

# St John's Pupil Health and Wellbeing Policy

**Review cycle:** Every three years

**Last Review Date:** April 2024

**Next Review Date:** April 2027

**Staff responsible:** Mrs A Moran

**Governor responsible:** Mr J C Fowler

THIS POLICY IS APPLICABLE TO ALL PUPILS AT ST JOHN'S SCHOOL INCLUDING THOSE IN  
THE EYFS

## **St John's School - First Aid**

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## 8.1 FIRST AID POLICY

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*Please note this policy applies to all pupils at St John's, including those in the EYFS.*

### 1. INTRODUCTION:

**The health and welfare of pupils at St John's is a high priority. First Aid provision and the administration of medicines is key to the care provided by the First Aid Team. The team is led by a Lead first Aider and a team of staff who hold a First Aid at Work qualification and administer first aid, deal with illness, accidents and emergencies.**

**St John's has two Medical Rooms, one situated in the Pre-Prep department, the other is situated in the Centenary Sports Hall. A member of the First Aid Team (Alison Moran, Hermann Kruger, Edward Spackman) is always on duty pitch-side during home matches.**

This Code of Practice covers the arrangements that need to be made to ensure that appropriate treatment is given to injured or ill people.

- Treatment for the purpose of preserving life and minimising the consequences of injury and illness until help from a medical practitioner, paramedic or nurse can be obtained;
- Treatment of minor injuries which would not necessarily need treatment by a medical practitioner or nurse.
- Parents are always notified of any First Aid treatment given to a boy at school. This will be orally and written in serious cases or via our online platform - Medical Tracker. Email being the medium most used. Parents are asked to acknowledge receipt of any notification received.
- Boys who feel ill in class are encouraged to tell the Teacher/Teaching Assistant who will assess their needs. Older boys are then sent to the School Office. Should a serious incident arise, a First Aider is called for. Parents will be notified and asked to collect their son if necessary. If the illness is not thought to be serious, the child will be monitored at school until there is a change in the condition.
- First Aid provision and the administration of medicines is central to the care provided by St John's.

### 2. Trained First Aid Personnel

The First Aid Team as listed above holds a First Aid at Work qualification renewed every three years. All other staff members hold an Emergency First Aid qualification renewed every three years. Lower School staff all hold a Paediatric First Aid qualification renewed every three years. The Upper School staff and Support Team are all Emergency First Aid trained.

A member of EYFS staff who has been Paediatric First Aid trained will always be on site when the children are there and every outing will have a member of staff who has been trained in paediatric first aid.

### 3. TRAINING ARRANGEMENTS.

First Aid training is carried out on INSET days where possible.

The First Aid team are expected to attend a First Aid at Work training course (3 days) which they renew every 3 years.

Teaching and support staff are on a rolling 3 year training system and are expected to attend a one day Emergency First Aid course.

Staff in the EYFS and Pre-Prep also complete a Paediatric First Aid course again renewed every 3 years. All courses are Health and Safety Executive Approved and comply with the Health and Safety (First Aid) Regulations 1981 and Approved Code of Practice L74 (revised 2013) guidelines for the qualification of workplace First Aiders.

All staff that teach PE or Games are required to attend a First Aid course. (EFAW or PAEDIATRIC)

#### 3.1 Qualified Paediatric First Aid & First Aid at Work List

Name	Department	First Aid at Work (EFAW)	Expires	Paediatric First Aid	Expires
Alison Moran	Lead First Aid & Pre-Prep	March 2022	March 2025		
Hermann Krüger	Sport	Oct 2022	Oct 2025		
Claire Masterson	Office			April 2024	April 2027
Louise Spackman	Lambs			April 2024	April 2027
Caroline	Office			April 2024	April 2027
Joe Russell	Juniors			April 2024	April 2027
Clare Roberts	Juniors			April 2024	April 2027
Katy Morgan	Pre-Prep			April 2024	April 2027

Rachel Masterson	Juniors	N/A		April 2024	April 2027
Lisa Digby	Juniors	N/A		April 2024	April 2027
Pippa Wilson	Pre-Prep	N/A		April 2024	April 2027
Claire Ward	Juniors	N/A		April 2024	April 2027
Elizabeth Leavens	Pre-Prep	N/A		April 2024	April 2027
Kelly Roach	Juniors	N/A		April 2024	April 2027
Susie Whyton	Pre-Prep	N/A		April 2024	April 2027
Lisa O'Donnell	Pre-Prep	N/A		April 2024	April 2027
Catherine MacDonald	Pre-Prep	N/A		April 2024	April 2027
Hayley Cottrell	Pre-Prep	N/A		April 2024	April 2027
Edward Spackman	Sport	October 23	October 26		
Lucy Wagemaker	Pre-Prep	N/A		April 2024	April 2027
Caroline Scarlett	Pre-Prep	N/A		April 2024	April 2027
Leah Lewington	Pre-Prep	N/A		April 2024	April 2027
Pushpa	Science			April 2023	April 2026

Alison Moran  
April 2024

#### **4. PROVISION OF FIRST AIDERS/APPOINTED PERSONS AT ST JOHN'S.**

First-Aid provision must be available at all times while people are on school premises and also off the premises when on school visits.

The School is responsible under the Health and Safety at Work Act 1974 for ensuring that first-aid provision is available for staff, pupils and visitors.

St John's is banded in a lower risk category which includes Primary/Nursery Schools. The number of employees (80) requires the minimum of one First Aider and at least one appointed person for the first-aid cover of employees. However there are other factors to be taken into consideration.

This provision allows for absence of First Aiders or Appointed Persons e.g. leave or sickness.

## **5. INFORMATION ON FIRST AID ARRANGEMENTS**

The First Aid Lead will inform all employees at the School of the following:

- the arrangements for recording and reporting accidents
- the arrangements for first aid
- those employees with qualifications in first aid; and those who have attended Emergency First Aid Courses
- the location of first aid boxes

In addition, the First Aid Lead will ensure that signs are displayed throughout the School providing the following information:

- names of employees with first aid qualifications and those who have attended Emergency First Aid Courses
- location of first aid boxes

All members of staff will be made aware of the School's First Aid Policy.

## **6. FIRST AID FACILITIES AND EQUIPMENT**

First Aid Boxes are located throughout the school. They are green with a white cross in accordance with the Health and Safety (Safety Signs and Signals) Regulations 1996. These boxes are checked half termly and items are replaced or stocked up where necessary. Staff must inform the First Aid Lead when the last medical item is used from a medical box or bag in order to restock these as soon as possible after use.

. There should be a box readily available in higher risk areas of the school such as:

- gymnasia/sports halls;
- laboratories;
- resistant materials technology;
- workshops;
- art studios;
- kitchen

**At St John's first aid boxes are situated in:**

### **Pre-Prep**

- Green First Aid bags are located in each classroom in the Pre-Prep
- First aid cupboard in Pre-Prep foyer.

