

First Aid, Medication and Chronic Illness Policy

This policy applies to the whole school and is published to parents, pupils and staff.

This policy has regard to the Department for Education Guidance: **First Aid in Schools, 2014**; **The Education (School Premises) Regulations, 1996**; **Health & Safety at Work Act, 1974**.

1. Introduction

This policy outlines Bradford Grammar School's (the "School") responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility.

The Head is responsible for putting the School's policy into practice and for developing detailed procedures. The Head also has a responsibility to make sure that parents are aware of the School's health and safety policy, including arrangements for first aid.

2. Aims

- To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1992 and 1999, providing all staff with a practical and informative document.
- To ensure that first aid provision is available at all times whilst people are on School premises and whilst off the premises on School visits.
- The minimum for first aid provision is to provide a suitably stocked first-aid container; to identify an appointed person to take charge of first aid arrangements; and to provide information for staff on first-aid arrangements. This minimal provision must be supplemented with a risk assessment to determine any additional provision which may be required.

3. Objectives

- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's first aid arrangements.
- To keep accident records and to report to HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and 2013.
- To provide detailed guidelines for staff involved with pupils with chronic health conditions.

4. Personnel

The Head is responsible for the health and safety of their staff and anyone else on the premises. This includes teaching and support staff, pupils and visitors (including contractors).

There is a designated Health, Safety & Training Manager.

Any member of staff who is taking medication that has the potential to affect their ability to carry out their role within School must inform the Health, Safety & Training Manager and their line manager. All medication brought into School by staff must be kept securely and be inaccessible to other members of the School community.

5. Named first aiders

The recommended number of certified First Aiders is one per 100 pupils/staff.

There is always a School Nurse or First Aider on site and a list of first aiders and locations can be found on the IT network in the All Staff Shared Area, Health and Safety files. This list is also accessible via the First Aiders icon found on the School's computer system desktops:



- There will always be a First Aider or School Nurse available whilst people are on site.
- The First Aiders must have undertaken up to date training approved by the HSE.
- There will be a regular review of their qualification and course attendance will be organised as appropriate. At School, the main duties of a First Aider are to give immediate help to injured or ill pupils, staff and visitors to the School, and when necessary to ensure that an ambulance or other professional medical help is called.
- The School will base its first aid provision on the results of its risk assessment. If there are parts of the School where different levels of risk are identified the School will consider the need to make different levels of provision in different areas/departments.
- When considering how many first aid personnel are required, the Head will also consider adequate provision for lunchtimes and breaks.
- The School acknowledges that it is good practice to encourage lunchtime supervisors to have first aid training; make adequate provision for leave and absences; make first aid provision for off-site activities i.e. School trips; make adequate provision for practical departments, such as Science, Design Technology, Physical Education and make adequate provision for out of hours activities e.g. sports activities and clubs.

6. Qualifications and training

- First Aiders will hold a valid certificate of competence, issued by an organisation approved by the HSE.
- Appointed persons will undertake one-day emergency first aid training.
- Specialist training in first aid for children should be arranged in a three-year cycle. **The School will keep a record of First Aiders and certification dates.**

7. First aid kit provision

There are first aid kits in School in main areas and departments. Staff have a responsibility to know where their department's first aid kit is kept.

- Staff must report usage to the School Nurse or Health, Safety and Training Manager to allow for restocking throughout the year.
- All high-risk areas, such as science rooms, games areas, theatres, buses and play areas have immediate access to first aid kits.
- All members of the Sports Department have been allocated first aid kits and have ready access to them while doing any form of sporting activity (additionally a School Nurse can be called in an emergency).
- All staff involved with educational activities on site must have ready access to a first aid kit.
- Sports fixtures held outside the school day must have first aid provision in place (e.g. a First Aider in attendance at weekend rugby matches) as per RFU guidelines.
- All first aid containers must be marked with a white cross on a green background.
- The School's Health, Safety and Training Manager will be the person responsible for examining the contents of first aid containers. These will be checked frequently and re-stocked as soon as possible after use.
- The School acknowledges that transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have a first aid container on board.

8. Spillage

Spillages of body fluids may present an infection risk to others and must be dealt with immediately.

