



Supporting Pupils with Medical Conditions Policy



CURRENT

APPROVED – MARCH 2017
REVIEW – MARCH 2018
PERSON RESPONSIBLE – ASSISTANT HEAD - INCLUSION

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Introduction

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Our aim at Hillside is that parents will feel confident that we will provide effective support for their child's medical condition and that all our pupils feel safe. In making decisions about the support we provide, we receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. At Hillside we aim to ensure that any reintegration back into school is properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010 or have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan. For these children additional support will, of course, be provided to address their needs.

Almost all children will at some stage during their time in the school have a short term medical need and some of these will need medicines to be administered during the day. Such medicines will only be administered during the school day by school staff where it would be detrimental to the child's health were the medicine not to be administered during that time. In such cases, parents/carers will be required to complete the form set out in Appendix A.

The role of the governing body

1. The governing body will ensure that arrangements are in place to support pupils with medical conditions so that such children can access and enjoy the same opportunities at school as any other child. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration will also be given to how children will be reintegrated back into school after periods of absence.
2. In making their arrangements, the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening, and that some will be more obvious than others. The governing body will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. The governing body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. The governing body will ensure that staff are properly trained to provide the support that pupils need.
4. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child with a medical condition will be denied admission to Hillside or be prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body must have regard to the health of all the pupils in school and ensure that no pupil is put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where to do so would be detrimental to the health of that child or any other pupils at the school.
5. The governing bodies will ensure that this policy is fully implemented (see below), is reviewed annually and is readily accessible to parents and school staff.

Policy implementation

The Headteacher has overall responsibility for policy implementation, but day-to-day management and implementation of this policy will be the responsibility of the Assistant Head – Inclusion (assisted by the Safeguarding Support Officer (Medical Needs) (“SSO MN”)) who will have responsibility, inter alia:-

- (i) for ensuring that sufficient staff are suitably trained;
- (ii) for ensuring that all relevant staff are made aware of the child's condition, including any supply or support adults working with that child;
- (iii) for ensuring that appropriate cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available;
- (iv) for the completion of risk assessments for school visits, holidays, and other school activities outside of the normal timetable for any children with medical conditions, and
- (v) for monitoring Individual Healthcare Plans.

Procedure to be followed when notification is received that a pupil has a medical condition

When notification is received that a pupil has a medical condition or that his/her medical needs have changed or where the school is made aware that a child with a medical condition will be attending, the following procedure will be followed:-

1. The Assistant Head – Inclusion (assisted by the SSO MN) will be notified by the member of staff receiving the information as soon as possible.
2. The Assistant Head – Inclusion (assisted by the SSO MN) will as soon as possible place the pupil onto the list of children with a medical condition on the school's Needs Profile, so that all staff are aware of the need.
3. The Assistant Head – Inclusion (assisted by the SSO MN) will as soon as possible make arrangements for a personal meeting or telephone call with parents/carers to discuss the child's needs and how this may impact on the child's learning as well as how best any barriers to learning can be overcome and what adaptations or arrangements may be necessary to ensure that their child can access and enjoy the same opportunities at school as any other child. Whenever appropriate, the child should also be involved in these discussions.
4. The Assistant Head – Inclusion (assisted by the SSO MN) will as soon as possible make arrangements to contact the relevant healthcare professionals involved with the child and obtain full information as to the needs of the child as well as requesting any healthcare plan that may already be in place. The relevant healthcare professional might be the child's doctor or the school, specialist or children's community nurse, whoever can best advise on the particular needs of the child.
5. As soon as possible following the above meetings and information-gathering, the Assistant Head – Inclusion (assisted by the SSO MN) will make arrangements for an Individual Healthcare Plan to be drawn up taking into account the views of the child (where appropriate), the parents/carers and healthcare professionals. This will then be sent out for approval to parents/carers and relevant healthcare professionals.
6. Once agreed, the Individual Healthcare Plan will be disseminated to all those adults working with the child. In addition, a copy will be displayed in the staffroom for all staff to read and a copy displayed in a discreet place in the relevant classroom for any supply or cover adults to read. Parents/carers and healthcare professionals will also be provided with a copy.
7. As soon as possible following the above meetings and information-gathering, the Assistant Head – Inclusion (assisted by the SSO MN) will make arrangements with relevant healthcare professionals for any necessary staff training and ensure that sufficient numbers of staff are trained to cover any absences/turn-over of staff so that the child's needs can be met whenever the child is at school.
8. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), after discussion with the local authority and education provider as well as with parents/carers at the above meetings and the information-gathering detailed above, the Assistant Head – Inclusion (assisted by the SSO MN) will ensure that the Individual Healthcare Plan includes any arrangements or adaptations (whether in timetable or provision) that may be necessary to ensure effective reintegration into school.