### **EYFS**

- A green first aid bag is located on a hook inside the main Nursery door
- A green first aid bag is located on a hook behind the teacher's desk in the Robins classroom
- A green first aid bag is located on a hook beside the sink in the Squirrels classroom

### **Senior and Junior School**

- The Centenary Sports Hall
- Science Laboratories
- Design Technology
- Art Room
- The School Kitchen
- The Junior Building
- The White House
- The School Office
- School mini buses
- White House staff room
- Ground Staff yard
- Maintenance office

### **Outside areas**

- Car park/playground, just inside the Pre-Prep door
- The Sports Pavilion (1st XI Cricket Pitch)
- Astro turf
- All sporting activities
- The Forest Equipment Shed

These boxes are checked half termly and items are replaced or stocked up where necessary. Staff must inform the First Aid Lead when the last medical item is used from a medical box or bag in order to restock these as soon as possible after use.

### **Travelling First Aid Kits**

Transport legislation requires that all school mini buses carry a first-aid container. Mini-buses have a travelling first-aid kit. These are checked by the School First Aid Lead. In addition kits are in each Minibus to deal with spillages eg vomit, urine etc.

The container itself must be kept in good condition, be readily available for use and clearly visible as a first aid container (white cross on a green background).

Tablets, medicines (e.g. Dettol, Savlon etc.) burn and sting treatments are not permitted. These items, if administered, can under certain circumstances make a condition worse or interfere with any hospital treatment which may be required.

### **Residential Visits First Aid Kit**

Before pupils attend residential visits, parents are asked to complete a Medical Form; Parents are asked to give permission for the following medication to be administered in loco parentis: Calpol, antihistamine.

The Senior School First Aider prepares a First Aid Kit consisting of medication, together with any individual medication required (eg. AAI (Adrenaline Auto Injector) / Asthma Inhaler) which must be given to the Residential Visit Leader.

## **First Aid or Medical Rooms**

In compliance with the revised Education (Independent School Standards) (England) Regulations 2014 (Updated January 2021) the Governing Body will ensure that a room is made available for medical treatment. This facility will contain the following and be readily available for use:

- sink with running hot and cold water;
- drinking water (if not available on mains taps) and disposable cups;
- paper towels
- smooth-topped working surfaces;
- a range of First Aid equipment (at least to the standard required in First Aid boxes) and proper storage;
- chair;
- couch or bed (with waterproof cover), pillow and blankets;
- Soap;
- clean protective garments for First Aiders;
- suitable refuse container (foot operated) lined with appropriate disposable yellow plastic bags, i.e. for clinical waste;
- an appropriate record-keeping facility;
- A means of communication, e.g. telephone.

St John's has a designated Medical Room in the Pre-Prep and the Centenary Sports Hall

## **DISPOSAL OF USED MATERIALS**

All staff must take precautions to avoid infection. Hygiene procedures must be followed. Staff should use disposable gloves and should take care when dealing with blood or other body fluids.

Items contaminated with blood or other body fluids are treated in the following ways:-

- Disposable items, unless very small and capable of being flushed away, should be sealed in a plastic bag and disposed of with general waste;
- Clothing can be cleaned in an ordinary washing machine on the hot cycle;

Other equipment and surfaces can be cleaned using a hypochlorite solution e.g. bleach (one part bleach to ten parts water) or Milton 2.

## **7. TRANSPORT TO HOSPITAL OR HOME**

Where the injury is an emergency, an ambulance will be called by the Appointed Person or First Aider, following which the parent will be called.

Where hospital treatment is required but is not an emergency, then the Appointed Person or First Aider will contact the parents for them to take over the responsibility of the child.

If the parents cannot be contacted, then the Headmaster may decide to make arrangements for the pupil to be transported to hospital.



The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 state that workplace accidents must be reported if they involve staff or if a member of the public is killed or taken directly to hospital.

### ***What to report (Appendix for Riddor regulations to be inserted)***

*You should only make a report under RIDDOR when one of the following circumstances applies:*

- *an accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as a dangerous occurrence*
- *a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease*
- *a worker dies as a result of occupational exposure to coronavirus. This must be reported as a work-related death due to exposure to a biological agent*

## **8. RECORD KEEPING**

A record is kept of any first aid treatment given, including staff. The record includes:

- Name of person treated;
- Date and time of treatment;
- Nature of injury or illnesses;
- Treatment given/action taken;
- Signature of person making the record
- An email via Medical Traker is sent to parents giving details of any injury or medication given whilst at school..
- Parents will be informed of any accident, first aid given and any administration of medicines as soon as reasonably practicable and preferably the same day.
- If a child has been vomiting or had diarrhoea parents will be informed and told their son must not return to school until 48 hours after the symptoms have finished.

## **9. SERIOUS INJURY**

In the event of any serious injury, accident, illness or death of any child whilst in the care of the School, it is the duty of the School to inform the Health and Safety Executive (<https://www.hse.gov.uk/index.htm>) of these occurrences. All incidents can be reported online but a telephone service is also provided for reporting fatal/specified incidents only - call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30am to 5pm). Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. The whole school staff must keep a record of any injuries sustained at school and inform the parents of any injuries sustained and of any first aid treatment that was given.

## **10. NOTIFIABLE DISEASES**

If the school/staff have reason to believe that any child is suffering from a notifiable disease, identified as such in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, they have a legal responsibility to inform the Health and Safety Executive. The School will then act on any advice given by the Health and Safety Executive and inform them of any action taken.

## **11. Medicines in School**

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### **Guidelines**

A few children, whilst fit to attend school, may be required to take medicine during school hours. Only medication which has been prescribed by a Doctor, Dentist or other Health Professional in its original container as dispensed by a Pharmacist will be given. In addition, it may be necessary for children with long term complaints or chronic illnesses such as asthma, diabetes or certain allergies to receive medicine. The following guidelines are designed to give direction as to the procedures and arrangements which should be observed.

#### **1. Parents'/Carers' Responsibility**

Medicines will not be given in school unless the parent/carer has given written permission. Medicines must be in their original container as dispensed by the Pharmacist.

The School's AAI (Adrenaline Auto Injector) procedures are attached to this document. Parents are responsible for ensuring that their son's AAI is not out of date.

Only reliever blue inhalers are allowed in school. It is the parent's responsibility to ensure these have not exceeded their expiry date, and must be kept on their person. (Year 3 up)

In the Pre-Prep, one inhaler is given to the form teacher and taken everywhere the boy goes.

The parent should sign a yearly consent form.

#### **2. School's Responsibility**

Day-to-Day administration may be delegated to First-Aid trained assistants. We advise that non-prescription drugs should not be brought into school but cases will be looked at individually.

#### **3. Storage of Medicines**

**Boys must not carry medicines such as antibiotics on their person. They must be given to an adult.**

Medicines, when not in use, will be kept in a safe and secure place in line with the pharmacist's instructions (some medicines will need to be kept in the fridge). Medicines required in an emergency situation such as AAI (adrenaline auto injectors) and inhalers must be readily accessible.

AAI should be kept on individual boys in a bum bag and there must be x2 AAI (adrenaline auto injectors) in each bag. (Year 3 upwards). It is the parent's responsibility to ensure these are kept up to date.

Where appropriate, with parental and school agreement, pupils are responsible for their own inhalers. It may be necessary to store spare inhalers clearly marked with the pupil's name.

Children that require insulin and are type 1 Diabetics are required to keep a bum bag on them at all times with all medication, blood sugar testing equipment and sugary food.

#### **4. Administration of Medicines and Records**

The 5 R's of giving medicine should be observed:

- Right Person
- Right Medicine
- Right Time
- Right Route

The label on the medicine container should be checked with the permission form or letter. A parent or carer should confirm in writing if they require the school to deviate from the instructions on the container.

