

# ***Wood Green Academy***

# **Health Policy**

2024/2025

***At WOOD GREEN ACADEMY the health of students is paramount. All members of the school community act in a professional capacity to support the well-being of all. This is achieved by the delivery of a comprehensive Health Education Programme and well established procedures.***

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## *Student Welfare Manager and First Aiders*

## **Student Welfare Manager**

At Wood Green Academy we have a Student Welfare Manager who is Primary First Aider. A medical referral system is in place and all staff familiarise themselves with this information (see Medical Referral Flowchart).

Our Student Welfare Manager works closely with the School Health Nurse Team, who visit regularly and can be contacted on 0121 612 2974.

## **First Aid**

There are a number of qualified First Aiders on site and first aid kits can be found around school.

A list of First Aiders is available on the T:Drive under Staff Information, Department Specific, Health & Safety, First Aid, First Aider List and Location.

# ***Procedures for students falling ill during the school day***

**See Appendix A – Medical Referral Flowchart**

## **Annual CHECKLIST for Staff**

- ☐ Read **Medical Referral Flowchart** (in Policy and in Teacher folder)
- ☐ Have a stock of **Out of Lesson Permission Passes** (in folder and available from Resources and Reception)
- ☐ When taking on a new class/group of pupils:
  - *On SIMS go to class register. Where it says Student Name, right click and a drop down menu will appear. If there is a black dot beside the student's name, there is a medical condition. To look at details click on students' name. There are links on the right hand side of the screen. Click Student Details, go to Tab 7 (medical). Details will be shown.*
  - *Next, click on the relevant section of the Health Policy to gain awareness of the condition and to become acquainted with the relevant **Flowchart** (procedures), which will also be carried by Med flag students*

## ***Medical Flag conditions***

# **Anaphylaxis**

## **Introduction**

This information seeks to give guidance for Teachers on the awareness of anaphylaxis in school and includes the following:

- Basic information about the condition of anaphylaxis
- Recommendations in respect of school activities, record keeping and training
- Practical advice of how to deal with anaphylactic reaction

## **What is Anaphylaxis?**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. It is a harmful response by the body to a substance. Anaphylaxis in the most severe form can be life threatening, but can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Approximately 7% of the population are allergic to food and/or insect stings/bites. It is, therefore, likely that most Teachers will come into contact with a student with anaphylactic reaction at some time during their teaching career.

If anaphylaxis is dealt with calmly and reassuringly, the student will benefit and other students will develop a healthy and accepting attitude towards the condition.

## **The most common causes/triggers**

- Insect bites/stings
- Tablets/medication
- Food e.g. Nuts, peanuts, eggs, fish, dairy products

Avoidance of the trigger, along with access to the child's emergency medication, is necessary to enable the student to be safe in school. In all other respects, the student's education should be normal.

## **Characteristic of Anaphylaxis**

It is characterised by swelling. Signs and symptoms will normally appear within seconds or minutes after exposure to the allergens.

These include:

- Skin = Itchy, flushed, rash, 'wheals'
- Face = Swelling of mouth, lips and tongue
- Throat = Swelling of vocal cords, hoarse voice
- Airways = Swelling resulting in a wheeze or an asthma attack
- Digestive System = Abdominal pain, nausea, vomiting, diarrhoea
- Collapse/Unconscious

**School activities**

A student with anaphylaxis condition should be allowed to participate as fully in school as possible. Children at risk of an anaphylactic reaction are individuals and need to be assessed as individuals.

The school will consider the level of supervision for certain curriculum activities, including Physical Education, Design and Technology, Science and off-site visits.

**Record keeping**

It is important that all members of staff in school are aware of any child who is at risk of anaphylactic reaction. Relevant medical information is provided in the Pupil Care Plan drawn up by the School Health Nurse Advisor. This information can be shared with all staff.

Should a child have an anaphylactic reaction in school, a record of the date, time and length between contact of the allergens and the onset of an anaphylactic reaction is helpful, where possible. This information will be passed on to the Parents/Carers and the Doctor who is caring for the child's condition. The Student Welfare Manager organises a Pupil Care Plan for each child.

**Training**

The school's Health Nurse Advisor offers staff annual updates to support in the management of anaphylaxis in school.