9. For children starting at the school, arrangements will so far as is possible be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
10. Where there is no formal diagnosis, the school will not necessarily wait before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Assistant Head – Inclusion (assisted by the SSO MN) will, in consultation with the Headteacher and relevant support personnel, make a judgement as to what support to provide based on the available medical evidence and consultation with parents and healthcare professionals.

Individual Healthcare Plans

1. The Individual Healthcare Plans will ensure that the school effectively supports pupils with medical conditions, providing clarity about what needs to be done, when and by whom.
2. Not all children with medical conditions will require an Individual Healthcare Plan. The Assistant Head – Inclusion (assisted by the SSO MN), healthcare professionals and parents/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take the final view.
3. Where it is agreed that a healthcare plan would be disproportionate, but the pupil needs prescribed or non-prescribed medicine to be administered, the parent will complete the relevant form set out in Appendix A.
4. The format of the school's Individual Healthcare Plans will vary depending upon whichever is the most effective for the specific needs of each pupil. However, they will be easily accessible to all who need to refer to them, while preserving confidentiality. The Individual Healthcare Plan will contain the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, any relevant special educational needs will be mentioned in their Individual Healthcare Plan.
5. Individual Healthcare Plans will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in an EHC plan, the Individual Healthcare Plan should be linked to or become part of that EHC plan.
6. Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.
7. The Assistant Head – Inclusion (assisted by the SSO MN) will keep a record of all Individual Healthcare Plans and ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed (see Appendix D).

8. When drawing up the Individual Healthcare Plans, the Assistant Head- Inclusion (assisted by the SSO MN) will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.

9. At Appendix C hereof, there is a list of Common Conditions and blank model Individual Healthcare Plans as exempla.

Roles and responsibilities

(other than the Governing Body – dealt with earlier in the document)

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

The Headteacher and Assistant Head – Inclusion (assisted by the SSO MN) will ensure that the policy is developed and effectively implemented with partners, including:-

- (i) ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- (ii) ensuring that all staff who need to know are aware of the child's condition;
- (iii) ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- (iv) ensuring that school staff are appropriately insured and are aware that they are insured to support pupils in this way;
- (v) overall responsibility for the development of Individual Healthcare Plans;
- (vi) contacting the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the 0-19 Practitioner.

School staff

- (i) Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- (ii) School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- (iii) **Intimate or invasive treatment**
Members of staff are asked to volunteer to administer any intimate or invasive treatment (eg rectal diazepam). Staff will not be not pressurised into assisting in this treatment. Two adults, one of whom is the same gender as the pupil when possible, will be present for the administration of intimate or invasive treatment. Staff will protect the dignity of the pupil as far as possible.

0-19 Practitioners

- (i) Every school has access to school nursing services in the form of 0-19 Practitioners. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, for example on training.
- (ii) 0-19 Practitioners can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- (iii) Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs below about training for school staff.

Other healthcare professionals, including GPs and paediatricians – should notify the 0-19 Practitioner when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. Whenever appropriate, they will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – are commissioners of 0-19 Practitioners for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year).

Providers of health services – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with 0-19 Practitioners and other

healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted – their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

1. Any member of school staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of Individual Healthcare Plans.
2. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will, wherever possible, be included in meetings where this is discussed.
3. The Assistant Head – Inclusion (assisted by the SSO MN) will keep a register of all training undertaken by school staff. Training needs will be assessed by the Assistant Head – Inclusion (assisted by the SSO MN), and reviewed at least annually, or earlier if a new child starts at the school or evidence is presented that a child's needs have changed.
4. The relevant healthcare professional will be approached and asked to lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.
5. The Assistant Head – Inclusion (assisted by the SSO MN) will when appropriate choose to arrange training in house and ensure this remains up-to-date.
6. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans. They will be provided with an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

7. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any Individual Healthcare Plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist will be considered sufficient, but this will be decided upon by the Assistant Head – Inclusion (assisted by the SSO MN), having taken into consideration the training requirements as specified in pupils' Individual Healthcare Plans.
8. It should be noted that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
9. Healthcare professionals, including any 0-19 Practitioner, will be asked to provide confirmation of the proficiency of staff in a medical procedure, or in providing medication, when necessary.
10. The Assistant Head – Inclusion (assisted by the SSO MN) will make arrangements for whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The child's role in managing their own medical needs

1. Children must not carry medicine to and from school. Parents must hand the medicine in to the school office and fill out the consent form at Appendix A.
2. After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans.
3. Given the age of the children in our school, most often medicines will be kept securely in the school office where relevant staff will help to administer medicines and manage procedures for the children. Children who can take their medicines themselves or manage procedures will be provided with an appropriate level of supervision.
4. However, wherever possible and having regard to the safety of all children at the school, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily.
5. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the Individual Healthcare Plan. Parents should be informed so that alternative options can be considered.