A **record** should be kept of all doses given. An email via Medical Traker will be sent to parents advising them of any medication given to the boy and the time it was given.

The School must always try and contact a parent first before administering pain relief medication such as Calpol. Medicines should not be administered without the verbal and written permission of the parent.

#### **5. Disposal of Medicines**

Medicines that are no longer required should be returned in person to the parent or carer for disposal. Where it is not possible to return medicine to the parent, a pharmacist should be contacted for advice regarding disposal.

#### **6. Training of Staff**

Persons who administer medicines should volunteer themselves for such duties and should be adequately trained. Ideally they should have received First Aid training.

#### **7. Procedures for Out of School Activities**

Arrangements should be made to ensure that children who may require medication when away from the school on Residential Visits, Day Visits or other activities have access to that medicine and, where necessary, are accompanied by staff who have received training in the administration of that medicine. If these arrangements cannot be made, **the child should be excluded from the activity.**

**AAI (Adrenaline Auto-Injectors) e.g. Epipen / Emerade etc.**

**Emergency management of severe allergic reactions**

**Causes of an allergic reaction:**

- Grass
- weed
- tree pollens
- house dust mite
- fungal spores
- animal products
- certain foods (Cows milk, eggs, soya, wheat, peanuts, tree nuts, fish, shellfish = the big eight)

- drugs

It is necessary to have 2 AAI (Adrenaline Auto Injectors) per child, which are kept on their person at all times. (availability permitting)

The first AAI to be administered straightaway to the outside of the thigh. The second to be administered 5 - 10 minutes later, if necessary.

#### **Signs and Symptoms:**

- Puffiness around the eyes and mouth
- Difficulty in breathing
- Red blotchy skin
- Anxious and distressed – twitchy, shaky, out of character
- Vomiting and Diarrhoea
- Worse scenario – they lose consciousness and it is necessary to give CPR

#### **Procedure.**

- Child collapses – stay with the pupil, do not move them, if they want to sit up let them.
- Ring for ambulance
- Locate personalised management plan in bum bag
- Locate AAI from bum bag / from bag in classroom if in Year 2 or below.
- Read the specific instructions for that child, which will be located within the bum bag
- Do not give someone else's AAI to another child
- Can give AAI through trousers, material on the outer thigh area
- Replace cap depending on brand (some brands like Epipen retract the needle automatically into the device)
- Always call for an ambulance
- If adrenaline wears off after five to ten minutes, and if still feeling short of breath/still swelling, give the second shot of adrenaline
- Inform the parents
- Note the time that you have given either of the injections
- When the ambulance arrives, give them the used AAI
- Someone from school must accompany the child in the ambulance
- Never transport a child in your own car to the hospital, wait for the ambulance.

#### **IT IS ALWAYS SAFER TO GIVE THE CHILD THE INJECTION THAN NOT TO GIVE IT**

#### **All AAI (Adrenaline Auto Injectors) should be kept in a personal bum bag on their person**

Inside the container there should be the following:

- x2 AAI, pupil information details and Antihistamine.
  - Personal allergy plan
- **The School holds a supply of emergency AAI injectors. These are located in the Dining Hall and Pre-Prep.staff room, and are for use in an emergency ONLY. ie If the child's own AAI has expired or been mislaid. If you use one of these please inform the Lead First Aid who will replace the unit. Parental consent must be obtained for these to be given.**

**If a member of staff has an accident with a needle, make the wound bleed underwater, put on a bandage and go direct to A&E**

**DO NOT KEEP AAI (Adrenaline Auto Injectors) IN A LOCKED CUPBOARD**

**MAKE SURE ALL STAFF KNOW WHERE THEY CAN BE FOUND**

## **8.4 Asthma**

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### **The School:**

- St John's has been a registered Asthma Friendly school since November 2020 and works closely with the Hillingdon Hospitals Paediatric Asthma Team. Monthly forms and annual audits on school asthma use are submitted to the Hillingdon Asthma Team in which they review and advise on the data.
- Staff complete annual asthma training with the above agency.
- Recognises that asthma is a widespread, serious but controllable condition. The School welcomes all pupils with asthma.
- Ensure 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.
- Recognizes 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.
- Ensure 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.
- Will work in partnership with all interested parties including the school's governing body, all school staff, and parents, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

### Triggers for Asthma

- Common cold virus
- House dust mites
- Animal fur, feathers
- Smoke, fumes, chemicals
- Exercise
- Mould spores
- Weather - Thunderstorms can worsen symptoms
- Hay fever/Pollen
- Air Pollution - Smog traps pollens and exhaust fumes worsening symptoms
- Hormones/Puberty - have almost as much impact on the airways as allergies and hay fever

St John's is a registered Asthma friendly and aware school with NHS Hillingdon. Our asthma goals are:

- Minimal use of reliever inhalers
- No school absence
- No symptoms with exercise
- No night time symptoms or sleep disturbance
- To receive annual asthma and allergy training from the Hillingdon Asthma Team. (completed 27/11/24).

## ASTHMA MEDICINES

- Preventor (brown, orange, red or purple) inhalers should **not** be kept in school. (These should be given to the child twice a day at home). However immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler in a bum bag on their person.
- The reliever inhalers and spacers of the Pre-Prep children are kept in the classroom in a bag behind the classroom door. This bag is taken everywhere the child goes. Boys must have a spacer for use with their inhaler.
- Parents are asked to ensure that the school is provided with a labelled spacer. All inhalers and spacers must be clearly labelled with the child's name and it is the parent's responsibility to ensure the medication is kept in date.
- School staff are not required to administer medicines to pupils (except in emergency), however many of the staff at this school are happy to do this as long as written consent has been sent to the school office.
- School will only administer inhalers **AS REQUIRED** rather than routinely as per **'WEANING PLANS'**
- All staff will let pupils take their own inhaler when they need to, or the pupil will inform the teacher when they require their inhaler. This must be closely observed by the teacher and in line with the 'asthma action plan' poster. A written record must be recorded digitally on the 'Asthma Recording' form (accessible via the computer start menu) and an email sent via Medical Traker to parents and/or a note in their prep diary, stating the time and number of puffs administered.
- If a child needs his blue inhaler more than every 4 hours parents will be asked to collect them and take them to their GP.
- **The School holds a supply of emergency reliever inhalers and spacers. These are located in the Pre-Prep staff room, White House School Office and the Bunker Bin on the Astro pitch and are for use in an emergency ONLY. ie If the child's own inhaler has run out, expired or been mislaid. If you use one of these please inform the Lead First Aid who will wash and dry the unit. Send the used spacer home with the child. Parental consent must be obtained for these to be given.**

## RECORD KEEPING

At the beginning of each school year, or when a child joins the School. Parents are asked if their child has any medical conditions including asthma on their enrolment form.

The School keeps an asthma register which is available to all staff.

Parents are asked at the beginning of every year if any medication or treatment has changed. Records are updated as necessary and relevant staff informed.

### **In the event of no medication**

**Emergency inhaler kits:** To be used with parental consent for those diagnosed with asthma and on the asthma register (who may have forgotten, lost or run out of their blue inhaler). Each child should use a separate inhaler and spacer which should then be taken home.