Further information is available from Dawn Wright, School Health Nurse Advisor (Telephone 0121 612 2940).

For guidance on how to deal with an anaphylactic reaction:

**See Appendix B – Anaphylaxis Flowchart**

# **Asthma**

## **Introduction**

Wood Green Academy COSMAC fully endorses the Every Child Matters agenda and, therefore, embraces the needs of children of school age with asthma, to ensure we are fully aware of their individual health needs.

## **Statement**

This policy ensures that students' individual health needs are met.

At Wood Green Academy we:

1. Recognise the needs of students with asthma
2. Ensure that students with asthma participate fully in all aspects of school life, including PE.
3. Recognise that immediate access to the student's reliever inhaler is vital.

## **What is Asthma?**

Asthma is a long-term condition affecting the airways. People with asthma have airways that are almost always sensitive and inflamed and when they come into contact with a trigger factor they may develop symptoms of asthma. The most important fact about asthma is that it can usually be controlled if the right medicines are used correctly.

## **Guidance**

In order to achieve our policy statement, the following guidance is recommended:

1. All staff are given basic awareness training about asthma and the use of an inhaler
2. All staff have a clear understanding of what procedures to follow when a student has an asthma attack
3. Inhalers for pupils are accessible at all times. All students should carry their own inhaler. School also hold a generic inhaler in the Medical Room
4. The school maintains a register of known students with asthma

## **Management of Asthma in schools**

Early administration of the blue reliever inhaler will cause the majority of attacks to be completely resolved. Students should generally be responsible for their own treatment. When this is not the case, parents/carers should supply a labelled inhaler and, if needed, a spacer device to be kept in the Medical Room by the Student Welfare Manager. Parents/Carers should provide written details of the dose of reliever to be taken if the student has symptoms of asthma whilst at school, together with consent for use of emergency inhaler. Information should be dated and signed by the Parents/Carers. Parents/Carers should notify the school of any changes.

## **Training:**

School Health Advisor will provide training to all staff where necessary.

### **Record Keeping**

The Student Welfare Manager will:

- Complete asthma details in conjunction with Parents/Carers
- Provide written asthma awareness advice for all school staff
- Check each child's inhaler device for working order and expiry date that is held in the First Aid Room.

Parents/Carers will be asked to ensure that their child's inhaler is

- correctly labelled
- in good working order
- in-date (not expired)

Information/details are provided by Parents/Carers who have responsibility for informing school of any changes.

The information on the register should be checked and updated annually by the Student Welfare Manager.

### **Safety and hygiene issues**

The drug in blue inhalers used to relieve symptoms of asthma is very safe and even if too much is taken will not cause harm. However, students can only use inhalers prescribed to them by their GP.

For guidance on how to deal with an Asthma attack:

**See Appendix C – Asthma Flowchart**



# Epilepsy

## Introduction

This information seeks to give guidance for Teachers in the awareness of Epilepsy in school and includes the following:

- basic information about the condition of epilepsy and seizures
- recommendation in respect of school activities, record keeping and training.
- practical advice of how to deal with seizures.

## What is Epilepsy?

One person in every 130 has epilepsy and 75% of people with the condition will have their first seizure before the age of 20. It is, therefore, likely that most Teachers will come in contact with a student with epilepsy at some time during their teaching career.

If epilepsy is dealt with calmly and reassuringly, the student will benefit and other students will develop a healthy and accepting attitude towards the condition.

- Epilepsy is a descriptive term and not a specific illness or disease.
- It is an altered chemical state of the brain leading to outbursts of extra electrical activity within it.
- People with epilepsy may have seizures or fits.

## What is a seizure?

There are many types of seizures, the most common being Absence (Petit mal) and Tonic Clonic (Grand mal).

### Absence seizures

This type of seizure may be difficult to detect as it involves the student losing concentration and becoming vacant for a few seconds.

### Tonic Clonic seizures

In this type of seizure the student will fall to the ground and be stiff (tonic). There is then a period of rhythmical jerking, shaking or a tremor (the clonic phase). After a period of time the jerking stops and there may be a period of sleep, lasting from 15 minutes to several hours.

