

Netherleigh and Rossefield School

First Aid, Medication and Chronic Illness Policy

April 2017

This Policy has been written with due regard to the *Statutory Framework for the Early Years Foundation Stage (April 2017.)* All procedures outlined below apply to all children and staff in all classes, including those in Nursery and Reception.

1. Introduction

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

2. Aims

- To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1992 and 1999, providing all staff with a practical and informative document.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

3. Objectives

- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the School's First Aid arrangements
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and 2013.
- To provide detailed guidelines for staff involved with pupils with chronic health conditions.

4. Personnel

The Proprietor is ultimately responsible for the health and safety of employees and anyone else on the premises. This includes all teaching staff, non-teaching staff, pupils and visitors (including contractors). The Deputy Head is the designated Health and Safety Officer.

5. Named First Aiders

- The First Aiders must have completed and keep updated a training course approved by the HSE. Current school staff who completed the two-day Paediatric First Aid Course in 2016 are as follows:

Jemma Clough (First Aid Co-ordinator)

Jennifer Springer

Richard Maddra

Nikki Shibboo

Sabha Qureshi

- There will be a regular review of their qualification and course attendance organised as appropriate. There is a requirement for First Aid training to be updated every three years.

- All staff who work with children aged 5 or under have completed either the Paediatric First Aid Training or a six hour Emergency Paediatric First Aid Training Course. The following staff completed the Emergency Paediatric First Aid Training course in 2016:

Lois Partington
Kate Briggs
Claire Serrant
Helen Mosley
Christina Hulme
Tania Khanom
Christopher Smith
Krystina Trybula
Sobia Bibi
Bushra Morrell
Abida Butt
Christine Outram

6. Qualifications and Training

- First Aiders will hold a valid certificate of competence, issued by an organisation approved by the HSE.
- Appointed persons will undertake one-day emergency first-aid training.
- Specialist training in first-aid for children should be arranged in a three year cycle.
- Training is provided for all relevant staff where the administration of medicine requires medical or technical knowledge. For example, in 2016 several members of staff were trained in the safe and effective use of EpiPens, while in January 2017 several members of staff were trained in how to deal with a child who suffered from Adrenal Insufficiency, which included the administration of Glucogel.

7. Appointed person

The School has appointed Jemma Clough as First Aid Co-ordinator. The First Aid co-ordinator will:

- Take charge when someone is injured or becomes ill. (Other named First Aiders can also fulfil this part of the role.)
- Look after the first aid equipment e.g. restocking the first aid boxes
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

8. First aid kit provision

- There are first aid kits in both buildings. Staff have a responsibility to know where the nearest first aid kit is kept.
- Staff will report usage to allow for restocking throughout the year. First Aid supplies are stored in cupboards outside the staff kitchen in the School building.

9. Administration of medicine – working in conjunction with parents

- School procedure regarding the administration of medicine is with due regard to the guidance exemplified in the *Statutory Framework for the Early Years Foundation Stage (April 2017.)* All procedures regarding the administration of medicine apply to all children and staff in all classes, including those in Nursery and Reception.

- **Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist. Medicines containing aspirin must only be given if prescribed by a doctor.**

- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/carer. Written records are kept in the school office, documenting each time that medicine has been administered to a child. Parents/carers are informed as soon as is reasonably practicable after medicine has been administered, and initial next to each day's entry (as well as originally signing the written record.) All documentation is stored in the school office, in a blue boxed file titled 'First Aid Medicine Forms'.

- The School is committed to promoting the good health of all pupils. Regular dialogue with parents is essential in ensuring that school policy is effectively implemented. When a parent reports a child as being ill, the relevant recommendation is made by school, in line with exemplified guidance in *Guidance on Infection Control in School and Other Childcare Settings (Public Health England.)*

10. Spillage

The term body fluid describes blood, vomit, urine, faeces, cerebrospinal fluid (CSF), sputum, semen, and vaginal secretions. Spillages of such fluids may present an infection risk to others and must be dealt with immediately.

- It is the responsibility of the staff to alert the cleaning staff to assist with spillages of body fluids.
- Protective equipment is provided for the cleaning staff.
- Gloves and an apron should be used.
- For large quantities of fluid spillage kits are provided.
- Yellow disposal bags, marked hazardous waste must be used.
- A 'wet floor' sign should be used as appropriate.
- It is assumed the pupil / person involved in the incident will be offered the appropriate assistance, assessment and referral.

