PRIORY SCHOOL
EDGBASTON

Medical Situations Policy

1. The governors and staff of Priory School are committed to providing a fully accessible environment which values and includes all pupils, staff, parents and visitors regardless of their education, physical, sensory, social, spiritual, emotional or cultural needs.

2. The staff, governors and pupils are committed to the safeguarding and welfare of pupils and staff.

3. To meet the needs of our school community all our policies, including this one, can be made available in different formats to help meet your needs such as different font sizes or styles, colour or alternative languages

Priory School welcomes and supports pupils with medical conditions. While maintaining a full and inclusive education for all pupils the school has a duty to reduce or eliminate the spread of infection of various medical conditions. This policy has been produced to construct guidelines on the control of the spread of such conditions.

Prevent the spread of infections by ensuring:

- routine immunisation
- high standards of personal hygiene and practice, particularly hand washing
- maintaining a clean environment

Rashes and skin infections

Infection or complaint	**Recommended period to be kept away from school, nursery or childminders**	**Comments**
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	*See: Vulnerable Children and Female Staff – Pregnancy*
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). *See: Female Staff – Pregnancy*
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). *See: Vulnerable Children and Female Staff – Pregnancy*
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment

Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	*See: Vulnerable Children and Female Staff – Pregnancy*
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. *See: Vulnerable Children and Female Staff – Pregnancy*
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	**Recommended period to be kept away from school, nursery or child minders**	**Comments**
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory Infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Flu (influenza)	Until recovered	*See: Vulnerable Children*
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual

		contact. For cleaning of body fluid spills s*ee: Good Hygiene Practice*
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

West Midlands Pubic Health England 0344 – 225 3560. Opt 2 then opt 1

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

Immunisation schedule

Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Hepatitis B. Pneumococcal (PCV13) Men B Rotavirus vaccine	One injection (6-in-one.1st dose). Single injection.(1st) Injection.(1st). Given orally.
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Hepatitis B Rotavirus vaccine	One injection (6-in-one 2nd dose.) Given orally
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Hepatitis B. Pneumococcal (PCV13) Men B	One injection (6-in-one 3rd dose). 2nd injection. 2nd injection.
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13) Men B	One injection One injection One injection 3rd injection.
2-8 years old. Children in reception-year 4.	Influenza (from September)	Nasal spray both nostrils. In school.
Three years and four months old or soon after	Pre school Booster. Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	 One injection. One injection
Girls aged 12 to 13 years (School Year 8 & 9).	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Two injections given 6-24 months apart In school.
Around 14 years old (School Year 9)	Tetanus, diphtheria, and polio (Td/IPV) Meningococcal ACWY	One injection One injection In school.

The School Nurse and the Admissions Coordinator will ensure that the 'Pupils with Health or Dietary Requirements' booklet (hard copy) is located in each of the staff rooms, on main Reception, Admin office, Kitchen and the Lodge. It is also available on the virtual staff room. Pupils' personal requirements are also on the SIMS administrative system. Colleagues should familiarise themselves with the conditions the pupils may have.

Procedure for Calling an Ambulance

If a member of staff considers that he/she is dealing with a medical emergency, then help should be sought immediately. Do not leave the child. Ask a helper (pupil or staff) to go straight to Reception.

Reception should:

a) Call an ambulance immediately.

b) Call the Nurse or First Aider.

c) Notify a member of SERT Team, giving him/her contact phone numbers for parents and details of the incident.

d) Collect all the pupil's details to give to ambulance crew and send a printed copy to the member of staff waiting with the pupil.

e) Send the school mobile phone to the incident.

The member of SMT will:

i) Alert the parent to the situation. If the parent is unable to reach school before the ambulance leaves, then the mobile number should be taken so that the parent can be told the destination of the ambulance.

ii) Send a staff helper to the accident who will liaise with staff and return the class to their lessons.

iii) Send a member of staff to the nearest school entrance to direct the ambulance to the accident.

iv) Arrange cover for the member of staff dealing with the situation.

If the parent does not arrive at school before the ambulance leaves, then either the member of staff dealing with the accident or a teacher the pupil knows well should accompany them, with the mobile phone in the ambulance to the hospital and wait until the parent arrives. The member of staff should return to school either by taxi or by requesting a member of staff's assistance.

All details of the accident should be carefully noted by the Nurse or First Aider and the member of staff involved and the incident details filed. The form teacher should be alerted by the First Aider verbally and/or by email.

If an ambulance is cancelled or the crew decide not to take the child to hospital, the parent will still be asked to come into school to take the child home.

If an incident occurs outside school hours when the office is closed then the teacher should:

1. Stay with the pupil.
2. Send helper (staff or student) to phone for an ambulance and then wait at the nearest gate to direct the ambulance.
3. Seek staff help who will complete the tasks of the office and senior teacher.
4. Accompany the pupil to hospital.