- It is the responsibility of the staff to alert the cleaners to assist with spillages of body fluids.
- Protective equipment is provided for the cleaners and is also available in the School Nurses' room.
- Gloves and an apron should be used.
- For large quantities of fluid spillage, kits are provided.
- Yellow disposal bags, marked "hazardous waste", must be used.
- A "wet floor" sign should be used as appropriate.
- The pupil or other person involved in the incident should be offered the appropriate assistance, assessment and referral.

9. Recording and Reporting accidents and incidents

- Each department has an incident book to record classroom incidents/accidents.
- The Junior School records minor incidents on the 'Minor Incident Report Form' which is stored electronically and accessible at:
G:/Clock House Staff Shared Area/Minor Incident Report Form
- Whenever a pupil is sent to the School Nurse an accident form will be completed by the adult on scene and sent to the School Nurse.

- Any pupil involved in a significant incident or accident will be seen by the School Nurse for assessment.
- All visits to the School Nurse will be documented on the pupil's record. The accident statistics will be recorded by the Health, Safety and Training Manager and sent to the Senior Leadership Team (SLT) at least every term.
- An accident form will be completed and sent to the Health, Safety & Training Manager if appropriate.
- Parents will be informed by a School Nurse (or by another member of staff in the Junior School) by a phone call, note in the pupil planner, letter or by the pupil concerned depending on the age of the pupil, type of injury and resulting treatment.

10. Record keeping

- Statutory accident records: The Health, Safety & Training Manager/School Nurse must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.
- SIMS acts as the School's central record; CPOMS also holds pastoral and safeguarding information.
- A record will be kept of any first aid treatment given by First Aiders or appointed persons.
- This should include:
the date, time and place of incident;
the name (and class) of the injured or ill person;
details of their injury/illness and what first aid was given;
what happened to the person immediately afterwards; and
name and signature of the First Aider or person dealing with the incident.

Accident records can be used to help the Senior Leadership Team (SLT), Health, Safety & Training Manager and School Nurse with regular liaison. It is possible to identify trends and areas for improvement, training or other needs and the records may be useful for insurance or investigative purposes.

11. Calling an ambulance

- Prior to requesting an ambulance, the pupil/person in need will be seen and assessed by the School Nurse or a First Aider wherever possible.
- However, it is the responsibility of each member of staff to decide on their own coping abilities, and if they are concerned about the welfare of the pupil/person, it is appropriate to request an ambulance.
- If an ambulance is requested, reception will be informed and a member of staff will be alerted to guide the ambulance to the correct area of the School.
- The pupil's parents/guardians will be informed immediately.

12. RIDDOR Reporting

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 and 2013) requires the School to report to the Health and Safety Executive online

www.hse.gov.uk/riddor. All injuries can be reported online but fatal and specified injuries can be reported by telephone 0845 300 99 23 Monday to Friday 08.30am – 5pm.

The School will keep a record of any reportable injury, disease or dangerous occurrence, which will include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records (as above).

13. Reportable incidents

- Accidents involving pupils and visitors resulting in the person being killed or being taken from the site of the accident to hospital.
- The accident arises out of or in connection with work if it relates to any School activity, both on or off the premises, or the way the School activity has been organised or the School's management of its equipment, machinery, substances and the design or condition of the premises.
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay. This must be followed up within 10 days with a written report.
- Other reportable accidents do not need immediate notification, but they must be reported to HSE within 15 days.

Visit www.hse.gov.uk/riddor/do-i-need-to-report.htm to check if an incident needs reporting.

The Head is responsible for ensuring that this happens, but may delegate the duty to the Health, Safety & Training Manager.

The Health, Safety and Training Manager must complete the RIDDOR procedure, usually online.

The Health, Safety and Training Manager also monitors:

PROCEDURES

- risk assessments - reviews which are required to be carried out at least annually, and when circumstances alter, by the Health, Safety & Training Manager and Heads of Department;
- recommendations on measures needed to prevent or control identified risks, which are forwarded to the relevant Heads of Section/Department and discussed with the SLT;
- re-assessment of first-aid provision;
- as part of the Schools' annual monitoring and evaluation cycle, any changes to staff, building/site, activities, off-site facilities will be assessed as appropriate; the number of trained First Aiders, alerts them to the need for refresher courses and organises their training sessions; and
- the emergency first-aid training received by other staff and organises appropriate training.
- Where a pupil or staff member cannot weight bear on their legs due to a medical condition, as general guidance in the short term, they will not be allowed into school until such a time that they can weight bear or a medical practitioner says that they can.

