



# New City Primary School

## Medicines, Health and Hygiene Procedures

March 2018

### Policy Creation and Review

Author(s)	<b>Ms A Greyling</b>
Last Review Date	<b>26<sup>th</sup> February 2018</b>
Ratified by Governing Body	
Next Review Date	<b>February 2019</b>

# CONTENTS

- A. Hygiene Procedures
  - 1. Toileting and changing procedures
  - 2. If a child needs changing
  - 3. If a child is in a state that affects their education
  - 4. Cleaning and hygiene
  
- B. First Aid
  
- C. If a Child is Unwell In School
  
- D. Medication in School
  - 1. Medication other than inhalers
  - 2. Asthma inhalers
  
- E. Management of Asthma
  
- F. Management of Epilepsy
  
- G. Management of Allergies
  
- H. Management of Diabetes
  
- I. Care Plans
  
- J. Manual Handling Procedures
  
- K. Emergency Situations
  
- L. School Trips and Residential Trips

## **New City Primary School Medicines, Health and Hygiene Policy**

- The following policy deals with all aspects of care and support for children at New City Primary School.
- It covers the basic need for good hygiene procedures and cleanliness.
- It covers our basic first aid procedures and emergency procedures when needed.
- It covers the specific needs of children with identified medical conditions
- It covers the administration of medicines in school
- The person with Lead Responsibility is :- Annabelle Greyling
- Within each Phase this is delegated to the Phase Leader to implement the day to day procedures and requirements of the policy.

### **Aims for policy**

1. That procedures and record keeping systems are in place and consistently used by all staff.
2. That all staff receive inset on first aid, asthma, allergies, epilepsy on a regular basis.
3. That floors should be equipped to enable policy to be carried out.
4. That policy should be reviewed annually by the SENCO in liaison with the School Nurse and other relevant professionals

### **A. Hygiene Procedures**

At New City, we aim to ensure that we have a healthy and safe environment. We have a Hygiene and Medical Procedures Policy to cover toileting, first aid and procedures with medication. All staff are aware of the contents of this policy

**Each floor of the building should be equipped with the following:**

Disposable gloves  
Disposable aprons  
Body wipes  
Anti bacterial spray  
Clip on hand wash  
First aid kit  
A locked cupboard

It is the responsibility of a named person to ensure that these are maintained but the responsibility of everyone to support this person by informing them of low stocks etc.

Responsible person:-

Ground Floor -

Middle Floor -

Top Floor -

John Kirby (Premises Manager) manages and orders the central stock of supplies

## **1. Toileting and changing procedures**

All children have access to toilets at all times.

If a child needs help with toileting the following should be considered: -

1. Whether a toileting programme is necessary as part of a child's management programme. Depending on level of need the SENCO and class teacher has a responsibility to co-ordinate this and discusses it with parents.
2. Children must only be changed or taken to the toilet by permanent or long-term temporary members of staff, wherever possible it should be someone who has a good relationship with the child.
3. Recognising our equal opportunities policy any person (after considering 2 above) can take the responsibility to change a child however, the following must be considered: -

- 1. Cultural norms.**
- 2. Child's own level of development.**
- 3. Child's own request.**

#### **4. Parents' specific requests.**

The following guidelines **must** be followed when toileting children: -

1. Let someone know where you are going and who with.
2. Follow individual toileting programmes.
3. Respect the child's dignity in terms of privacy, close but do not lock door. Wait outside if this is appropriate.
4. Allow the child to do as much as they can themselves.

If for any reason you are unsure or feel unable to change a child then consult the SENCO.

It is not appropriate for children to be involved in the intimate care of each other.

Children's toileting programmes should be regularly reviewed. Help and advice can be sought from health professional (e.g. school nurse, continence advisor, and occupational therapist) as part of this review.

#### **2. If a child needs changing**

Gloves must be worn when changing children, dealing with blood, or vomit or any bodily fluids (faeces, etc)

The child should be changed as quickly as possible. The clothes rinsed and sent home at the end of the day. If a child has a toileting programme or wets regularly parents should be encouraged to send changes of clothes. If other arrangements are necessary (e.g. use of school clothes) these must be discussed with the parents.

