is supplemented by dynamic risk assessment which involves competent staff in supervision and problem solving.

In all cases staff, students and other visitors may be affected by the activity. The following information is added to expand on the above where there is specific legislation.

11.1 – COMPUTER WORKSTATION ASSESSMENTS - Any member of staff who is a 'user' as defined by the Display Screen Equipment (DSE) regulations, which lays down specific requirements for workstations incorporating computers etc., must complete a 'user audit' (this is one of the mandatory units on the Pembrokeshire Online Development (POD) system.) for the workstation(s) where they work. A 'user' being someone who is habitually employed to work on a computer and does so for more than an hour at a time more or less on a daily basis.

11.2 – FIRE – A fire risk assessment has been undertaken by the Site Manager and reviewed by the local authority Fire Safety Adviser in line with the requirements of the Regulatory Reform (Fire Safety) Order and this identified the physical fire precautions in place, the measures to prevent fires starting and the measures to ensure everyone can escape from the building in the event of a fire. Fire instructions are displayed in every classroom and are contained in the staff handbook. All staff must also complete the mandatory fire awareness module on the POD. The fire alarm system and emergency lighting is regularly maintained by OCON Fire and Security. The emergency lighting is tested on a rolling programme fortnightly. The fire alarm audio testing is tested weekly. Fire drills are conducted termly.

11.3 – HAZARDOUS SUBSTANCES - The requirement to assess hazardous substances either in use or created by school operations is a requirement of the Control of Substances Hazardous to Health (COSHH) Regulations. Hazardous substances are those identified as corrosive, irritant, toxic, harmful and any with a Workplace Exposure Limit (WEL), which will include dusts, e.g. pottery, wood etc. and biological hazards.

The records of the risk assessments carried out are kept in specific COSHH assessment files in relevant Areas/Departments/Faculties or in the standards followed, e.g. Consortium of Local Education Authority for the Provision of Science Services (CLEAPSS) documentation for both Science and DT.

If staff have any questions on hazardous substances these should be raised with line managers or the leader of learning.

11.4 – MANUAL HANDLING – Manual handling legislation requires that any manual handling operation that is likely to cause a significant injury needs to be assessed. All staff will undertake an element of manual handling but any frequent operations and any involving even occasional movement of awkward or heavy items, must be covered by a written manual handling assessment. The site team have completed a manual handling course and there is an on-line manual handling course which all staff must complete on POD.

All staff must ask themselves the question when considering undertaking any manual handling operation “Can I move the objects where I need to safely and without risks to health?” Where staff feel the answer is no, or they are unsure, **they must not attempt the operation until they have obtained assistance.** Within school the following written assessments are in place.

11.4.1 – REGULAR OPERATIONS – EQUIPMENT/MATERIALS – A summary of the regular operations undertaken has been produced which indicates what the manual handling operation is, frequency with which it is carried out and whether viewed as a high medium or low risk. All staff must make themselves aware of this list and follow the procedures indicated. Within each department a supplemental list has been produced, in a similar format, where there are specific additions or changes from the generic. Staff who undertake a significant amount of manual handling will be provided with training whilst basic information on safe practice is available.

11.4.2 – MANUAL HANDLING – STUDENTS – All students who may need to be lifted or supported are assessed using the manual handling assessment forms.

The need for training will form part of the risk assessment but all staff with a significant involvement will receive basic awareness training, whilst instruction will be given on how to use equipment provided for the students use, e.g. standing frames, wheeled chairs and hoists.

11.5 – NOISE – The noise at work legislation identifies specific noise levels at which specified action is required and also a general duty to reduce noise levels. The noise assessment in school has identified areas with a high level of machinery as potentially exceeding the noise levels as well as Music.

If staff have any questions on Noise levels they should initially speak to their line manager or Head of Area/Department who will refer the matter on to the Headteacher if unable to resolve it.

11.6 – SECURITY –Security issues are regularly reviewed. If staff have any questions on security they should initially speak to their line manager who will refer the matter on to the health and safety coordinator if unable to resolve it.

11.7 - WATER ASSESSMENT – An assessment has been completed on the hot and cold water systems and measures have been introduced to manage the risk of legionnaires disease. The legionella testing is undertaken by the site team in line with the guidelines and checklists provided by Pembrokeshire County Council.

11.8 – WORKPLACE - An inspection of the workplace, buildings/grounds, has been undertaken against the requirements of The Workplace (Health, Safety & Welfare) Regulations 1992 as supplemented by the Education (School Premises) Regulations. The school also undertakes regular inspections, 3 times a year, to proactively identify defects with the workplace. Staff are aware that any site related issues should be logged using the Spiceworks site helpdesk email.

11.9 - WORK AT HEIGHT – Work at height legislation identifies work at height as any work where someone or something can fall a distance likely to cause injury. This will include putting up displays if not able to stand on the ground to do so, accessing high level storage if not able to reach and any work where access equipment is needed, e.g. step ladder, ladders, scaffolds. Most staff will therefore undertake an element of work at height and any frequent operations and any involving use of equipment must be covered by a work at height assessment.

11.9.1 – REGULAR OPERATIONS – A summary of the regular operations undertaken has been produced which indicates what the work at height is, the frequency with which it is carried out and whether viewed as a high, medium or low risk. All staff must make themselves aware of this list and follow the procedures indicated. Within each Area/Department a supplemental list has been produced in a similar format where there are specific additions or changes from the generic.