How to call an ambulance

OBTAIN AN OUTSIDE LINE BY DIALING 9

DIAL 999 or (112 from a mobile) AND REQUEST AN AMBULANCE
TO : PRIORY SCHOOL

Be ready with the following information

- Your telephone number
- Give your location as follows

  PRIORY SCHOOL,
  39 SIR HARRY'S ROAD,
  EDGBASTON
  BIRMINGHAM
  B15 2UR

- Give a brief description of the medical emergency
- Give the exact location of the casualty in the school
- Inform Ambulance Control of the nearest entrance to the casualty's location
- Direct a member of staff to meet the ambulance crew and take them to the casualty

Speak clearly and slowly and be ready to repeat information if asked
NOTE: The caller may be required to stay on the phone to receive advice from Ambulance Control

Allergic Reaction

- An allergic reaction occurs when the body's immune system reacts abnormally to a trigger.
- **Anaphylaxis** is an acute severe level of reaction. It usually occurs within minutes of exposure to the trigger. An Epipen is required to reduce the level of reaction.

Possible Triggers:

- Insect stings- wasps/bees.
- Latex.
- Medication e.g. Penicillin.
- Foods e.g. nuts
  Dairy products
  Fish/Shell-fish.
  Fruits e.g. kiwi fruit/strawberries.
  Sesame seeds.
  Lentils.

Signs and Symptoms of a Minor reaction:

- Skin reaction: Flushing, hives, wheals.
  Nettle rash.
  Itching.
- Facial swelling: Lips.
  Eye lids.
- Abdomen: Pain.
  Nausea.
  Vomiting.

Treatment of minor reaction: Known cause:

- Antihistamine (Usually Piriton) if prescribed.
- Contact parents/ carers
- Supervise closely.
- IF CONDITION WORSENS CALL 999.

Treatment of minor and severe reaction: Unknown cause.

- Call for help from nurse/first aider immediately
- Ask a responsible person to contact 999 for an ambulance.
- Direct a member of staff to inform parents.

Signs and Symptoms of SEVERE REACTION:

- Swollen tongue.
- Swollen throat- Hoarse voice
- Difficulty swallowing.
- Swollen airways- Cough
- Wheeze.
- Difficulty breathing.
- Change in colour- Pale/ clammy
- Floppiness
- Deteriorating conscious level.
- Collapse.

Treatment of a severe reaction in known sufferer with an Epipen .

- Call for help from nurse/first aider.
- Dial 999 sating " Anaphylaxis".
- Administer Epipen.
- Contact parents.
- Supervise closely.

Senior pupil's Epipens:

- All senior school pupils should carry their Epipen with them at all times, including all off site activities.
- A spare pen is kept at the main reception desk in individual boxes which are clearly labelled with a photograph.

Prep pupil's Epipens:

- Epipen is stored in the pupil's classroom in a named box with a photograph and information regarding the administration.

The nurse checks the Epipens monthly and when they are due to expire will inform parents. It is the responsibility of parents to replace the Epipen with a prescribed in date pen.

No pupil will be allowed to attend any off site activities or school trips without a current in-date Epipen.

Asthma.

- Asthma is a common condition of the airwaves and affects around 1 in 11 children.
- Various triggers cause the airwaves to become over sensitive and they become narrow and inflamed.
- The most common symptoms are a cough, breathlessness, chest tightness and a wheeze.

Common Triggers:

- Exercise.
- Viral infections
- Changes in temperature
- Pollen and mould spores.
- Stress/excitement.
- Chemicals .House-dust/ mites.
- Animal fur.
- Smoke.

Main Treatments:

- **Reliever inhaler**: Blue inhaler containing Salbutamol or Terbutaline.
  Used when the child is experiencing asthma symptoms/before exercise.
  They work almost immediately and can last up to four hours.
  They cause the airways to relax and open up making breathing easier.
  Must be taken on all off site activities .

- **Preventer inhaler:** May be brown/orange/cream/purple/red. Contains a steroid.
  Normally used in the morning and evening.
  They work by making the airways less inflamed.
  Rarely needed in school.
  Do not work during an asthma attack!

Symptoms of a Mild Asthma Attack:

- Cough.
- Slight wheeze.
- Not distressed.
- No difficulty speaking.

Treatment:

- Stay calm and reassure the child.
- Sit the child upright or leaning forward.
- Loosen tight clothing.
- Help child to take their blue inhaler using a spacer if necessary.

- Repeat reliever inhaler as required until symptoms have resolved.
- Inform parents/carers.

Symptoms of a Severe Asthma Attack:

- Anxious/distressed.
- Unable to complete a sentence/ unusually quiet appearing extremely unwell.
- Gasping or struggling for breath.
- Pale and sweaty/ May have blue lips.
- Reduced level of consciousness.

