

THE HILLS ACADEMY

GENERAL STATEMENT OF HEALTH AND SAFETY POLICY

The Governors and Headteacher of the School are committed to ensuring a safe and healthy environment and for providing safe equipment and procedures for all staff, pupils and visitors involved in school activities. They recognise also their responsibility to consider the health and safety of contractors and any other person whose health and safety may be affected by school activities.

The effective management of health and safety ranks equally with any other managerial or supervisory responsibility. There is also a legal and moral responsibility on all employees to safeguard their own health and safety, and to co-operate with their employer, by following established procedures and bringing to the attention of school management any health and safety problems of which they are aware.

It is the intention of the Governors and the Headteacher that the established policies and procedures issued by the LA shall be followed and developed locally to meet the needs of the school, as set down in this policy statement. The aim is to ensure that health and safety becomes an integral part of school activities.

The Governors wish to encourage the recognised Trade Unions to exercise their legal rights to appoint safety representatives at the school, as provided for in the Health and Safety at Work Act of 1974. The Governors wish to work in a constructive and co-operative way with such safety representatives in order to promote high standards of health and safety.

This policy will be reviewed annually by the Resources Committee, to ensure that it is up to date. The reviewed policy will then be ratified at the next full Governing Body Meeting.

Signed
On behalf of the Governors

Date

Signed
Headteacher

Date

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ORGANISATION AND RESPONSIBILITIES

General

Overall responsibility for health and safety rests with the School Governors, Resources Committee. Day to day executive responsibility rests with the Headteacher or in their absence with the Deputy Headteacher.

Headteacher

The Headteacher will:

- Ensure that this policy is complied with at all times.
- Ensure that all accidents, dangerous occurrences, diseases, near misses and property damage are reported; that their cause is investigated and that all reasonable steps have been taken to prevent its re-occurrence.
- Ensure the maintenance and repair of machinery and equipment is carried out as appropriate, by a competent person.
- Ensure that adequate first aid provisions are made, in accordance with the first aid arrangements, and management guidelines (the first aid arrangements are an addendum to this document).
- Ensure that all employees, including new employees, receive adequate health and safety information, instruction and training to enable them to work without undue risk.
- Be available to any member of staff to discuss and attempt to resolve the health and safety issues not resolved through established arrangements.
- Ensure that, where appropriate, staff are provided with, and use, protective clothing and safety equipment, which must be properly maintained and reviewed when required.
- Ensure effective, and tested, arrangements are in place to evacuate the buildings in case of fire or other emergencies and that fire fighting equipment is readily available and properly maintained.
- Liaise with and consult local trade unions on Health and Safety procedures and ensure their effective implementation.

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Site Assistant

The Site Assistant has a duty to check the general conditions of the premises and, in particular the non-classroom areas, and for ensuring that health and safety hazards are dealt with. Where action required is outside his authority or ability, the matter will be reported to the Headteacher. A "Health and Safety Log" is located in the Staff Room for staff to note hazards or concerns. The Site Assistant will check the log on a regular basis and ensure remedial action is taken. The log will be presented for inspection at each Resources committee meeting.

The School Business Manager will arrange that cleaners employed by the school are given necessary health and safety information on safe working procedures; that the safety checking of their equipment is carried out; and that cleaning materials are assessed in accordance with the Control of Substances Hazardous to Health Regulations (COSHH) 1999 and the management guidelines.

Teachers

All teachers are responsible for ensuring that their areas of responsibility are checked frequently to ensure that no health and safety hazards are present. Should a teacher identify hazards then they are required to note this in the health and Safety log.

All Staff

All staff have a statutory duty to co-operate in fulfilling the objectives of the School Governors. They have a personal responsibility to take reasonable care to ensure that their actions do not cause injury to themselves or others.

ALL staff are required to observe special rules and safe methods that apply to their own work and to report hazards discovered by them to their immediate Line Manager and to report it in the Health and Safety Log.

No person shall intentionally, or recklessly, interfere with or misuse anything provided in the interests of health and safety.

