CITY OF BIRMINGHAM EDUCATION DEPARTMENT

BASKERVILLE SCHOOL

POLICY on SUPPORTING STUDENTS WITH FIRST AID & MEDICAL NEEDS

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Next review: June 2025

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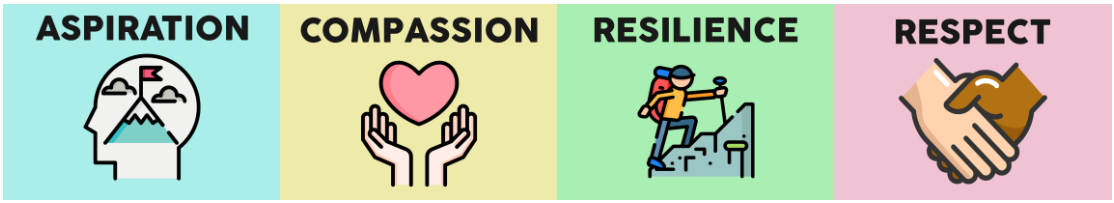

VISION STATEMENT

To provide outstanding educational provision, with students achieving exceptional academic and social outcomes.

Introduction

At Baskerville School we are committed to the care and well-being of all our students. This policy sets out our procedures and guidelines should a child become unwell, injured or require additional medical needs whilst at school. Baskerville School staff are vigilant regarding students becoming unwell at school. All activities will be risk assessed to minimise the chance of any accidents resulting in injury. All students requiring medical attention will be treated fairly and in accordance with our equal opportunities policy.

Illness at school

Students becoming unwell during the school day are cared for by the office staff and/or first aider. A designated medical room is available to support the needs of these students. Parents/carers will be contacted and asked to take the child home.

Should a parent not be available, the emergency person named on each student's contact details will be contacted.

Baskerville School has trained first aiders on site during the school day and night.

Illness at home

Parents are advised that students who are unwell should not be sent to school. Students need to be well enough to take part in all activities throughout the school day, including PE and swimming. The following advice is given with regards to keeping a child at home should the child display the following illnesses:

Illness	**Keep child at home for;**
Sickness and /or diarrhoea	48 hours after symptoms cease
High temperature	24 hours after temperature is normal
Chickenpox	5-6 days from the onset of the rash, when all blisters have crusted over.
German measles	5-7 days after symptoms appear
Measles	5-7 days after symptoms appear

The school will take an active and continuing role in supporting the educational, social and emotional progress of any child absent for prolonged periods of time due

to illness. The school will work in partnership with parents to ensure the best possible outcomes and a smooth and sensitive return to school as soon as they are well enough to attend. Students and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community.

Injured Students

Should a student have sustained injury at school, a first aider will assess the situation. Appropriate first aid will be administered. Parents will be informed of the actions taken by the school as soon as possible. Should the injury be deemed severe the child may be taken to hospital or an ambulance called. Parents will be called and asked to attend the hospital as soon as possible.

A child with a minor injury will be cared for by staff. Younger students will be given a sticker to wear to alert parents that a minor injury has happened that day at school e.g. grazed knee.

Head Injury

Falls are a common cause of minor head injury in students and adolescents. Other causes can be motor vehicle crashes, pedestrian and bicycle accidents, sports related trauma, self-harm and child abuse.

A student who sustains a head injury, even if it is thought to be a minor injury, must be assessed by staff. Staff can take the decision to telephone for an ambulance if they consider the injury is serious, prior to the school medical staff arriving.

If the student is symptomatic of a more serious head injury, or has lost consciousness, the student should be sent to Accident and Emergency by ambulance with an adult escort.

The parents or guardian of any student suffering a head injury should be informed as soon as possible of the injury and the possible need for a visit to A & E.

Common signs and symptoms of head injury resulting in concussion:
- Student appears dazed or stunned
- Confusion
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to injury
- Forgets events after the injury
- Loss of consciousness (for any duration)
- Headache
- Fatigue

- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels slugglish
- Feels “foggy”
- Problems concentrating
- Problems remembering

Short Term Medical Needs

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only, e.g. to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken at school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescribing doctor / dentist about this.