Treatment:

- Dial 999 for an ambulance.
- Give reliever inhaler (1 puff a minute for up to 10 puffs).
- If no improvement, repeat until condition improves.
- Contact parents/carers.

Priory School has 2 Emergency Asthma Kits which contain 2 ventolin inhalers, and a number of spacers. One is kept at the main reception desk, and the other is kept outside Year 1A classroom.

Parent will be informed if it is used.

Seizures:

Epilepsy is the most common neurological condition in childhood and most children are able to live a full and active life.

There are different types of seizures which can be an indication of where in the brain the seizure activity originates.

Petit Mal (minor):

RECOGNITION FEATURES:

- Staring blankly ahead
- Slight twitching movements - lips, eyelids or head
- Strange automatic movements - lip smacking, chewing, fiddling with clothing
- Making odd noises
- Appears conscious but is unresponsive to voice or pain

AIMS: - Protect until fully recovered

- Help to sit down quietly and away from possible danger
- Talk calmly and reassuringly
- Inform parents

Grand Mal Convulsion (Major)

RECOGNITION FEATURES:

- Grand Mal Convulsions usually follow a pattern
- An aura (brief period of warning)
- Sudden loss of consciousness - sudden fall; letting out a cry
- Convulsive movements - becomes very rigid, arched back
- Face and neck become congested
- Lips blue
- Jaw clenched
- Then relaxed daze; deep sleep; may become incontinent

AIMS:
- Protect from injury during seizure
- Maintain airway
- Reassure when conscious

DO

- Call for help
- Try to ease fall
- Give space - move dangerous objects
- Loosen clothing around neck and protect head where possible
- Record time and duration of seizure
- When seizure has stopped, place in recovery position
- Stay with him / her until completely stopped
- Inform parents

Send for an ambulance **IF:**

There is no previous history of seizures or there is a succession of repeated seizures (STATUS) **OR** has remained unconscious for more than 10 minutes or has injured him / herself during seizure

DO NOT

- Lift or move (unless in immediate danger)
- Restrain or force
- Put anything in mouth

Diabetes

Diabetes Mellitus is a condition which develops when the body isn't able to control the level of glucose in the blood due to insufficient or no Insulin production.

Type 1 Diabetes:

This is the most common form of Diabetes found in children. It develops when the pancreas is unable to produce Insulin, the hormone which helps glucose enter the cells to be used for energy.

Without Insulin, the level of glucose in the blood stream rises, therefore the only way to treat Type 1 Diabetes is by daily injecting Insulin.

Occasionally blood glucose levels become either too low or too high and intervention is required.

Low Blood Glucose. (< 4 mmols/l). " Hypoglycaemia"

Signs and Symptoms:

- Weakness/sleepiness
- Sweating/pale.
- Trembling/slurred speech/blurred vision.
- Confusion/personality changes/anxiety.
- Nausea and vomiting/headache.

Treat at once with Glucose.

- Fast acting sugar. 3 or 4 glucose tablets/sweets OR 60mls Lucozade OR 2-3 teaspoons of sugar in a small drink.
- OR Squeeze Glucogel into side of child's mouth and encourage child to swallow.

After 15 minutes, check blood glucose again and repeat as above if still under 4mmols.
If > 4mmols, give carbohydrate such as biscuit or sandwich.

Severe Hypoglycaemia:
Unconscious.

- Place in recovery position.
- Call 999
- Contact parents.
- Do not leave unattended.

High blood glucose (>14 mmols/l).
Hyperglycaemia".

Signs and Symptoms:

- Increased thirst/ needing to pass urine frequently.
- Tiredness/drowsy.
- Blurred vision.
- Feeling sick/ vomiting.
- Abdominal pain.
- Rapid breathing.

Treatment:

- Check keytone levels. If no keytones, drink plenty of sugar free fluids and monitor blood glucose level every 2 hours.
- If Keytone level 0.6- 1.5 mmol/l, drink plenty of water, and administer insulin as per regime. Contact parents.
- If vomiting or having difficulty breathing dial 999 and contact parents.

GOOD HYGEINE PRACTICE

Hand washing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps injuries and bites

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPT for advice, if unsure.

Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella. Guidance on infection control in schools and other childcare settings

Visits to farms

Please contact your local environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and child minders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation

This advice also applies to pregnant students. Guidance on infection control in schools and other childcare setting.

Monitoring and Review

Legislation and Codes of Practice as they apply to school policies are constantly being reviewed. Any change will be reflected in our documentation as soon as it is practicable.

This policy will be monitored by the Facilities Manager and the School Nurse who will report to the Headmaster on a regular basis.

Reviewed and Revised by KB/JW /SB -School Nurse– September 2018