**If you use one of these please inform the Lead First Aid who will wash and dry the unit. Send the used spacer home with the child.**

These emergency kits are replaced as and when they have been used by the Lead First Aid

## **THE SCHOOL ENVIRONMENT**

The School does all it can to ensure the school environment is favourable to pupils with asthma. If furry or feathery animals are kept, children with asthma are encouraged not to touch them as this can often trigger an attack. There is a definite no-smoking policy. As far as possible the School does not use chemicals in science or art lessons that are potential triggers for pupils with asthma.

## **ASTHMA ATTACKS**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the School follows the procedure outlined by Hillingdon Children's Asthma Team in its school policy guide. This procedure is visibly displayed.

## **SCHOOL STAFF**

### **All school staff has a responsibility to:**

- Understand the school asthma policy
- 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 if their child has had an asthma attack and if they used their reliever inhaler
- Ensure pupils have their asthma medicines with them, especially if they go off site on a trip.
- Be aware that a pupil may be tired due to night time symptoms.

### **Parents/carers have a responsibility to:**

- Tell the school if their child has asthma
- Supply the pupil with an in-date inhaler and spacer that he carries with him at all times.
- Inform the School about the medicines their child requires during school hours
- Inform the School of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports.
- Tell the School about any changes to their child's medicines, name of drug, dose and frequency.
- Inform the School of any change to their child's asthma.
- Sign a consent form annually to allow staff to administer medication as required.
- Ensure that their child's reliever inhaler is within its expiry date.

### The School:

- Recognises that diabetes is a serious, but controllable condition. The School welcomes all pupils with diabetes.
- Ensure that pupils with diabetes can and do participate fully in all aspects of school life including all sports, PE, science, visits, outings or field trips and other out-of-hours school activities.
- Recognises that pupils with diabetes need immediate access to sugary drinks, sweets or their personal emergency Bum Bag.
- Keeps a record of all pupils with diabetes and the medicines they take.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with diabetes.
- Ensure that all staff (including supply teachers and support staff) who come into contact with pupils with diabetes know what to do in case of a hypoglycaemic attack.
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, and parents, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

### INTRODUCTION AND BACKGROUND

The school recognises that diabetes is a serious, but controllable condition affecting a few pupils at the school. The school positively welcomes all pupils with diabetes. This school encourages pupils with diabetes to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and pupils. Supply teachers and new staff are also made aware of the policy. All staff that come into contact with pupils with diabetes are provided with training on diabetes from the school first aider. Training is updated once per year.

### DIABETIC MEDICATION AND HYPO BAG

Immediate access to SUGARY drinks/sweets is essential. Pupils with diabetes should carry their hypo bag on them at all times. This bum bag should contain glucose sweets, biscuits (hypostop if appropriate) and all insulin and pens required for the day. This bag is taken everywhere that the child goes. Spare biscuits and sugary food are available if necessary. All medication in the emergency bum bag must be clearly labelled with the child's name and it is the parent's responsibility to ensure the medication is kept in date. School staff are not required to administer medicines to pupils (except in emergency), however many of the staff at this school are happy to do this as long as written consent has been sent to the school office. **All staff will let pupils take their own blood glucose/take sugary drinks when they need to, or inform the teacher when they require their help. Staff will look out for signs of hypoglycemia at all times.**

### RECORD KEEPING AND TRAINING



At the beginning of each school year or when a child joins the school parents are asked if their child has any medical conditions including diabetes on their enrolment form.

All parents of diabetic pupils will be sent a questionnaire which must complete and return to the school. A meeting may take place between the Form teacher, First Aid Lead and parent prior to entry to establish medical needs. The school keeps a diabetic register which is available to all staff.

Parents are asked at the beginning of every year if any medication or treatment has changed. Records are updated as necessary and relevant staff informed.

A blood glucose monitoring booklet should be kept by the student which should be a way of communicating with staff, and vice versa. This way any low levels recorded should be recorded, and if any action is needed to be taken this also is recorded and signed by the member of staff concerned. This enables the staff and parent to communicate on a daily basis if necessary.

Class Teachers, Teaching Assistants and Games and PE staff should attend training sessions from the local Diabetic Team to learn how to administer insulin injections and monitor blood glucose levels.

## **DIABETES AND EXERCISE**

Diabetes should not stop the child from enjoying activities or sport and there is no reason why any child with diabetes should not join in all school activities and sports, or be selected to represent school in teams, provided they have made some simple preparations.

These preparations are needed because all forms of activity, such as swimming, rugby, football, gymnastics use up glucose. If the child with diabetes uses up too much glucose or does not eat enough before starting physical activity, the blood glucose will fall too low and the child may experience hypoglycemia. The more strenuous and prolonged the activity the more food will be needed before, during and after the activity.

During activity sessions it is important to have glucose tablets, or a sugary drink nearby, in case the child's blood glucose level drops too low. Therefore he should always carry his bum bag containing his sugary drinks and insulin etc with him at all times. During any school activity it is important that teachers keep watch over a child with diabetes-but must not feel he is singled out for special attention.

Diabetes should not be an excuse for opting out of school games/activities

## **THE SCHOOL ENVIRONMENT**

The school does all it can to ensure the school environment is favourable to pupils with diabetes. This may mean the child goes into lunch at the same time every day, or a more flexible approach may be required.

## **HYPOGLYCEMIC ATTACKS**

All staff who come into contact with pupils with diabetes know what to do in the event of a hypo attack. In the event of a hypo attack the member of staff understands that a hypo attack must be treated quickly. The child should not be left alone during a hypo - nor should they be sent out of the classroom alone to get food to treat it.

### **SCHOOL STAFF**

#### **All school staff has a responsibility to:**

- Understand the school diabetic policy
- Know which pupils they come into contact with have diabetes.
- Know what to do in case of a hypo attack.
- Allow pupils with diabetes to have immediate access to their blood monitoring devices and have access at all times to their hypo Bum Bag.
- Tell parents if their child has had a hypo attack and what action was taken.
- Ensure the diabetes booklet is kept up to date with any recordings taken during the day and any actions are noted. This booklet is then passed back to the parent via the Bum Bag.
- Ensure pupils have their medicines with them at all times, including at games lessons and especially if they go off site on a trip.
- Be on the lookout for symptoms of hypoglycemia.
- Any pupil, who forgets their bum bag containing the diabetic medication for a PE lesson, must fetch the bum bag from where he left it.

#### **Parents/carers have a responsibility to:**

- Tell the school if their child has diabetes
- Ensure the child has enough provisions on him in his bum-bag; ie insulin, test strips, sugary sweets and lucozade etc.
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports.
- Tell the school about any changes to their child's medicines, what they take and how much.
- Inform the school of any change to their child's condition
- Sign a consent form annually to allow staff to administer medication as required.
- Ensure the diabetes booklet is completed and signed should any problems occur and is passed every day to the form teacher.
- Ensure that their child's medication is within its expiry date.

#### **School Trips:**

Taking a diabetic child away can be a concern for both the parents and the staff.

However with good planning and training it can be a very positive experience and no boy should be excluded because of his diabetes.