***THE CLONIC PHASE SHOULD LAST NO LONGER THAN FIVE MINUTES. IF IT CONTINUES FOR ANY LONGER A PARAMEDIC AMBULANCE SHOULD BE CALLED IMMEDIATELY.***

Some students may have a seizure which lasts a long time. In this case their Doctor may prescribe medication to shorten the seizure. For these students a Pupil Management Plan should be drawn up.

## School Activities

The student with epilepsy should be allowed to participate as fully in school life as possible. Students with epilepsy are individuals and need to be assessed as individuals.

School will need to consider the level of supervision for certain curriculum activities including Swimming, Physical Education, Design and Technology, Science and off-site visits.

**Record Keeping**

It is important that all members of staff within the school are aware of any student who has epilepsy. Relevant medical information is provided in the Pupil Care Plan.

Should a student have a seizure in school a record of the date, time and length of the seizure would be helpful to the Parents and the Doctor who is caring for the student's condition.

A Pupil Care Plan should be drawn up in conjunction with Parents, School, School Health Advisor and Student Welfare Manager. This will enable the staff to give the best care to the student. This should be reviewed annually.

**Training:**

School Health Advisor will provide training to all staff where necessary.

For guidance on how to deal with an Epileptic seizure:

**See Appendix D – Epilepsy Flowchart**

# Diabetes

## Introduction

The number of children with Diabetes is increasing and now affects about 1 in 400 children of school age. Most Teachers will come across at least one student with diabetes during their career.

Diabetes cannot be cured, but can and must be controlled.

## What is Diabetes?

Diabetes Mellitus is a condition which develops when the body is unable to maintain the correct amount of glucose in the blood.

There are two main types of Diabetes and the management of these is different.

- Type 1 is solely Insulin Dependent
- Type 2 can be treated with diet, tablets and insulin.

The majority of children/adolescents have Type 1 diabetes. This means that they are unable to produce insulin within their bodies. Without insulin, the child's body cannot use glucose. **THIS IS LIFE THREATENING.** All children and young people who have Type 1 Diabetes require insulin injections and dietary modifications for life.

Children with Type 2 diabetes are managed on oral medication, together with a healthy diet and exercise. The incidence of Type 2 diabetes is increasing in children due to changes in society: this is linked to the increase in childhood obesity.

## Disability Discrimination Guidance for Diabetes

Students with medical needs have the same rights of admission to a school as other students.

An individual health care plan can help identify the necessary safety measures to support students with medical needs and ensure that they and others are not put at risk.

Diabetes should not be the cause for being excluded from any type of activity nor for non-attendance at school.

## School Management on a Day-to-Day Basis

Parents/Carers should provide the school with a box of emergency supplies. This should be clearly marked with the student's name. The contents should include Glucose tablets/sweets or equivalent, small bottle of Lucozade, cereal bar or snack bar, packet of plain biscuits and hypostop or glucogel. This will be stored in the First Aid Room.

Students with diabetes should not use their condition as an excuse for not participating in any physical activity. Some students may need an extra snack before exercise. Diabetes should not be an excuse for opting out of school activities.

## Examinations

Students perform best in examinations when their diabetes is well controlled. Blood glucose levels should be measured immediately before exams; this is the student's responsibility. Students with diabetes should be allowed to bring food and drinks in case a hypo occurs during an examination.

## **Hypoglycaemia**

Hypoglycaemia is the most likely problem to be experienced in school. This occurs when the blood glucose drops below the normal level. Most students will have warning signs that will alert them. Below are some of the signs and symptoms:

- Excessive Sweating
- Trembling
- Feeling weak or cold
- Confusion
- Slurred Speech
- Personality change
- Pins & Needles
- Nausea & Vomiting
- Paleness
- Anxiety
- Headache
- Sleepiness
- Blurred Vision
- Hunger
- Pounding Heart

### **Common causes of hypoglycaemia are**

- Too much insulin
- Not enough food
- Exercise
- Delayed meal
- Stress
- Hot weather

***HYPOGLYCAEMIA MUST BE TREATED IMMEDIATELY.***

If untreated the student may become unconscious and/or have a seizure.