Managing medicines on school premises

1. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
2. No child will be given prescription or non-prescription medicines without their parent's/carer's written consent – except in exceptional circumstances where a relevant healthcare professional has advised the school in writing that the medicine is necessary and that the parent/carer should not be informed.
3. No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
4. Where medicines have been prescribed in dose frequencies which enable them to be taken outside school hours, parents will be required to administer the medicines themselves.
5. The school will only accept prescribed or non-prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
6. All medicines will be stored safely and securely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility.
7. Medicines and devices will always be readily available to children and not locked away (apart from controlled drugs – see 8. below). Asthma inhalers will be kept in a designated pump bag in classrooms. Blood glucose testing meters and adrenaline pens will be kept in the medical cupboard in the school office. When outside of school premises, eg on school trips, the class teacher will have responsibility for all medication and ensuring these are readily available to the relevant children.
8. The school will keep all controlled drugs that have been prescribed for a pupil securely stored in a container in the school office. Only trained staff will have access to the controlled drug and will administer it to the child for whom it has been prescribed. The controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school (see Appendix D).
9. Staff administering medicines will do so in accordance with the prescriber's instructions and will ensure that, when doing so, another member of staff oversees the administration of the medicine and in particular confirms the identity of the child.
10. The Assistant Head – Inclusion (assisted by the SSO MN) will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (see Appendix D). Any side effects of the medication to be administered at school will be noted.
11. When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Record keeping (see Appendix D)

Written records will be kept of all medicines administered to children. These records will offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes a medical emergency and explain what to do, including details of emergency symptoms and procedures.

All adults in the school are aware of the procedure for dealing with a medical emergency (see Annex A).

All pupils in the school know to inform an adult immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day trips, residential visits and sporting activities

The school actively encourages pupils with medical conditions to participate in school trips and visits, and in sporting activities. Teachers are aware of how a child's medical condition will impact on their participation, and ensure sufficient differentiation and reasonable adjustments so that all children can participate according to their own abilities. Children are only excluded from activities where evidence from a clinician such as a GP states that their participation is either not possible or inadvisable.

Wherever possible, reasonable adjustments are made to enable children with medical needs to participate fully and safely on visits. Risk assessments are completed so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. Discussions are arranged with parents and pupils and advice from the relevant healthcare professional is sought to ensure that pupils can participate safely. Reference is also made to the Health and Safety Executive (HSE) guidance on school trips.

Other issues

Home-to-school transport

Where a child with a medical condition is transported to school by the local authority, the local authority will be provided with a copy of the pupil's Individual Healthcare Plan. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions.

Defibrillator

The school has a defibrillator in the school office as part of its first-aid equipment – this will be used to give an electric shock to restart a person's heart if they are in cardiac arrest. The local NHS ambulance service has been notified of its location. Staff members appointed as first-aiders are also trained in the use of CPR.

Asthma inhalers

The school has asthma inhalers for emergency use. Staff members appointed as first-aiders will administer these in an emergency as they deem necessary.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, the school will not without due cause:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

The Headteacher will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk to cover staff providing support to pupils with medical conditions. Insurance policies will be accessible to staff providing such support.

Insurance policies will provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

Complaints

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the Assistant Head – Inclusion who will hopefully be able to resolve the matter to their satisfaction. However, if for whatever reason this does not resolve the issue, they may make a formal complaint via the school’s complaints procedure. Only after other attempts at resolution have been exhausted, should parents or pupils consider making a formal complaint to the Department for Education (this will only be possible if it comes within scope of section 496/497 of the Education Act 1996). Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Appendix A: Prescribed Medication

Request for school to issue prescribed medication in school

To be completed by the parent/carer

Pupil's name:	Class:
Date of birth:	

I request that the above pupil be given the following medication while at school.

Name of medication (as described on container/box)	Date prescribed	Dose prescribed	Time(s) to be given

The GP or hospital doctor has prescribed the above medication. It is in the container in which it was dispensed, clearly labelled with the contents, dosage, and child's name in full.

Name of GP (please print):
Address of GP:
Phone Number:

I realise that this is not a service that the school is obliged to undertake.

I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school.

I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs.

I will collect all unused medicine from the school at the end of the summer term.

I understand that the school cannot force my child to take the medicine and that I will be informed on the telephone number below if my child refuses to take the medicine.

If for any unforeseen circumstance, school has not given the medication, I will not hold the school responsible.