All changing/toileting areas should be wiped down after changing the child. Nappy bins should be emptied at least twice a day.

#### **3. If a child arrives at school in a state which affects their education or their relationships with other children**

There should be a confidential discussion with the parents and action agreed. This may include the use of school facilities or the development of a hygiene programme.

If the situation does not improve the situation should be discussed with the SENCO or Head teacher who will make the decision whether the concern needs

to be passed to the school nurse, health visitor or social services.

#### 4. Cleaning and Hygiene

All equipment and areas of the school must be cleaned to a high standard. It must be remembered that children may mouth equipment, work on the floors or need to spend a great deal of time in the toilets. Each floor should have plans how equipment is cleaned and whose responsibility this is. Toilets should be checked at the beginning of each session.

### B. First Aid

In accordance with New City Health and Safety Policy:

"All accidents, dangerous occurrences (including near misses) and certain serious diseases must be reported. The procedure is given in detail in the Health and Safety Policy.

A) Accident books/forms are kept on each floor and will be completed by the employee who was involved with the child/adult.

B) The record of more serious accidents, dangerous occurrences and ill health enquiries registers are kept in the school office. The relevant employee will complete information.

All support staff have completed a day's basic first aid training. In addition we have qualified Paediatric First aid trained staff. The following staff completed a recognised qualification which includes paediatric training. They should be consulted if a child/adult is hurt.

Office and Admin			
Early Years	Yr 1/2	Yr 3/4	Yr 5/6
Rina Yadav Den Reeves Hannah Smith Linsey Addison	Tanya Jones	Bally Nota	Allison Dolan

The following procedure should be followed: -

1. Consider whether a child should be moved - if:  
There is any suspicion of a broken limb - the child should **not** be moved.  
Do not move a child if this may mean a trail of blood - take steps to control the bleeding first.
2. Minor cuts and abrasions should be cleaned with warm water.  
Antiseptic cream may be used. All minor cuts, open or weeping skin lesions and abrasions should be covered with a waterproof dressing (check with child for allergy). Use disposable gloves at all times.
3. Ice or a cold compress should be administered to knocks and bumps.
4. If necessary inform the Head Teacher and consult whether parents should be informed.
5. Any surface which has had blood splashed on it must be cleaned liberally with detergent and water.
6. Ensure that you wash your hands.
7. Dispose of any blood stained waste in a plastic bag and put in the covered waste bin in hygiene room.
8. Complete accident record.
9. Inform parents either by phone or accident letter, copies of which are in each Floor.

**There should be a first aid kit on each floor and in the school office.**

There are a few key rules about first aid:

1. **All** cuts, open or weeping skin lesions and abrasions should be covered with waterproof or suitable dressing.
2. **All** medication should be locked in a safe place. If it needs to be refrigerated it should be in the staff room fridge.
3. When toileting children or dealing with injuries the child's safety and dignity is paramount.

4. Staff **must** wear disposable gloves when toileting or dealing with blood or body products.

## **C. If A Child Is Unwell In School**

1. Talk to the child to find out what is wrong.
2. If appropriate give child space and time to recover.
3. If child does not recover or you feel she/he needs to go home inform Phase leader and head teacher who will arrange for parents to be contacted if appropriate.
5. Make child comfortable until parents arrive: -  
When parents arrive it should be made clear that the child is unwell and should return to school when she/he is better. It should be made clear that the child should **not** return to school on that school day.
6. If no-one can be contacted make the child comfortable and keep phoning.
7. **If at any time you become very concerned about a child and cannot contact parents discuss with head teacher who will then consider whether an ambulance should be called or alternative action**

## **Procedures for supporting any members of the school community infected or affected by HIV**

The London Borough of Newham Education Department published its policy on HIV and AIDS in March 1994. Staff and governors of New City school have agreed to follow the procedures laid out in the policy to support any members of the school community infected or affected by HIV. No-body living with HIV should be excluded or prevented from benefiting from all the services provided by the Education Department. The following issues apply:

- 1) HIV is not a notifiable disease and there is no obligation for anyone



associated with the school, either staff or pupil, to inform the school of their HIV status;

2) Confidentiality concerning a person's HIV status must be safeguarded at all times and information shared only with the person's informed consent. The need for strict confidentiality to be maintained, applies to whether a person receives information about someone's HIV status directly (specifically being informed) or indirectly (finding out).