11. Recording accidents and incidents

- An incident book is in place to record incidents / accidents.
- Any pupil involved in an incident or accident resulting in potential injury is seen by a Named First Aider for assistance.
- All visits to a Named First Aider are recorded on the pupil's record and the accident statistics are examined by SMT at least every term.
- An accident form is completed and sent to the Health and Safety Officer if appropriate.
- Parents are informed either by phone, letter or the pupil depending on the type of injury and resulting treatment.

12. Record keeping

- Statutory accident records: The Headmaster must ensure that readily accessible accident records are kept for a minimum of seven years.
- (DSS The Accident Book BI 510)

- A record is kept of any first aid treatment given by first aiders or appointed persons.
- This should include:
 - the date, time and place of incident
 - the name (and class) of the injured or ill person
 - details of their injury/illness and what first aid was given
 - what happened to the person immediately afterwards
 - name and signature of the first aider or person dealing with the incident.

Accident records can be used to help the SMT, Health and Safety Officer and Named First Aiders. With effective liaison it is possible to identify trends and areas for improvement, training or other needs and may be useful for insurance or investigative purposes.

13. Calling an ambulance

- If possible the pupil / person in need is seen and assessed by the first aider prior to requesting an ambulance.
- However it is the responsibility of each individual member of staff to decide on their own coping abilities and if they are concerned about the welfare of the pupil / person it is appropriate to request an ambulance.
- If an ambulance is requested reception will be informed and a member of staff will be alerted to guide the ambulance to the correct area of the school.
- The pupil's parents / guardians will be informed immediately.

14. RIDDOR Reporting

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 and 2013) under which schools are required to report to the Health and Safety Executive Online www.hse.gov.uk/riddor All injuries can be reported online but fatal and specified injuries can be reported by telephone 0845 300 99 23 Monday to Friday 08.30am – 5pm.

15. Reportable incidents

- accidents involving pupils and visitors resulting in the person being killed or being taken from the site of the accident to hospital
- the accident arises out of or in connection with work, if it relates to any school activity, both on or off the premises the way the school activity has been organised and managed equipment, machinery or substance the design or condition of the premises
- HSE must be notified of fatal and major injuries and dangerous occurrences without delay.

Visit www.hse.gov.uk/riddor/do-i-need-to-report.htm to check if an incidents needs reporting if unsure.

The Headmaster is responsible for ensuring this happens, but may delegate the duty to the Health and Safety Officer.

The Health and Safety Officer must complete the RIDDOR procedure, usually online.

The Health and Safety Officer also monitors:

PROCEDURES

- Risk assessment
- Reviews are required to be carried out at least annually, and when circumstances alter, by the Health and Safety Officer and/or Headmaster.
- Recommendations on measures needed to prevent or control identified risks are forwarded to the Headmaster and discussed with the SMT.
- Re-assessment of first-aid provision
- As part of the schools' annual monitoring and evaluation cycle any changes to staff, building/site, activities, off-site facilities will be assessed as appropriate.
- The number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- The emergency first-aid training received by other staff and organises appropriate training

16. Support for pupils with Chronic Medical conditions

Netherleigh and Rossefield School aims to offer a full and supportive curriculum to all of its pupils. Parents complete a detailed Pupil Information Sheet upon enrolling their child in the school, and every September thereafter. This ensures that the school has up to date information with regards to medical needs, dietary needs and any chronic medical conditions.

To assist staff and parents to meet the needs of pupils with chronic conditions we have guidelines for the following conditions:

- Anaphylaxis
- Aspergers syndrome
- Asthma
- Diabetes
- Epilepsy

ANAPHYLAXIS GUIDELINE

Introduction

Purpose

- To promote a consistent approach in the management of life-threatening allergies.
- To develop strategies that will protect children with life-threatening allergic reactions to the extent possible.
- To create a safer place for children to eat, learn, and play;
- To heighten staff awareness in the recognition of signs and symptoms of anaphylaxis, that will aid in the timely activation of the emergency medical aid for those individuals known or not previously known to experience anaphylactic reaction.
- To provide direction for school staff in the management of severe respiratory distress /anaphylaxis.

Training of School Staff

While it is recognised that some teachers will be concerned about the responsibility of administering an epipen it is essential that all teachers attend regular update training, to enable them to make an informed decision about appropriate treatment.