Parent/carer's name:	Date:
Signature:	Contact Number:

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the Head teacher or Assistant Head - Inclusion agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Signature:	Date:
Acting Headteacher/Assistant Head - Inclusion	

Appendix A: Non-Prescribed Medication

Request for school to issue non-prescription medication in school

To be completed by the parent/carer

Pupil's name:	Class:
Date of birth:	

I request that the above pupil be given the following medication while at school.

Name of medication <small>(as described on container/box)</small>	Date delivered	Dose requested	Time(s) to be given

I hereby confirm that my child's GP or hospital doctor has advised that my child should take the above medication.

Name of GP (please print)/hospital doctor:
Address of GP/hospital:
Phone Number:

I realise that this is not a service that the school is obliged to undertake.
 I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school.
 I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs.
 I will collect all unused medicine from the school at the end of the summer term.
 I understand that the school cannot force my child to take the medicine and that I will be informed on the telephone number below if my child refuses to take the medicine.
 If for any unforeseen circumstance, school has not given the medication, I will not hold the school responsible.

Parent/carer's name:	Date:
Signature:	Contact Number:

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Signature:	Date:
-------------------------	--------------

Appendix B: Medical Emergency Form

Dial 999, ask for ambulance and be ready to give the following information (remember to speak slowly and clearly and repeat if asked):

1. Your Telephone Number (School: 01484 226834)

2. Your Location (Address)

.....
(e.g. Hillside Primary School, Headfield Road, Newsome, Huddersfield HD4 6LU)

3. Your Specific Location (e.g. in the School Office or describe where you are)

.....
.....

4. Your Name

5. The Name of the Child

6. Brief Description of the Child's Symptoms

.....
.....

7. Inform Ambulance Control of the best entrance

8. Tell them that the crew will be met and taken to the child

Signature **Date**

Please put a completed copy of this form in the School Office. Thank you.

Appendix C: Common Conditions and Model Individual Healthcare Plans

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. The following chronic or potentially life threatening medical conditions are commonly found amongst the school age population:

- Anaphylaxis (severe allergic reaction)
- Epilepsy
- Asthma
- Diabetes.

In these cases it will usually be necessary to draw up an **individual health care plan**. However, schools should bear in mind the following:

- **For Anaphylaxis** advice and training would be provided by the 0-19 Practitioner and the health care plan probably completed by the hospital doctor/0-19 Practitioner
- **For Epilepsy and Diabetes** the appropriate specialist nurse would help in drawing up the plan.
- **For Asthma** only severe asthma would necessitate an individual health care plan and reference should be made to the School Asthma Guidelines issues by the school nursing service and the National Asthma Campaign Guidelines.

Further information about the above conditions is provided in the following section. However, this information is not definitive – medical advice and input should always be sought.

In all cases, school will obtain professional training for staff before the school makes a commitment to support children with these conditions. Where children have conditions which may require rapid intervention, all appropriate staff should be able to recognise the onset of the condition and take appropriate action.

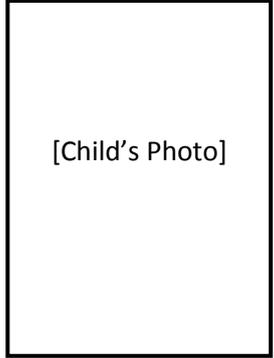
Less Common Conditions and more Complex Needs

It is beyond the scope of this document to cover every medical condition that may be encountered. However, school follows the principles of this guidance and develops relevant health care plans where necessary.



[PRO FORMA]

Individual Health Care Plan



Name of pupil:
Current year/class:

Date of birth:

Medical Need:

His/her usual symptoms are:

What to do:

Medication:

Medication can only be administered by trained members of staff—

Administration of Medication:

Medication is stored in named box with instructions and all necessary equipment in first cupboard in the main office.
Medication should be given

Care after Administration of Treatment:

Notification

The Office will inform the Assistant Head – Inclusion – or the Headteacher who will inform the family/emergency contact in the following order of priority:

Family contact information				
Name	Mobile	Work	Home	Relationship
Home Address				

Awareness

The Assistant Head – Inclusion - will arrange for the teachers and other staff in the school to be briefed about his condition and about other arrangements contained in this document.

Staff indemnity

Kirklees Council provides a staff indemnity for any school staff (of those schools which buy into the Kirklees Council Insurance scheme) who agree to administer medication to a pupil following the full agreement of the parents and the school.

Agreement and conclusion

A copy of these notes will be held by the school and the parents. A copy will be sent to the GP and Consultant for information. Any necessary revisions will be the subject of further discussions between the school and parents.