## **Hyperglycaemia**

This is when the blood glucose level is too high. Below are some of the signs and symptoms of hyperglycaemia:

- Excessive Thirst
- Passing Urine Frequently
- Tiredness
- Blurred Vision
- Nausea & Vomiting
- Abdominal Pain

### **Common causes of hyperglycaemia are:**

- • Too much sugary food
- • Not enough insulin/omission of insulin
- • Less exercise than usual
- • Illness and or infection and high temperature
- • Stress

Hyperglycaemia - high blood glucose levels can be confirmed with blood glucose monitoring. Over 17 mmol/l parents need to be informed.

If untreated hyperglycaemia can lead to a life threatening condition called ketoacidosis. Urgent hospitalisation is required.

### **Blood Glucose Monitoring**

Students with diabetes need to ensure that their blood glucose levels remain stable and may need to check their levels at school by taking a small sample of blood and using a blood glucose meter at regular intervals.

The aim is to keep the blood glucose level close to the normal range of 4-10 mmol/L. Blood glucose testing involves pricking the finger, using a special lancet device to obtain a small drop of blood.

This is then placed on a reagent strip, which is read by a small glucose meter. If these tests are needed in school, the Parents/Carers will need to supply the strips and lancets and the pupil's own individual meter. It is the parents'/Carers' responsibility to perform any quality control checks regularly. ALL sharps and used blood test strips must be disposed of in a sharps bin, which is also provided by the Parent/Carer.

All equipment will be stored in the First Aid Room and needs to be clearly labelled with the pupil's name.

### **Self Administration of Insulin in School**

Insulin should only be taken in school when essential: that is where it would be detrimental to a student's health if insulin were not administered during the school day.

It is good practice to support and encourage students to take responsibility to manage their own insulin injections. The Student Welfare Manager/First Aider may only need to supervise if required.

It is the parent's/Carers' responsibility to ensure a container is provided with the insulin in and that it is clearly labelled with the name of the pupil. This will be stored in the First Aid Room. Parents/Carers are responsible for ensuring date-expired insulin is returned to a pharmacy for safe disposal.

### **Sharps Disposal**

Sharps bins MUST always be used for disposal of needles from insulin pen devices and blood glucose monitor lancets.

### **Training:**

School Health Advisor will provide training to all staff where necessary.

Further information is available from:  
Sandwell Children's Diabetes Specialist Nurses  
Telephone 01922 656543 or 07825 725133.

For guidance on how to deal with Diabetes:

## **See Appendix E – Diabetes Flowchart**

## ***Medical/Toilet pass***

Some students suffering from diverse medical conditions may be issued with a Temporary/Permanent Medical/Toilet Pass by the Student Welfare Manager. Staff must take note of the information on each individual pass and adhere to the advice.

## ***Crutches***

Students who need to temporarily use crutches to get around school must be allowed to leave lessons 5 minutes early and must be accompanied by another student to carry his/her bag and open doors.

## ***Immunisations***

Immunisation against infectious diseases has been the most successful Public Health intervention in World Health.

Immunisation is a method of protecting against serious infectious diseases. Once immunised our bodies are better able to fight those diseases should we come into contact with them.

A child is at greater risk if he /she has not been immunised.

Vaccinations will be offered to children in school to protect them against diseases through adolescence and adult life.

These include the following:

**Year 7 -13** Vaccination UK are introducing Flu Spray Immunisation

**Year 8** – HPV -Human Papilloma Virus – Protection against 4 types of Cervical Cancer and Prostate Cancer

**Year 10** – DTP - Diphtheria, Tetanus, Polio (1 Injection) & Meningitis ACWY (2 Injections)

For more information visit

<http://www.torfaenfis.org.uk/docs%5CTeenage%20immunisations.pdf>

If you would like to discuss this further please contact the Immunisation Team based at Glebiefelds Health Centre on **0121 530 8035**

The Student Welfare Manager liaises with the Immunisation Team to ensure that all pupils are offered routine or booster injections.

Consent forms and information leaflets for any injections are sent home with students.

**At Wood Green Academy routine immunisation schedule is followed:**

### **HPV**

The HPV vaccine protects against the four strains of HPV that cause cervical cancer in over 70% of women and other cancers in men. It does not protect against any other sexually transmitted infections or against pregnancy. The vaccine will be offered every year to 12-13 year old female and male students - school Year 8.

Because the HPV vaccine does not protect against ALL cervical cancers, it is really important for all girls to have cervical screening later in life.