- The school nurse shall update all staff on medical emergency preparedness at the beginning of the school year. The School Nurse will identify areas to be covered during these meetings to provide consistency in training staff.
- Training will include possible causes of reaction, warning signs action appropriate to symptoms and use of epipen.
- It is the responsibility of the Deputy Head to inform the substitute teacher who has yet to attend the Medical Emergency update of students in his/her classroom with medical problems and the location of the individual health care plans for each student.
- The Deputy Head will inform all teachers who have a child in their class with an epipen as soon as possible, at the start of each school year.
- There will be one in the school office and the child will have one in their classroom.

Classroom Teacher/Specialist Responsibilities

- Review any student Individual Health Care Plan (IHCP) with the school nurse.
- Ensure that you have access to a mobile phone to contact the school nurse / emergency services, when leaving the school building for outside activities.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Ensure that you are familiar with the use of an epipen, that you are aware of the procedure to follow and where the medication is kept.
- Snack and lunch time:
 - Avoid cross contamination of foods;
 - Reinforce hand-washing before and after eating, whenever possible;
 - Encourage the child to take responsibility in the dining hall.
- If a bee/wasp gets in classroom, immediately remove child with this allergy from the room.

- The school will remind parents when the pen is about to expire but the overall responsibility for provision of epipens is parental.

Staff responsibilities

1. Encouraging students with allergies to:
 - Take as much responsibility for avoiding allergens as possible (age appropriate);
 - Not trade or share food;
 - Wash hands before and after eating;
 - Learn to recognise symptoms of an allergic reaction;
 - Promptly inform an adult as soon as accidental exposure occurs or symptoms appear;
 - Know where the epipen auto-injector is located and who has access to the medication;
 - Read food labels;
 - Speak to the school nurse and/or another trusted adult in the school to assist in identifying issues related to the management of the allergy in school.

Kitchen/Server Responsibilities

- List of those children with allergies will be placed in the kitchen.
- Ensure you can contact a First Aider or senior member of staff.
- Never question or hesitate to act if a student reports signs of an allergic reaction.
- Ensure that you are familiar with the use of an epipen.
- Read all food labels and recheck routinely for potential food allergens.
- Will take every precaution so as not to prepare or serve any menu options containing nuts.
- Maintain contact information for manufactures of food products. (Consumer Hotline)
- Provide information regarding ingredients and menus.

Parent/guardian(s) Responsibilities

1. Inform the school nurse of a child's allergies prior to the opening of school (or as soon as possible after a diagnosis).
2. Complete the Pupil Information Form and return to school nurse at the start of the year. This will include a list of foods and ingredients to avoid, the phone numbers and the name of the emergency contact person.
3. Provide school with medication orders from the licensed provider and epipen auto-injector(s) when appropriate.
4. Discuss the individual health care plan with the school.
5. Consider providing child with a medical alert bracelet / card.
6. Provide the school with the licensed provider's statement if a child no longer has allergies and to update annually or as any change occurs to enable us to add or remove information from pupil records.
7. Provide, and keep up to date, 2 epipens for School – one for the classroom, and one for the first aid cabinet.

Individual Health Care Plan

- As part of the enrolment process, the parent/guardian of students with allergies or pre-existing anaphylactic reactions as well as other medical problems will meet with the school to develop an individual health plan, initiate medication orders, medication administration plans and parent/guardian authorisations for each medication received. The Pupil Information Form will have emergency information such as people to contact, phone numbers and doctor's details and will be in the school office.
- A recent photo for the student with an epipen order will be placed on the emergency care plan.
- Information on all those with an epipen order, together with a photograph, to be placed in all departmental handbooks and displayed in the staff room, (unless there is parental objection to this).

School trips

School Trips – School responsibility

- Once informed of the trip the school will provide the epipen and epipen container with all contact numbers / information enclosed, for the teacher to carry.
- The teacher responsible for the field trip will ensure the parent/guardians location and phone numbers are where they can be reached in the event of an emergency. This teacher will also have the name of and the phone number of the nearest hospital.
- A cell phone and/or another communication device must be available on the trip for emergencies.
- Children will be requested to avoid allergens on the school bus.

Tips and advice for parents when planning School trips

The Anaphylaxis Campaign is aware that, for many severely allergic children, going on school trips can pose many challenges and obstacles. Below are some tips which we hope will make planning for school trips a bit easier for everyone involved: staff, parents and, of course, the allergic children.