11.9.2 – SPECIALIST OPERATIONS – These are where specific high level access equipment is to be used and where additional information will be required. This will include use of access scaffolding and any specialist ladders. These are more likely to be undertaken

by the local authority and as such risk assessed and managed by the PCC building maintenance department.

12 – SAFEGUARDING

The school has a separate policy dealing with the safeguarding of children and young people and a designated officer has been appointed. All staff need to be aware of the policy, and also the leaflet 'Safeguarding Guidance for Staff Working with Children and Young People'.

13 - SCHOOL TRIPS

A separate school trips policy has been produced based on the council guidance and this is included in staff handbook

14 -TRANSPORT

The school has adopted the council guidelines for the transport of pupils. One of the following options will therefore be used.

1 - Staff transport students/equipment in their own cars or drive to other venues during the working day. Staff who use their own cars must confirm that their insurance policy covers them for this purpose as such cover is not provided by the Council.

NB Staff driving their own vehicles for work need to hold Business Class insurance for the vehicle they use. Staff are reminded of this need periodically and the travel claim forms and guidance clearly stipulate this requirement.

2 - Transport and driver are hired in from a reputable source. This is the usual practice for school trips.

3 - The parent(s)/guardian(s) of the students are advised of the venue and time of activity and that their son(s)/daughter(s)/ward(s) are required to be there at that time.

4 - Use of school mini bus providing the staff member has completed the (Mini bus driver awareness scheme) MIDAS training and this is still valid.

School trips are required to be risk assessed this will either be using the standard risk assessment templates which must be passed to the Business Manager upon completion or by using the EVOLVE system. The following trips must be submitted via EVOLVE:-

- Residential trips (at least 2 weeks before the date of the trip)
- Trips running outside of school hours
- Trips abroad (at least 8 weeks before the date of travel)
- Trips which are deemed to be of a high risk nature
- Trips where travel may be by boat, ferry or plane

All staff members have an EVOLVE user account and should submit the forms to the Educational Visits Co-ordinator (currently the Business Manager) - the Headteacher will approve all submitted trip assessments and the local authority must approve any residential trips or travel abroad.

15 - WELLBEING

The wellbeing of staff is seen as an integral part of the schools health and safety responsibilities. The Governing Body and Head Teacher have statutory obligations under a duty of care but also wish to promote an ethos of mutual respect and support across the staff team as a whole.

All staff have the right to a reasonable work life balance and to expect appropriate support or intervention when they experience health or personal difficulties. Staff are encouraged to raise any concerns with the Head Teacher or line manager but also have access to a confidential telephone counselling service provided by the Education Support Partnership. Sickness absence or health concerns will be dealt with under the school's absence policy.

The Governing body endorses the principals set out in the HSE's Management Standards as a framework to support staff wellbeing.

Where an employee is experiencing "Stress at Work" in order to comply with the principals set out in the HSE's Management Standards a Team Stress Risk Assessment is completed (This is a corporate template risk assessment that covers "Demands, Control, Support, Relationships, Role and Change").

ABBREVIATIONS

The following are used in the policy:

AfPE – Association for Physical Education

DATA – Design and Technology Association

DSE – Display Screen Equipment (Computers)

H&S – health and safety

HSE – Health & Safety Executive (enforcing body for health and safety legislation in schools.)

FIRST AIDERS

Qualified First Aiders are listed in various areas around the school.



**Milford Haven School
ADMINISTRATION OF
MEDICINES
Policy (*January 2017*)**



1988

..... (Signed by
Chair)

.....*Date*

This policy will be reviewed on or before the following date

The Governors adopt the guidelines for administering medicines outlined in Bulletin 3 of the Education Services, Health and Safety for Education Establishments. (Director of Education – September 2007) and comply with the requirements imposed by the local authority’s insurers.

The main points are that:

- a) In most cases, pupils are able to take medicines before leaving for school and on arriving home. If medicines must be taken during school hours, we require a doctor's note to this effect, and it should give clear instructions on dosage. The school will only administer medicines provided full information has been given, on the appropriate form regarding medical condition, medicine dosage, type, timing and side effects, and any additional special care needed to cope with the child's medical condition.
- b) Administration of medicines is the responsibility of parents.
- c) Only staff with appropriate Health Authority training can administer medicines on parents' behalf. Under normal circumstances, staff will supervise pupils administering their own medicines.
- d) Pupils should deposit all medicines with the school first-aider.
- e) Medicines must be clearly labelled with the pupil's name and all dosage information.
- f) The school DOES NOT issue Aspirin, Paracetamol, or any other analgesics.
- g) The school reserves the right not to administer medicines that may be dangerous or where the failure to administer medicine at set times could have any adverse consequences.
- h) The school does not provide medical advice.

An exception to these rules concerns the use of inhalers. Where pupils require inhalers for asthma, the school should still be notified, but the pupils will be allowed to carry them around themselves and administer their own medication. Written parental consent would be required. There may be other agreed exceptions where pupils carry medication such as antibiotics.

Whilst all staff have a duty of care for the health and safety of pupils, there is no contractual requirement for teachers to administer medication, where teachers do agree to participate in these duties it is important to recognise that their participation is of a voluntary nature.

School staff giving medicines must receive training and support from the School Health Service, this training must be updated and certificates of attendance provided in order for Pembrokeshire County Council insurance cover to be valid. A full copy of the County Council's insurance cover is available and should be used and made available in conjunction with the school Administering of Medicines policy developed.