A meeting with the parents and staff involved should take place prior to the trip and a checklist of medication etc must be gone through and a patient plan must be exchanged prior to travel. If flying, ALL equipment must be taken as hand luggage. A letter from the GP will be required due to needles being taken on board. Never put equipment/insulin in the hold of the plane.

Essentials for travelling are as follows and MUST be provided by the parents  
See below checklist

GP LETTER-for flying only-allowing sharps onto the plane
DOUBLE INSULIN
NEEDLES
SHARPS BOX
TEST STRIPS X50
LANCETS X50
BM CHECKING DEVICE
BUM BAG
BOOKLET
HYPOSTOP X3
DEXTROSE TABS X10 PACKETS
PARENTS CONSENT

## 8.6 AAI (Adrenaline Auto-Injectors) Epipen/Emerade/Jext [Contents](#)

### The School:

- Recognises that severe allergies can be a life threatening condition.
- Ensure that pupils with severe allergies can and do participate fully in all aspects of school life
- Recognises that pupils with severe allergies need immediate access to epipens at all times.
- Keeps a record of all pupils with allergies and the medicines they take.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with allergies
- Ensure that all staff (including supply teachers and support staff) who come into contact with pupils who require epipens know what to do in an emergency.
- Will work in partnership with all interested parties including the school's governing body, all school staff, school first aiders, and parents, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

### INTRODUCTION AND BACKGROUND

The School recognises that severe allergies and those that require epipens have a life threatening condition. This school has a clear policy that is understood by school staff, their employers and pupils. Supply teachers and new staff are also made aware of the policy. All staff that come into contact with

pupils with allergies are provided with training on the administration of epipens from the senior school first aider.

### **AAI (Adrenaline Auto Injector) - BRAND NAMES: EPIPEN/EMERADE/JEXT etc.**

Immediate access to AAI in an emergency is essential. Pupils with severe allergies are requested to carry their AAI on them in a bum bag. This bag is taken everywhere the child goes.

All AAI must be clearly labelled with the child's name and it is the parent's responsibility to ensure the medication is kept in date.

School staff are happy to administer the AAI in the unlikely event of an emergency. School staff have a professional duty to safeguard the health and safety of pupils. This does not mean they have a duty to administer medication, but they may agree to do so voluntarily and receive necessary training as long as written consent has been sent to the school office.

Parents are asked at the beginning of every year if any medication or treatment has changed. Records are updated as necessary and relevant staff informed.

## **THE SCHOOL ENVIRONMENT**

The School does all it can to ensure the school environment is favourable to pupils with allergies. It has a **nut free policy and is allergy aware**. Children are **not** allowed to bring in any snacks or food containing nuts.

The school policy states that the catering department avoids using nuts whenever possible. Parents are informed, via the school handbook, that we endeavour to be allergy aware. However, the School understands that it is impossible to guarantee a totally nut free environment.

## **SCHOOL STAFF**

### **All school staff has a responsibility to:**

- Understand the school AAI (Adrenaline Auto Injector) policy
- Know which pupils they come into contact with have severe allergies.
- Know what to do if an epipen needs to be administered
- Ensure pupils have their bum bag medicines with them, especially if they go off site on a trip.

### **Emergency management of severe allergic reactions**

#### **Causes of an allergic reaction:**

- Grass
- weed
- tree pollens

- house dust mite
- fungal spores
- animal products
- certain foods (Cows milk, eggs, soya, wheat, peanuts, tree nuts, fish, shellfish = the big eight)
- drugs

Read the pupil specific instructions – held in the Bum bag and administer according to brand requirements.

The first AAI dose to be administered straightaway and the second to be administered 5 - 10 minutes later, if necessary. It is preferable to have 2 AAI per child. However this may not always be possible.

**Signs and Symptoms:**

- Puffiness around the eyes and mouth
- Difficulty in breathing
- Red Blotchy skin
- Anxious and distressed – twitchy, shaky, out of character
- Vomiting and Diarrhoea
- Worse scenario – they lose consciousness and it is necessary to give CPR

**Procedure:**

- Child collapses – stay with pupil, do not move them, if they want to sit up let them
- Locate AAI from Bum Bag
- Do not give someone else's AAI to another child.
- Can give AAI through trousers, material etc
- Always call for an ambulance
- *If symptoms do not improve after 10 minutes, give a second dose, if available.*
- *Adrenaline wears off after five to ten minutes.*
- Inform the parents, but ring for an ambulance first
- Note the time that you have given the injection
- When the ambulance arrives, give them the EpiPen container including the contents
- Someone from school to accompany child in the ambulance
- Never transport a child in your own car to the hospital, wait for the ambulance

**IT IS ALWAYS SAFER TO GIVE THE CHILD THE INJECTION THAN NOT TO GIVE IT**

**If a member of staff has an accident with a needle, make the wound bleed underwater, put on a bandage and go directly to A&E.**

**DO NOT KEEP AAI IN A LOCKED CUPBOARD. MAKE SURE ALL STAFF KNOW WHERE THEY CAN BE FOUND.**

**Parents/carers have a responsibility to:**

- Tell the school if their child has a severe allergy requiring AAI.
- Ensure the school has completed, up to date medical information for the child
- Inform the school about the medicines their child requires during school hours

- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any change to their child's medication or condition
- Sign a consent form annually to allow staff to administer medication as required
- Provide the school with a bum bag containing x2 AAI (if available) which are fully labelled
- Ensure that their child's medication is within its expiry date.

### **Allergen Aware School**

The school policy states that the catering department avoids using nuts whenever possible. Parents are informed, via the school handbook, that we endeavour to be an '*allergen aware school*'. However, the School understands that it is impossible to guarantee a totally nut free environment, so additional controls are in place to reduce the risk of harm e.g. separate tables and labels at match teas.

This means that for example the following items should not be brought into School: packs of nuts, peanut butter sandwiches, fruit and cereal bars that may contain nuts, chocolate bars or sweets that contain nuts, sesame seed rolls (individuals allergic to nuts may also have a severe reaction to sesame), cakes made with nuts. Sweets brought in by staff and / or pupils will not be given out as treats.

Eggs, milk and nuts are the most common allergies in children in the UK therefore the School undertakes to be an 'allergy aware school' by providing information and instruction to all pupils and staff.

## **8.7 Epilepsy**

### **[Contents](#)**

#### **BACKGROUND INFORMATION**

Epilepsy is the most common serious neurological condition. It affects about one in 242 school-aged children. This means there are about 60,000 children with epilepsy in UK schools.

A Child with epilepsy has recurrent seizures, unless the seizures are controlled by medication. A seizure occurs when the nerve cells in the brain, which affect the way we think and behave, stop working in harmony. When this occurs the brain's message becomes temporarily halted or mixed up. Epilepsy can be caused by damage to the brain through a head injury or by an infection. However in most cases it has no identifiable cause.

Seizures can either affect part of the brain or the whole brain. There are around 40 different types of seizures, some of which are more common in childhood. Depending on whether the seizure affects the whole or part of the brain it is called either generalized or partial. Generalized seizures affect the whole, or a large part, of the brain and result in loss of consciousness. Partial seizures only affect part of the brain and only partly affect consciousness.

#### **TONIC-CLONIC**

Children who experience tonic-clonic seizures (formerly known as grand-mal seizures) lose consciousness. Their body goes stiff and their limbs jerk. These can occur for up to 2-3 minutes at one time. When the seizure finishes the child regains consciousness after a period of rest and often sleeps. The child will be confused at first and it is important to remain with the child and reassure them.

