

St John's Pupil Health and Wellbeing Policy

7.12.18 AM/SR

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Staff responsible: Mrs A Moran

Governor responsible: Lady A Harding

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

St John's School - First Aid

Contents

- [8.1 First Aid Policy](#)**
- [8.2 Qualified Paediatric First Aid List](#)**
- [8.3 Medicines in School Policy](#)**
- [8.4 Asthma Policy](#)**
- [8.5 Diabetes Policy](#)**
- [8.6 Epipen Policy](#)**
- [8.7 Epilepsy Policy](#)**
- [8.8 Sports Injuries Policy](#)**
- [8.9 Head Injury Policy](#)**
- [8.10 Contagious Diseases](#)**
- [8.11 Food Allergen Policy \(AFCC\)](#)**

8.1 FIRST AID POLICY

[Contents](#)

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 Senior 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 White House on the upper floor. A member of the First Aid Team 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 sick people.

- Treatment for the purpose of preserving life and minimizing 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 in serious cases or with a note for minor injuries.
- 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 the First Aid Team.
- A member of the First Aid Team is present pitch side at the majority of home matches.

2. DEFINITIONS:

First Aider:

Someone who has successfully completed a recognized **First Aid at Work (FAW)** course (normally 3 days duration) and has an up-to-date first aid at work certificate. This must be renewed every three years, usually by attending a 2 day refresher course. The school will also provide sufficient numbers of Paediatric First Aid trained staff to maintain effective early years cover.

Appointed Person: first level of cover required (EFAW):

- Take charge of an emergency situation in the absence of a First Aider. The person should, where possible, have;
- Attended an **emergency first aid at work (EFAW)** course (normally 4 hours duration) The certificate must be renewed every 3 years;
- Ensure that an ambulance or other professional medical help is called in an emergency and is directed to the scene of the accident/emergency

Appointed persons are not First Aiders and should not give first-aid treatment for which they have not been trained. They should however receive emergency aid training about the following topics:

- What to do in an emergency;
- Cardiopulmonary resuscitation;
- First aid and the unconscious casualty;
- First aid for the wounded or bleeding

Trained First Aid Personnel

Several staff hold a First Aid at Work qualification, all other staff members hold an Emergency First Aid qualification.

Pre-Prep staff all hold a Paediatric First Aid qualification.

All maintenance, grounds and kitchen staff are 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 that 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 day) which they renew every 3 years, attending annual refreshers when possible.

Teaching and non teaching staff are on a rolling 3 year training system and are expected to attend a one day Emergency 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 the Approved Code of Practice L74 (revised 2013) guidelines for the qualification of workplace First Aiders.

All games staff are encouraged to attend a First Aid course.

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 (50 to 60) 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 Head teacher 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 Headteacher 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 termly and items replaced when used by the Senior First Aider.

. 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;

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

Main School

- The Sports Hall
- The Sports Pavilion
- Science Laboratories
- Design Technology
- Art Room
- The School Kitchen
- The Junior School
- The Senior School
- The School Office
- School minibuses
- Main school staff room.

First aid boxes must be restocked as soon as possible after use and checked at least once a term.

The First Aiders are responsible for restocking as soon as possible after use and checking at least once a term.

Travelling First Aid Kits

Transport legislation requires that all school minibuses carry a first-aid container.

Mini-buses have a travelling first-aid kit. These are checked by the Site Manager with the Senior School First Aider.

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 green background).

Tablets, medicines (eg 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, their parents are asked to complete NP Medical Form Parents are asked to give permission for the following medication to be administered in loco parentis:

The Senior School First Aider prepares a First Aid Kit comprising of medication, together with any individual medication required (eg.Epipen) and gives them to the Residential Visit Leader.

First Aid or Medical Rooms

In compliance with The Education (School Premises) Regulations 1996 the Governing Body will ensure that a room will be 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 Senior School

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 should be 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 eg bleach (one part bleach to ten parts water) or Milton 2.

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 Headteacher 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 to hospital. St John's is a workplace and students considered members of the public: therefore St John's will report to the Health and Safety Executive (HSE) all accidents to students and staff that involve hospital treatment. Hospital treatment will be reported to the HSE within 15 days as required by the HSE.

10. RECORD KEEPING

A record should be kept of any first aid treatment given, including staff. The record should include:

- Name of person treated;
- Date and time of treatment;
- Nature of injury or illnesses;
- Treatment given/action taken;
- Signature of person making the record
- A note to parent is given to the child to give to the parent of any medication/injury sustained 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.