14. Support for pupils with chronic medical conditions

The School aims to offer a full and supportive curriculum to all of its pupils.

To assist staff and parents to meet the needs of pupils with chronic conditions, the School has guidelines for the following conditions:

- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy
- Self harm

The full details for each guideline are included in the appendix 1.

The School Nurses work within a code of practice set out by the Nursing and Midwifery Council (NMC).

It is recommended that School Nurses working within the independent sector have a 'homely medication guidelines' – see appendix 2.

APPENDIX 1

EPIPEN/ ANAPHYLAXIS GUIDELINES

Introduction

Purpose

- To promote a consistent approach in the management of life-threatening allergies.
- To develop strategies that will protect children with life-threatening allergic reactions to the extent possible.
- To create a safer place for children to eat, learn, and play;
- To heighten employee awareness of the recognition of signs and symptoms of **anaphylaxis**, that will aid in the timely activation of the emergency medical aid for those individuals known or not previously known to experience anaphylactic reaction.
- To provide direction for School staff in the management of severe respiratory distress/anaphylaxis.

Training of School Staff

While it is recognised that some staff will be concerned about the responsibility of administering an adrenaline auto-injector (AAI) it is essential that all staff attend regular updates and complete online training, to enable them to make an informed decision about appropriate treatment.

The School Nurses will identify areas to be covered during staff training to provide consistency in training staff. The PowerPoint presentations used by the School Nurses to train the staff are available in the shared area. Staff joining throughout the year are also given training as part of their induction.

Training will include possible causes of reaction, warning signs action appropriate to symptoms and the use of the three different auto adrenaline injectors which include EpiPen, Jext and Emerade.

The School Nurse will inform all staff who have a child in their class with an AAI as soon as possible, at the start of each School year, via the medical folder in the shared area.

In Senior School, the child should carry their AAI and a second one will be held in the School Nurses' office. In Clock House there will be one in the Head's office, the child will have one on their person and there will be one in the School Nurses' office.

Classroom teacher/specialist responsibilities

- Review any student Individual Health Care Plan (IHCP) with the School Nurse.
- Never question or hesitate to act if a pupil reports signs of an allergic reaction.

- Ensure familiarity with the use of an AAI, that the teacher is aware of the procedure to follow and where the medication is stored and can therefore be accessed rapidly.
- Snack and lunch time:
 - avoid cross contamination of foods;
 - reinforce hand-washing before and after eating, whenever possible; and
 - encourage the child to take responsibility in the dining hall.
- If a bee/wasp gets in a classroom, any pupil with this allergy must immediately remove themselves from the room.
- The School Nurse will remind parents when the AAI, is about to expire but the overall responsibility for provision of AAI's is the parents'.

Staff responsibilities

Encouraging pupils with allergies to:

- take as much responsibility for avoiding allergens as possible (age appropriate);
- not trade or share food;
- wash hands before and after eating;
- learn to recognise symptoms of an allergic reaction (work with School Nurse);
- promptly inform an adult as soon as accidental exposure occurs or symptoms appear;
- know where their adrenaline auto-injector is located and who has access to the medication;
- carry their own adrenaline auto-injector (age appropriate);
- read food labels; and
- speak to the School Nurse and/or another trusted adult in the School to assist in identifying issues related to the management of the allergy in School.

Executive Chef responsibilities:

- List of those pupils with allergies is on the Shared Area and is displayed in the kitchen.
- Ensure that the School Nurse can be contacted.
- Never question or hesitate to act if a pupil reports signs of an allergic reaction.
- Ensure familiarity with the use of an AAI.
- Read all food labels and recheck routinely for potential food allergens.
- Take every precaution so as not to prepare or serve any menu options containing nuts.
- Maintain contact information for manufactures of food products. (Consumer Hotline).
- Provide information regarding ingredients and menus.