## **ABSENCE**

During an absence seizure (formerly known as petit-mal), a child will momentarily lose consciousness. It will appear as though they are daydreaming or distracted. These seizures can occur frequently causing a child to “tune in and out” of what is going on around them. This can be very confusing for the child or young person. Absence seizures are most common between the ages of 6-12 years old. As a result children who have absence seizures risk missing out on vital learning. There is no first aid needed for absence seizures but they must not be mistaken for daydreaming or inattentiveness.

## **TRIGGERS**

A trigger is anything that causes a seizure to occur. There are many different triggers, but some are more relevant to school settings. These include excitement, anxiety or stress, tiredness and only very occasionally by flickering (only 5% of epileptics find this is a trigger).

## **MEDICINES**

The majority of children with epilepsy take medication to control their seizures. This medicine is usually taken twice daily outside school hours. This means it does not raise any issues about storage or legal responsibility of school staff administering medicines.

Certain types of medicines taken for epilepsy can have an effect on the child’s behaviour. It is important that staff are aware of this. If a teacher notices a change in the child’s behaviour then the issue should be raised with the parents.

## **THE SCHOOL**

- recognizes that epilepsy is a common condition affecting many children and young people, and welcomes all students with epilepsy.
- This school believes that every child with epilepsy has a right to participate fully in the curriculum and life of the school including all outdoor activities and residential trips.
- The school keeps a record of all the medical details of children with epilepsy and keeps parents updated with any issues it feels may affect the child.
- This school ensures that all staff fully understands epilepsy and seizure first aid.

When a child with epilepsy joins St John’s, the Headmaster will have a meeting with the pupil and staff to establish how the pupil’s epilepsy may affect their school life. This will include the implications for learning, playing and social development and out of school activities. They will also discuss any special arrangements the pupil may require e.g. extra time in exams.

Children in the same class as a child with epilepsy will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class. The First Aid Lead may attend the meeting to talk through any concerns the family or Headmaster may have, such as whether the pupil requires emergency medicine.

## **FIRST AID**

1. Stay calm
2. If the child is convulsing then put something soft under their head
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between their teeth.
5. Try and time how long the seizure lasts - if it lasts longer than usual for that pupil or continues for more than 5 minutes then call 999
6. When the child finishes the seizure, stay with them and reassure them.
7. Do not give them food or drink until they have fully recovered from the seizure
8. Ring the parent to inform them and to collect if necessary

Sometimes the child may be incontinent during their seizure. If this happens try and put a blanket around them when the seizure is finished to avoid potential embarrassment.

The above epilepsy policy applies equally within the school and any outdoor activities organized by the school. This includes activities taking place on the school premises and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

- It is the school's responsibility to ensure that all staff are aware of the child's condition.
- It is each staff member's responsibility to be aware of the first aid policy and how to deal with a seizure should it occur.
- It is the school's responsibility to inform the parents of any seizure that has occurred or any change in condition that they have noticed.
- It is the parent's responsibility to ensure the school is kept up to date with any change in condition or anything that has upset the child that may affect his condition.
- It is the parent's responsibility to ensure the consent form is signed at the beginning of each academic year and that any change in emergency telephone numbers are advised.

## **8.8 Sports Injuries**

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### **Procedure to be followed:**

Injuries can range from the most serious, which is if a child is unable to move, or is unconscious, to simply giving concern to the PE teacher supervising the game.

If the injury is serious, e.g. a suspected broken limb, an assessment must be made if the pupil is safe to be carried on a stretcher, or call 999. Do NOT move them if in any doubt. A stretcher is always available between the 1<sup>st</sup> XV and Colts A pitches. Two wheelchairs are available which are stored in the CSH medical room. If in doubt, call 999. A member of staff or parent MUST remain with the pupil at all times.



If the pupil has a very serious injury - involving the head/neck/spine - DO NOT ATTEMPT TO MOVE THEM-ENSURE STABILITY AND CALL 999.

If the injury is minor, the pupil must see the first aider on the pitch or be escorted up to the CSH medical room, where they will be assessed and treated accordingly by a first aider.

All staff MUST be familiar with the following for a more serious injury:

- a) Ensure the rest of the group is safe and calm.
- b) Attend to the pupil; assess the pupil and injury
- c) Make the pupil as comfortable as possible; keep them warm; if unconscious place them in the recovery position unless there are apparent neck/spinal injuries
- d) The teacher will have a mobile phone to contact the school office; to have a senior first aider come or call for an ambulance
- e) If necessary commence CPR
- f) If the incident is on the lower pitch, unlock the padlock (2244 Code) on the gate that leads from Potter Street onto the lower fields in order that the emergency services can gain access.
- g) Remain with the pupil until help arrives
- h) Organise the movements of the rest of the group.

If the pupil needs to be taken to hospital either a member of staff or a qualified first aider should go with him with a designated driver to accompany him.

Contact the parents asap. and advise them.

Ensure a full report of the incident is entered onto Medical Tracker and in the accident book and an accident report form is completed which is located in the school office. All these details MUST be completed on the day of the incident.

If the injury occurs outside of school hours or away from school-i.e. away matches the report must be completed as soon as possible and at the very latest by the next day.

The Headmaster should be informed as soon as possible following a serious injury or if any boy is taken to hospital.

### **Off Games policy and procedure**

If any pupil is off games but still in school the following should take place.

- Parents must request permission for their son to be absent from Games by email/letter. This must be sent to the school office and the Head of Games.
- Pupils who are not injured may attend games to help and support their peers. They should wear their school tracksuit and a warm coat if appropriate.
- Pupils who have an injury must be supervised in the library with work set by the Games department.
- All pupils must stay at school until they are released at registration.

- Pupils in Years 7 and 8 may leave school at 4.00pm on Mondays only.
- Written permission must be obtained from the Headmaster to leave early from games for any reason including an appointment.

## **8.9 Head Injury Policy**

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### **Head Injury Protocol**

All head injuries incurred on site will be referred to a First Aider for initial assessment, unless the casualty requires immediate hospitalisation. The member of staff in charge of the activity/sport must ensure that this is done as soon as possible after the incident.

### **Minor Head Injury**

- Child should be assessed and treated by a first aider.
- EYFS children should be assessed by a paediatric first aider.
- Parents should be called by a first aider. EYFS – the child’s key worker where possible to advise parents of the injury and to collect if necessary.
- The head injury form must be given to the parent on collection of the child and a copy kept for our records. Medical Tracker must be completed.
- If the child remains in school, monitoring must take place – if their condition deteriorates necessary action must be taken.

### **Severe Head Injury**

- Call an ambulance immediately
- Remain with the child until professional help arrives – do not leave child unattended
- Inform the School Office who will call parents
- EYFS Head of Pre-Prep will call parents
- Accompany child to hospital with ambulance – remain with child until parents arrive
- Take the child's personal details with you.