3) Education about HIV and AIDS is an essential part of the drugs and sex education component of any personal, social and health education (PSHE) programme. The purpose of teaching about HIV is to foster a sense of responsibility and respect for oneself and others, and to provide young people with the self-esteem, confidence and skills they will need to maintain good health and relationships. We would also wish to promote a caring and compassionate attitude to those in the community who have become infected with HIV.

4) The school's Hygiene Policy gives details of infection control procedures.

## **D. Medication in school**

Medication must only be taken in school when absolutely essential.

Written permission must be obtained from parents before any medication can be administered.

This must state the dosage, the frequency and the expiry date of the medication.

If emergency medication has been prescribed by a doctor then a copy of the doctor's authorisation should be held on file by the school.

### **1. Medication other than inhalers**

If a child needs medication it must always be considered whether that child is well enough to be at school.

The medication must be clearly labelled and be for the named child.

It will be kept in a locked cupboard or the staff room fridge (if necessary).

When it is administered this will be recorded by an adult who is happy to

supervise the procedure.

A member of the floor staff will check that a child has received their medication.

The permission letter will be in the medical file.

Parents will inform the school of any changes and it is the responsibility of the Curriculum Support Teacher to update records and inform all staff of changes.

## **2. Asthma inhalers**

Written permission is sought from parents.

Inhalers will be kept in a cupboard in the child's classroom. Children will have access to inhalers at all times (provided they do not exceed agreed dosage).

Each time a child uses an inhaler, this will be recorded with date and time and signature in the medical file.

Ideally parents will be encouraged to provide a spare inhaler which can remain in school.

Children may have inhalers on their person during school time, if this has been agreed with parents and everyone feels that the child is responsible.

Staff must take a child's inhaler to all off-site activities.

## **E. Management of asthma**

We recognise that asthma is a physical condition, not an emotional illness. It affects at least one in every ten children. A sudden narrowing of the air passages making it difficult to breathe causes an attack. These passages are almost continuously inflamed or red or sore. Asthma can be controlled by, firstly avoiding known irritants and, secondly, by inhaling specific drugs. Drugs can be self-administered by the child concerned.

As a school we:

- welcome all pupils with asthma
- encourage and help children with asthma to participate fully in all aspects of school life
- recognise that asthma is an important condition affecting many school children

- recognise that immediate access to inhalers is vital
- do all it can to make sure that the school environment is favourable to children with asthma
- ensure that other children understand asthma so that they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition
- have a clear understanding of what to do in the event of a child having an asthma attack
- Work in partnership with parents, schools, school governors, health professionals, school staff and children to ensure the successful implementations of a school policy.

## **F. Management of epilepsy**

In -service sessions are available for staff on the management of epilepsy. Clear procedures must be discussed with parents regarding management of a child's epilepsy.

There are clear written procedures for dealing with each child's individual needs; these may entail use of emergency treatments.

In the event of a child having a number of seizures or a prolonged seizure, staff should inform the Deputy Head or Head teacher.

## **G. Management of Allergies**

**Allergy** - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

**Allergen** - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

**Anaphylaxis** - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

**Epipen** - Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

**Minimized Risk Environment**- An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

**Health Care Plan**- A detailed document outlining an individual student's condition treatment, and action plan for location of Epipen.

### **Procedures and Responsibilities for Allergy Management:**

#### **General**

- The involvement of parents and staff in establishing individual Health Care Plans.
- The establishment and maintenance of practices for effectively communicating a child's healthcare plans to all relevant staff.
- Staff training in anaphylaxis management if needed, including awareness of triggers and first aid procedures, including Epipen training, to be followed in the event of an emergency.
- Age appropriate education of the children with severe food allergies.

#### **Medical Information**

- The school will seek updated information via medical form at the commencement of each academic year.
- Furthermore, any change in a child's medical conditional during the year must be reported to the school.  
For students with an allergic condition, the school requires parents/guardians to provide written advice from a doctor, which explains the condition, defines the allergy triggers and any required medication. The SENDCO will ensure that a Health Care Plan is established and updated for each child with a known allergy.
- Teachers and teacher assistants of those students and key staff are required to review and familiarise themselves with the medical information.
- Action Plans with a recent photograph for any students with allergies will be posted in relevant rooms with parental permission.
- Where students with known allergies are participating in school excursions, the risk assessments must include this information.  
The wearing of a medic-alert bracelet is allowed by the School.