On behalf of the school

Signed: G S White, Assistant Head - Inclusion

Parental declaration

The information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school / setting administering medication in accordance with the school / setting policy. I will inform the school / setting immediately in writing, if there is any change in dosage or frequency of medication or if the medication is stopped or there is a change in symptoms or conditions worsen or change.

Signed: [Name], Parent/Carer Date:.....

Hospital Contact:
[Name of Consultant], Consultant Paediatrician
[Name and telephone no. of hospital]

GP Contact:
[Name of GP]
[Name and telephone no. of GP]

Copies or relevant sections of this plan have been forwarded to:

School	
Parents/Carers	
GP	
Consultant	

<p>Plan review date:</p> <p>.....</p>
--

Allergy and Anaphylaxis (severe allergic reaction)

Even in its most severe form, this medical condition is very **definitely manageable**. The vast majority of the children affected are happily accommodated in mainstream schools thanks to good communication and consensus between parents, schools, teachers, health professionals and education authorities. With sound precautionary measures (in line with this policy and guidance) and support from the staff, school life may continue as normal for all concerned.

What exactly is Anaphylaxis?

Anaphylaxis is a severe allergic reaction needing **immediate** medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but may, on rare occasions, happen after a few hours. Common triggers include **peanuts, tree nuts, eggs, cow's milk, shellfish, certain drugs such as penicillin, latex, and the venom of stinging insects (such as bees, wasps or hornets)**.

The reaction causes substances to be released into the blood that dilate blood vessels and constrict air passages.

What are the symptoms?

The most severe form of anaphylaxis is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. This is rare among children below teenage years.

Other symptoms of anaphylaxis may also be life threatening. There may be swelling in the throat, which restricts air supply, severe asthma or sudden feeling of weakness/floppiness. Any symptoms affecting the breathing are serious and emergency medical assistance must be sought immediately.

Less severe symptoms may include:

- a tingling or itching sensation in the mouth
- hives anywhere on the body
- generalised flushing of the skin
- abdominal cramps and nausea.

Even when these mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

What is the treatment?

The child's GP or consultant will usually make the diagnosis. Sometimes skin tests can further confirm the diagnosis. **A qualified medical practitioner must confirm the diagnosis and provide a copy to the school in all cases.** Treatment is **urgent** and **essential** to prevent progression of a severe anaphylactic reaction. If a pupil develops asthma-like symptoms such as shortness of breath, wheeziness etc., administer the adrenaline without delay and **always call an ambulance in cases of Anaphylaxis whether or not the EpiPen is administered.**

Two main types of medication are available for treatment of a severe allergic reaction:

- antihistamines (Piriton/Zirtec) and
- preloaded Adrenaline injection ('pen').

The treatment for any severe allergic reaction is an injection of adrenaline, delivered into the muscle in the side of the thigh. The adrenaline injections that are most commonly prescribed are the 'EpiPen' and 'Anapen'. These devices are preloaded and are surprisingly simple to administer. The needle is not seen until after it has been withdrawn from the child's leg. Adrenaline is a well-understood, safe drug.

There should be no serious side effects even if the above medication is given a second time or the allergic reaction is misdiagnosed.

A 'pen' should be used **immediately in a severe reaction** (see pupil's Health Care Plan for details). **If in doubt about the severity of an allergy reaction, use the 'Pen' anyway!!**

Relapse of a severe allergic reaction is possible after apparent recovery. You must seek medical attention in every case.

The school should be supplied with two 'Pens' for each affected pupil. This is because one may misfire or fail to operate properly or a second dose may be required whilst awaiting medical assistance.

Support for pupils

School will have an **individual health care plan** in place for all children diagnosed and notified to them with a reported severe allergy. The plan is reviewed on an **annual** basis (including **food management** arrangements). Dependant on the extent of the possible allergic reaction it may be necessary to have a multi agency case conference. **The diagnosis must be confirmed in writing with a letter from a medical source i.e. doctor, hospital, dietician.** Advice and training will be provided by the 0-19 Practitioner and the health care plan probably completed by the hospital doctor/0-19 Practitioner.

Support for school staff

Kirklees MC provides staff indemnity for those schools buying into KMC Insurance for emergency drug administration.

All staff administering medication must have received training from a health professional in line with ChYPS policy. All personnel working directly with the named pupil should be aware of procedures for dealing with an allergic reaction and all other personnel within the school will be aware of these procedures and who to contact in case of an emergency.

Day to day measures

Day to day measures are needed for **food management**, awareness of the child's needs in relation to the lunch menu, individual meal requirements, snacks in schools and some curriculum activities.

Communication and responsibilities

Good communication is essential and parents and management should be fully aware of their responsibilities see "Roles and responsibilities" section. The school must ask parents for relevant information about their child at enrolment and the parents must be aware of their role in providing and keeping the information up to date.

