



WORLE COMMUNITY SCHOOL

MEDICAL POLICY

December 2015

1. School Medical Policy Statement

This school is an inclusive community that aims to support and welcome students with medical conditions.

This school aims to provide all students with all medical conditions the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

The school ensures all staff understand their duty of care to students in the event of an emergency.

The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

The school understands the importance of medication being taken as prescribed.

Worle Community School have 2 Healthcare Assistants* who receive annual training in medical conditions, including Asthma, Epilepsy and Diabetes and have regular contact with Professionals with the LA School Nursing Team. *A Healthcare Assistant differs from a School Nurse in that a School Nurse is regulated and a Healthcare Assistant is not.

Through ongoing training, all staff are made aware and understand the common medical conditions that affect students at this school and receive care plans and details of medical conditions about students. Notes on individual student conditions are held in the SIMS record for that student and the students name is highlighted on the register so that staff can see that there are notes on the system relating to that student.

A defibrillator is held in the Medical Room in school. The Healthcare Assistants have received training in the use of this piece of equipment.

Training needs are identified by the Healthcare Assistants and organised by HR in line with changes in legislation/student's conditions.

2. Medical Conditions

1. Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. It is the responsibility of parent's/carers to inform the school if the students' healthcare needs change.

Healthcare Plans

2. The school uses a Healthcare Plan to record important details about individual student's medical needs at school; their triggers, signs, symptoms, medication and other treatments. The Healthcare Assistant will complete the student's healthcare plan in conjunction with the parent's/carer and any other professionals involved in their care.
3. The Healthcare plan will be updated every year by the Healthcare Assistant, in conjunction with the parent's/carer. Healthcare Plans are updated annually, or before if required due to changes in a student's medical condition. It is the parents responsibility to inform The Healthcare Assistant if the student has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
4. Parents and students at the school are provided with a copy of the current agreed Healthcare Plan. School staff can access Healthcare Plans via SIMS. Paper copies of Healthcare Plans are kept in a locked cabinet in the Medical Room.
5. A list of students with specific medical conditions is located on the staff room medical notice board. Teachers covering for colleagues and supply staff must check the list regularly to identify students with specific needs.
6. The school ensures that all staff protect student confidentiality.
7. The school seeks permission from the student and parents before sharing medical information with any other party, such as when a student takes part in a work experience placement.

Sporting/Dance/Drama Activities

8. Most students with medical conditions are encouraged to participate in PE/Drama/Dance activities which are sufficiently flexible for all students to follow in ways appropriate to their own abilities. Any restrictions on a student's ability to participate in PE/Dance or Drama will be included in their health care plan.
9. Some students may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

School Trips

10. The school encourages students with medical needs to participate in school trips, wherever safety permits. Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration.
11. Staff supervising excursions must be aware of any medical needs, and relevant emergency procedures. A copy of the student's Healthcare Plan should be taken on the trip.
12. All parents of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
13. There is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so (i.e. The Healthcare Assistant). First Aiders who volunteer to administer medication receive training to ensure competence and safety.

Residential visits

14. Parents are sent a residential visit form to be completed and returned to school shortly before an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health.
15. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the student's Healthcare Plan.
16. All parents of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
17. There is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so (i.e. The Healthcare Assistant). First Aiders who volunteer to administer medication receive training to ensure competence and safety.

Record keeping

18. The school keeps a record of each occasion an individual student is seen by The Healthcare Assistant or Appointed First Aider, detailing the reason for attendance and the treatment given.
19. Any medication administered is recorded with Medication type, dose, date and time.
20. The school holds training on common medical conditions. Staff are encouraged to attend a session annually for an update.
21. The school keeps a register of staff that have had the relevant training.

3. Medication in school

22. Medication should only be taken in school hours if it is absolutely essential. Where possible arrangements should be made to take medication outside of school hours –this can be discussed with the prescribing medical practitioner.
23. Students are not permitted to carry medication, except in circumstances authorised by The Healthcare Assistant (i.e. for emergency medication such as Epipens, Inhalers). If it is necessary for a student to carry medication a 'Request to carry medication' form should be completed and returned to The Healthcare Assistant for approval.
24. Medicine to be taken during school hours should be sent in to The Healthcare Assistant and a consent form signed.
25. It is the parent's responsibility to ensure medication kept at school is within its expiry date.