## **Medical Information (Epipens)**

Where Epipens (Adrenalin) are required in the Health Care Plan:

- Parents are responsible for the provision and timely replacement of the Epipens.
- The Epipens are located securely in relevant locations approved by the School Leader.

### **Parent's role:**

Parents are responsible for providing, in writing, on-going accurate and current medical information to the school.

Parents are to send a letter confirming and detailing the nature of the allergy; including:

- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures - such as how the child can be prevented from getting into contact with the allergen.
- If a child has an allergy requiring an EpiPen, or the risk assessment deems it necessary, a Health Care Plan must be completed and signed by the parents.
- It is the responsibility of the Parent to provide the school with up to date medication/equipment clearly labelled in a suitable container.
- In the case of life saving medication like EpiPens the child will not be allowed to attend without it.
- Parents are also required to provide up to date emergency contact information.
- Snacks and lunches brought into school are provided by each child's parent.
- It is their responsibility to ensure that the contents are safe for the child to consume.
- Parents should liaise with staff about appropriateness of snacks and any food-related activities (e.g. cooking)

### **Staff's role:**

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- If a child's Medical Form states that they have an allergy then a Health Care Plan is needed. It must be in place before the child starts attending sessions. A

risk assessment should be carried and any actions identified to be put in place. The Assessment should be stored with the child's Health Care Plan.

- Upon determining that a child attending school has a severe allergy, a team meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.
- All staff who come into contact with the child will be made aware of what treatment/medication is required by the SENDCO and where any medication is stored.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- As part of the staff first aid course, Epipen use and storage has been discussed.
- We may ask the parent for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication should be easily accessible, especially at times of high risk.
- Staff should liaise with parents about snacks and any food-related activities.
- Some room to be designated food free.

#### **Actions:**

##### **In the event of a child suffering an allergic reaction:**

- We delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999.
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available it will be administered as per training and in conjunction with the Medication policy.
- If parents have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

## **H. Management of Diabetes**

If there are children in school with diabetes, understanding diabetes will help them get the most out of their time in school.

Diabetes does affect every child differently, which is why it's very important to have their Individual Healthcare Plan (IHP) to ensure a better understanding of

how their diabetes affects them personally. Understanding a child's IHP forms part of your school's responsibilities to children with diabetes.

### **Trained staff**

The school should have at least two trained members of staff who are fully trained in the child's needs, e.g. who know how to administer insulin, test blood glucose (blood sugars), understand the readings and know how to treat a child's diabetes.

#### Staff trained to support and treat children with Diabetes:

<b>Trained staff</b>	<b>Overseen by:</b>
Ann Kent	SENCO
Tina Stokes	SENCO
Tracey Hicks	SENCO
Sue Maguire (Lunchtimes)	SENCO

### **Emergency procedures**

An emergency for a child with diabetes means an incident that requires immediate treatment. In most cases this will be a hypo or a hyper.

If you teach a child with diabetes, over the course of a year it is quite likely that sometimes they will have a hypo - low blood sugars - or go hyper - high blood sugars - in your lesson. Making sure what you know what to do is crucial. Precisely what you do will be detailed in their Individual Health Care Plan.

### **Hypoglycemia**

The severity of a hypo will often vary. A hypo is generally treated with something sugary to eat or drink. You should always allow a child or the trained member of staff to treat a hypo immediately. Delaying treatment will only make their blood sugars lower and can eventually lead to hospitalisation.

If a child is hypo or hyper they should not be made to leave the class, and they should never be left on their own or sent to get treatment alone. A hypo can make a child unsteady on their feet or dizzy, so they should be allowed to recover where they are.

### **Hyperglycemia**

Hyperglycaemia doesn't tend to develop as quickly as a hypo if a child takes insulin by injection. If they use a pump though, they can go high quickly. Children with high blood sugars must be allowed to drink and go to the toilet whenever

they need to. You must also let their trained carer give them extra insulin, or deal with their pump.