Food management

There are a wide range of foods to which some individuals may be sensitive. Food allergy and intolerance are both types of food sensitivity. When someone has a food allergy, their immune system reacts to a particular food as if it isn't safe. If someone has a severe food allergy, this can cause a life threatening reaction ie anaphylaxis (as covered above).

Food intolerance doesn't involve the immune system and, generally, is not life threatening. But, if someone eats a food they are intolerant to, this could make them feel ill or affect their long term health. Examples of food intolerances are milk, lactose, additives. Coeliac sufferers have a gluten intolerance or sensitivity.

Severe life threatening food allergies

This section is about children who are diagnosed as having a severe life threatening allergic reaction (anaphylaxis) to certain foods. Nut allergy is more common and likely to be severe and so this section is predominantly about nuts (including peanuts, tree nuts and sesame seeds).

If the severe allergy is to food other than nuts, then you must contact the catering provider in the first instance for advice. Please see end of this section for more details.

Less severe food allergies, food intolerances and special dietary needs are subject to different procedures and are covered at the end of this section. However, the principles of health care plans, good communication, informed decisions and robust emergency arrangements are equally applicable to all of the above conditions.

All children with a diagnosed severe food allergy must have an individual health care plan. Food/meal arrangements must be covered when the plan is drawn up. The health care plan must be drawn up at a meeting involving the headteacher/assistant head and the parents and meal arrangements should be discussed at the same time. If this has not happened, then the school must arrange separate meetings immediately and amend the health care plan accordingly. The school is responsible for arranging the meetings.

Meal time

We recommend that pupils with severe food allergies bring (or are **“encouraged”** to bring) a home packed lunch. This is particularly the case for reception and infant school age pupils since they are less likely to be aware of what they can and cannot eat.

Where parents wish their children to be provided with school meals, a meeting **must** take place between the **headteacher/assistant head and the parents (see above)**. The school is responsible for arranging this meeting. At the meeting, the parents must be given a copy of the catering provider’s food allergies/allergens policies and procedures and made fully aware of them. They can use this information to make an informed choice about whether or not they wish their child to receive meals. If the decision is made to provide meals, then the health care plan must clearly set out what the arrangements are. The parents must agree to the terms and conditions by signing their child’s health care plan.

A critical element of managing the risk from food allergens is ensuring that appropriate “emergency arrangements” are in place. This is absolutely essential. These should be in place regardless of whether meals are provided by the school/setting.

Nuts

The KMC Catering DSO position is that they have taken positive steps to reduce the likelihood that nuts will be found in any recipes/menus. Nuts are not used as ingredients. However, please note that, due to production methods of suppliers of raw ingredients, it is not possible for them to guarantee the child will not come into contact with allergens.

Kitchen staff must be made aware of the children affected by possible allergies who they provide for. Display the basic relevant information from the health care plan in the kitchen area and include a photo of the child.

If it is agreed that meals are to be provided, the headteacher/assistant head must make sure that:

- the child’s health care plan is fully complete and signed by all relevant parties
- the head of kitchen is informed of the children affected. The school must provide a copy of the relevant sections of the child’s health care plan, including a photo of the child. This should be displayed in the kitchen area
- relevant personnel are made aware of individual pupils with severe food allergies eg lunchtime supervisors. They may need training in recognising symptoms and emergency procures etc.

School journeys/outings

Discuss in advance, arrangements for outdoor activities and school trips with the parents of any child with allergies. It is essential to plan carefully and to make all the staff involved as well as the other children aware. Contact the Kirklees Educational Visits Advisor for advice and assistance with risk assessments.

Cookery and science

Experiments with food may present difficulties and staff should identify appropriate control measures to reduce the risk of an anaphylactic reaction in advance as part of the general risk assessment process. Agree suitable alternatives with the affected pupil such as supplying their own ingredients, utensils and separate washing and cleaning of utensils. CLEAPSS can be a useful source of advice.

Snacks /food other sources

Schools and other settings should take great care and be particularly vigilant when food is brought into school from other sources e.g. parents, for parties, events etc

All staff should be aware of the need to avoid using nut products including peanuts.

Some schools have effectively introduced a **nut-free environment** but this can be difficult to achieve. However, while school staff will endeavour to ensure that a pupil does not come into contact with a particular allergen, this cannot ever be guaranteed. If a school wishes to create '**nut free zones**' within the dining area then again this would need **careful consideration** to make sure it is sensitively managed and children are not stigmatised.