11. 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 (telephone 0845 300 99 23) of these occurrences. 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.

12. 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.

8.2 Qualified Paediatric First Aid List

| Name | Department | First aid at Work | Expires | Paediatric First Aid | Expires |
|----------------|------------|-------------------|------------|----------------------|----------|
| Alison Moran | Pre-Prep | March 2016 | March 2019 | May 2018 | May 2021 |
| Clare Roberts | Pre-Prep | March 2018 | March 2021 | May 2018 | May 2021 |
| Katy Morgan | Pre-Prep | N/A | | May 2018 | May 2021 |
| Jaishmin Shah | Pre-Prep | N/A | | May 2018 | May 2021 |
| Richard Haley | Pre-Prep | N/A | | May 2018 | May 2021 |
| Maria Gilders | Pre-Prep | N/A | | May 2018 | May 2021 |
| Lisa Digby | Pre-Prep | N/A | | May 2018 | May 2021 |
| Pippa Wilson | Pre-Prep | N/A | | May 2018 | May 2021 |
| Rachel Scott | Pre-Prep | N/A | | May 2018 | May 2021 |
| Caron Aspis | Pre-Prep | N/A | | May 2018 | May 2021 |
| Lydia Allen | Pre-Prep | N/A | | May 2018 | May 2021 |
| Elsa Geddes | Pre-Prep | N/A | | May 2018 | May 2021 |
| Kelly Roach | Pre-Prep | N/A | | May 2018 | May 2021 |
| Susie Whyton | Pre-Prep | N/A | | May 2018 | May 2021 |
| Kim Conti | Pre-Prep | N/A | | May 2018 | May 2021 |
| Lisa O'Donnell | Pre-Prep | N/A | | May 2018 | May 2021 |
| Carole Baguley | Office | July 2018 | July 2021 | N/A | |
| John Pawson | P.E. | Jan 2016 | Jan 2019 | N/A | |
| Herman Krugger | P.E. | Jan 2016 | Jan 2019 | N/A | |
| Tom Newman | Science | June 2017 | June 2020 | N/A | |
| Deidre Barker | Juniors | April 2016 | April 2019 | N/A | |

Alison Moran

September 2018

8.3 Medicines in School

[Contents](#)

Guidelines

A few children, whilst fit to attend school, may be required to take medicines 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 epi-pen procedures are attached to this document. Parents are responsible for ensuring that their son's epi-pens are not out of date.

Only reliever blue inhalers are allowed in school. It is the parent's responsibility to ensure these are in date, one is to be kept on their person and one to be kept as spare in the school office (over yr3). In Pre prep one inhaler is given to the form teacher..

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

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 epi-pens and inhalers must be readily accessible.

Epipens should be kept on individual boys in a bum bag and there must be x2 epipens in each bag. (Yr 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. A note is given to the child to give to his parent advising them of any medication given to the boy and the time it was given.

The school will always try and contact a parent first before administering pain relief medication such as Calpol. Administration of medicines will be reported to the parents the same day or as soon as reasonably practicable.

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 medicines 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.

Epi-pens

Emergency management of severe allergic reactions

Causes of an allergic reaction:

- **Nut Allergy**
- **Bee Stings**
- **Food – Prawns, Cheese etc.**
- **Stings & Bites**
- **Drugs**

It is necessary to have 2 Epi-pens per child which are kept on their person at all times.

The first epi-pen to be administered straightaway and the second to be administered 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 pupil, do not move them, if they want to sit up let them.
- Locate personalised management plan in bum bag
- Locate epipen from bum bag / from bag in classroom if in yr 2 or below.
- Read the specific instructions for that held-which will be located within the Bum-bag
- Do not give someone else's Epi-pen to another child.
- Can give Epi-pen through trousers, material etc
- Dispose of needle by placing into the cork provided in the container
- Always call for an ambulance
- If adrenaline wears off after ten minutes, and if still feeling short of breath/still swelling, give another shot of adrenaline.
- Inform the parents, but ring for an ambulance first
- Note the time that you have given either of the injections.
- When the ambulance arrives, give them the Epi-pen container including the contents.
- 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 Epi-pens should be kept in a personal Bum bag on their person

Inside the container there should be the following:

- o X2 Epi-pens, pupil information details and Anti-histamine.