Before the trip

Prepare well in advance. Contact the Activity Centre, if appropriate, before going to make sure they are aware of your child's allergy. Send them an information sheet about allergies.

Make sure the teacher organising the trip is fully aware of your child's allergy.

Food/catering tips

Speak to the party leader before the trip and designate them to introduce themselves to chef/catering staff so the allergic child has a point of contact.

Medication/treatment protocol tips

Ensure accompanying staff are informed and feel comfortable with dealing with allergy. If they haven't received training, offer to contact the school nurse to arrange training. Write down each medicine, when and how much to have.

Tips for the pupils

Make sure people around you know about your allergy.

If you are in any doubt about what you are eating, politely but firmly refuse. Take snacks with you in case there is something you can't have. Pack a few

biscuit/bars etc as it's often the puddings that are tricky. Small packets of cereals are good standbys for breakfasts.

Don't let it stop you having fun!

ASPERGERS SYNDROME SUPPORT GUIDELINES

Netherleigh and Rossefield School is able to offer support to pupils who are able to cope with the academic work but have a diagnosis of Aspergers or show tendencies. The symptoms can be varied and therefore each pupil is assessed and an individual care plan formulated with appropriate members of staff.

The following information gives some general background information and advice to staff who may be involved in teaching of the pupils or supervising trips.

Understanding some of the background enables staff to adjust their teaching methods and general approach to help the pupil in a way that ensures maximum understanding and allows them to attain their full academic and social potential.

General guidelines for trips

Possible Social Characteristics:

- Difficulty accepting compliments
- Immature manners
- Impulsive when asked his opinion (no sugar coating to spare the other person's feelings)
- Shyness
- Avoiding eye contact
- Anxiety about being able to 'fit in'
- Bizarre sense of humour (they don't get the punch line of a 'regular' joke, but their own punch lines are not funny to others)
- Difficulty with social pleasantries (when coming over to your house he may go straight to the TV and change the channel without greeting you or respecting the channel you were watching)
- Difficulty consoling others. If someone tells them about something that is making them sad, he may respond "You're depressing me."
- Strong expression of likes and dislikes. In a restaurant they may say to the waiter "I hate onions!"
- Rigid adherence to rules, with no flexibility
- Excessive talking, especially when nervous
- Difficulty distinguishing between acquaintance and friendship
- Limited clothing preference, wears the same thing all the time
- Difficulty judging the personal space of others (stand too close)
- Difficulty distinguishing sincerity from sarcasm (other kids take terrible advantage of this)

Physical Manifestations:

- Hypersensitivity to any or all of the 5 senses
- Clumsiness
- Difficulty with balance and coordination
- Unusual posture
- Problems with gross and fine motor skills
- Sleep difficulties
- Verbosity
- Poor personal hygiene (possibly sensitivity to grooming products + they don't see how others perceive them)

Cognitive Characteristics:

- Confusions during times of stress
- Difficulty reading social cues such as the other person's interest (or lack of) in a one-sided conversation
- Inability to 'read between the lines'
- Literal interpretations of sayings, phrases, metaphors and expressions
- Dependence on step by step instructions (no multi-tasking)
- Not giving consideration to other people's schedules, priorities or agendas
- Difficulty 'putting themselves in someone else's shoes' (how would they feel in that situation?)
- Appear to lack 'common sense'
- May have hidden self-anger or resentment of others
- Do not adjust well to changes in plans, routines or surroundings (they don't like change and don't like surprises)

Basic Information for staff taking any pupil with AS on trips

The attached information gives an overview of the traits experienced by a pupil with AS.

It is unlikely that the pupil has all the traits but the main concerns for school trips are:-

- A change in routine is very stressful, even a different room
- Not knowing the timetable or expected daily outcome can cause stress
- When stressed instructions to the pupil will need to be very clear and concise
- The pupil is more likely to react to stress in their own way (there may be no obvious reason)
- This will often mean switching off or ignoring the stressors - (this may be the staff / pupils / instructions if unclear to them)
- Reassurance and repetition of requests may be needed
- Their interactions with peers may be alter during the trip

Any pupil with AS needs staff to be aware and supportive as appropriate to help them enjoy the trip as much as possible.

ASTHMA GUIDELINES

Netherleigh and Rossefield School:

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognises that pupils with asthma need immediate access to reliever inhalers at all times
- keeps a record of all pupils with asthma and the medicines they take
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensures that all pupils understand asthma
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- understands that pupils with asthma may experience bullying and has procedures in place to prevent this
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurse, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The school office will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer. It is parents / carers responsibility to replace out of date inhalers. However the school will try to ensure reminders are sent out each term as appropriate.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff will let pupils take their own medicines when they need to.