### **DTP and MenACWY**

Low Dose Diptheria, Tetanus and Polio (1 injection) and Meningitis C (1 injection) is a booster vaccine given to young people between the ages of 13 and 18 - school Year 10. DTP is a booster vaccine which tops up protection against three different diseases, Diptheria (D), Tetanus (T), and Polio (P).

Vaccination is not compulsory - a consent form will need to be signed by the parent/carer before each vaccine is given. The school vaccinations team will be responsible for administering all vaccinations in school. Further information is available from <http://www.immunisation.nhs.uk>

## ***School Trips***

If a child is due to go on a school trip and they have a medical condition that requires medication, it is the responsibility of the child and his/ her parent/ carer to ensure that adequate medication is provided for him/ her during the duration of the trip. If they do not bring the required medication they will not be able to go on the trip.

## ***Other issues***

In the event of an epidemic or pandemic Wood Green will follow the advice issued by the local authority and Government regarding all aspects of monitoring, control and health and safety.

## ***Overview of Health and Relationship Education provided through the Step up 4 life programme (SU4L)***

### **Year 7**

Puberty, Forming Positive Relationships, Emotional Well Being, Smoking and Tobacco awareness

### **Year 8**

Body Image, Healthy Eating, Personal Hygiene, Dealing with Bereavement, Importance of Sleep to Emotional wellbeing, and Exploring Relationships including Stereotypes based on Gender Identities

### **Year 9**

Sex and Relationships (including consent) Contraception, STI's, Mental Health Issues including Online Stress and FOMO , Drugs and Alcohol awareness , CSE .

### **Year 10**

FGM, Relationship abuse (including Domestic Violence and controlling behaviours), dangers of knife crime and gang culture, Body Image and Media Pressure, Self-Harm and Eating Disorders, Basic First Aid Skills Inc. CPR

### **Year 11**

Exercise and Mindfulness Techniques, Addictive behaviours i.e. gambling

### **Year 12/13**

Mental Health Awareness and Mindfulness techniques Alcohol and Drug awareness, Healthy Eating on a Budget, Sexual Health: STI's and Contraception, Consent, exploring body enhancements including tattoos and cosmetic surgery and the use of dietary supplements



Other Health related issues covered through Step Up 4 Life:

- Outdoor Safety
- Dealing with uncomfortable feelings
- Healthy Eating
- Fire Safety and Arson
- Personal safety
- Online Safety
- Peer Conformity and Peer Influence
- Risky Behaviour
- Stresses and strains
- Knowing Myself
- Health + Safety
- 'Safety going out'
- Binge Drinking
- Driver Safety
- ASBO
- Road safety
- Run, Hide and Tell
- Radicalisation
- Sexuality and Gender Stéréotypes
- Respect, Tolerance and Inclusivity
- Knife crime
- Eating Disorders
- SEMH

## ***Advice and Guidance provided by the Student Welfare Manager and School Nurse Team***

The Student Welfare Manager is based in school between the hours of 8.15am and 4.15pm on a Monday' 8.15am and 3.45pm Tuesday to Thursday and 8.15am – 3.15pm on a Friday. Referrals can be made to outside agencies/service providers, who then engage and work with students. Parental consent is not always required. However, students are encouraged to discuss any issues with their Parents/Carers.

Referrals can be made to outside agencies/service providers, who then engage and work with students. Parental consent is not always required. However, students are encouraged to discuss any issues with their Parents/Carers.

**There is a Counsellor in school two days per week**, and holds regular sessions with students, following referral.

Below is a list of some of the agencies we work with:

- School Health Nurse Service
- Local Safeguarding Children's Board
- BEAM (Counselling)
- CAMHS – Child and Adolescent Mental Health
- Sandwell Stop Smoking Service
- DECCA- Drug Education, Counselling and Confidential Advice
- SOADA- Sandwell Organisation Against Domestic Abuse
- LGBT- Lesbian, Gay, Bisexual and Transgender
- Sandwell Young Carers
- Womens' Aid
- Police and Fire Services
- Brook
- CSE Team
- LACE
- Family solutions
- Early Help
- Kaleidescope
- Kooth
- Relate
- Young carers

## ***Related Policies/Documents***

- Step up 4 life Programme
- Healthy Schools Award
- Safeguarding Policy
- RSE Policy

*July 2024 JCW/ DY*