Parental responsibility

- It is anticipated that parents will be responsible for their child until arrival on School grounds. Should they use the School bus it is necessary for the parent to contact the company regarding the company's individual policies.
- Inform the School Nurse of a child's allergies prior to the opening of School (or as soon as possible after a diagnosis).

- Complete the **Annual Health Card** and return to School Nurse at the start of the year. This will include a list of foods and ingredients to avoid, the phone numbers and the name of the emergency contact person.
- Provide the School Nurse with medication orders from the licensed provider and adrenaline auto-injector(s) when appropriate.
- Discuss the individual health care plan with the School Nurse.
- Consider providing the child with a medical alert bracelet/card.
- Provide the School Nurse with the licensed provider's statement if a child no longer has allergies and update annually or as any change occurs to enable the School to add or remove information from the child's records.
- Provide, and keep up to date, three AAI's for Clock House – one for the child to carry, and two others for emergency use to keep in the School Nurses' office and the Clock House Head's office
- To provide, and keep up to date, one AAI in Senior School for the medical room and also one for the child to carry on their person.

Individual health care plan

- As part of the enrolment process, the parent/guardian of students with allergies or pre-existing anaphylactic reactions as well as other medical problems will meet the School Nurse to develop an individual health care plan, initiate medication orders, medication administration plans and parent/guardian authorisations for each medication received. The health card will have emergency information such as people to contact, phone numbers and doctor's details and will be in the Nurse's office. Names of pupils are also held at reception in the School's main office.
- A recent photo of any pupil with an AAI order will be placed on the emergency care plan.
- Information on all those with an AAI order, together with a photograph, will be displayed in the staff room, (unless there is parental objection to this).

School trips – School responsibility

- School Nurses will provide the AAI and AAI container with all contact numbers/information enclosed, for the trip leader to carry. It is the responsibility of the trip leader to approach the nursing staff for advice and medical support about pupils on a trip.
- The trip leader for the field trip will ensure that the parent/guardian location and phones numbers are where they can be reached in the event of an emergency. This teacher will also have considered how to respond in the event of an emergency.
- A mobile phone and/or another communication device must be available on the trip for emergencies.
- Children will be requested to avoid allergens on the School bus.

Tips and advice for parents when planning educational visits and fixtures

The Anaphylaxis Campaign is aware that, for many severely allergic children, going on School trips can pose many challenges and obstacles. Below are some tips which the

School hopes will make planning for School trips easier for everyone involved: staff, parents and, of course, the allergic children. If parents have any comments or would like to add their tip to the list they should email nurse@bradfordgrammar.com. They may also like to contact the EpiPen website via email info@allergyinschools.org.uk.

Before the trip

- Prepare well in advance.
- If appropriate, contact the Activity Centre before the trip to make sure that they are aware of the child's allergy. Send them an information sheet about allergies.
- Make sure the teacher organising the trip is fully aware of the child's allergy. If the trip is abroad, the School can help with translation cards.

Food/catering tips

Speak to the party leader before the trip and designate them to introduce themselves to chef/catering staff so that the allergic child has a point of contact.

Medication/treatment protocol tips

Ensure accompanying staff are informed and feel comfortable with dealing with allergy. If they have not received training, offer to contact the School Nurse to arrange training.

Write down each medicine, when and how much to have.

Tips for the pupils

- Make sure people around the pupil know about their allergy.
- If the pupil is in any doubt about what they are eating, they should politely but firmly refuse.
- The pupil should take snacks with them in case there is something that they cannot have. The pupil should pack a few biscuit/bars etc. as it is often the puddings that are tricky. Small packets of cereals are good standbys for breakfasts.
- Do not let it stop the pupil having fun!

ASTHMA GUIDELINES

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 lessons, PE, science, visits, outings or field trips and other out-of-hours School 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;
- ensures that the whole School environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma;
- ensures that all pupils understand asthma;
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack;
- understands that pupils with asthma may experience bullying and has procedures in place to prevent this; and
- will work in partnership with all interested parties including the School's Governing Body, all School staff, School nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Additional emergency inhalers are available at designated points. In addition, a list of these can be found via the First Aid icon on the school desktop.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at the School are happy to do this. School staff who agree to administer medicines are insured by the School. All School staff will let pupils take their own medicines when they need to.