All parents/carers of children with asthma are sent a letter requesting a spare inhaler and their condition is recorded on the Pupil Information form under medical conditions.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with staff that if a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Teachers follow the same principles as described above for PE during class-based lessons.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true

for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

- School teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go to the School Office if particular fumes trigger their asthma.

Asthma attacks

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack.

Headmaster

The Headmaster has a responsibility to:

- plan an individually tailored school medication and chronic illness policy with the help of school staff, the school nurse, local education authority advice and the support of their employers
- plan the school's approach to managing asthma in line with devolved national guidance
- liaise between interested parties – school staff, the school nurse, parents/carers, governors, the school health service and pupils
- ensure the plan is put into action, with good communication of the policy to everyone
- ensure every aspect of the policy is maintained
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the school asthma policy
- regularly monitor the policy and how well it is working
- delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register.

School staff

All school staff have a responsibility to:

- understand the school policy on asthma
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- ensure pupils who have been unwell catch up on missed school work

- be aware that a pupil may be tired because of night-time symptoms
- keep an eye out for pupils with asthma experiencing bullying
- liaise with parents/carers and colleagues if a child is falling behind with their work because of their asthma.

School nurse

Netherleigh and Rossefield School works closely with a school nurse, who has a responsibility to:

- help plan/update the school asthma policy
- if the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma
- provide information about where schools can get training if they are not able to provide specialist training themselves.

DIABETES GUIDELINES

Netherleigh and Rossefield School:

- recognises that diabetes is a life long condition and offer students support to fulfil their potential.
- ensures that pupils with diabetes can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognises that pupils with diabetes need a private area to inject / blood test.
- keeps a record of all pupils with diabetes
- ensures that the whole school environment, including the physical, social, sporting and educational environment offers full support as needed
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with diabetes know what to do in a hypo attack
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully. Parents/carers are asked to ensure that the school is provided with any necessary equipment to support the student in an emergency. In the event that a child in school is diagnosed with diabetes, the school will keep spare blood sugar monitoring equipment and glucose.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have diabetes.

Hypoglycaemic attacks

- All staff who come into contact with pupils with diabetes know what to do in the event of an attack.
- In the event of an attack the school follows the procedure outlined by Diabetes UK.

School staff

All school staff have a responsibility to:

- understand the school policy
- know which pupils they come into contact with have diabetes
- know what to do and how to recognise a 'hypo' attack
- alert a First Aider if there are any concerns
- tell parents/carers if their child has had an attack
- ensure pupils have their glucose / insulin with them when they go on a school trip
- ensure pupils who have been unwell catch up on missed school work
- liaise with parents/carers and colleagues if a child is falling behind with their work because of their diabetes.

School nurse

Netherleigh and Rossefield School works closely with a school nurse, who has a responsibility to:

- help plan/update the school diabetes policy
- support the needs of each pupil

EPILEPSY GUIDELINES

Netherleigh and Rossefield School:

- Recognises that epilepsy is a lifelong condition and offer students support to fulfil their potential.
- ensures that pupils with epilepsy can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- Recognises that pupils with epilepsy may need support with various aspects when dealing with their condition.
- keeps a record of all pupils with epilepsy
- ensures that the whole school environment, including the physical, social, sporting and educational environment offers full support as needed, and privacy in the event of an episode
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils have an understanding about their needs.
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Parents/carers are asked to ensure that the school is provided with any necessary equipment to support the student in an emergency.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have epilepsy.
- Pupils with epilepsy are encouraged to participate fully in all PE lessons. Teachers take extra care to assess each individual child as appropriate.

Epileptic episodes

All staff who comes into contact with pupils with epilepsy know what to do in the event of a seizure.

School staff

All school staff has a responsibility to:

- understand the school policy
- know which pupils they come into contact with have diabetes
- know what to do and how to recognise a seizure
- tell parents/carers if their child has had an episode
- ensure pupils who have been unwell catch up on missed school work
- liaise with parents/carers and colleagues if a child is falling behind with their work because of their condition.

School nurse

Netherleigh and Rossefield School works closely with a school nurse, who has a responsibility to:

- help plan/update the school epilepsy policy