Specific Responsibilities

The following staff have been nominated to be responsible for the following areas of health and safety:-

Fire Safety	-	HEADTEACHER
First Aid	-	NURSERY OFFICER
Administration of Medicines	-	SCHOOL SECRETARY
COSHH	-	SCHOOL BUSINESS MANAGER
Electrical Safety	-	SCHOOL BUSINESS MANAGER
Asbestos	-	SCHOOL BUSINESS MANAGER
Playground Equipment	-	SCHOOL BUSINESS MANAGER
Display Screen Equipment	-	SCHOOL BUSINESS MANAGER

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The above people shall ensure that the Borough's Management Guidance, contained within the Health and Safety Manual, and the requirements outlined in this policy, are complied with at all times.

ARRANGEMENTS

Training

All new employees, teaching and non-teaching, shall be provided with induction training appropriate to their health and safety needs.

In the case of volunteer helpers it will be the responsibility of the relevant teacher or supervisor to ensure that appropriate information is passed on to them.

All employees and volunteers shall on their first day of employment be informed of what to do in the event of a fire and what first aid arrangements are in place.

Refresher training and training in new areas of responsibility will be arranged for members of staff, either at their own request or at the direction of the Head Teacher.

Time off for training of safety representatives will be provided in accordance with negotiated agreements. Representatives will be given full access to the information on health and safety, which they have a right to have under the Health and Safety at Work Act 1974. They will also be given appropriate time and facilities to undertake the range of activities of a Safety Representative in order that they can play an effective role, any problems that need further action or a review of procedures.

Emergency Procedures (Fire, explosion and invacuation)

All staff are required to ensure that they are familiar with the emergency procedures and the evacuation drill.

The fire alarms shall be tested regularly and those staff not hearing the alarm shall report the fact to the nominated fire safety officer. The fire alarm shall be tested once a week as follows:-

Day: **Monday** Time: **7.45 am** Duration: **5 secs**

The fire evacuation drill shall be carried out once a term as instructed by the Headteacher.

Staff are required to report defects or missing fire fighting equipment to the fire safety officer immediately.

Fire exits, routes and fire fighting equipment shall not be obstructed at any time.

First Aid

A list of trained first aiders and the location of first aid boxes will be posted up in the main office.

The staff member responsible for first aid shall ensure that the contents of the first aid boxes are replenished, as necessary, and comply with the contents laid down within the Regulations.

All first aiders and staff shall ensure that accidents are reported and that the staff member responsible for first aid is informed when items from the first aid box are used.

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Administration of Medicines

Guidance on the administration of medicines to pupils is set out in 'The Administration of Medicines to Pupils and the Management of Medical Conditions' (Sep 1998), (H98/51). The Governing Body has agreed that prescription medicines may be administered to children, at the specific request of the parent or guardian and in accordance with the procedures laid down in the Guidance. Medicines will be administered by a named member of staff who will undergo training in order to carry out the task. Medicines will be stored in a locked fridge in the staff room which is not accessible to children and in accordance with the guidance.

Accident and Ill Health Reporting

All staff are required to ensure that all accidents, incidents and near misses are reported to the schools main office, who will then ensure that serious incidents are reported to the Headteacher and that the appropriate management guidelines, contained within the Health and Safety Manual, are followed.

Equipment and Electrical Testing

The Headteacher will ensure that testing, inspection and maintenance of equipment as outlined in the property log book and the management guidelines within the Health and Safety Manual are undertaken as required.

Day to day inspection of all equipment to detect visible signs of damage, obvious faults or deterioration rests with the user, or in the case of equipment used by pupils, with the class teacher. Equipment found to be unserviceable, or of doubtful serviceability shall be taken out of service, adequately labeled, locked away and the defect reported to the Headteacher who will arrange for repair or replacement.

The Headteacher will ensure that all electrical equipment brought into the school from other sources, e.g. on loan, or during a letting, has the appropriate test certificate and is formally visually inspected in accordance with the Electrical Safety Management Guidelines.

Asbestos

A copy of the Asbestos Log Book is kept in the school office.

The nominated member of staff responsible for asbestos shall ensure that all staff are aware of the dangers of asbestos and that they are familiar with the procedures within the Log Book.