All parents/carers of children with asthma are sent a letter requesting a spare inhaler and their condition is recorded on SIMS under "medical conditions".

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of School life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the School are aware of which pupils have asthma from the School's medical lists.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE teachers that each pupil's inhaler will be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the School involve pupils with asthma as much as possible in after School clubs.
- PE teachers, classroom teachers and out-of-hours School sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the School Nurse, who has had asthma training.

School environment

- The School does all that it can to ensure that the School environment is favourable to pupils with asthma. The School does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible, the School does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit with the School Nurse if particular fumes trigger their asthma.

Asthma attacks

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. All staff are updated annually in September by the School nurses.
- The PowerPoint presentation used by the nurses to train the staff is available in the shared area. Staff joining throughout the year are also given training as part of their induction.

Heads, Health, Safety & Training Manager/School Nurse

Heads, Health, Safety & Training Manager/School Nurse have a responsibility to:

- ensure the School's asthma guidance is in line with national guidance;
- liaise between interested parties – School staff, School nurses, parents/carers, governors, the School health service and pupils;
- ensure that the plan is put into action, with good communication of the guidance to everyone
- ensure that the guidance is maintained;
- working with the HR Manager and Deputy Heads, assess the training and development needs of staff and arrange for them to be met;
- ensure that the School Nurses check and maintain the medical lists in the medical folders, staff shared area;
- regularly monitor the policy and how well it is working.

School staff

All School staff have a responsibility to:

- understand the School asthma guidance;
- know which pupils they come into contact with have asthma;
- know what to do in an asthma attack;
- allow pupils with asthma immediate access to their reliever/inhaler;
- tell parents/carers if their child has had an asthma attack;
- tell parents/carers if their child is using more reliever inhaler than they usually would;
- ensure that pupils have their asthma medicines with them when they go on a School trip or out of the classroom;
- ensure that pupils who have been unwell catch up on missed School work;
- be aware that a pupil may be tired because of night-time symptoms;
- keep an eye out for pupils with asthma experiencing bullying; and
- liaise with parents/carers, the School Nurse and special educational needs the Learning Support Department if a child is falling behind with their work because of their asthma.

PE teachers

PE teachers have a responsibility to:

- understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled;
- ensure that pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed;
- if a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes);
- ensure that pupils with asthma always warm up and down thoroughly.

School Nurses

School Nurses have a responsibility to:

- help plan/update the School asthma guidance and register, and to check the expiry date on spare relievers/inhalers;
- keep a set of emergency asthma inhalers stored around the School site;
- if the School Nurse has an asthma qualification it can be their responsibility to provide regular training for School staff in managing asthma;
- provide information about where the School can get training if it is not able to provide specialist training itself; and
- School Nurses in the School hold responsibilities in the management and monitoring of pupils' asthma.

DIABETES GUIDELINES

The School:

- recognises that diabetes is a lifelong condition and offers pupils support to fulfil their potential;
- ensures that pupils with diabetes can and do participate fully in all aspects of School life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours School activities;
- recognises that pupils with diabetes need a private area to inject/blood test;
- keeps a record of all pupils with diabetes;
- ensures that the whole School environment, including the physical, social, sporting and educational environment offers full support as needed;
- ensures that School Nurse informs all staff who come into contact with pupils with diabetes know what to do in a hypo or hyper attack; and
- will work in partnership with all interested parties including the School's Governing Body, all School staff, School nurse, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the guidance is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the School is provided with any necessary equipment to support the student in an emergency. The School nurse will keep spare blood sugar monitoring equipment and glucose. A box with spare equipment and insulin is kept locked in the medical fridge in the School Nurses' room.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of School life for all pupils. All teachers know which children in their class have diabetes and all PE teachers at the School are aware of which pupils have diabetes from the School's medical lists.
- Pupils with diabetes are encouraged to participate fully in all PE lessons. Emergency 'hypo boxes' are kept in the sports office and the Nurse's room.