General Medication

26. All use of medication, even if the student can administer the medication themselves, is done under the supervision of The Healthcare Assistant or Appointed person.
27. There is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so (i.e. The Healthcare Assistant). First Aiders who volunteer to administer medication receive training to ensure competence and safety.
28. Parent's should notify the school if the students medication changes or is discontinued, or the dose or administration method changes.
29. Painkillers will not be issued to students unless consent is given by the parent/carer. If painkillers are to be given the student will be supervised by The Healthcare Assistant / Appointed person.
30. If a Student misuses medication, their own or another Student's, their parents are informed as soon as possible. These Students are subject to the school's usual disciplinary procedures.

Emergency Medication

31. All Students at this school with medical conditions have easy access to their emergency medication. Students are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition.
32. Students may carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

33. Examples of emergency medication allowed to be carried by the student include:
- EpiPen Adrenaline Auto Injector
 - Asthma Reliever Inhaler
34. If a student at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any students in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.
35. Staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any medication or equipment needed.
36. If a trained member of staff who is usually responsible for administering emergency medication is not available on a trip, the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

Safe Storage

37. Emergency medication is readily available to students who require it at all times during the school day or at off-site activities. The keys are held by The Healthcare Assistant and First Aiders. Some students carry their own emergency medication.
38. The Healthcare Assistant ensures the correct storage of medication at school. All medication is kept in the Medical Room, in a lockable cupboard. Staff ensure that medication is only accessible to those for whom it is prescribed.
39. It is the responsibility of the parent/carer to ensure medication kept in school is within the expiry date. Expiry dates of medication held in school are also checked by medical room staff 3 times a year.
40. All emergency and non-emergency medication brought in to school should be clearly labeled with the student's name. All medication is supplied and stored, wherever possible, in its original containers.
41. Medication is stored in accordance with instructions, paying particular note to temperature. Refrigerators used for the storage of medication are in a secure area inaccessible to unsupervised students.

4. Illness in school procedure

42. It is the parent's responsibility to keep the student at home when acutely unwell.
43. Any student that has been physically sick or has reported an episode of diarrhoea should be kept off of school for 48 hours from the last episode to prevent any further spread of the illness within the school.

Medical Room Attendance

The Medical Room operates an 'Emergencies Only' policy during class time;

44. Regular medication should be taken, where possible, at break time or lunch time to avoid missing lessons. If a student requires painkillers they should be encouraged to attend the Medical room between lessons or at break/lunchtime.
45. Students arriving after the second bell following break or lunch periods may be refused access to **non emergency medication** if it is deemed that they had the opportunity to come earlier.
46. If a student says she/he is unwell during lessons they should be encouraged to complete the lesson and then attend the Medical room between lessons or during break times.

(The exception to this is when the child carries a 'MEDICAL CONDITION CARD' which will be issued by The Healthcare Assistant. This allows the student to leave class AT ANY TIME in order to attend the medical room).

47. If the teacher is satisfied the student is too ill to carry on with the lesson they should be sent, accompanied, to the medical room.
48. Where a student is feeling generally unwell with no other signs of illness the child will be assessed by The Healthcare Assistant/first aider and, if appropriate, will be allowed a brief period of time out before being returned to lessons.
49. When a student is assessed as being too ill to continue the school day the parent/carer will be contacted and asked to come and collect the student.
50. The parent may give permission for the student to leave school to come home unaccompanied, providing The Healthcare Assistant/first aider has deemed that the child's condition is such that there is no danger to the child doing this.

Medical Condition Cards

51. Medical condition cards are issued to students with chronic, ongoing conditions which may require them to leave class at short notice.
52. The Healthcare Assistant will assess students to decide if they should be allocated a card based on medical need and this will be reviewed at the start of each new term.
53. A record is kept of all students who carry a medical card and is displayed on the staff room medical notice board.
54. The implications of having a card will be discussed with the student. A student's card will be withdrawn if it is suspected that they are not using it in the correct circumstances.