All contractors shall be referred to the asbestos log book before commencing work. Any member of staff who may disturb the fabric of the building shall refer to the log book before commencing work.

Contractors

The Headteacher shall ensure that the management guidelines regarding contractors are adhered to at all times.

Educational Visits and Journeys

All educational visits and journeys are required to be approved by the Headteacher, who shall ensure compliance with the Educational Visits and Journeys Policy.

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APPENDIX

Specific Arrangements for Health and Safety

Accident Reporting

Any accident or injury is to be entered in the accident report book. The accident book is held by Tracey Foster but report proforma's are in the staffroom for completion and photocopying.

Accident Investigation

- All significant accidents or incidents that are considered to be dangerous 'near miss' situations are to be reported to the head teacher who will carry out an immediate investigation into the incident in order that the cause of the accident can be identified and measures taken to prevent a recurrence.
- Investigations such as these are essential in order that accidents damaged to equipment and property, and losses, are kept to a minimum.
- All contractors must ensure that accidents involving their personnel whilst on school premises are reported to the Headteacher as well as their own reporting chain.

Reporting Procedures

Any practice or condition that is likely to have an adverse effect on Health and Safety of personnel, or damage to equipment or property, is to be reported to the Headteacher. Such reports to be recorded in the "log".

Out of school visits and activities

All personnel that arrange or actively participate in school visits or out of school activities must follow procedures. Risk assessments for out of school activities should be evaluated by the group leader once the visit is completed.

Means of Access

When using access equipment such as ladders, crawling boards, etc. the correct equipment is to be used for the job to be undertaken.

Good housekeeping

Tidiness, cleanliness and efficiency are essential factors in the promotion of health and safety. Accidents can be prevented by following the guidelines listed below.

- Keep corridors and passageways unobstructed.
- Ensure shelves in storerooms are stacked neatly and not overloaded
- Keep floors clean
- Do not obstruct emergency exits.

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Electrical equipment

- Only authorised and fully qualified personnel are to install, repair or attempt to repair electrical equipment.
- Where 13 amp sockets are in use, only one plug per socket is permitted.
- The protective outer sleeve of electric cables is to be firmly secured within the electric plug. Where the outer sleeve is not secured within the plug and the connecting live wires are visible, a qualified person is to be tasked to re-wire the plug correctly.
- Electrical equipment that is known to be, or suspected of being faulty, must not be used.
- If electrical equipment becomes faulty whilst in use it is to be isolated from the source of supply and secured so that it cannot be used until repair has been effected.

Use of harmful substances

- When using harmful substances, whether they be material or chemical substances, all personnel must ensure that adequate precautions are taken to prevent injury to health.
- No new materials or chemical substances are to be brought into use unless a COSHH (Control of Substances Hazardous to Health Regulations 1994) Assessment has been carried out and clearance given for use. The use department is to be in possession of a Safety Data Sheet.
- Work involving lead or asbestos is not to be carried out under any circumstances.

Skin infections and hand care

- To reduce the risk of dermatitis, oil acne or skin cancer, always avoid unnecessary skin contact with oils and chemicals. Always wear gloves and protective clothing where necessary.
- Use barrier creams before commencing work, it provides a barrier between the skin and harmful chemicals, oils and dirt.
- Do not put oily or chemically soiled rags in packets.
- Always change clothing if it has become contaminated with chemicals, flammable liquids or oils.

Smoking and chewable tobacco

Smoking and chewable tobacco is not permitted in the school at any time.

Alcohol

The consumption of alcohol in school, during school hours, is prohibited. If the Headteacher is aware that a staff member has been consuming alcohol immediately prior to, or during, school hours she will arrange for that staff member to be immediately relieved of duty for that day. Alcohol may be consumed on the premises as arranged and licensed as part of after school social events and staff 'down time'.

Consumption of food

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Food is only to be consumed in recognised areas. Nuts and nut based products should not be consumed in school

Emergency services

- Fire, police or ambulance services can be contacted by dialling 9 999 and asking for the service required.
- There is a first-aider on call within the school during working hours.