Long Term Medical Needs

The medical needs which most commonly cause concern in students are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). The guidance below provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of students are assessed on an individual basis. Health notice sheets are created by the School Nurse upon request for students who have been diagnosed with long term medical needs. Notices are placed on information boards within the school and staff made aware of new medical needs as they arise.

This policy should also be read alongside the school’s policy on the Administration of Medicines.

Asthma

What is Asthma?
People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the student’s skin and lips may become blue. About one in seven students have asthma diagnosed at some time and about one in twenty students have asthma which requires regular medical supervision.

There are Blue Alert cards displayed in school (reception area), Assistant Head – Pastoral office, residential units and post 16 where appropriate and the staff room highlighting which pupils have asthma. The Alert cards are also in the class green file. These alert cards are there to inform staff the correct protocol to follow for that child during an asthma attack.

Medication and Control
There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise). Most students with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow students with asthma to take charge of and use their inhaler from an early age, and many do. A small number of students, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, students use an electrically powered nebulizer to deliver their asthma medication. Each student's needs and the amount of assistance they require will differ.

Students with asthma must have immediate access to their reliever inhalers when they need them. Students who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the student's name. Inhalers should also be available during physical education and sports activities or school trips. It is helpful if parents provide school with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the student's name and stored safely.

Common Concerns
Students should not take medication which has been prescribed for another student. If a student took a puff of another student's inhaler there are unlikely to be serious adverse effects. Students with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit students with asthma in the same way as other students. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Students with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a student's asthma, individual symptoms and any particular triggers, such as exercise or cold air. If a student is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the student, as this may restrict breathing. The student should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the student appears very distressed, is

unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

Epilepsy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Not all students with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness. Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). An example of some types of generalised seizures are:-

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The student's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some students only experience the tonic phase and others only the clonic phase. The student may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in students. A student having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and staff may think that the student is being inattentive or is day dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

Simple Partial Seizures (when consciousness is not impaired)
This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

Complex Partial Seizures (when consciousness is impaired)
This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control
The symptoms of most students with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of students with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a student's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some students. Screens and/or different methods of lighting can be used to enable photosensitive students to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them. Students with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with students and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor. Some students with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These students are usually prescribed Diazepam for rectal administration.

When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place. Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The student should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The student's airway must be maintained at all times. The student should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the student should be turned on his or her side and put into recovery position. Someone should stay with the student until he or she recovers and re-orientates. Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

All children with epilepsy have a yellow alert card, this is displayed in school for staff to be aware of. These cards highlight what the management of that pupil's epilepsy is, where emergency medication if necessary is kept, what the seizure looks like, any warning signs or triggers, how long the seizure lasts and how long the child usually takes to recover. Staff are given advice on procedures to follow if the child experiences any seizure that is not "normal" for that child. These cards are updated on a yearly basis or whenever there has been a change to the child's epilepsy.

Diabetes

What is Diabetes?
Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age students has diabetes. Students with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and Control
The diabetes of the majority of school-aged students is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most students can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out. Students with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most students will be able to do this themselves and will simply need a suitable place to do so. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for students with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction
Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a student with diabetes:

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

Each student may experience different symptoms and this should be discussed when drawing up the health care plan. If a student has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the student has recovered, some 10-15 minutes later. If the student's recovery takes longer, or in cases of uncertainty, call an ambulance. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

All children with diabetes will have a pale green care plan. Again this is displayed in school so staff are aware of the Childs condition. This care plan highlights the child's daily management of diabetes, what emergency treatment they receive and where emergency supply boxes are kept. This again is reviewed and updated on a yearly basis unless there are any changes in between.

Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the students concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition 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.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some students, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.

The student may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other students should also be taken into account. If a student is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment. Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such students at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

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

Each student’s symptoms and allergens will vary and will need to be discussed when drawing up the health care plan. Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the student does not respond to the medication.