USE OF THE EPI-PEN/EMERADE

- Remove cap
- Insert needle into the fleshy part of the thigh
- Count 1 and 2 etc up to 5
- Withdraw needle
- Place back in box

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 EPI-PENS IN A LOCKED CUPBOARD

MAKE SURE ALL STAFF KNOW WHERE THEY CAN BE FOUND

8.4 Asthma

[Contents](#)

The School:

- Recognizes 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, 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 recognizes that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. The school encourages pupils with asthma 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 asthma are provided with training on asthma from the school nurse who has asthma training. Training is updated once per year.

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 as soon as they reach year 3. 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. Spacers are available for use with emergency inhalers. These are located in the medicine cupboard in the Pre-Prep.

Parents in the Prep upwards are asked to ensure that the school is provided with a labelled spacer and spare reliever inhaler which is kept in the main school office. All inhalers 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. Boys must take their inhalers in the presence of an adult who must then record the dose and time in the boys' diary.

All staff will let pupils take their own medicine when they need to, or inform the teacher when they require their medication.

The School holds a supply of emergency reliever inhalers and spacers. These are located in the Pre-Prep staff room and are for use in an emergency ONLY. ie If the child's own inhaler has run out, expired or been mislaid. Parents must sign a consent form enabling the School to administer these in an emergency.

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.

PE, GAMES AND ACTIVITIES

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 asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils who are on the asthma register to take their reliever inhaler to the lesson and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Any pupil, who forgets their inhaler for a PE lesson, must either fetch the spare from the school office or refrain from the lesson. Parents may be asked to take the pupil home in this instance-unless a spare inhaler is held in the school office.

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

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. It has 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. Pupils with asthma are encouraged to leave the room and go and sit in the school office 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. 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.

PE teachers have a responsibility to:

- Understand asthma and the impact it can have on a pupil. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should not be excluded from activities that they wish to take part in if their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during activities or exercise and are allowed to take it if they need to.
- Remind pupils with asthma whose symptoms are triggered by exercise, to use their inhaler a few minutes before warming up.
- Ensure pupils with asthma always warm up and down thoroughly.

Parents/carers have a responsibility to:

- Tell the school if their child has asthma
- Supply the pupil with an in - date inhaler that he carries with him at all times (yr 3 and above), and one spare to be kept in the school office. If below yr 3 then the parent must supply an inhaler and spacer to be kept in the classroom.
- 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 asthma.
- Sign a consent form annually to allow staff to administer medication as required.
- Provide the school with a spare reliever inhaler, fully labelled.
- Ensure that their child's reliever inhaler and spare is within its expiry date.
- Understands that if the pupil does not have his inhaler on him-especially prior to games-he may be asked to refrain from the sport/activity.

The School:

- Recognizes 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.
- Recognizes 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 recognizes 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 comes 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 also kept in the main school office. 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

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 with children with diabetes will be sent a questionnaire which they then must complete and return to the school. A meeting may take place between the Headmaster/form teacher 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.

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 comes into contact with pupils with diabetes knows 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.

PE teachers have a responsibility to:

- Understand diabetes and the impact it can have on a pupil. They should not be excluded from activities that they wish to take part in if their diabetes is well controlled and have access to sugary drinks etc.
- Ensure pupils have their medication and bum bag with them during activities or exercise and are allowed to take it if they need to.

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 Epipen

[Contents](#)

The School:

- Recognizes 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
- Recognizes 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 recognizes that severe allergies and those that require epipens is a life threatening condition affecting some pupils at the school. 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.

EPIPENS

Immediate access to epipens in an emergency is essential. Pupils with severe allergies are requested to carry their x2 epipens on them in a bum bag as soon as they reach year 3. The epipens of the pre prep children are kept in the classroom in a bag behind the classroom door. This bag is taken everywhere the class goes.

All epipens 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 epipens in the unlikely event of an emergency. School staff has 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.

PE, GAMES AND ACTIVITIES

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 severe allergies and all PE teachers at the school are aware of which pupils have severe allergies that require epipens from the school's medical register.

It is the pupils responsibility to ensure he takes his bum bag to every games lesson. Any pupil, who forgets their bum bag containing the epipen for a PE lesson, **must** fetch the bum bag from where he left it. Parents may be asked to take the pupil home in this instance. Classroom teachers follow the same principles as described above for games and activities including physical activity.

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. Children are not allowed to bring in any snacks or food containing nuts.

SCHOOL STAFF

All school staff has a responsibility to:

- Understand the school epipen 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:

- Nut Allergy
- Bee Stings
- Food – Prawns, Cheese etc.
- Stings & Bites
- Drugs

It is necessary to have 2 Epipens per child.