Emergencies/accidents/injuries

55. In the event of an emergency The Healthcare Assistant/first aider should be called to attend.

56. All staff are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation.
57. If the illness/injury requires further medical attention but is not an emergency, the student's parents should be contacted in order to take them to A&E.
58. In an emergency situation a 999 call will be made first and the parents advised immediately. If the student is to be taken to hospital by ambulance there is no need for a member of staff to accompany them provided;
The parents have arrived at the school and can accompany the student.
Or
The parents have been informed and are able to meet the student at hospital.
59. A member of staff may accompany the student to hospital if the student or family need additional support.
60. Staff are discouraged from taking students to hospital in their own cars and alternative arrangements should be made where possible. However, when deemed the best course of action two staff should accompany the student and the vehicle used should be covered by public liability vehicle insurance.

5. Confidentiality

61. Worle Community School aims to strike a balance between ensuring the safety, well being and protection of our students and staff, ensuring there is an ethos of trust where students can ask for help when they need it.
62. The Healthcare Assistant can give confidential medical advice to students using principles based on the Fraser Guidelines (guidelines for doctors and other health professionals on giving medical advice to under 16s), but will always encourage students to discuss issues with their parents or carers. However, the needs of the student are paramount and The Healthcare Assistant will not insist that a student's parents or carers are informed about any advice or treatment they give.
63. In most cases the School can offer only limited confidentiality. Disclosure of the content of a conversation may be discussed with professional colleagues but the confider would not be identified except in certain circumstances.
64. Staff should make clear that there are limits to confidentiality at the beginning of the conversation and that these limits relate to ensuring the student's safety and well being. The student will be informed when a confidence has to be broken for this reason and will be encouraged to discuss the issue with their parent/carer if possible.
65. Staff members should discuss Child Protection issues with the Child Protection Lead, as soon as is practically possible. Serious concerns must be reported immediately to ensure that any intervention necessary to protect the child is accessed as early as possible. (Please see the school Child Protection Policy.)

66. If relevant, students are made aware of external agencies concerning Sexual Health & Contraception, such as the No Worries and WISH services. If there is a need the student will be encouraged to attend sessions run by such services, or to speak to their GP, in order to access relevant information or treatment. The school encourages Students to discuss this with their parents/carers but school staff will not break the student's confidentiality in such cases unless there is a risk of harm to the student.
67. School staff will offer support for the student accessing such services but will not facilitate their attendance, i.e. by offering to take them during school hours.
68. No student will be allowed to leave school premises during school time for non urgent medical treatment without parental consent.

6. Worle School Asthma Policy

School Asthma Policy Statement

Worle Community School recognises that asthma is a widespread, serious but controllable condition affecting many students at the school.

The school positively welcomes students with asthma and encourages them to achieve their potential in all aspects of school.

Supporting Students with Asthma

1. When a student with Asthma joins Worle Community School, or a current student is diagnosed with the condition, The Healthcare Assistant will liaise with the student and the parents to establish how the student's asthma may affect their school life and any special arrangements the student may require, for example during PE.
2. The Asthma Nurse may also be contacted, where necessary, to talk through any concerns the family or Healthcare Assistant may have.

Record keeping

3. In cases of severe asthma The Asthma Nurse will agree and complete a Healthcare Plan, detailing the student's asthma and health needs. This record will be agreed by the parents, the student and The Healthcare Assistant.
4. The Healthcare Plan is available for authorised staff to access via SIMS. The students' teachers will be made aware that a Healthcare Plan exists.
5. The Healthcare Plan will be reviewed annually, or before if the student's condition changes. Parent's/carers should inform the school of any changes in the student's condition. Staff will be notified of changes via SIMS.

Asthma medicines

6. Immediate access to reliever medicines is essential. Students with asthma are encouraged to carry their reliever inhaler.

7. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. This will be kept in the medical room in case the student's own inhaler runs out, or is lost or forgotten. Parents/carers will be informed when the inhaler has expired.
8. School staff are not required to administer asthma medicines to students.
9. The student should be accompanied to the medical room if they feel unwell or if there are concerns as to their condition.