Hypoglycaemic attacks

- All Staff who come into contact with pupils with diabetes know what to do in the event of an attack.
- In the event of an attack the School follows the procedure outlined by the pupil's individual health care plan.

School staff

All School staff have a responsibility to:

- understand the guidance on diabetes;
- know which pupils they come into contact with have diabetes via the medical lists in the medical folder, Staff Shared area;
- know what to do and how to recognise a 'hypo' and 'hyper' attack;
- call the Nurse if there are any concerns;
- tell parents/carers if their child has had an attack;

- ensure that pupils have their glucose/insulin with them when they go on a School trip;
- ensure that pupils who have been unwell catch up on missed School work; and
- liaise with parents/carers, the School Nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their diabetes.

PE teachers

PE teachers have a responsibility to:

- understand diabetes and the impact it can have on pupils. Pupils with diabetes should not be forced to take part in activity if they feel unwell and should be assessed for potential symptoms of low blood sugar.

School Nurses

School Nurses have a responsibility to:

- help to plan/update the School diabetes guidelines; and
- support colleagues and the needs of each pupil.

School Nurses hold responsibilities in the management and monitoring of pupils' diabetes and for training of staff.

EPILEPSY GUIDELINES

The School:

- recognises that epilepsy is a lifelong condition and offers pupils support to fulfil their potential;
- ensures that pupils with epilepsy can and do participate fully in all aspects of School life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours School activities;
- recognises that pupils with epilepsy may need support with various aspects when dealing with their condition;
- keeps a record of all pupils with epilepsy;
- ensures that the whole School environment, including the physical, social, sporting and educational environment offers full support as needed, and privacy in the event of an episode;
- ensures that School Nurses communicate to all staff who come into contact with pupils have an understanding about their needs; and
- will work in partnership with all interested parties including the School's Governing Body, all School staff, School Nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the guidance is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the School is provided with any necessary equipment to support the pupil in an emergency.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of School life for all pupils. All teachers know which children in their class have epilepsy and all PE teachers at the School are aware of which pupils have epilepsy from the School's medical lists.
- Pupils with epilepsy are encouraged to participate fully in all PE lessons.

Teachers are aware of high-risk sports and take extra care to assess each individual child as appropriate.

Epileptic episodes

- All staff who come into contact with pupils with epilepsy are informed (by the Nurses) about what to do in the event of a seizure.

School staff

All School staff has a responsibility to:

- understand the School guidance;
- know which pupils they come into contact with who have epilepsy;
- know what to do and how to recognise a seizure;
- tell parents/carers if their child has had an episode;
- ensure pupils who have been unwell catch up on missed School work; and

- liaise with parents/carers, the School Nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their condition.

School Nurses

School Nurses have a responsibility to:

- help to plan/update the School epilepsy guidelines.
- support colleagues and the needs of pupils.

School nurses in the School hold responsibilities in the management and monitoring of pupils' epilepsy and for training of staff.

SELF-HARM GUIDELINES

What is self-harm?

Self-harm is deliberate injury to oneself, usually as a coping behaviour intended to help an individual cope with difficult feelings. It is an indication of emotional distress, and the term can be used to describe any self-destructive behaviour arising from emotional distress.

This guidance is intended to give a framework for responding to self-harm in a supportive way, in order to help those involved to manage the situation and be supported in finding less destructive ways of managing emotional distress.

The main focus must be on supporting the student to manage difficult feelings, alleviate distress and address specific triggers, and learning to use more adaptive coping strategies. These proactive and preventative interventions are more likely to result in reducing or ending the self-harm rather than through a focus on the self-harming behaviour itself.

Common problems leading to self-harming behaviour include: anxieties about school work, bullying, anxieties about friendships at school, relationship difficulties at home or with friends, bereavement and loss, parental separation and other risk factors associated with adverse childhood experiences, such as parental ill health, financial problems at home and experiences of abuse.

This guidance aims to address the issue of self-harm, by showing:

- how to respond to students who self-harm
- how to offer support in the short and long term, appropriate to the individual needs of the student
- how to support teachers working with students who self-harm
- how to prevent self-harm from spreading within the School
- clear guidelines for staff
- where to access information about self-harm for students and staff.