Fire Prevention

- Each classroom has a printed notice clearly identifying the evacuation route and assembly area to be used.
- Personnel are responsible for knowing the location of fire points and fire exits. They should also know the location of the assembly point in the event of a fire.
- The most important part of fire control is prevention. It is with this in mind that all personnel are to be conversant with the fire potential of materials and substances that they use, and should exercise maximum care in their use, especially those marked flammable.
- Fire evacuation procedures, fire prevention training and fire alarm testing is to be carried out in accordance with current legislation.

Visitors

It is the duty of all personnel within the school to ensure the health and safety of all visitors to the school. Visitors must sign in at Reception, receive and display a visitors badge and should be accompanied around the building. In the case of visiting professionals from support services, they will be in school by prior arrangement and their identity should be checked.

Contractors

Contractors working within the school are required to comply with the working rules as issued by this school. Any breach of these rules is to be reported to the Headteacher. The asbestos log will be inspected and signed before any commencement of work.

Additional arrangements will be appended as they are development out of risk assessments carried out in accordance with this policy.

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Arrangements for First Aid

At The Hills Academy we consider 'First Aid' to be the initial assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person.

Legal requirements:

We have one designated member of staff who has the 'First Aid at Work' certificate and three members of staff who hold the 'Paediatric First Aid certificate' (see appendix).

Aims:

- To preserve life
- To limit the effects of the condition
- To aid recovery

Equal opportunities:

The Hills Academy is committed to working towards equality of opportunity for all individuals. First aid will be given to all who require it.

Practice:

When administering first aid the designated first aider will try to establish confidence and assurance by being in control of him/herself and the problem. She/he will act calmly and logically and explain exactly what is happening, and going to happen, to the casualty. The first aider should not put him/herself into a risk situation.

Disposable gloves will be worn when dealing with all body fluids. Gloves are available next to the first aid kit and in classrooms. Soiled tissues etc. will be placed in polythene bags before being discarded.

Procedures:

If a child feels unwell or sustains an injury –

- A member of staff will assess their condition. In the case of an injury, the appropriate symptomatic treatment may be offered until medical care by a qualified practitioner can be secured.
- All head bumps (however small) are to be seen by the lead first aider, Tracey Foster.
- The pupil will continue to be monitored by a staff member in an appropriate place. At this point parents would be advised that their child needs to be collected from school as soon as possible as they are too unwell to remain.
- For EYFS a comfortable, quiet space would be provided in a classroom where he or she can rest while being monitored by staff. At this point parents would be advised that their child needs to be collected from school as soon as possible as they are too unwell to remain.
- If the injury gives cause for concern then it is likely that the pupils will be taken to the local Putnoe Health Clinic for further assessment and/or treatment.

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- A parent/carer will be asked to attend Putnoe Health Clinic at which time the member of staff will hand over responsibility for the child to its parent or carer who will then be responsible for liaising with hospital staff (the member of staff will not leave a child unattended at A&E).
- In the event we cannot make contact with a parent or other carer, it may be necessary for the member of staff to stand in *loco parentis* and give permission for a medical procedure to be carried out. This would only happen in an emergency and as a last resort.

If a member of staff or adult visitor feels unwell or sustains an injury –

- A member of staff will assess their condition. In the case of an injury, the appropriate symptomatic treatment may be offered until medical care by a qualified practitioner can be secured.
- Should the person be extremely unwell or requiring assistance their next of kin will be contacted (records held in school)
- If the injury gives cause for concern then transport arrangements will be made to the local A&E department for further assessment and/or treatment.

When dealing with blood injuries (or other bodily fluids), staff should –

- Put on gloves before contact.
- Pull off gloves so that they are inside out and the contaminated side is not exposed.
- Put gloves in a plastic bag and dispose of them in a closed bin.
- Wash hands and other surfaces immediately after contact with blood or other body fluids.
- Contact Site Agent if blood or body fluids are spilt so that the area may be cleaned. The cleaning should be carried out with disposable cloths/towels and wearing rubber gloves.
- Immediately change blood stained clothes, handling them with rubber gloves.
- Take care to avoid accidental piercing of the skin when handling needles and other sharp equipment.
- Wash the exposed part immediately with soap and water if coming into direct contact with another person's blood or body fluids.
- Use clean, cold, tap water if the lips, tongue, eye or broken skin are involved and seek medical advice.