Exercise and activity – PE and games

10. Worle School recognises that taking part in sports, games and activities is an essential part of school life for all students, including those with Asthma.
11. Teachers are made aware which students in their class have asthma and PE teachers at the school are aware of which students have asthma from the student medical conditions list.
12. Students with asthma are encouraged to participate fully in all PE lessons. It is agreed that each student will carry their own inhaler during the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.
13. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

14. The health benefits of exercise are well documented and this is also true for students with asthma. The school will therefore involve students with asthma as much as possible in after school clubs.
15. PE teachers, classroom teachers and out-of hours school sport coaches are made aware of the potential triggers for students with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School environment

16. The school does all that it can to ensure the school environment is favorable to students with asthma.
17. The school has a definitive no-smoking policy.
18. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for students with asthma. Students with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma, as outlined in their Healthcare Plan.

Asthma attacks

19. When a student with Asthma feels unwell they should be accompanied to medical.
20. All staff who come into contact with students with asthma know what to do in the event of an asthma attack via bi-annual training (or before if medical changes dictate).

7. Worle School Epilepsy Policy

School Epilepsy Policy Statement

Worle Community School recognises that epilepsy is a common condition affecting young people and welcomes students with epilepsy to the school.

Worle Community School supports students with epilepsy in all aspects of school life and encourages them to achieve their full potential.

This policy ensures all relevant staff receive training about epilepsy and administering emergency medicines.

Epilepsy may take many forms, not all include convulsions. Seizures can be described by which part or parts of the brain the epileptic activity starts in.

The three groups are:

- Partial (also called focal)
- Secondary Generalised
- Generalised

Partial seizures involve epileptic activity in just a part of the brain. Partial seizures can be divided into simple partial and complex partial.

In a simple partial seizure the person is fully conscious. They remain fully aware of their surroundings, despite seizure activity.

In a complex partial seizure a person partly loses consciousness and they are not aware of what they are doing. Because of this, they may not remember the seizure afterwards, or their memory of it will be unclear.

Generalised seizures involve epileptic activity in both halves of the brain. The person loses consciousness during the seizure.

Sometimes, the epileptic activity that starts as a partial seizure can spread to the rest of the brain. When this happens, the seizure is known as secondary generalised.

Supporting Students with Epilepsy

1. When a student with epilepsy joins Worle Community School, or a current student is diagnosed with the condition, The Healthcare Assistant will liaise with the student, parents and a member of the School Nursing Team to establish how the student's epilepsy may affect their school life.
2. This information will be discussed with the student's Head of Year/Head of House, mentor and SENCO.

3. Implications for learning, playing and social development, and out of school activities will be discussed as well as any special arrangements the student may require, for example extra time in exams.
4. Staff teaching the student will be offered a teaching session on Epilepsy to ensure any situation is dealt with appropriately. Friends of the student will also be given information where necessary so that classmates are not frightened if they have a seizure in class.
5. The Epilepsy Specialist Nurse may also be contacted, where necessary, to talk through any concerns the family or Healthcare Assistant may have, such as whether the student requires emergency medicine.

Record keeping

6. The Healthcare Assistant will agree and complete a Healthcare Plan, detailing the student's epilepsy and learning and health needs. This record will be agreed by the parents, the student and The Healthcare Assistant.
7. The Healthcare Plan is available for authorised staff to access via SIMS. The students' teachers will be made aware that a Healthcare Plan exists.
8. The Healthcare Plan will be reviewed annually or if the students condition changes. Staff will be notified of any changes in the student's condition through SIMS.
9. The Healthcare Assistant and/or SENCO will make staff aware of any special requirements, such as seating the student facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

Medicines

10. The Healthcare Plan will identify any medicines or first aid issues of which staff need to be aware. In particular it will state whether the student requires emergency medicine and the names of staff trained to administer the medicine and how to contact these members of staff.
11. Emergency medication will be stored as per the school medical policy, in line with the DfE guidance found in '*Managing Medicines in Schools and Early Year Settings*'.

First aid

12. First aid for the student's seizure type will be included on their Healthcare Plan and relevant staff will receive basic training on administering first aid.
13. The following procedure giving basic first aid for tonic-clonic seizures will be made available to staff;
 - Stay calm.
 - If the student is convulsing then put something soft under their head.
 - Protect the student from injury (remove harmful objects from nearby).
 - **NEVER** try and put anything in their mouth or between their teeth.