Read the pupil specific instructions –held in the Bum bag

The first epipen to be administered straightaway and the second to be administered 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 pupil, do not move them, if they want to sit up let them.
- Locate Epipen from Bum Bag.
- Do not give someone else's Epipen to another child.
- Can give Epipen through trousers, material etc
- Dispose of needle by placing into the cork provided in the container
- Always call for an ambulance
- If adrenaline wears off after ten minutes, and if still feeling poorly, give another shot of adrenaline.
- 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

All Epipens should be kept in a container:

Inside the container there should be the following:

- Epipen, pupil information details

USE OF THE EPI-PEN

- Remove grey end
- Insert needle into the fleshy part of the thigh
- Count 1 and 2 etc up to 10
- Withdraw needle
- Place back in box

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 EPI-PENS 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 epipens.
- 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 epipens which are fully labelled.
- Ensure that their child's medication is within its expiry date.

No Nut Policy

As we have several children in school who suffer from a severe nut allergy we have made our school a **nut free zone**.

This means that the following items must not be brought into school for any reason including snacks, birthday treats and rugby/ cricket teas:

- Packs of nuts
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars or sweets that contain nuts
- Sesame seed rolls (children allergic to nuts may also have a severe reaction to sesame)
- Cakes made with nuts

We have a policy not to use nuts in any of our food prepared on site at school. Our suppliers provide us with nut-free products. However, we cannot guarantee freedom from nut traces.

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 effect 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 a loss of consciousness. Partial seizures only affect part of the brain and only partly affect consciousness.

TONIC-CLONIC

Children who experience tonic-clonic seizures (formally 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 (formally 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 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 head teacher 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 senior school first aider/medical advisor may attend the meeting to talk through any concerns the family or head teacher 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 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 have 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

[Contents](#)

Procedure to be followed for an injury sustained during any sporting activity

Injuries can range from 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 1st XV and Colts A pitches. 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 Mrs Moran, where she will assess the boy and carry out the necessary treatment.

All staff MUST be familiar with the “first 30 seconds” casualty drill which is as follows

- a) Ensure the rest of the group is safe and calm.
- b) Attend to the pupil-try and diagnose the problem
- c) Make the pupil as comfortable as possible-keep them warm-if unconscious place them in recovery position unless there are apparent neck/spinal injuries
- d) The teacher will have a mobile phone-if on the pitch-or send a runner to Mrs Baguley to have first aider come immediately and ask for 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 till 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 in the accident book and 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 out of school hours or away from school-i.e. away matches the report must be completed the next day.

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

8.9 Head Injury Policy

[Contents](#)

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.
- 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 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).

Criteria for referral to a hospital emergency department by the Lead First Aider

- Any loss of consciousness as a result of the injury.
- Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation, loss of balance; general weakness; visual changes; abnormal reflexes, and problems walking)
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional).
- Amnesia for events before or after the injury, the assessment of amnesia is unlikely to be possible in any child aged under 5 years.
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous cranial neurological interventions.
- A high-energy head injury (for example, pedestrian struck by a motor vehicle, occupant ejected from motor vehicle. Fall from a height greater than 1 metre or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving recreational vehicles, bicycle collision, or any other potentially high-energy mechanism)
- History of bleeding or clotting disorder.

All those considered well enough to remain in school will be given a head injury advice sheet outlining when medical advice should be sought. If necessary 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

It is not unusual for symptoms to persist for several days or weeks after the event. 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 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.
- 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 rerun to play without clearance from a Medical Practitioner.

Appendix 1

Pocket CONCUSSION RECOGNITION TOOL TM

To help identify concussion in children, youth and adults

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

8.10 Contagious Diseases

[Contents](#)

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 ST TREATMENT | TWO TREATMENTS 1 WEEK APART. CONTACT X1 TREATMENT. |
| SCARLET FEVER | 5 DAYS 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. |
| HEADLICE | 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

[Contents](#)

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 has access to relevant training and/or education as required.

Nut Management

The school policy states that the catering department avoids using nuts whenever possible. Parents are informed, via the school handbook, that we are a 'nut free 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.

No Nut Policy

As we have several children in school who suffer from a severe nut allergy we have made our school a **nut free zone**.