The Pastoral Team at Bradford Grammar School aims to ensure that:

- all staff are familiar with the key principles of this self-harm guidance and know what to do if they think a young person is self-harming
- provision is made at School for students who are self-harming
- support is given to the students affected by this behaviour, to their families, and to staff working with students who self-harm
- self-harm education/awareness is included within the School curriculum, via the Personal Development programme.

What to do if you think a student is self-harming:

If you think a student may be self-harming, you must inform their Head of Year and/or the School Nurse. They will inform the Designated Safeguarding Lead.

The Head of Year or Nurse will then have a conversation with the student concerned, and usually will contact the parents. Most students are relieved to be able to talk about their self-

harm, and the issues underlying this. They are often also relieved if a member of staff supports them in opening up a conversation with their parents.

Students should always be involved in discussions about how and when to inform and involve their parents. Staff members should always ensure they have the consent of the student prior to this disclosure, and should invite the pupil to be present at the meeting. Failure to involve students in this may increase their difficulties and make it less likely for them to accept help and support in future.

On rare occasions it may be appropriate not to inform parents, if this is likely to trigger an unhelpful response from parents. On some occasions a student may be so distressed by the idea of informing parents that staff may have to make a judgment that the risk of harm to the pupil is greater if their parents are informed. If this is the case it is essential that this is discussed and agreed with a Designated Safeguarding Lead, and that the reasons for the decision are clearly recorded on CPOMS.

What should be said to the students:

- Talk to a member of staff if you are in emotional distress – do not try to struggle on alone.
- Tell a member of staff if you are really worried about someone else – understand that sometimes good friends or caring people do this to protect people.
- Never display open wounds/injuries or share images of them on social media. These must be dressed appropriately and care should be taken to cover them up when wearing sports kit in Games and PE lessons.
- Self-harm in public places is harmful to other people – please make your way to the Nurses' Room if you feel you need to self-harm in school.
- Look at the information about self-harm on the Thrive Bradford or on the National Self-Harm Network websites.

Role and responsibility of staff:

- Understand that self-harm is usually an expression of emotional distress.
- Be able to recognise and respond to a student's emotional distress, calmly and supportively, and inform the appropriate colleague(s) as soon as possible. Do not show shock, revulsion or disapproval.
- Challenge harmful myths and stereotypes about self-harm when you encounter them, including that it is 'just attention seeking' or that it is possible to distinguish between 'real' and 'not real' self-harm.

Role and responsibility of parents:

- Understand that your child is in distress and try to focus on helping them through this; being angry and /or telling them to stop rarely helps.
- Work in partnership with the School and use the resources shared with you by the School to help you talk to your child.
- Understand that all parents feel a range of emotions from shock and fear to anger and blame, and that all of these are normal and understandable reactions to discovering that your child is or has self-harmed.
- Ask for help from pastoral staff in School and/or contact one of the helplines or organisations listed below.

APPENDIX 2

THE SCHOOL'S HOMELY MEDICATION GUIDELINES

Principles of safe and appropriate handling of medicines

Handling medicines

Controlled drugs include **methylphenidate**, which under the name Ritalin is commonly used by many young people in mainstream schools.

Administering medicines - Staff should only give medicines they have been trained to give. According to the law (The Medicines Act 1968) medicines can be given by a third party (e.g. a suitably-trained care worker), to the person that they were intended for when this is strictly in accordance with the directions that the prescriber has given.

The nurses only administer Paracetamol, Ibuprofen and over-the-counter medicines. A pupil with their own medication will give it to the nurse to store in a locked cupboard in the nurses' office, so that it can be administered as per the prescription label.

Minor ailments and 'homely remedies' (e.g. paracetamol) - there should be a protocol about the administration of treatments for minor ailments, and a record of what is given to whom and when. This information may indicate that a persistent problem should be referred to a GP.

Records – records will be kept of pupil attendance in the School Nurses' book and on SIMS.

Training

The school nurses administer any medication in the day and are appropriately trained in the handling and use of medication, and have their competence assessed. The service provider's policy should state how frequently this should happen and when it will be reviewed and updated.