Any actions taken in an emergency situation are carried out with the best of intentions and performed in good faith. In failing to act in an emergency situation a member of staff may be found in breach of the statutory duty of care.

All medical information on pupils should be treated as confidential by the school. Access to records and information should only be given to those persons as agreed with the pupil or parent.

Other Medical Needs

The school will try to respond to pupil's short-term medical needs by making reasonable adaptation. For example, with fractured limbs, we allow the pupil to leave lessons earlier, with the support of another pupil if needed, to avoid congestion in corridors. Parents must not assume that the school will automatically make such arrangements. Before sending a pupil with temporary medical needs into school, the parents must contact the Head of School to explain what will be required.

Contagious Diseases

Parents should not send children to school if they have contagious diseases that could be spread easily such as chicken pox. Equally, minor coughs and colds are not an acceptable excuse for pupils to stay away from school.

GUIDANCE Administration of Medicines

1. The Governors and staff of Milford Haven School wish to ensure that pupils with medical needs receive proper care and support at school. The Head teacher will accept responsibility in principle for members of school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so and have suitable in date training. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. This will be regularly updated and documented.
2. Medication will only be accepted in school if it has been prescribed by a doctor.
3. Medication will not be accepted in school without complete written and signed instructions from a parent.
4. Only reasonable quantities of medication should be supplied to the school.
5. Each item of medication must be delivered in its original container and handed directly to the Head teacher or nominated person.
6. Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.
7. Each item of medication must be clearly labelled.
8. The school will not accept items of medication which are in unlabelled containers.
9. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.
10. A full record of all medicines administered will be kept.

11. Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

12. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.

13. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required.

14. The school will assess and implement any procedures required in an emergency.

MEDICATION

The school must maintain an internal record of the medical details and specific precautions to be taken and symptoms to be monitored for any child with an allergy or illness via the use of SIMs and/or pupil records. The Headteacher and staff will treat all medical information as confidential.

- Parental consent and advice is to be obtained prior to the child being placed onto the school roll. The nominated person should advise staff of side effects which may be relevant
- Staff training - regular updates on serious medical conditions should be communicated to staff and recorded
- General awareness of any child's conditions should be made to staff and students if it is necessary for the safety or well-being of the child
- Food allergies - packed lunches need to be provided by the parents. Parents must also submit full and detailed information with regards any materials, foods or substances which may cause an allergic reaction
- Storage - some medication may require refrigeration
- Needles must be locked away until they are to be used and disposed of correctly in a 'sharps' container.

STORAGE OF MEDICINE

At school all medication should be stored in a secure place not accessible to children; unless pupils have been given permission to carry their medication with them e.g. inhalers. No medication should be left unattended.

If refrigeration is needed, it should be kept in an airtight container, clearly labelled with restricted access.

SELF-ADMINISTERING OF MEDICATION

Wherever possible pupils should be encouraged to self-administer medication.

TRAINING OF STAFF

Appropriate training for any member of staff undertaking the administration of medication in school is essential. Where a pupil requires medical support in school a minimum of two staff who volunteer should undergo training.

The training must:

- Be provided through arrangements made with the School Health Service
- Meet the specific medical needs of the individual pupil as agreed with the parents, LA and health professionals concerned
- Cover procedures to be followed in emergency situations
- Be recorded in the pupil's file
- Be updated on an agreed regular basis as set out in the Health Care Plan, in order for insurance cover to be valid
- Be recorded in staff files, a certificate of attendance should be provided

In some circumstances the provision of training may be subject to delay. In these circumstances parents must retain responsibility for their child's medical support until the relevant staff have received their training.

PROCEDURES

1. The parent/carer is responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each pupil's medication are known. The information should be updated annually or earlier if medication is altered. Copies of the forms should be kept in the pupil's main school file and in the Administration of Medication Records.
2. All items of medication should be delivered directly to the school by parents/carers or escorts employed by the Authority. It is the parents/carers' responsibility to inform the Head teacher in writing when the dosage is changed or no longer required. The parent/carer/escort should sign for the transfer of medication.
3. After the first receipt of medication at school additional medication may continue to be accepted without further notice unless changes in dosage are made. A record must be maintained of all medication to a pupil.
4. Each item of medication must be delivered to the Head teacher or Authorised Person in a secure and labelled container as originally dispensed. Unlabelled containers will be returned to the parent/carer.
5. Each container must be clearly labelled with the following:
 - Name of medication
 - Pupil's name

- Dosage
- Dosage frequency
- Method of administration
- Any relevant side effects
- Date of dispensing
- Storage requirements
- Expiry date

Pupils under 16 years should not be given aspirin or ibuprofen unless prescribed by a doctor.

6. Controlled drugs may be administered in accordance with the prescribed Instructions noting how many staff are involved. It should never be left to one person. Controlled drugs must be kept in locked non portable container, with named staff access and record kept.
7. In the event of a pupil refusing to take prescribed medication, inform the parents/carers, record and follow agreed procedure in policy or health care plan. Follow emergency procedure if necessary.
8. If the pupil receives respite care the parent/carer should state whether the medication should go with the pupil at the end of the school day.
9. Pupils should not be denied access to the National Curriculum because they require medication or medical support. Staff should be aware of medical needs and emergency procedures during both educational visits and sporting activities.
10. Where home school transport is provided, drivers and escorts should know emergency procedures. Medicines should not usually be given, if so training must be provided. If a child has a life threatening condition, a health care plan should be carried on the vehicle: drivers and escorts should have basic first aid training.
11. School should have a policy for dealing with emergency situations. If a child is taken to hospital by ambulance, a member of staff should accompany the child until a parent arrives. Staff should not take a child to hospital in their own car. The health care plan should include emergency procedures for an individual child.