Follow up Procedures:

- In the case of infectious disease, pupils or staff may not return to school until 48 hours after all symptoms have ceased or as directed by their GP.
- If a child or staff member contracts a 'notifiable disease', parents must inform the school immediately and the child may not return to school without specific written permission.
- Parents are asked to keep the school informed of the outcome of any injury sustained in school that required medical treatment.

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- Incidents of injury involving any child or adult in school are recorded on an accident form that is then passed to the First Aider (treatment should form a part of this record).
- Every incident in school needs a 'bump note' to the parents followed by completion of an accident form which must go to Tracey Foster or Caroline Williams. These records are then held in line with the data protection act. Parents will usually be contacted and/or the teacher will speak to the parent at the end of the day.
- All pupils who have a head bump will be issued with a sticker which allows all adults to clearly notice the child.
- The school will make reasonable adjustment to accommodate pupils who are temporarily incapacitated due to an injury – e.g. plaster cast, crutches etc.
- The school will, within reason, attempt to continue to support learning if a pupil is likely to be absent for a protracted period of recuperation.
- All pupils are covered by insurance and parents should contact the School Business Manager for details when seeking to make a claim.
- The school complies with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), 1995* and will report deaths, major injuries, work related diseases and dangerous occurrences to the Health and Safety Executive.

Training:

Training will be provided as required. The designated first aiders will be required to undertake refresher courses every three years.

Asthma Policy

The school:

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and the medicines they take.
- Endeavours that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
- Ensures that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor/asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.

It is advised that the school is provided with a labelled, in date spare reliever inhaler. These are held in case the pupil's own inhaler runs out, or is lost or forgotten and are kept in the [school office/first aid room]. All inhalers must be labelled with the child's name by the parent/carer.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form. Further conversations may be appropriate, at the discretion of the school.
- If the parent/carer fails to supply the inhaler as requested, write to the parent using the example letter. This repeats the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable
- to follow the usual Asthma Emergency inhaler procedures and will be reliant on calling 999 and awaiting the Emergency Services. The letter will be filed with the child's asthma information form.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

For information on how to clean spacers please go to www.asthma4children

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Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

School Environment

The school endeavours to ensure that the school environment is favourable to pupils with asthma. The school will take into consideration, any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers.

Asthma Attacks – School's Procedure

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called

Access and Review of Policy

The Asthma Policy will be accessible to all staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed as an appendix of the health and safety policy

Signed (Chair of Governors) Signed (Headteacher)

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Dear Parent/Carer

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME Age Class

1. Does your child need an inhaler in school? Yes/No
2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?)

.....
.....

3. What triggers your child's asthma?

.....

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

Signed:..... Date.....

I am the person with parental responsibility

Circle the appropriate statements

- My child carries their own inhaler.
- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**

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- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed:..... Date.....
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.
 Thank you

Parental Update (only to be completed if your child no longer has asthma)	
My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent (Yes/No)	Location (delete as appropriate)	Expiry date	Date of phone call requesting inhaler/space r	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

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Example letter to send to parent/carer who has not provided an in-date inhaler. Please amend as necessary for the individual circumstances.

Dear [Name of parent]

Following today's phone call regarding [Name of pupil]'s asthma inhaler, I am very concerned that an inhaler has not been provided. You have stated on [name of pupil]'s Asthma Information Form that [name of pupil] requires an inhaler in school and you have agreed to provide an inhaler [and spacer]. Please ensure that:

- an inhaler
- a spacer

are provided without delay.

If [name of pupil] no longer requires an inhaler, please request his/her Asthma Information form from the school office and complete the parental update section.

Please be aware that in the absence of an inhaler, should [name of pupil] suffer an attack, staff will not be able to follow the usual Asthma Emergency inhaler procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely

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Emergency asthma treatment

Asthma attacks & wheeziness

Signs of worsening asthma:

- Not responding to reliever medication
 - Breathing faster than usual
 - Difficulty speaking in sentences
 - Difficulty walking/lethargy
 - Pale or blue tinge to lips/around the mouth
 - Appears distressed or exhausted
-
- Give **6 puffs of the blue inhaler via a spacer**
 - Reassess after 5 minutes
 - If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
 - Reassess after 5 minutes
 - **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
 - **CALL AN AMBULANCE and CALL PARENT**
 - **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Defibrillator

The school has a defibrillator which is located in the staff room. Five members of staff have received training in the use of the equipment.