As a minimum, training should cover:

- the supply, storage and disposal of medicines;
- safe administration of medicines;
- quality assurance and record-keeping; and
- accountability, responsibility and confidentiality.

MEDICINE GUIDELINES

All administration of medication is recorded by the nursing staff

Prescription only medication

Frequent requests are made for the School Nurse and staff to give various forms of medicines to pupils. It is essential that such medicines are clearly labelled: younger children may forget or become confused if instructions are only given verbally.

Only the amount required to be taken in the School day should be sent into School. The medicine should be in a suitable container, clearly labelled with the pupil's name, form, name of medication and amount and time to be given. An accompanying letter should be sent by the parent explaining reasons for medication.

Chronic illness

- Children with chronic illness requiring regular medication, such as asthma or diabetes, should be encouraged, where possible, to self-administer the medication. Emergency treatment of conditions such as anaphylactic shock resulting from an allergic reaction may require the administration of adrenaline. As well as the nurse, most of the staff are trained in the administration of the adrenaline auto-injector, Training is updated regularly. No member of staff is expected to be involved in a procedure that they do not feel competent to carry out.
- All children requiring AAI's are obliged to provide them from their GP. Suitable places for storage of these are made available and the pupil and all staff are informed of their location.
- The School Asthma Guidelines encourages pupils to administer their own medications. Spare inhalers, are situated at designated points around the school site.
- Those pupils with prolonged medical needs will have a health care plan which will be reviewed by the Nurse at regular intervals and updated accordingly.

General information

- Medications are kept in a locked cupboard in the Medical Room. Keys for the cupboard are kept by the School Nurse. A spare set is kept by the Deputy Head.
- The Nurse is responsible for the disposal of medications which have passed their expiry date or have been discontinued.
- Details of any medication given to a pupil should be recorded on SIMS and in the pupil's planner (orange page 7).

MEDICAL CONFIDENTIALITY

Nurses, Doctors and the School Counsellor maintain client confidentiality in accordance with their professional codes of conduct, and fulfil an important role in allowing pupils, staff or parents to express a wide variety of problems, questions or emotions in complete confidence, regardless of age. However, they remain constantly aware of the family and School community. Pupils are strongly encouraged to talk about what is happening to them to family members and/or relevant staff in School if it is in their best interests.

If health professionals decide that they can legally justify breaking confidentiality, this is fully explained and discussed with the person concerned before any action is taken, and they are offered continued support.

If there is any information that only Health Centre staff need to know, they should be informed of this.

Communication

It is essential that contact information is up to date at all times. Parents are welcome to call the School Nurses by telephone and email at any time.

Although the School maintains confidentiality if requested, it encourages sharing information about treatment and follow up care - between the pupil concerned, their parents, Health Centre and relevant academic staff, and request that all parents keep us informed about events that occur during holiday periods, especially if the pupil needs additional support during the next term.

Homely medication guidelines

Prior consent for administration of over the counter medication to pupils, (where necessary), is obtained from parents/guardians for all pupils admitted to the School. The Nurse is qualified to give medications within the School. Teachers may administer under their guidelines (for example on a School trip). The Nurse is able to accept the pupil's consent to give medication if they deem this appropriate and within the pupil's ability to meet the consent requirements (Fraser guidelines). However, teachers have a general duty to provide an enhanced duty of care, but they have no obligation to supervise or administer medications and may do so on a voluntary basis and only when there is appropriate permission on file, or in the case of emergencies.

Treatment

The School's homely medication guidelines includes a few but effective over the counter medication (i.e. Paracetamol, cough linctus, throat lozenges, Olbas Oil inhalation, antacid (senior pupils only) and antihistamines). Nursing staff may also dispense Ibuprofen.

The School has strict guidelines for the administration of homely medication and often contacts parents if the symptoms are new or unexpected (e.g. hay fever with no previous record of the condition). The School always tries the basic and minimum treatments first and

is very aware that sometimes physical symptoms are a sign of anxiety, especially for new pupils, and that appropriate contact should be made with the parents and teachers.

**Policy reviewed by: Mr B Thorn, Health, Safety & Training Manager and
Mrs S Martindale, School Nurse**

Last policy review date: March 2019

Next policy review date: March 2020