



PRIORY SCHOOL
EDGBASTON

PUPIL WELFARE POLICY
(STATUTORY)

Trustee Committee:	Education
Date Approved:	September 2026
Next of Review:	September 2029
Member of Staff Responsible:	AF Alex Flood Assistant Headteacher
Trustee Overseer:	AC Anne Cleary
Intended Audience:	Options: Employees, Visitor, Pupils and Parents
Relevance:	Whole School No
	Early Years No
	Preparatory No
	Seniors Yes
Access:	Website Yes
	Internal No
	Restricted No

Our Mission Statement

Priory School is a thriving, co-educational independent school founded upon a rich Catholic heritage which welcomes those from all faiths and none.

In partnership with parents and guardians we provide a nurturing, family-based ethos, alongside high-standards of teaching and learning, enabling all pupils to achieve their potential.

We embrace diversity and interfaith understanding alongside awareness of environmental and global issues, in response to the needs of our time.

The Governors and staff at 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.

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

To meet the needs of our school community, all our policies, including this policy, can be made available on different formats such as different font sizes or styles, colour, or alternate languages.

The Governing Council understands it has responsibility for ensuring the effective oversight of this policy and will assess, evaluate, and review as necessary.

Rationale

The Governing body and staff of Priory School fully recognise our responsibility to maintain the welfare of our pupils. The aim of this policy is to suggest symptoms and treatments for the medical conditions highlighted below, as well as referencing to asthma and first aid policies. It applies to all pupils at Priory School, including those in our Early Years Department.

This policy refers to the conditions highlighted below: -

- Allergic reaction
- Asthma policy (appendix 1)
- Diabetes
- Epilepsy
- Febrile convulsion
- First aid policy (appendix 2)
- Human influenza pandemic
- Infectious disease control
- Medication in school policy

Allergic reaction

An allergic reaction occurs when the body's immune system reacts abnormally to a harmless substance.

Anaphylaxis is an acute, severe allergic reaction – the extreme end of the allergic spectrum. It usually occurs within minutes of the exposure to a certain food or substance.

Triggers

- Medication, for example Penicillin.
- Insect bites or stings.
- Latex.
- Foods, for example peanuts, tree nuts, eggs, fish, dairy products and certain fruits.

Signs and symptoms of an allergic reaction

(Not all signs and symptoms need to be present)

- Rash – red, blotchy, hives (like a stinging nettle rash) or generalised flushing of the skin.
- Mild facial swelling, around eyes and lips.
- Itchy lips or mouth.
- Nausea, abdominal cramps and vomiting.

Signs and symptoms of a severe reaction

- Swelling of the mouth, tongue difficulty in swallowing.
- Swelling of the throat, (change in voice)
- Swelling of the airways, unable to talk in sentences, leading to difficulty in breathing, a rapid onset of asthma-like symptoms.

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- Alteration in level of consciousness, fainting, floppiness, collapse.

Treatment

- Minor reaction: Antihistamine Medication (syrup or tablet)
- Some children will only have been prescribed antihistamines so if they were to have a severe reaction it is vital that a paramedic ambulance be called for, as they would be able to administer any further medication.
- Severe reaction: Adrenaline injection via the EpiPen device.

Emergency Procedure

- Administer the EpiPen.
- Dial 999 and ask for a paramedic ambulance.
- Notify the Head or member of the Senior Management Team, who will ensure access to the site.
- Contact the parents.
- If in doubt, administer the medication and call for an ambulance. ADMINISTERING THE EPIPEN CAN DO NO HARM.

Management issues

- Make sure all staff know which pupils have allergies by circulating the 'Pupils with Health or Dietary Requirements' booklet.

The onus is on the parent/guardian to bring to the school a spare EpiPen that is clearly labelled and in date. The EpiPen would be kept in the Reception area.