***Policy and practice for the
administration of medicines and the
care of children with medical conditions
in school.
(Part of the Health and Safety Policy)***

This policy follows guidance from Bedford Borough Council

School Nursing Team 01234 315863

The school maintains close contact with the school nurses who are available for advice on a number of issues.

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Policy and Practice of the Administration of Medicines in School.

Children suffering from acute illnesses e.g. throat infections, eye infections, ear infections, diarrhea and sickness, should be kept at home until they are fully recovered. Occasionally a child will return to school well and able to cope but still taking prescribed antibiotics. Three times a day antibiotics can be managed by the family outside normal school working hours or a parent might wish to come to school to administer any medicine to their child personally.

If a child needs prescribed antibiotics four times a day it can be administered in school. A school medicine consent form for each medicine must be completed by the parent/carer giving permission to administer it. The forms can be obtained from the school office. The completed forms are located in the school office.

The Headteacher and office staff/first aiders have the right to refuse to administer any medication to any child if they are not happy to do so.

NO MEDICINE WILL BE GIVEN WITHOUT PARENTAL PERMISSION.

Only a nominated member of staff may give medicine. These are:-

Mrs Dickson, Mrs Carver, Mrs Catania

There must be two members of staff present at all times to check the name and dosage on the label and to witness when the medicine is administered.

Storage of Medicine

Medication will be kept in a locked fridge in the staff room; inhalers and epipens are kept in SD's cupboard on the top shelf in the school office. After medicine has been administered the member of staff should fill in the medicine administration record.

NB: Inhalers and epipens should always be readily available for immediate use by the pupil, but care should be taken that other children do not use them.

Administration

The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent before administering a medicine. The named person should:

- ◆ Confirm the identity of the child
- ◆ Check the school medicine record
- ◆ Check the name of the medicine against the name of the school record
- ◆ Check the dosage
- ◆ Measure the dosage without handling the medicine, if it is a liquid shake the bottle and pour away from the label so that the medicine does not render the instructions illegible
- ◆ Give the medicine to the pupil and watch him/her take it, always give a glass of water to wash the medicine into the stomach
- ◆ Wash the spoon or dispenser spoon
- ◆ Return the medicine and spoon etc to the storage area.

Ritalin

Increasing numbers of children are taking Ritalin for Attention Deficit/Hyperactivity Disorder AD(H)D. Ritalin is a controlled drug and therefore only one weeks supply can be kept which must be locked in the medicine cabinet.

Recording

A record should be kept of dosage given in the school medicine file. The school medicine file is kept in a cupboard in the school office. The designated member of staff will sign the record sheet and it must be initialled by a second member of staff who has witnessed the dosage and administration procedure.

Disposal

Medicines should not be allowed to accumulate. They should be returned to the parent for disposal or taken to the local pharmacy. No medicine should be used after its expiry date. Some medicines e.g. insulin, eye drops and eye ointments

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have to be discarded 4 weeks after opening .The date of opening must always be recorded on the container for these preparations.

Possession and self administration of regular medicine

This is discouraged in all circumstances. Parents should be encouraged to inform the Headteacher of any medical condition or medication which is likely to have an adverse impact on a pupil's education.

Visits and Trips

The teacher in charge of any trip away from school must liaise with the School Business Manager to ensure adequate first aid provision and that any medication needed is provided.

Policy and Practice for the care of Children with Medical Conditions in School

We believe that people who have or are known to have chronic illness should, as far as is practicable in a State school, be accommodated within the normal working structure of the school. For example children with epilepsy, eczema, asthma, diabetes, anaphylaxis, hepatitis B, HIV and Aids and anaphylactic reaction, unless otherwise directed by a statement of SEN will be welcome at The Hills Academy.