This means that the following items must not be brought into school for any reason including snacks, birthday treats and rugby/ cricket teas:

- Packs of nuts
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars or sweets that contain nuts
- Sesame seed rolls (children allergic to nuts may also have a severe reaction to sesame)
- Cakes made with nuts

We have a policy not to use nuts in any of our food prepared on site at school. Our suppliers provide us with nut-free products. However, we cannot guarantee freedom from nut traces.

LEGISLATION

The identified allergenic ingredients must be indicated in the list of ingredients with clear reference to 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 Food Information Regulations 2014 SI 2014/1855. The Annex II outlines the 14 allergens (and products thereof) that must be labelled or indicated as being present in foods. These are:

- Eggs.
- Milk.
- Fish.
- Gluten
- Crustaceans (for example crab, lobster, crayfish, shrimp, prawn)
- Molluscs (for example mussels, oysters, squid)
- Peanuts.
- Tree nuts (namely almonds, hazelnuts, walnuts, cashews, pecans, brazils, pistachios, macadamia nuts or Queensland nuts)
- Sesame seeds.
- Soya
- Celery
- Lupin
- Sulphur Dioxide
- Mustard

Responsibilities

Managing suspected and confirmed food allergies requires a school-wide approach to minimise 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 ensures that during food services, there is a colleague available to deal with all questions relating to the identified allergens and has access to additional information. Catering staff unsure about questions being asked, pass them on to the identified colleague who provides accurate and consistent information. There is current Allergen File easily accessed enabling ingredients lists to be checked. Catering and Medical/HR Departments work together to ensure information is shared and kept up to date.

Parents are responsible for providing written ongoing and accurate medical information relating to their child's known allergies. 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 person with an allergy on educational visits or trips away from school. This information is shared with all adults accompanying the group.

School staff are responsible for managing medicines including EpiPens: refer to separate EpiPen 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 refresher training which is recorded.

Allergen Management

Kitchen staff are made aware of allergens ingredients and in the products used, and records are retained. Records are updated when menus are reviewed and changed.

The school retains a list of all meals containing the identified allergen ingredients and their source. This is updated as products change or their processing changes. Information on all products used is available on request.

All ingredients containing allergens are stored apart and in a separate container. A spillage plan is held in the department. Decanting of products containing allergens have the full product information with them in the new container.

Care is taken during preparation to prevent cross contamination between food containing allergens and foods which are allergen free.

Labelling is checked before any ingredients are used in food preparation.

Where possible, separate equipment and utensils are used for preparation of allergen free foods. Where not possible all equipment and utensils are thoroughly cleaned.

Catering staff follow hand washing procedures to reduce the risk of cross contamination.

Care is taken during service to prevent cross contamination.

GUIDANCE AND GOOD PRACTICE

Purchasing

- Approved suppliers who provide full ingredient lists including allergens – this can include information on food labels, are used.
- All food stuffs, from individual ingredients to complete meals, are checked to ensure allergens are identified.

Storage and risk of cross contamination

- Safe storage practices are used to reduce cross contamination of other food stuffs. Allergens are stored apart from non-allergenic food.
- Foods are sealed in containers; clean separate utensils to prevent cross contamination are used.
- Allergenic ingredients are stored on lower shelves, to prevent drip contamination.

Preparation and recipes

Standard recipes are used to inform and control the identified allergens. Variations to the standard recipes are recorded and communicated to all catering staff.

Prime cooking from 'scratch' requires consideration being given to;

- Cooking the dish
- Thickening a sauce
- Topping or garnish used
- Salad dressing ingredients

Prior to preparing a meal for an allergy sufferer, clean and sanitise surfaces then dry with a paper towel. This reduces the risk of cross contamination by trace allergens on a food preparation surface.

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

When preparing a meal that does not contain an identified allergen, cook in clean fresh oil and not in the fryer e.g. food cooked in oil that has been used to cook prawns could cause a reaction in a person with an allergy to shellfish.

Service

When asked if particular allergen is in the food, always check – never guess. Consider 'new improved' recipes, a change of 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 a reaction.
- Always use separate utensils (chopping boards, knives, containers etc.) when asked to prepare a meal excluding a specific ingredient. Clean work areas before preparing food.
- Allow adequate separation between foods to minimise the risk of trace contamination of allergens e.g. a buffet display.
- Allergen containing foods are separated and labelled at service points.

- Separate serving utensils are provided to reduce cross contamination. (There is no guarantee that customers will not interchange utensils).

Cleaning

All food and hand contact surfaces are cleaned and disinfected and disposable paper towels used to reduce cross contamination risks.

[Back to Top](#)