ASTHMA POLICY - Appendix 1

Priory School:

- Recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma.
- Aims to ensure that all children with asthma participate fully in all aspects of school life including PE.
- Will ensure that sympathetic consideration is given to the management of particular situations such as PE or science. Reliever inhalers may need to be taken before physical exertion
- Is aware that a clean environment is important to asthma sufferers and also has a no-smoking policy.
- Will ensure that staff are trained to recognise an asthma attack and have a clear understanding of what to do. In case of doubt, contact should be made with Reception who can summon the assistance of a first aider and if necessary request an ambulance and/or contact a parent/carers.
- Will keep up to date records of pupils with asthma, the medication they take and what triggers their attacks.
- Will ensure that the management for an asthma attack will be displayed in school and all staff and pupils will be encouraged to understand asthma.
- Recognises the need for immediate access to medication. Pupils are expected to carry and use their own labelled inhalers and are encouraged to keep a reserve supply. The onus is on the parent/guardian to bring to the school a spare inhaler that is clearly labelled and in date. The inhaler would be kept at Reception.
- Staff will allow pupils to take their asthma medication whenever necessary.
- Maintains that responsibility for ensuring that pupils carry their own medication and that both it and any reserve supply is correctly labelled and in date remains that of the parents/carers.
- Will work in partnership with all interested parties including school staff, parents, governors, medical staff and pupils to ensure the policy is successfully implemented and maintained.

Management of an asthma attack

There are two types of treatment:

1. Relievers – these inhalers usually give relief in about 5 minutes by opening up the airways when the symptoms of asthma appear. They are usually blue inhalers.
2. Preventatives – these are taken regularly to decrease the sensitivity of air passages. They are usually brown inhalers and should not be used during an asthma attack. Therefore they do not need to be brought into school.

What to do if a child has an asthma attack

1. Signs and symptoms:

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- Difficulty with breathing out.
- Wheezing.
- Difficulty speaking.
- Distress and anxiety.
- Blueness of skin.

2. Treatment and Action:

- Stay calm and reassure the child – attacks can be frightening so stay calm, the child will probably have been through it before. Listen carefully to what the child is saying. It is very comforting to have a hand to hold but do not put your arm around the child's shoulder as this can be restrictive.
- Ensure that the reliever inhaler (blue) is taken – this should open up the narrowed airways.
- Help the child to breathe – encourage the child to breathe slowly and deeply. It is easier for the child to sit upright or to lean slightly forward with arms resting on a table. Lying flat on the back is not recommended.
- Ensure a good supply of fresh air – but not cold air.
- Can have up to 10 puffs of the inhaler.

CALL 999 IMMEDIATELY IF:

- The child looks blue.
- The child is badly distressed or unable to talk.
- The child collapses.
- You have any doubts about the child's condition.

After the attack

Minor attacks should not interrupt a child's involvement in the school. As soon as they feel better they can return to school activities.

Parents will be informed when an attack has occurred and it will be documented in the school records.

Diabetes

Diabetes is a condition where normal hormonal mechanisms do not control blood sugar levels. Children with diabetes will have to monitor their blood sugar levels, eat regularly and may have to have insulin injections. Support can be obtained by parents.

Medication and Control

The diabetes of the majority of school-aged children is controlled by injections of insulin each day. It is unlikely that these will need to be given during school hours. Children are encouraged to manage their own injections and monitor their blood sugar levels and may simply need supervision and a suitable place in which to do so. Pupils with diabetes must be allowed to eat regularly through the day. This may include snacks during class time or prior to exercise. If a snack or meal is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode during which the blood sugar level falls too low. Staff in charge of physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Blood sugar levels are considered to be too high (hyperglycaemia) when over 126 mg/dl or 7 mmol/L. They are too low (hypoglycaemia) when under 70 mg/dl or 4mmol/L. In both these cases action should be taken.

Hypoglycaemic Reaction

The following symptoms may be indicators of a hypoglycaemic attack in pupils with diabetes:

- Hunger, sweating, drowsiness, pallor, glazed eyes, shaking, lack of concentration, irritability.

It is important that a fast acting sugar, such as glucose tablets or a chocolate bar be given immediately. Slower acting, starchy food such as a sandwich with a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If recovery takes longer or in cases of uncertainty an ambulance should be called.

Hyperglycaemic Reaction

The classic symptoms of hyperglycaemia are:

- Increased thirst and urination, confusion, irritation, abdominal pain, tiredness and nausea.

It is important that any pupil at risk of hyperglycaemia be encouraged and supported to monitor their blood sugar levels and to adjust their insulin as agreed with their GP. When in doubt, parents or an ambulance should be called.