### **Criteria for referral to an emergency ambulance service**

- Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open)
- Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking)
- Any suspicion of skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from the ears, penetrating injury signs, visible trauma to the scalp or skull).
- Any seizure (‘convulsion’ or ‘fit’) since the injury.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1 metre or more than five stairs, diving

accident, high-speed motor vehicle collision, rollover or any other potentially high-energy mechanism)

- The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).
- Parents must be contacted

All those considered well enough to remain in school will be given a head injury advice sheet outlining when medical advice should be sought. Anyone sustaining a head injury should not be allowed to drive themselves or travel home unaccompanied by public transport, alternative arrangements must be made.

All head injuries must be recorded on an Accident/Incident Form and the Lead First Aider must be informed.

### **Return to school following a head injury**

You or your child could have a concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks. Therefore returning to school following a head injury may be dependent on special concessions for the pupil regarding academic and sport exemptions being put into place. These would be agreed with the medical practitioner, parents and the school. If appropriate staff will be advised of any adjustments that a specific pupil needs following a head injury.

**Staff should be aware that the symptoms of concussion can include any of the following:**

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slowness in following instructions or answering questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Seizures or convulsions
- Appearing confused and disorientated
- Loss of consciousness
- Weakness or numbness in a part of the body

If staff are concerned about a pupil they must speak to the parents and the Lead First Aider.

## **Managing a head injury during sport**

Trained first aiders are on site during all matches and training sessions.

During rugby all coaches must adhere to the guidelines set out by the International Rugby Board (RFU) to ensure that concussion is managed effectively (see appendix 1):-

- Concussion must be taken extremely seriously to safeguard the long term welfare of players
- Players suspected of having concussion must be removed from play and must not resume play in the match
- Players suspected of having concussion must be medically assessed
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol as outlined by the RFU (displayed in school)
- Players must receive medical clearance before returning to play

## **Returning to sport after a head injury**

Whilst an initial concussion may not cause permanent damage, a repeat injury to the head soon after a suspected concussion can have serious consequences. A subsequent injury does not have to be severe to have permanently disabling or deadly effects.

**Children and adolescents must not return to play without clearance from a Medical Practitioner.**

## **Appendix 1**

Pocket CONCUSSION RECOGNITION TOOL TM  
To help identify concussion in children, youth and adults

### **RECOGNISE & REMOVE**

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

#### **1. Visible clues of suspected concussion**

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/ Slow to get up
- Unsteady on feet/ Balance problems or falling over/ incoordination
- Grabbing/ Clutching of head
- Dazed, blank or vacant look
- Confused/ Not aware of plays or events

#### **2. Signs and symptoms of suspected concussion**

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
  - Seizure or convulsion
  - Balance problems
  - Nausea or vomiting
  - Drowsiness
  - More emotional
  - Irritability
  - Sadness
  - Fatigue or low energy
  - Nervous or anxious
  - "Don't feel right"
  - Difficulty remembering
- Headache
  - Dizziness
  - Confusion
  - Feeling slowed down
  - "Pressure in head"
  - Blurred vision
  - Sensitivity to light
  - Amnesia
  - Feeling like "in a fog"
  - Neck pain
  - Sensitivity to noise
  - Difficulty concentrating

## 8.10 Contagious Diseases

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### CRITERIA FOR EXCLUSION OF CHILDREN WITH CONTAGIOUS DISEASES

DISEASE	PERIOD TO BE KEPT AWAY FROM SCHOOL	COMMENTS
ATHLETES FOOT	NONE	NOT SERIOUS. TREATMENT IS RECOMMENDED
CHICKEN POX	5 DAYS FROM ONSET OF RASH	AWARE VULNERABLE CHILDREN AND PREGNANT STAFF
COLD SORES	NONE	AVOID KISSING+CONTACT.
GERMAN MEASLES (RUBELLA)	5 DAYS FROM ONSET OF RASH	PREVENTABLE BY IMMUNISATION (MMR x2 DOSES)  FEMALE STAFF AWARENESS RE PREGNANCY
HAND FOOT AND MOUTH	NONE	EXCLUSION MAY BE CONSIDERED ONLY IF UNWELL
IMPETIGO	UNTIL LESIONS ARE CRUSTED OR HEALED	ORAL ANTIBIOTIC TREATMENT MAY SPEED HEALING

MEASLES	5 DAYS FROM ONSET OF RASH	PREVENTABLE BY IMMUNISATIONS X2 MMR, VULNERABLE CHILDREN AND POSSIBLE PREGNANT STAFF AWARE
MOLLUSCUM CONTAGIOSUM	NONE	A SELF LIMITING CONDITION
RINGWORM	UNTIL TREATMENT COMMENCED	TREATMENT IS IMPORTANT AND AVAILABLE FROM CHEMISTS.
SCABIES	CHILD CAN RETURN AFTER 1 <sup>ST</sup> TREATMENT	TWO TREATMENTS 1 WEEK APART. CONTACT X1 TREATMENT.
SCARLET FEVER	24 HOURS AFTER COMMENCING ANTIBIOTICS	ANTIBIOTIC TREATMENT RECOMMENDED FOR THE CHILD
SLAPPED CHEEK	NONE	AWARE OF VULNERABLE CHILDREN OR PREGNANT WOMEN
SHINGLES	EXCLUDE ONLY IF RASH IS WEEPING AND CANNOT BE COVERED	CAN CAUSE CHICKENPOX IN THOSE NOT IMMUNE.
WART/VERRUCAE	NONE	COVERED IN POOLS, GYMNASIUM AND CHANGING ROOMS
CONJUNCTIVITIS	WHILST INFECTIOUS	ANTIBIOTIC OINTMENT/DROPS SOMETIMES USED
GLANDULAR FEVER	NONE	50% OF CHILDREN GET THE DISEASE UNDER AGE 5, AND MANY ADULTS ACQUIRE DISEASE WITHOUT BEING AWARE.
HEAD LICE	ONLY IF LIVE LICE NOTED/TREATMENT HAS BEEN GIVEN	TREATMENT IS RECOMMENDED IN CASES WHERE LIVE LICE HAVE BEEN SEEN. CONTACTS SHOULD BE CHECKED
MUMPS	5 DAYS AFTER ONSET OF SWOLLEN GLANDS	PREVENTABLE BY IMMUNISATIONS X2 MMR

THREADWORM	NONE	TREATMENT RECOMMENDED FOR CHILD AND HOUSEHOLD.
TONSILLITIS	NONE	MANY CAUSES, MOST CASES VIRAL AND DO NOT REQUIRE ANTIBIOTICS

## 8.11 FOOD ALLERGEN POLICY

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### **Policy Aim**

The aim is to ensure that the food provided by catering services within St John’s School is stored, handled, prepared and served to ensure it is safe for all pupils, staff and visitors, including those who may have food allergies. Catering staff have access to relevant training and/or education as required.

### **Allergy aware school**

The school policy states that the catering department avoids using nuts whenever possible. Parents are informed, via the school handbook, that we are an ‘allergy aware school’. However the school understands that it is impossible to guarantee a totally nut free environment, so additional controls are in place to reduce the risk of harm e.g. separate tables and labels at match teas.