The school has a duty to ensure that, as far as is reasonably possible, a pupil's medical condition is managed safely and sensitively.

Parents are asked to inform the school about any medical condition that affects their child via the admission form and may also speak to the EYFS coordinator in the liaison process before entry. Any relevant information will be passed on to the Office Manager.

The school nurse will draw up a Health Care Plan in conjunction with the parent and the child's G.P.

Childhood Communicable Diseases

Parents should let the school know if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be notified to the public health authority.

Medical Conditions

If the likelihood of an 'attack' if any of the following conditions is apparent, staff should escort the student to the school office or send a runner to fetch help. If staff know a particular student well it may be appropriate to send them with a responsible friend who also knows of their condition.

If it is not possible to get the student to the medical room then help should be sent for and the following guidelines used for each condition.

Asthma – please see asthma policy

Asthma is an over active condition of the airways causing shortness of breath and wheezing. Preventative inhalers should be kept at home unless needed more than twice a day for games.

Relievers must be readily available, not locked away.

1. Ensure reliever medicine is taken correctly
2. Reassure the child but do not put an arm about the shoulder as this restricts breathing
3. Sit the child leaning forward over the back of a chair and loosen collars and ties
4. If a second dose does not help in 5-10 minutes and especially if the child is deteriorating then call an ambulance. Contact the parents.

Diabetes

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Diabetes occurs when the body's production of insulin is inadequate to deal with sugar in the blood. If the balance between insulin, food and activity is not maintained the blood sugar will rise and fall.

High blood sugar-hyperglycaemia

A child can usually tell when this is happening and will feel very thirsty. Allow the child to drink plenty of water and also go to the toilet whenever necessary.

Low blood sugar-hypoglycaemia

This is potentially life threatening and a child may not always be aware it is happening.

Look out for paleness, sweating, anxiety, drowsiness, confusion, behaviour changes. Sufferers may complain of blurred vision, headaches and nausea.

Fast acting sugar should be given immediately eg, lucozade, sugary drinks eg, Coke, Tango, Fanta. (**NB** not diet drinks); mini choc bars eg., Mars, Milky Way, fresh fruit, glucose tablets, honey or jam.

Recovery should be 10-15 minutes.

If there is no improvement within a few minutes repeat the treatment. If there is still no improvement or the child becomes unconscious or has a fit, call an ambulance and inform the parents.

Anaphalaxia

Please see emergency sheets in staffroom and office about particular children.

This is a severe allergic reaction and if there is any doubt about the stages and symptoms, the administration of medication is safe and should not be withheld.

A list of teaching and support staff who have been on a course to administer the epipen is displayed near the emergency sheets.

If necessary make a very quick decision and call 999.

Epilepsy

Epilepsy results from abnormal electrical activity in the brain causing physical effects (fits, seizures).

Each individual is different in length of time of a fit and recovery time and parents need to inform the school about their child.

A major seizure is alarming to witness and other children may need a lot of reassurance afterwards.

When a fit occurs try to prevent injury by moving objects rather than the child. Do not force anything into the mouth and as soon as possible put the child into the recovery position

If the fit persists for more than usual (5-10mins) then call an ambulance.

Contact with parents

Parents will always be contacted if their child has suffered an 'attack' due to any of the medical conditions described. This will normally be done by a member of the office staff.

Other Information

If there is any shadow of a doubt about the health and safety of any child, staff member, visitor or voluntary helper on the school site at any time, expert help will be sought.

From time to time specific information is given to all staff on specific medical conditions but in any event the school nurse can be contacted for advice and assistance.