Refer to child's care plan.

Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Parents may be reluctant to disclose their child's epilepsy to the school.

Not all pupils with epilepsy experience major seizures. For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

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Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of types of seizures are:-

- TONIC CLONIC SEIZURES

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. Pallor may change to a dusky blue colour and breathing may be laboured. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Sometimes only either the tonic or clonic phase will be experienced. Confusion is common afterwards and recovery times can vary from a few seconds to the need to sleep for a few hours.

- ABSENCE SEIZURES

These are short periods of staring or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around them, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the pupil may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is daydreaming.

- PARTIAL SEIZURES

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- SIMPLE PARTIAL SEIZURES

Consciousness is not impaired and this seizure may present in a variety of ways depending on where in the brain the epileptic activity is occurring.

- COMPLEX PARTIAL SEIZURES

This is the most common type of partial seizure and consciousness is impaired. During a temporal lobe complex partial seizure, the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect susceptibility. Flashing or flickering lights, video games, computer graphics and certain geometric shapes or patterns can be a trigger for seizures. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them. Extra care and supervision may be needed to ensure safety in some activities such as swimming or working in science laboratories. Parents should be encouraged to tell the school about the type and duration of seizures their child has, so that appropriate safety measures can be put in place.

Nothing can be done to stop or alter the course of a seizure once it has begun except when medication is given by appropriately trained staff. The pupil should not be moved unless he/she is in a dangerous place, although something soft can be placed under their head. The pupil's airway should be maintained at all times, there should be no attempt to place anything in the mouth and they should not be restrained. Once the convulsion

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has stopped, the pupil should be turned onto their side in the recovery position. Someone should stay with the pupil until they recover and re-orientate.

Call an ambulance if the seizure lasts longer than 5-10 minutes or if one seizure follows another without consciousness being regained or where there is any doubt.

Febrile Convulsions

A febrile convulsion is a seizure or fit which occurs in some children when they have a high temperature. The vast majority of febrile convulsions are not serious. Full recovery with no permanent damage is usual. They are most common in children between the ages of 18 months and 3 years and rarely occur after 6 years of age.

Any illness which causes a fever can cause a febrile convulsion. Most occur with common illnesses such as ear or chest infections, coughs, colds, flu and other viral infections.

Appearance

The child may look hot and flushed and their eyes may roll backwards. They may appear dazed and then become unconscious. Parts of the body may twitch or shake. This may last only for a few seconds and would be unusual to last more than 5 minutes. They are usually sleepy for some time afterwards and much better after an hour or so.

Management

The child should be placed in the recovery position. Any obstruction to the airway should be cleared but nothing else placed in the mouth. Cushions may be placed under the head or limbs to cushion them if necessary. Observations about when the convulsion started, its duration and severity, whether there was any vomiting or incontinence etc will be of use to medical staff. When the convulsion has stopped action should be taken to lower the temperature, for example, removal of clothing and giving paracetamol as soon as they are recovered enough to swallow.

Although alarming, a febrile convulsion is not usually dangerous and once one has occurred then it would be very unusual for another to occur shortly afterwards (though likely with the next illness to cause a fever). The child should be seen by a doctor after a convulsion to explore the underlying cause and rule out serious illness. However, call an ambulance if:

- The child does not improve quickly once a short convulsion is over.
- The convulsion lasts more than 5 minutes.
- Another convulsion starts after the first stops.
- The child has difficulty breathing.

FIRST AID POLICY Appendix2

Rationale

• It is a statutory requirement for an employer to make adequate First Aid provision for all employees. In this school it is recognised that the provision should cover all staff, students and visitors.

Aims

- To provide First Aid treatment where appropriate for all users of the school (with particular reference to students and staff).
- To provide or to seek secondary First Aid where necessary and appropriate.
- To treat a casualty, relatives and others involved with care, compassion, courtesy and dignity.

Guidelines

- To ensure that there are sufficient qualified First Aider(s) available to provide First Aid cover during the school day, on school trips and after school as required.
- To ensure that First Aid information is readily available and that all users of the school are aware of how to obtain help.
- To ensure that First Aid kits for minor injuries are available for use throughout the school by all staff and that they are regularly maintained.