Long Term Medication

1. The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instruction, otherwise the management of the medical condition is hindered.
2. In addition, the parents/carer must be informed that they must use a proforma to report any changes in medication to the school. Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

3. It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.
 4. Long term medication is particularly applicable to the management of asthma. There are two types of inhaler treatment:
 - **Preventers** These medicines are taken regularly to make the airways less sensitive
 - **Relievers** These medicines quickly open the narrowed airways to help the child's breathing difficulties
- i. Advice for school staff on the management of asthma for individual children (including emergency care) will be sought from an appropriate medical practitioner.
 - ii. Any difficulties in the use of an inhaler or understanding about medication usage should be referred to an appropriate medical practitioner for further advice.
 - iii. It is important that the reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to a sporting activity and outing as instructed by the Medical Practitioner.
 - iv. If a midday dose of a preventer inhaler is prescribed, this must be given in accordance general procedures.

Injections

It is inadvisable for school employees to administer medication by hypodermic injection except in situations which are perceived to be life threatening. Pupils will generally self-administer with supervision from a young age. A Sharps box may be required for the safe disposal of needles.

There are certain conditions e.g. Diabetes Mellitus which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents or a qualified nurse (currently employed in a nursing capacity). It is not envisaged that it will be necessary to give injection in schools unless the child is away on a school visit.

Emergency Treatment

1.
 - a. No emergency medication should be kept in the school except those specified for use in an emergency for an individual child.
 - b. Advice for school staff about individual children will be sought from an appropriate medical practitioner.
 - c. In the event of absence of trained staff, it is essential that emergency back-up procedures are agreed in advance between the parents, school and medical adviser.
 - d. Storage must be in accordance with general procedures. These medications must be clearly labelled with the child's name, the action to be taken with the child's name, route, dosage and frequency and the expiry date.

- e. If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy retained by the school.

INDIVIDUAL AND EMERGENCY PROCEDURES

Pupils must have an individual Health Care Plan containing the following information:

- Pupil's name, date of birth, address
- Condition
- Current medication
- Parents/carers contact number
- GP's name and contact number
- Other emergency contact numbers
- What to do in an emergency as agreed by parents and Health Service and school

The information card should accompany the pupil if he/she has to be admitted to hospital.

The information card must be reviewed at least annually.

The following straightforward steps are suggested when dealing with an **emergency medical situation**:

CHECK - THAT THERE IS NO DANGER TO YOURSELF, THE CASUALTY OR ANY BYSTANDERS.

SUMMON - ASSISTANCE FROM THE TRAINED FIRST AIDER

CHECK- AIRWAY.....BREATHING

REASSURE- CASUALTY UNTIL ASSISTANCE ARRIVES

ADMINISTER ANY MEDICATION NEEDED FOLLOWING DIRECTIONS PROVIDED ON HEALTH CARE PLAN

IF IN ANY DOUBT DIAL 999 FOR THE AMBULANCE

HAVE READY THE FOLLOWING INFORMATION

- Your telephone number
- Your location/School address
- State the postcode
- Your name
- Child's name and brief description of symptoms
- Entrance for ambulance crew to meet you at

School Trips/Residential Visits

It is the right of every pupil to have access to a broad and balanced curriculum as well as access to out of school activities in accordance with the school's policy on educational visits.

1. 'EVOLVE' must be completed and submitted prior to the commencement of any school visit outside of the County boundary for a period of more than 24 hours.
2. A school consent form from the child's parent or carer must be received prior to participation in any school trip. Any medical problems must be highlighted by the parent/carers.
3. Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.
4. A named person must be identified to supervise the storage and administration of medication.
5. Wherever possible, children should carry their own inhalers for the treatment of asthma, but it is important that the named person is aware of this.

As well as a risk assessment being made in line with the LEA guidelines prior to any outside visit being made, the following points should be considered:

- A member of staff trained in emergency treatment must accompany the group
- The pupil's parents/carers permission for the visit must be obtained after they have been made aware of the risks
- Staff must be aware of the medication the pupil will need to take on the visit
- Staff must ascertain if any spare medication is required
- Consideration must be given to the safe storage of the medication
- Staff supervising the trip must be aware of the pupil's condition and any relevant emergency procedures

Appendix

HEALTH CARE PLAN

The main purpose of an individual Health Care Plan is to identify the level of support that is needed in school, identify and record any medication, and establish emergency procedures. All pupils requiring medication or medical support in school require a Health Care Plan. This plan should be drawn up in consultation with any or all of the following:

- Head teacher
- Parent/carer
- The pupil where necessary
- Class teacher/form tutor
- LSA or Support staff
- Staff who have volunteered to administer medication and undergo training
- The School Health Service
- GP or other healthcare professionals



HEALTH CARE PLAN

Name of school:	_____
Name of pupil:	_____
D.O.B:	_____
Year group:	_____

1 HEALTHCARE PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS			
Name of school			Photo
Name of pupil			
Address			
Date of Birth			
Class		Date	
Year group		Review Date	
CONTACT INFORMATION			

Family Contact 1		Family Contact 2	
Name		Name	
Tel: Work		Tel: Work	
Tel: Mobile		Tel: Mobile	
Tel: Home		Tel: Home	
Relationship		Relationship	
Clinic/Hospital Contact		GP	
Name		Name	
Tel No:		Tel No:	