Some schools have a policy of asking parents to exclude certain key allergens (most commonly nuts and peanuts) from their children's lunch boxes. This is an option and can be an effective and practical precaution as can educating children not to share food and the importance of good hygiene practices. However, the Anaphylaxis Campaign believes there are several pitfalls to 'nut ban' policies.

An **example health care plan** is provided below. The sample plan indicates the type and level of information that should be included but it should not be regarded as a "definitive plan".

Further information

Further (very practical) information and guidance, together with downloadable fact sheets for teachers, pupils and parents, is available from:

The Anaphylaxis Campaign Helpline: 01252 542029 <http://www.anaphylaxis.org.uk/>

Severe life threatening food allergies to foods other than nuts

This covers severe diagnosed allergies to foods other than nuts eg fish, shellfish, eggs, milk and soya. Where meals are requested, schools should contact the catering provider

In the first instance before any agreement is made regarding whether or not the child's needs can be met.

Where the DSO is the provider, they will deal with each request on a case by case basis. **Headteachers should not make local agreements with heads of kitchens.**

Less severe food allergies/food intolerances/special dietary needs

Where meals are requested, schools should contact the catering provider in the first instance before any agreement is made regarding whether or not the child's needs can be met. Where the DSO is the provider, **schools must not make local agreements with heads of kitchens.**

When supporting a child with less severe food allergies, food intolerance and special dietary needs, headteachers should follow the general principles of this guidance document. Whilst it may not be necessary to administer medication, suitable arrangements and support for the individual child will still be needed.

Letter requesting parental consent re allergies

[Hillside Primary School Letterhead]

[Date]

Dear [First Name of Parent],

You have told us at school that your child

suffers from an allergy to

Please could you let us know if this has been confirmed by his / her:

Doctor: Yes / No

Name of doctor Tel no

Hospital consultant: Yes / No

Name of consultant:

Name of hospital:Tel no:

Because all children with allergies must have a health care plan in school, we would be grateful if you could complete the details on this letter, sign it and return it to school, together with written confirmation of the allergy from a medical practitioner.

Do we have your consent to contact the Doctor concerned for further information and to request a healthcare plan? Yes / No

Signed: Date:

Thank you for your co-operation in this matter and I look forward to hearing from you.

Yours sincerely,

Mr G Stan White

Assistant Head - Inclusion.

Copies to 0-19 Practitioner, pupil's file, office

Epilepsy

What is Epilepsy?

Epilepsy is a common disorder, resulting from a sudden electrical discharge from the brain cells which gives rise to physical manifestations. In many cases it is adequately controlled with medication.

Causative factors

In many cases there is no identifiable cause. Heredity, head trauma, some brain disorders and, very rarely, brain tumours can give a risk of epilepsy.

Types of Epilepsy

There are different types of epilepsy. Broadly it can be divided into 2 main types:

- Generalised epilepsy (Tonic-Clonic, Absences, Myoclonic).
- Partial epilepsy where epileptic activity is limited to one part of the brain).

Note: The terms *Petit Mal* and *Grand Mal* are now considered outdated as there are so many types of seizure. Likewise the word *seizure* is used in place of *fit*.

Recognition/ symptoms

Tonic-Clonic epilepsy - Body stiffens followed by a fall; this may be preceded by a cry. Jerky body movements then begin, incontinence or dribbling of saliva can occur. At the cessation of the seizure child may be sleepy for some time.

Absences - Episodes of staring or blankness lasting for a few seconds or longer. May be associated with slight twitching or blinking. Consciousness is lost but is brief.

Myoclonic jerks - Sudden jerky movements of limbs, at times violent in nature.

Temporal lobe epilepsy - may start with an "Aura" or warning. Child may appear conscious but may not respond. Abnormal movements like plucking, fidgeting, smacking of lips can occur. Aimless wandering can occur after the episode.

Diagnosis

- Usually made by the child's Consultant Paediatrician.
- Accurate description of the attack with supportive investigations such as EEG.
- Regular attendance at hospital out patients will be required initially following the diagnosis.

Medication

Usually given on a daily basis over a period of years. Most medications can be given once or twice daily avoiding the need for administration during school hours. Commonly used anticonvulsants are: Carbamazepine (Tegritol) Vigabatrine (Sabril). **Emergency treatment using Rectal Diazepam (Steroid)**. Some children are now being prescribed Midazolam instead of Rectal Diazepam.

Drugs can cause drowsiness or lack of concentration during start of treatment but this usually subsides.

Day to day management

If regular medication is required during school hours, clear advice of dose, timing, relationship to meals is essential. Breakthrough seizures can occur particularly during change or withdrawal of medication.