Procedures

- Up to date lists of trained First Aiders will be displayed around the school.
- All users of the school will be able to contact a First Aider via Reception.
- Once informed of an incident the First Aider will go to the casualty without delay and provide emergency care.
- Secondary aid will be sought if necessary and at the same time the parent/guardian (or other appropriate adult) will be informed.
- If an appropriate adult cannot accompany a casualty to hospital, a member of staff will accompany him/her if this is deemed appropriate.
- All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit etc.
- The First Aider is responsible for recording details of treatment.
- The First Aider is responsible for ensuring when appropriate that the school's Accident Book is completed.
- First Aider call-out procedures are to be made known and to be found displayed in the Staff room, the Library and the General Office.

The school has an appropriate spillage kit.

- In the event of a student feeling unwell during a lesson, they should be sent to Reception accompanied by another student.

If you have any queries concerning

HUMAN INFLUENZA PANDEMIC

Influenza Pandemic

Background

It is impossible to predict when the next pandemic might occur or how severe its consequences might be. On average, three pandemics per century have been documented since the 16th century, occurring at intervals of 10 - 50 years. In the 20th century, pandemics occurred in 1918, 1957 and 1968. The pandemic of 1918 is estimated to have killed more than 40 million people in less than a year, with peak mortality rates occurring in those aged 20 - 45 years. The pandemics of 1957 and 1968 were milder with 1 - 4 million estimated deaths primarily in traditional groups such as the elderly, but many countries nevertheless experienced strains on health-care resources. If an influenza pandemic virus were to appear again similar to the 1918 strain, even taking account of recent medical advances, unparalleled tolls of illness and death could be expected. Air travel would hasten the spread of transmission of the virus and decrease the time available for preparing intervention. Although it is not considered to be feasible to halt the spread of a pandemic virus, it should be possible to minimize its consequences through advance preparation. This note, which will be reviewed and re-issued annually, sets out guidelines in the event of a pandemic together with the school's policy in relation to the control and prevention of flu-like symptoms as a matter of routine.

THE WORLD HEALTH ORGANISATION (WHO)

The WHO constantly monitors the various flu-type viruses that emerge each year and categorises the development of each within five defined phases, with particular concern where there is evidence that a virus that emanated in animals or birds has become adapted to humans. At Phase 4, international air travel is likely to be compromised. Advice will also be issued through the ISBA, MOSA and the Pandemic Influenza Planning Group established in the Health Protection Agency.

PLANNING ASSUMPTIONS

Advice to all sectors is that they should seek to continue operating as normally as possible during a pandemic, but should plan for much higher than usual levels of staff absence and the consequences as well as for other possible disruption resulting from the pandemic's impact on other services. However, schools are potentially different from other settings. Children are highly efficient "spreaders" of respiratory infections, amongst themselves and to adults. There is some evidence that such infections spread less amongst children in holiday periods than in term-time. Thus, closing school for a period might reduce significantly the number of children infected. Once the nature of any future pandemic is detected, the Government may advise schools to close for a stated period. Our response to any pandemic should cover both closure and the school remaining open.

THE SCHOOL'S RESPONSE

The school's response which will be graduated according to what may be a quickly changing scenario. Unless directed to close, the aim will be to conduct business as normal within the following:

- The school does not have the facilities to treat those suffering from influenza. Staff and pupils feeling unwell or displaying symptoms such as a high temperature will be sent home immediately.
- Pupils and staff deemed to be at high risk due to pre-existing conditions should be advised to stay at home for all or part of any pandemic.
- Central Government, through the local authority, will advise on any mandatory closure of the school.

Infection Control

As a matter of course during the traditional "flu season" from Nov - Mar, pupils and staff should be actively encouraged to minimise potential influenza transmission through good hygiene measures as follows:

- By covering the nose and mouth with single-use disposable tissues when sneezing, coughing, wiping and blowing noses.
- By disposing of used tissues in the nearest waste bin.
- By keeping hands away from the mucous membranes of the eyes and nose.
- Good hand washing.

Conclusion

It is difficult to determine in advance the likely consequences for the school in the event of a major pandemic. The school should continue to function unless instructed to close or in the event of local conditions making continuation impossible or unsafe. Flexibility would be required by all staff, with due emphasis at all levels being given to minimising the risk through good and responsible personal and general hygiene.