2 MEDICAL DIAGNOSIS OR CONDITION
Describe condition and give details of pupil's individual symptoms.
Daily care requirements: (e.g. before sports / at lunchtime)
Describe what constitutes an emergency for the pupil, and the action to take if it occurs

Follow up care	
Who is responsible in an emergency: (state if different on off-site activities)	
Form copied to:	
School Doctor School Nurse Parents Pupil File	
Staff trained:	
Risk assessment / action required:	

3 PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICATION	
The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that staff can administer the medication.	
Name of child	
Date of Birth	
Medical condition	
Allergies	
Name/Type of Medication (as described on Container) <u>TO BE GIVEN IN SCHOOL</u>	
Date dispensed	

Expiry Date	
Dosage and Method	
Timing	
Special Precautions	
Side Effects	
Self administration	
Emergency procedures	
Review date and staff member to initiate review	
Parent / carer details	
Parent's name	
I understand I must deliver medicine personally to:	(agreed member of staff)
I accept this is a service the school is not obliged to undertake. I understand I must notify the school of any changes in writing.	
Parent's Signature	
Date	

4 CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO ADMINISTER MEDICATION TO A NAMED CHILD	
I agree that..... will receive medication as described on page 3.	
.....will be given /supervised whilst she/he takes her/his medication by a member of staff.	
This arrangement will continue until instructed in writing by parents.	

Date
Signed Headteacher

5

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

EXAMPLE FORM FOR SCHOOLS TO RECORD DETAILS OF MEDICATION GIVEN TO PUPILS

DATE	PUPILS NAME	TIME	NAME OF MEDICATION	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF	PRINT NAME

6 REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE

**This form must be completed by parents/guardian.
If staff have any concerns discuss this request with health care professionals.**

Name of school/setting	
Name of child	
Class	
Name of medicine	
Emergency procedures	
Contact information	
Name	
Daytime phone number	
Relationship to child	
I would like my son/daughter to keep his her medicine on him/her for use as necessary	
Signed	
Date	

Contact information

7 STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES	
Name of School/ setting	
Name of Staff member	
Type of training received	
Date training completed	
Training provided by	
Profession	
<p>I confirm that.....has received the training detailed above and is competent to carry out any necessary treatment. I recommend the training is updated.....</p>	
Trainer's signature	
Date	
I confirm that I have received the training detailed above	
Staff signature	
Date	
Suggested review date	

8 DESCRIPTION OF SEIZURES, INCLUDING THOSE WHICH MAY NEED TREATMENT WITH BUCCAL MIDAZOLAM

Name of child

Date of birth

How often do seizures occur?

What can trigger a seizure or are there any signs to indicate a seizure might occur?

Please describe what the seizure is usually like (if there is more than one type describe each individually).

How long do seizures usually last? (State how long each type lasts)

What is the child like after a seizure? (sleepy etc.)

Other useful information

9a BUCCAL MIDAZOLAM TREATMENT PLAN	
1. When should buccal midazolam be administered? (include whether it is after a certain length of time and/ or number of seizures)	
2. Initial dosage: How much buccal midazolam is given initially? (note recommended number of milligrams for this person)	
3. What is the usual reaction(s) to buccal midazolam?	
4. If there are difficulties in the administration of buccal midazolam, what action should be taken?	
5. Can a second dose of buccal midazolam be given? If so after how long? (state the time to have elapsed before re-administration takes	
6. How much buccal midazolam is given as a second dose? (in milligrams)	
7. When should the person's usual doctor be consulted?	
8. When should 999 be dialled for emergency help?	
9. Which trained members of staff should administer the medication, with a witness?	
10. Who / Where Needs to be informed?	
Parent / Guardian	Tel:
Other	Tel:

9b Precautions: Under what circumstances should buccal midazolam not be used?	
All occasions when buccal midazolam is administered must be recorded (see overleaf)	
This plan has been agreed by the following:-	
School Doctor (Block Capitals)	Signature Date
Parent /Guardian (Block Capitals)	Signature Date
Headteacher (Block Capitals)	Signature Date
Insurance Cover in Place?	Pembrokeshire County Council
This form should be available for review at every medical review of the patient	

10.

RECORD OF USE OF BUCCAL MIDAZOLAM

DATE									
RECORDED BY									
TYPE OF SEIZURE									
LENGTH AND/OR NUMBER OF SEIZURES									
INITIAL DOSAGE									
OUTCOME									
SECOND DOSAGE (IF ANY)									
OUTCOME									
OBSERVATIONS									
PARENT/GUARDIAN INFORMED									
PRESCRIBING DOCTOR INFORMED									
OTHER INFORMATION									
WITNESS									
NAME OF PARENT / GUARDIAN RESUPPLYING DOSAGE									
DATE DELIVERED TO SCHOOL									

11. HEALTH CARE PLAN FOR CHILD	
WITH SEVERE ALLERGY	
Name of child	
Date of Birth	
This child is allergic to:	
All foods must be checked carefully to ensure the absence of these foods. Even a tiny amount may cause a severe allergic reaction (ANAPHYLAXIS)	
Symptoms of an allergic reaction include	Itchiness at contact point (lips, hands) Lumpy red rash Swelling of face lips and tongue Distressed state Vomiting / tummy pain This child:
Symptoms of anaphylaxis include	Difficulty breathing Sudden weakness Collapse Loss of consciousness

12. EMERGENCY PROCEDURE FOR ALLERGIC REACTION

Report child's condition to Headteacher/ Teacher in charge

One member of staff:

If any symptoms of anaphylaxis or severe allergic reaction **CALL AMBULANCE**
Inform operator you have a case of **ANAPHYLAXIS**.