The child's IHP will state who you should tell if a child does have a hypo or a hyper. Generally you will have to let a trained member of staff know, the school nurse (if you have one) and the child's parents.

It is far less likely that you will have to call for an ambulance because of a child's diabetes, but this is a possibility. A child's IHP will state this and the trained member of staff and parents should be involved by this stage.

### **General responsibilities in class**

Each child's diabetes is different and it is the school's responsibility to treat each child as an individual.

A child's IHP will detail their triggers and symptoms of a hypo and hyper. This will help to identify when their blood sugars might be getting too high or low.

While hypos affect children differently some common issues include a loss of concentration and a change in behaviour. Sometimes a hypo or hyper will cause a child to misbehave and this is something they are not able to control. Bear this in mind when considering your school's behaviour policy.

A child with diabetes will inevitably have to go for medical check-ups. Their attendance record must not be penalised because of these appointments. Your school's medical conditions policy should be clear on how these appointments are entered into the register.

Whether it's an appointment, a half-missed lesson because of a hypo, or an extended bout of illness, a child with diabetes may well miss some of your lessons and need to catch up. How you arrange this will depend on the individual circumstances, but you should discuss with the family or child for the best way to go about it.

Depending on their age a child is normally best placed to know about their condition, so it is important that you do not ignore their views about their diabetes.

If a supply teacher is covering your class then they will need to be informed that a child with diabetes is in your class. You should never undertake any healthcare procedures without being properly trained.

### **PE, schools trips, extra-curricular activities and exams**



A child must never be excluded from a school trip, PE, or extra-curricular activities because of their diabetes.

If you are taking a child with diabetes for PE or they are playing sports for the school then you must be aware of how they will treat their diabetes before, during and after. They will need somewhere safe to store their equipment.

If you are arranging a school trip, whether it's a short, local trip or a week-long residential, you will need to make sure you have planned how a child with diabetes will be able to take part. This can form part of the risk assessment.

For longer trips, especially residential trips, you will need to meet with the child (if appropriate), the child's parents, your school's trained members of staff and child's paediatric diabetes specialist nurse (PDSN) to agree the support and care needed for them to take part.

Only allowing a child with diabetes to take part in an extra-curricular activity or trip if one of their parents or carers accompanies them is not acceptable practice.

## **I. Care Plans**

Prior to admission we gather information about our children via application forms and talking to parents. At this time we gather any information about possible medical needs and decide on a course of action. This depends on the level of need and how much intervention the child may need.

For children with more complex needs this will involve the need for a Care Plan which is drawn up with parents and medical professionals. We try to complete this prior to admission so that everything is in place but sometimes this can be difficult.

Care Plans give clear guidance and procedures for staff to follow on a daily basis during care and support for medicines, as well as giving guidance about how to manage a child when this becomes an emergency situation. The Assistant Head/Inclusion takes responsibility for managing Care Plans with support from Medical Professionals and Parents.

These are reviewed annually or more often if needs change.

## **J. Manual Handling Procedures**

We follow Newham's *Guidance on Moving and Handling Pupils in Schools and other Educational Establishments*.

Each child that needs a *Moving and Handling Assessment* will be reviewed and a

plan put into place, this includes procedures for emergency evacuation.

## **K. Emergency situations**

If staff are concerned about any child that they believe to be of an emergency nature then they should relay that to Senior member of staff ASAP. If this is not possible in an emergency then an ambulance should always be called. It is important to remember that we are not medical professionals but are trained to deliver care, medicines and emergency procedures when needed.

## **L. School Trips and Residential Trips**

Staff planning trips should always be aware of and plan for all children to be included. Our policy is that all children should have the opportunity to take part in all activities.

For some children this requires a very considered and risk assessed approach to enable them to take part.

Staff need to be aware of;-

- Levels of staffing needed
- Ensuring appropriately trained and confident staff are available
- Level of First Aid support
- Accessible transport
- Liaison with parents
- Liaison with medical professionals if needed

## **Record of Medication Administration.**

**Child's Name:**

**Floor:**

DATE	TIME	DOSE	ADULT /COMMENTS