- Try and time how long the seizure lasts – if it lasts longer than usual for that student or continues for more than five minutes then call medical assistance.
- When the student finishes their seizure stay with them and reassure them.
- Do not try and move the student unless they are in danger.
- Do not try and restrain the student.
- Do not give them food or drink until they have fully recovered from the seizure.
- Aid breathing by gently placing the student in the recovery position once the seizure has finished.
- Sometimes a student may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment.

14. First aid procedures for different seizure types will be detailed in the students Healthcare Plan. Information on how to deal with an epileptic seizure is available to all staff.

Learning and behaviour

15. Worle Community School recognises that student with epilepsy can have special educational needs because of their condition.
16. After discussions with the student and parents, staff will be asked to ensure the student is not falling behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the school's special educational needs co-ordinator (SENCO) and School Nurse.
17. If necessary, an Individual Educational Plan will be created and if the SENCO thinks it appropriate, the student may undergo an assessment by an educational or Neuro-psychologist to decide what further action may be necessary.

School environment

18. Worle Community School recognises the importance of having a school environment that supports the needs of student with epilepsy.
19. A medical room is kept available and equipped with a bed in case a student needs supervised rest following a seizure.

School Trips

20. The Epilepsy policy also applies to any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays.
21. The student should not be excluded from school trips. The following precautions should be taken;
- A nominated person should carry medication for the trip and be trained in its use.
 - Staff leading the trip must be aware of the students' condition and the action to be taken in an emergency.
 - The student's Healthcare Plan should be taken on the trip
 - The student should be allowed to sit out of activities which trigger a seizure.

- Any concerns held by the student, parent or member of staff should be addressed prior to the activity or residential trip.

8. Worle School Diabetes Policy

School Diabetes Policy Statement

Worle Community School recognises that diabetes is a condition affecting young people and welcomes students with diabetes to the school.

Worle Community School supports students with diabetes in all aspects of school life and encourages them to achieve their full potential.

This policy ensures all relevant staff receive training about diabetes and administering emergency treatment.

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- The pancreas does not make any or enough insulin,
- The insulin does not work properly,
- Or sometimes it can be a combination of both.

Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body's cells where it is used for energy. The body's cells need glucose for energy and it is insulin that acts as the 'key' to 'unlock' the cells to allow the glucose in. Once the door is 'unlocked' the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body.

There are two main types of diabetes.

Type 1 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Students with this form of diabetes need to replace their missing insulin so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).

Students with diabetes can sometimes have short-term complications as a result of their condition. These complications include;

- Hypoglycaemia,
- Hyperglycaemia
- Ketoacidosis

Hypoglycaemia occurs when the level of glucose in the blood falls too low, usually less than 4 mmol/l. Hypoglycaemia can be caused by:

- Too much insulin
- A missed or delayed meal or snack
- Not enough food, especially carbohydrate
- Strenuous or unplanned exercise.

Hyperglycaemia is the term used when the blood glucose levels rise above the normal range, usually above 10 mmol/l. Hyperglycaemia can be caused by:

- Too little or no insulin
- Too much food
- Stress
- Less exercise than normal
- Infection or fever.

Ketoacidosis

If the early signs and symptoms of Hyperglycaemia are left untreated, the level of Ketones in the body will continue to rise and 'Ketoacidosis' will develop. Ketoacidosis is recognised by symptoms such as:

- Vomiting
- Deep and rapid breathing (over-breathing)
- Breath smelling of nail polish remover.

These symptoms are emergencies and the parents must be contacted and 999 called for the emergency services. If it is left untreated, a student experiencing diabetic Ketoacidosis (DKA) will eventually become unconscious and a coma will develop – this can be life-threatening.

Supporting Students with Diabetes

1. When a student with Diabetes joins Worle Community School, or a current student is diagnosed with the condition, The Healthcare Assistant will liaise with the student and the parents to establish how the student's diabetes may affect their school life.
2. This information will be discussed with the student's Head of Year/Head of House and Mentor.
3. Implications for learning and social development, and out of school activities will be discussed as well as any special arrangements the student may require, for example extra time in exams or being allowed to leave class at short notice.
4. Staff teaching the student will be offered a teaching session on Diabetes to ensure any situation is dealt with appropriately. Friends of the student will also be given information where necessary so that classmates are aware of action to take in an emergency.