Inform Parents (Telephone no:)

Another member of staff:

Assess severity of reaction:

If child has itchiness, lumpy red rash, swelling of face, lips and tongue, vomiting:

Give antihistamine:
Name of medicine:

Dose and method:

If child has any difficulty breathing, drowsiness, floppiness, is very pale, collapse, severe swelling, unconsciousness:

Give EPIPEN injection as trained

If child has reliever inhaler for asthma, and has breathing difficulty:

Give reliever inhaler:
Name of inhaler:

Dose and method:

If second dose of EPIPEN is prescribed, and child's condition has not improved after ten minutes:

Give second dose of EPIPEN as trained

First aid procedures and await ambulance

13. INSTRUCTIONS FOR GIVING EPIPEN INJECTION

Follow the protocol for the child affected.

Remove grey cap.

Push the black end of the EpiPen firmly into the child's thigh midway between knee and hip, at right angles to the leg, until you feel/ hear a click. (You can inject straight through clothing).

Hold the EpiPen in place for ten seconds.

Remove the EpiPen, and massage the leg for thirty seconds.

Await ambulance. Give used EpiPen to ambulance personnel.

In cases of doubt it is better to give EpiPen than not to give it. It will not do the child any harm provided an ambulance has been called for further treatment.

14. RESPONSIBILITIES AND ACTIONS REQUIRED	
Protocol and medication to be kept in:	
New members of staff to be informed by:	
Overall responsibility for ensuring (as far as possible) no contact with the foods or substances to which this child is allergic, in school, on school trips, in cookery classes and during mealtimes, lies with:	
Emergency procedure and medication to be taken when child goes on trips, swimming etc.	
Child to be encouraged to ask responsible adult/ or refuse when offered food by other children /adults.	
Parents to inform school if any changes to treatment, and school to review plan annually.	
Parents to provide medication and monitor expiry dates.	
THIS HEALTH CARE PLAN AGREED BY	
Headteacher (name in capitals)	
Signature	
Date	
Parent (name in capitals)	
Signature	
Date	
Doctor (name in capitals)	
Signature	
Date	
School nurse (name in capitals)	
Signature	
Date	

GUIDANCE NOTES ON MEDICAL CONDITIONS

The guidance notes in this section are designed to provide basic information on each of the conditions described together with comments on other issues relating to the support of pupils with medical conditions in school. The information provided is not exhaustive and further details about any condition in this section should be sought in the first instance from the School Health Service.

The medical conditions covered include:

- Anaphylaxis
- Asthma
- ADHD and the use of Ritalin
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Myalgic Encephalomyelitis (ME)
- Hydrocephalus
- Self-Catheterisation
- Stomas
- Tracheotomies
- Tube Feeding
- For information regarding other conditions, the advice of parents, GP, the School Health Service, specific organisations and websites should be sought.

ANAPHYLAXIS

What is Anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in foods such as nuts, dairy, shellfish, certain drugs and insect stings. In its most severe form the condition can be life threatening.

Symptoms of Anaphylaxis usually occur following exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty breathing, collapse and unconsciousness.

Medication and control

Medication to treat anaphylactic reactions include antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, usually into the fleshy part of the thigh.

Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the school health and safety policy. It is the parents' responsibility to ensure that medication kept at school is within its expiry date.

All pupils with anaphylaxis will require a Health Care Plan.

Key staff in school must be aware of the pupil's condition and where the pupil's medication is kept. Training of staff must be made through arrangements made with the School Health

Service. If there is any doubt regarding the pupil's medical condition, administer the EpiPen and dial 999 for the ambulance.

ASTHMA

WHAT IS ASTHMA?

Pupils with asthma have airways which narrow as a reaction to various triggers. Triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks. The narrowing of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheezing, an inability to speak properly and difficulty in breathing out. In severe attacks the pupil's skin and lips may turn blue.

MEDICATION AND CONTROL

Medication to treat the symptoms of asthma usually comes in the form of inhalers which are generally colour coded with instructions on the medication as to which colour inhaler to use on different circumstances.

Most pupils with asthma will be able to administer their inhalers from an early age. Inhalers should be readily accessible particularly during P.E lessons.

Where pupils are unable to use an inhaler by themselves or where additional medication such as a nebuliser is required, a Health Care Plan must be completed. For pupils whose asthma is controlled by an inhaler an information card providing basic details should be completed.

ADHD

WHAT IS ADHD?

Attention deficit hyperactivity disorder is a medical condition related to the dysfunction of certain areas of the brain. Children with ADHD lack certain chemicals known as neurotransmitters which are responsible for efficient nerve conduction. Common characteristic behaviours include:

Inattention

Pupils have difficulty in choosing what to attend to and then sustaining attention. Children with ADHD are highly distractible and unable to focus for any period of time. Although in activities which they find stimulating, such as video games, they may concentrate for hours.

Impulsivity

Children may seem to act without thinking and not appreciate the consequences of their actions. They experience difficulty in turn taking activities, and seem not to learn from their experiences.

Hyperactivity

Hyperactivity involves excessive purposeless movement, often fidgeting, or squirming with some part of the body frequently in motion or constant talking.