Infectious Disease Control

Infection	Exclusion
Athletes foot	None.
Chicken pox and shingles	5 days from the onset of the rash or when the blisters have scabbed over.
Cold sores	None unless hygiene a problem.
Conjunctivitis	Depending on severity and whether a hygiene problem.

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Diarrhoea	For 48 hours after the last symptoms.
Glandular Fever	None.
Hand, Foot and mouth disease	None.
Head Lice	Head to be treated by parents with appropriate shampoo.
Hepatitis A	None.
Can return 7 days after on set of jaundice if well enough	
Impetigo	Until sores are crusted or healing or can be covered with occlusive dressings.
Influenza	None unless hygiene a problem.
Measles	Until 5 days after appearance of rash.
Meningitis	Until well.
Molluscum Contagiosum	None.
Mumps	5 days from onset of swelling.
Parvovirus, fifth disease	None
This is Slapped cheek syndrome	
Psoriasis	None if not infected.
Ringworm	None once treatment started.
Roseola	None.
Rubella	5 days after onset of rash.
Scabies	None once first treatment given.
Scarlet Fever	5 days from starting antibiotics.
Slapped cheek syndrome	None.

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Tinea	None.
Tonsillitis	None.
Tuberculosis	TB nurse will advise.
Verrucae/warts	None but keep lesions covered.
Whooping cough	5 days from starting antibiotics.
Worms	None unless hygiene a problem.

Medication in School

Rationale

- School will do everything possible to ensure that any child with medical problems is given access to the curriculum and that they receive as full an education as possible.
- Teachers are not obliged to administer/supervise pupil's medication.
- Emergency action may be needed, both in school and on outings.
- Prime responsibility lies with the parent/carer – who are the main source of information.

Aims

- Assist parents with the medical care of their children.
- Educate staff & children regarding special medical needs.
- Adopt / implement DfES / LEA guidance.
- Arrange training for staff willing to support children with medical needs.
- When necessary, liaise with medical services in support of children with medical needs.
- Ensure access to broad, balanced curriculum.
- Maintain appropriate records.

Entitlement

- Pupils with medical needs have a right to a full education.
- Need proper care & support.
- Staff can consider:
 - whether to be involved with a pupil's medical care.
 - having appropriate training.
 - working to clear guidelines.
 - Legal implications.
 - Concerns regarding the support of children with medical needs.

Expectations

- Staff are not expected to administer medication unless:
 - it is essential that it be taken in school hours.
 - The child is unable to manage his /her own medication.

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- The pharmacist can dispense the medication in a separate container with the quantity required for use in school.
- The prescription & dosage should be printed on the outside.
- The name of the pharmacist should be visible.

ANY MEDICATION THAT IS INCORRECTLY LABELLED CANNOT BE ACCEPTED

- The school will consider each request to administer medication for a pupil with special medical needs, liaising with the School Health Service to seek advice & support.

Practice

When a parent/ carer requests that we administer medication, we will:

- Consider whether the school's identified staff are prepared to administer the medication.
- If agreed, a risk assessment will be conducted to determine the necessary arrangements.
- Work with the parent to set up a Healthcare Plan for the child.
- Ensure secure storage for medication in school, accessed only by designated staff & each time it is administered, a record is completed.
- At the end of term or end of treatment, any remaining medication is to be handed over to the parent /carer by the designated person.
- If the parent/carers fails to collect the medication, it will be destroyed, and the details of the action taken recorded.
- When treatment is completed, this will be noted on the care plan, and the record retained as a point of reference.

A REGISTER OF PUPILS' MEDICAL NEEDS IS TO BE KEPT

AND THE INFORMATION IS AVAILABLE TO STAFF

NON-PRESCRIPTION MEDICATION

Analgesia and other agreed medication will be given to pupils under 16 by a first aider only with the written consent of a parent or guardian. All medication given to pupils will be recorded.

Monitoring and Review

This policy is constantly being reviewed to take account of educational initiatives and respond to the future priorities of the school.

This policy will be monitored by the Assistant Head, who will report to the Head on its implementation on a regular basis.