5. The Diabetes Specialist Nurse will be contacted, where necessary, to talk through any concerns the family or School Nurse may have, such as whether the student requires emergency medicine.
6. Where necessary The Healthcare Assistant/Appointed person will supervise the administration of Insulin by the student.

Record keeping

7. The Diabetes Specialist Nurse will complete a Healthcare Plan, detailing the student's diabetes and learning and health needs. This record will be agreed by the parents, the student and Diabetes Specialist Nurse.
8. The Health Plan is available for authorised staff to access via SIMS. The student's teachers will be made aware that a Health Plan exists.
9. The Healthcare Plan will be reviewed annually or before if the students condition changes. Staff will be notified of any changes in the student's condition through SIMS.

First aid

10. Action to take in an emergency will be included on their Healthcare Plan and relevant staff will receive basic training on this.
11. Students with Diabetes have access to a 'snack box' supplied by the parent's in case of a hypoglycemia attack. Spare snacks are kept in the medical room.
12. The following procedure giving basic first aid for Hypoglycaemia will be made available to staff;

In the event of Hypoglycaemia a student with diabetes will often experience warning signs:

- Hunger
- Trembling
- Sweating
- Anxiety or irritability
- Rapid heartbeat
- Tingling of the lips
- Blurred vision
- Paleness
- Mood change
- Difficulty concentrating
- Vagueness
- Drowsiness.

Action:

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- a glass of Lucozade, coke or other non-diet drink;
- 3 or more glucose tablets;
- a glass of fruit juice;
- 5 sweets, i.e. jelly babies;
- GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

If the student still feels hypo after 15 minutes, something sugary should again be given. When the student has recovered, give them some starchy food:

- roll/sandwich;
- portion of fruit;
- 1 individual mini pack of dried fruit
- cereal bar;
- 2 biscuits, i.e. garibaldi, ginger nuts
- a meal if it is due.

Calling 999

If the student is unconscious do not give them anything to eat or drink and call for an ambulance and contact the parents.

School environment

13. Worle Community School recognises the importance of having a school environment that supports the needs of students with diabetes.
14. A medical room is available and equipped with a bed in case a student needs supervised rest following a hypo.
15. The school will provide a suitable area for students to administer Insulin in private.

School Trips

16. The Diabetes policy also applies to any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays.
17. The student should not be excluded from school trips. The following precautions should be taken:
 - Staff leading the trip should be aware of the student's condition and the action to be taken in an emergency;

- The student's Health Plan should be taken on the trip;
- Any concerns held by the student, parent or member of staff should be addressed prior to the activity or residential trip.

9. Worle School Intimate Care Policy

School Intimate Care Policy Statement

Worle Community School is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times.

The School recognises that there is a need to treat all students with respect when intimate care is given. No student should be attended to in a way that causes distress or pain.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a student after they have soiled themselves) to intimate personal areas.

In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure, (e.g. catheterisation.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the student's needs. The student's dignity should always be preserved with a high level of privacy, choice and control.

There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to the student wherever possible.

Our approach to best practice

1. The management of all students with intimate care needs will be carefully planned.
2. The student who requires intimate care is treated with respect at all times; their welfare, privacy and dignity is of paramount importance.
3. Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice.
4. Apparatus will be provided to assist with students who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
5. Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.

6. The student will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each student to do as much for themselves as they can.
7. Individual intimate care plans will be drawn up for particular students, as appropriate, to suit the circumstances.
8. Careful consideration will be given to each student's situation to determine how many carers might need to be present when a student receives intimate care. Where possible, one student will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.
9. Wherever possible the same student will not be cared for by the same adult on a regular basis; ideally there will be a Rota of carers known to the student who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.
10. Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence.
11. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the student's care plan. The needs and wishes of student and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Students

12. Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.
13. All students will be taught personal safety skills carefully matched to their level of development and understanding.
14. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the appropriate manager/ designated person for child protection.
15. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
16. If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Inter - Agency Child Protection Procedures for details).

Review Date: December 2017 (or before if changes dictate)