DIAGNOSIS AND TREATMENT OF ADHD

The diagnosis and treatment of ADHD will involve a number of professionals including the Educational Psychologist, Consultant Paediatrician, Child Psychiatrist as well as school

staff and parents. Information and checklists such as Connors will be collected by the Health service. Following a diagnosis, the child will have a treatment programme to suit their needs. This may include a behaviour management/support programme to share between home and school, as well as a differentiated curriculum to meet the child's needs. Medication may be prescribed by the GP or Consultant Paediatrician generally a psycho-stimulant drug such as Ritalin or concerta. These psycho-stimulant drugs work by restoring the level of certain neurotransmitters in the brain, thus helping to balance out patterns of activity and reduce symptoms of inattention, impulsivity and hyperactivity. In the first few weeks following prescription, the dosage of the drug may need adjusting, and dialogue between home and school is essential in order to report any side effects on the child's behaviour.

Side effects include:

- Loss of appetite
- Headaches
- Sleepiness
- Aggravation of existing tics

CYSTIC FIBROSIS

WHAT IS CYSTIC FIBROSIS?

Cystic fibrosis is an inherited condition in which abnormally thick mucus in the lungs blocks the airways, causing difficulty in breathing, frequent lung infections and eventually permanent lung damage. Cystic fibrosis also creates digestive problems through its effect on the pancreas; other complications can include diabetes, bowel obstruction, liver disease and heart strain. Most children with cystic fibrosis nowadays survive into adulthood.

MEDICATION AND CONTROL

The main treatment for cystic fibrosis is physiotherapy older pupils will be able to manage their own physiotherapy, but younger pupils may need support. Pupils may also use a nebuliser. Many pupils with cystic fibrosis will need to take dietary supplements in the form of enzyme and vitamin capsules. The pupil may also need frequent courses of antibiotics or long term intravenous antibiotics. All pupils with cystic fibrosis will require a Health Care Plan.

DIABETES

WHAT IS DIABETES?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body's method of converting that glucose into energy is not working, due to lack of insulin. Pupils are therefore unable to control their blood glucose levels. If the blood glucose level is too high a Pupil may show symptoms of thirst, frequent trips to the toilet ,weight loss and tiredness. If the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

MEDICATION AND CONTROL

Diabetes cannot be cured, but can be treated effectively by injections of insulin and by following an appropriate diet. The aim of treatment being to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) or too low (hypoglycaemia).

All pupils with diabetes will require a Health Care Plan.

Some pupils may need to monitor their blood glucose levels on a regular basis, and may require an insulin injection at lunchtime. Most pupils with diabetes will need to eat snacks between meals and occasionally during class time. It is essential that fast acting sugar is kept available in case of a hypoglycaemic episode.

EPILEPSY

WHAT IS EPILEPSY?

Pupils with epilepsy have recurrent seizures (fits or convulsions). A seizure is a clinical event in which there is a sudden disturbance of neurological functions, epilepsy is a physical condition not a psychiatric illness.

There are two broad types of epilepsy:

Generalised Seizure

In this type of seizure the whole brain is involved, consciousness is lost and there is no prior warning. The seizure may take a variety of forms:

Tonic/Clonic-the pupil becomes rigid, falls to the ground and then has jerking movements of the arms, legs and body.

Absence-the pupil experiences a momentary loss of consciousness and then resumes what they were doing before e.g. goes blank.

Tonic-the body muscles stiffen but there is no rhythmical jerking

Atonic-the pupil suddenly becomes limp or floppy and falls to the ground.

Myoclonic-repeated brief jerks of the limbs, neck or trunk.

Partial/ Localised Seizure

In this type of seizure only a part of the brain is involved and consciousness may or may not be affected. The pupil may have a prior warning sign before the seizure occurs. The seizure may take one of the following forms:

Simple Partial- consciousness is not lost so the pupil remains completely aware of what is going on and the seizure is usually associated with only minor movements of the head or limbs. There may be some slight sensory disturbance e.g. distorted vision, tingling sensations.

Complex Partial- the pupil may lose consciousness of his/her surroundings and therefore appear confused. The pupil may be unable to respond normally during the seizure e.g. become moody, hostile or obsessed.

Secondary Generalised- these seizures involve the spreading of either of the two seizures above to the whole brain, thus giving the appearance of a tonic/clonic seizure.

Medication and Control

The majority of pupils with epilepsy will receive medication.

All pupils with epilepsy will require a Health Care Plan, detailing medication, types of seizure and how to react should the pupil experience a seizure.

If there is any doubt regarding the pupil's medical condition dial 999, for the ambulance.

SELF-CATHETERISATION

WHAT IS INTERMITTENT SELF-CATHETERISATION?

Intermittent self-catheterisation is the procedure by which an individual passes a small tube into the bladder to allow the passage of urine out of the body. Medical conditions which may cause the bladder not to empty completely by normal means include:

- Congenital defects in the nerve connections to the brain
- Nerve injuries caused by fractures or diseases of the spine
- Over-tightening of the sphincter muscle
- Bladder muscles which are too lax
- The effects of surgical operations on other organs in the pelvic area

GENERAL ISSUES

All pupils who need assistance with self-catheterisation will require an individual Health Care Plan.

Where a pupil requires support in school a minimum of two staff who have volunteered to assist with the insertion of a catheter must undergo training through arrangements made with the School Health Service. In exceptional circumstances the provision of training may be delayed. In these circumstances parents must retain responsibility for their child's medical support until the staff have received their training. Training must be regularly updated.