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Medical Response advice

Anaphylactic Shock	Help to minimise shock. Seek urgent medical help – dial 999 for an ambulance immediately. Help the casualty sit in the position which most relieves any breathing difficulty.
Asthma	<p>Reassure and calm the child. Sit them down, leaning on a table, resting on arms. Ensure a good supply of fresh but not cold air – open a window if necessary. Let the child take their medication if possible.</p> <p>Medical attention is not needed if the attack is mild and the child responds to medication. If the child does not respond and is in severe respiratory distress, seek medical help. Do not leave the child alone. (See asthma policy)</p>
Bites	Animal and human bites require medical attention if the skin is broken because germs are harboured in the mouth. Such wounds are vulnerable to infection. Rinse under running water and seek medical help.
Choking	<p>Either on food or an object put into the mouth. (Beware of boiled sweets).</p> <p>Place the child over your knees with their head down low. Slap them between the shoulder blades.</p>
Epileptic Fits	<p>Recognition. The casualty becomes unconscious, rigid (breathing may cease & lips look blue.), convulsive movements begin, saliva may appear at the mouth and there may be loss of bladder or bowel control.</p> <p>The muscles relax and breathing appears normal as the casualty recovers, usually within a few minutes – deep sleep may follow.</p> <p>Aim to protect the casualty from harming themselves (you cannot prevent a fit), and to provide care when consciousness has been regained. If you see the casualty fall, try to support or ease the fall. Make space around the casualty – if possible send the rest of the class elsewhere. Loosen clothing around the neck and try to protect the casualty from injuring themselves on nearby furniture etc. move it away. Do not lift or move the casualty (unless in immediate danger). Do not restrain or put anything in their mouth. When the convulsion ceases, place casualty in the recovery position (on side).</p>
Faints	<p>Usually a reaction to pain or fright or the result of an emotional upset, exhaustion, lack of food or inactivity in a very warm atmosphere.</p> <p>Lay the casualty down, raise and support the legs, open a window to ensure a good supply of fresh air. Recovery is usually rapid – reassure and allow to slowly sit up.</p>
Foreign Body	<p>a) In eye – rinse eye with clean water. If the object is not embedded it can, if necessary, be lifted off with a damp corner of a tissue. If embedded, do not attempt to touch it – seek medical help.</p> <p>b) In nose – do not attempt to remove – seek medical help.</p> <p>c) In ear – if it is insect, flood the ear with tepid water so that it floats out. Do attempt to remove any other object. Seek medical help.</p>

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Head Injuries	All head injuries are potentially dangerous. Control any bleeding by applying gentle pressure. After a bump, look out for brief or partial loss of consciousness, dizziness or nausea, loss of memory, poor response to simple questions, headache, noisy breathing, unequal pupils, raised temperature, hot flushed face. If any of the above signs are present, seek medical help.
Minor wounds	Control blood loss by applying pressure over the wound and raising the injured part. If the wound is dirty, rinse under clean running water. Do not try to remove any object embedded. Seek medical help. If necessary, apply a sterile pad to a wound and bandage it in place. Tetanus injections last for ten years. Boosters are given as children start school.
Mouth injuries	Place a gauze dressing pad over the wound and maintain pressure. A knocked out tooth may be implanted – do not clean first. Keep it in position by pressing with a pad. If you cannot replant it, store it in milk. Do not wash the mouth out, unless really necessary.
Nose bleeds	Sit the casualty down with their head forward – do not tilt the head back. Ask casualty to breathe through their mouth, pinch the fleshy part of the nose for 10 minutes. Keep them calm and quiet. Provide clean tissues to mop up, and if necessary a small bowl. After 10 minutes if bleeding has stopped, clean around the nose and mouth with warm water and tell the casualty not to blow their nose. If nose is still bleeding, reapply pressure for a further 10 minutes. If the nose bleed persists after 30 minutes, seek medical help.
Sprains, strains and deep bruising	Follow the RICE procedure. R – rest the injured part I – apply ice or cold compress C – compress the injury (layer of padding, soft towel etc. and bandage) E – elevate the injured part Seek medical help if necessary.
Stings	Antihistamine spray should not be used for a wasp sting, apply a cold compress. A bee sting should be removed by a doctor. Tweezers should not be used as they can do more damage. Apply a dressing and inform the parent when the pupil is collected. For a sting in the mouth – give ice to suck (crushed) and seek medical help.
Suspected fracture	Do not move casualty unnecessarily. Control any bleeding – use a sterile dressing and bandage in place. Secure the affected limb into a comfortable position by bandage or sling. Seek medical help. Do not give anything to eat or drink.

October 2013	Amendment to wording –The Hills Academy and updates
January 2015	Updates of staff names
May 2016	Updates of staff names and amendments