### **LEGISLATION**

Allergenic ingredients must be indicated in the list of ingredients with clear reference to the name of the substance or product as listed in Annex II of the Food Labelling Regulations. Annex II of the EU Food Information for Consumers Regulation No.1169/2011. The Annex II outlines the 14 allergens (and products thereof) that must be labelled or indicated as being present in foods. These are:

1. Crustaceans
2. Eggs
3. Fish
4. Gluten
5. Milk
6. Mustard
7. Nuts
8. Peanuts
9. Sesame
10. Soybeans
11. Sulphur dioxide
12. Lupin
13. Celery
14. Molluscs

### **Responsibilities**

Managing suspected and confirmed food allergies requires a school-wide approach to ensure minimisation of risk. Overall management for allergens and food safety within the catering department of the schools is the responsibility of the Catering Manager.

The **Catering Manager** will ensure that throughout the time food is being served there is a member of staff on-site who can deal with all questions relating to allergenic ingredients and who knows where to access information. Catering staff who are unsure about questions being asked, should pass them onto the colleague who can provide accurate and consistent information. There is an up to date Allergen file which can be easily accessed to allow ingredients lists to be checked. Catering and Medical/HR Departments should work together to ensure information is shared and kept up to date.

**Parents** are responsible for providing ongoing and accurate medical information relating to any known allergies which their child suffers from. This is automatically requested annually.

**Teachers and Teaching Assistants** are responsible for ensuring they are aware of children with known allergies, and what actions need to be taken (including in emergencies).

**School outing leaders** are responsible for ensuring they are aware of any allergy sufferers on educational visits or trips away from school. This information must be shared with all adults accompanying the outing.

**School staff** are responsible for managing medicines including AAI (Auto Adrenaline Injectors e.g. EpiPen/Emerade): refer to separate AAI policy.

### **Training**



The School is committed to ensuring that staff involved in the provision of food for people with food allergies have appropriate training, and that it is updated on a regular basis in accordance with regulatory requirements.

### **Allergen Management**

Catering staff are made aware of allergens in all ingredients and products used, and a record will be kept of these depending on the menus. Records will be updated when menus are reviewed and changed.

The School will hold a list of all meals that contain the allergenic ingredients and their source. This will be updated as products change or their processing changes. Information on all products used will be made available on request.

Any decanting of products containing allergens must have the full product information with them in the new container.

In the preparation of all food, care is taken to ensure that there is no cross contamination between food containing allergens and foods which are allergen free.

Labelling will be checked before any ingredients are used in food preparation.

Where possible, separate equipment and utensils will be used for preparation of allergen free foods. If this is not possible then all equipment and utensils will be thoroughly cleaned.

Catering staff will ensure that they follow adequate hand washing procedures to ensure no cross contamination.

Care will be taken on the servery to ensure that there is no cross contamination.

## **GUIDANCE AND GOOD PRACTICE**

### **Purchasing**

- Only purchase from approved suppliers who provide full ingredient lists that include allergens – this can include information on food labels.
- All foods, from individual ingredients to complete meals, should be checked to ensure allergens are listed.

### **Storage and risk of cross contamination**

- Safe storage practices must be used to avoid cross contamination of other foodstuffs. Keep allergens away from non-allergenic food, where possible.

- Keep food in sealed containers, and use clean, separate utensils to prevent cross contamination.
- Where possible, store allergenic ingredients on lower shelves to prevent them from falling into other foods.

### **Preparation and recipes**

To be able to inform people easily about the presence or absence of the 14 allergens, the use of standard recipes is best practice. If you do not use standard recipes with specified ingredients, you will need to note what ingredients and pack sizes are used each time you make a dish.

If you make a dish from scratch, you will know what ingredients go into it. Remember to think about the ingredients you use and what they contain. You must consider what you use:

- to cook the dish
- to thicken a sauce
- as a topping or garnish
- in a salad dressing

If preparing a meal for an allergy sufferer, clean and sanitise surfaces using a paper towel before starting. This avoids the risk of cross contamination by a trace of an allergen contaminating a surface used in food preparation.

Food handlers must wash their hands with hot water and soap before they begin preparation. Avoid touching other types of food until they have finished the preparation.

When you are preparing a meal that does not contain an identified allergen ensure you cook in clean fresh oil and not in the fryer e.g. if food is cooked in oil that has been used to cook prawns, this could cause a reaction in someone who is allergic to shellfish.

Where a change of ingredients involving allergens has taken place all catering staff should be advised of the change – for example a change in a standard food item such as ketchup or mayonnaise.

### **Service**

When someone asks if a food contains a particular ingredient always check every time – never guess. Beware of ‘new improved’ recipes or a change in supplier or branding on packaging.

- Never attempt to remove an allergen from a food (e.g. nuts from the top of a cake) as enough ‘contamination’ may remain to trigger an allergic reaction.

- Always use separate utensils (chopping boards, knives, containers etc) if asked to prepare a meal which does not contain a certain ingredient. Clean down work areas before preparing food.
- Allow adequate separation between foods to minimise the risk of traces of certain foods being transferred to other types, such as in a buffet display. Never place foods that can cause allergic reactions next to other foods.
- Provide separate serving utensils to prevent cross contamination. However, there is no guarantee that customers will not interchange utensils.

## **Cleaning**

Make sure all surfaces are cleaned thoroughly, using hot water and detergent or sanitiser. Essential surfaces include work surfaces, chopping boards, knives, utensils, mixers, bowls, pans and containers. Use disposable paper towels to reduce cross contamination risks.

### **8.12 Defibrillators (AED - Automated External Defibrillator)**

A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest. This high energy shock is called defibrillation, and it's an essential part in trying to save the life of someone who's in cardiac arrest.

To help someone who is in cardiac arrest effectively, a defibrillator needs to be found as quickly as possible. For every minute it takes for the defibrillator to reach someone and deliver a shock, their chances of survival reduce by up to 10%.

**Location:** Entrance to the White House Building

#### **4 steps to take if someone is having a cardiac arrest**

Cardiac arrests can happen to anyone, at any time. The following steps give someone the best chance of survival:

1. Call 999
2. Start CPR
3. Ask someone to bring a defibrillator if there's one nearby
4. Turn on the defibrillator and follow its instructions.

## Who can use a defibrillator?

Anyone can use it. There are clear instructions on how to attach the defibrillator pads. It then assesses the heart rhythm and will only instruct to deliver a shock if it's needed. One cannot deliver a shock accidentally, the defibrillator will only allow one to shock if it is needed.

## Maintenance of defibrillator

- All defibrillators self-test on a daily, weekly or monthly basis – so the device would signal with a flashing light or audible alert if there was a problem, for example, pads not correctly connected, or low battery. Defibrillators also run through a self-test when activated, prior to use.
- Pads and batteries expire and will need replacing even if the defibrillator hasn't been used.
- The typical shelf life of pads and batteries is 2 to 5 years, depending on the defibrillator model (**IPAD 5 series AED CUSPI, CU medical system inc.**) consult the product detail page or check the expiry date on the pad or battery.
- Pad and battery expiry dates are typically displayed next to an hourglass or egg timer symbol.
- Pads can not be re-used
- Batteries should be disposed of safely (not in household waste). Most local supermarkets have a used battery collection point.
- **Check the user manual with regards to servicing.**
- Inspect the defibrillator regularly to ensure the pads are in date, and the battery hasn't expired. Use the defibrillator checklist to help.  
[https://www.sja.org.uk/globalassets/checklists/defib\\_checklist\\_2021.pdf](https://www.sja.org.uk/globalassets/checklists/defib_checklist_2021.pdf) First Aid Lead to inspect once a month.

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