Symptoms which will require urgent medical assistance:

- The presence of blood in the pupil's urine
- The catheter cannot be passed or urine cannot be drained when appropriate
- Urine is leaking between catheterisations

STOMAS

WHAT IS A STOMA?

A stoma is a surgically created orifice on the surface of the abdomen which offers an outlet for the passage of waste material, urinary or faecal, from the body. This waste material is collected in a special pouch or stoma bag fitted over the opening. Stomas may be of a temporary or permanent nature. Medical conditions which may necessitate a stoma include:

- Congenital conditions such as spina bifida, imperforate anus, ectopic bladder, hirschprung's disease
- Medical conditions
- Accident or injury

General issues

All pupils who have a stoma will require a Health Care Plan.

Most pupils will be able to cope with changing their stoma appliance, where a pupil requires support a minimum of two staff who volunteer should undergo training through arrangements made with the School Health Service. This training will need to be updated.

TRACHEOSTOMIES

WHAT IS A TRACHEOSTOMY?

A tracheostomy is an artificial opening created in the windpipe into which a tube is inserted to enable a pupil to breathe. Tracheostomies may be temporary or permanent. A tracheostomy tube consists of an outer sleeve which is left in place to maintain an opening through which an inner breathing or speaking tube is passed. Because a tracheostomy causes the natural filtration system of the nose and throat to be bypassed secretions are produced in the chest and for some pupils these will need to be drawn off at regular intervals so that secretions do not progress into the lower respiratory system. In such cases this task is accomplished by insertion of a suction catheter through the tracheostomy tube- the catheter is then connected to a suction pump.

The main reasons which necessitate a tracheostomy are congenital or acquired defects to the airways and respiratory tract.

General issues

All pupils with a tracheostomy will require a Health Care Plan. Where the pupil requires support in school a minimum of two staff who have volunteered should be trained through arrangements made with the School Health service. This training should be regularly updated.

Under the Pembrokeshire insurance policy, school staff are not allowed to suction. They can be the secondary carer but not the primary carer. Where children are in mainstream and have a tracheostomy, a medical carer accompanies them to school as their primary carer and school staff are the secondary carers. School staff are not authorised to carry out all procedures linked with tracheostomies, e.g. they are not authorised to undertake any procedures linked with suctioning.

Symptoms which may indicate that emergency assistance is required:

- Excessive coughing
- Excessive wheezing
- Panic and clutching at the throat
- Change of colour in the face
- Summon assistance from trained carer call 999 for the ambulance

TUBE FEEDING

WHAT IS TUBE FEEDING?

Tube feeding is a method by which food in liquid form can be transferred directly into the stomach by tubes which bypass the mouth, throat, and upper digestive / respiratory tract.

There are two principle means by which this type of feeding is achieved:

- A naso-gastric tube which passes through the nasal passageway and directly into the stomach via the oesophagus
- A gastrostomy tube which is surgically inserted through the abdominal wall forming a direct passageway from outside the body into the stomach.

Medical conditions which may necessitate tube feeding:

- An inability or unwillingness to swallow
- Adequate control of breathing during the swallowing process is not present, causing food to be inhaled into the respiratory tract
- Short-term nutritional support whilst being temporarily incapacitated from feeding orally

General issues

All pupils who require tube feeding will require a Health Care Plan. A minimum of two staff who volunteer should undergo training provided through arrangements made with the School Health Service.

Symptoms which require urgent medical assistance:

- Coughing, wheezing and high coloration of the face
- Signs of panic
- Loss of colour from the face
- Signs of infection or soreness around the gastrostomy tube site
- Leakage of feed or other fluids around the tube site
- High temperature
- Distended abdomen
- Abnormal movement of the tube
- Signs of obvious discomfort

MYALGIC ENCEPHALOMYELITIS (ME)

WHAT IS ME?

Myalgic Encephalomyelitis (ME) means 'inflammation of the central nervous system and muscles'. Research suggests that ME is due to a persistent viral infection, an overactive immune system or both. ME is generally triggered by viral infections such as glandular fever or flu, but can also be triggered by vaccinations, stress or accidents, as well as no obvious triggers.

GENERAL ISSUES

Symptoms of ME include:

- Fatigue, made worse by physical/mental exertion
- Prolonged recovery period
- Impairment of short-term memory and concentration
- Fluctuation of symptoms
- Joint/muscle pain
- Headaches
- Pins and needles
- Hypersensitivity to light, sound and smell
- Faintness and heart symptoms

Pupils will require a Health Care Plan in order to provide flexibility of pace to meet the pupil's needs. Staff need to be aware of the pupil's individual symptoms of fatigue and arrangements to be made to meet these needs.

HYDROCEPHALUS

WHAT IS HYDOCEPHALUS?

This is a congenital condition and is associated with spina bifida, meningitis, and toxoplasmosis. It manifests itself in a blockage and accumulation of watery fluid (known as cerebral-spinal fluid) flowing through narrow pathways over the inside of the brain and down the spinal cord. This is remedied by a shunt or valve fitted to the back of the head which redirects this fluid.

GENERAL ISSUES

Shunts can become blocked, leading to headaches, nausea and photophobia. Shunts should be checked regularly. All pupils with shunts should have a Health Care Plan, providing actions to be taken should the pupil display any of the above symptoms.

Considered by Policy Committee at it's meeting on 18th January 2017 and recommended for approval by full governing body.

Signed (Chair of Policy committee) Date

Approved by full governing body:

Signed (Chair) Date

Next review date: **January 2018**