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APPROVED – APRIL 2018
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PERSON RESPONSIBLE – ASSISTANT HEAD - INCLUSION

Children with epilepsy can take part in many school activities without any restriction. They need appropriate supervision for swimming, cycling and activities involving heights such as gymnastics and rock climbing. In cases of doubt contact the Advisor/ Consultant for Physical Education (see also "Safe Practice in Physical Education" BAALPE). Science experiments may also need extra care and supervision. Schools may need to carry out an individual risk assessment to decide what additional controls may be required to enable the safe inclusion of the child.

Due to the many different types of seizure it is not possible to indicate all possible treatments or actions that should be taken. Decisions about when to call the parents / ambulance or administer rectal diazepam (if prescribed) should be taken in consultation between parents, headteacher and GP and form part of the child's health care / emergency plan.

Emergency management

- Protect child from injury - (as the pupil shows signs of distress clear area, no restraining).
- Place in recovery position (Safe Airway Position). Carefully loosen tight clothing.
- Do not try to move the child unless in a dangerous place, but something soft may be placed under the head.
- Do nothing to restrain the child and avoid placing anything in the mouth.
- Try to ensure privacy with the minimum disturbance.
- Based on the individual health care plan, emergency measures may be required
- Administer **Rectal Diazepam** (trained staff only) **only if prescribed by the GP**; following Emergency Action Plan attached to individual health care plan.
- Do not move child until he/she has fully recovered from the seizure. Allow sufficient time for rest/recovery. Someone should stay with the child until they have fully recovered.
- Rarely, depression of breathing can occur following Rectal Diazepam. It can also cause drowsiness, so pupil may need some time to recover.
- Gender of staff administering medication may be agreed between parents/child and staff (by prior agreement). Usually 2 adults at least one of the same gender as the child but dependent upon staffing available.
- If seizure is longer than usual for the pupil (or ten minutes), or if one seizure follows another, or there is no obvious response to Rectal Diazepam within a specified period of time, **call an ambulance**.

A specialist epilepsy nurse should assist in drawing up the health care plan. The sample plan indicates the type and level of information that should be included but it should not be regarded as a "definitive plan"

Further specific information can be obtained from:

Epilepsy Action Helpline – Free phone 0808 800 5050 (Monday to Thursday 9.00 a.m. to 4.30 pm)
www.epilepsy.org.uk

Asthma

What is Asthma?

Asthma is an allergic response within the lungs causing difficulty in breathing due to narrowing of the tiny airways. There are many triggers. About one in seven children have Asthma diagnosed at some time, and one in twenty children have Asthma requiring regular medication.

Recognition / symptoms

Asthma varies enormously. There are those that rarely suffer an attack and need very little preventative treatment and then others who require a lot of preventative care and are still prone to severe attacks.

Symptoms vary widely too. Teachers will need to rely on child/parent guidance as to each child's condition. Very cold dry weather or prolonged energetic exercise may require preventative measures for some children. Signs and symptoms of worsening asthma or the onset of an attack can include:

- increased coughing.
- wheezing.
- feeling of tightness in the chest.
- breathlessness- indrawing of ribcage.
- blueness of lips (caution: this can be a very late sign!)

Preventers - (usually come in brown, white or green containers e.g. Intal, Becotide, Pulmicort & Flixotide). N.B. Preventers are no use in an attack.

Very rarely will children require their preventer in school

Relievers - Help open up the airways quickly (often in blue containers e.g. Atrovent, Ventolin, Bricaryl).

Longer acting - e.g. Serevent relievers,

There are various devices that simply deliver the same drugs in different ways (e.g. 'spacers', dry powder devices, aerosols and nebulizers).

Management of an acute attack

Staff should:

1. stay calm and reassure the child
2. ensure the reliever medicine is taken promptly and properly
3. listen to the child: they often know what they need
4. encourage child to sit and lean forward but without squashing the stomach
5. loosen tight clothing and offer sips of water (not cold) to keep mouth moist
6. if there are any doubts about the child's condition, for example, if child has difficulty talking i.e. can only say 2 or 3 words before taking a breath, is distressed and the reliever has not worked within 5-10 minutes, or the child is exhausted, an ambulance should be called
7. if the child's attack does respond quickly to treatment, the child may continue in school. The parents must be informed of what has taken place that day.

Day to day management issues

- Children with asthma **must** have easy/ready access to their medication (ideally on their person). NB: The medical kit for the school could include a spacer to be used in conjunction with inhalers.
- It is helpful if parents provide schools with a spare reliever (Blue) inhaler device. All inhalers should be clearly labelled with the pupil's name and stored safely.

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APPROVED – APRIL 2018

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PERSON RESPONSIBLE – ASSISTANT HEAD - INCLUSION

HILLSIDE PRIMARY SCHOOL SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Pupils should not take medication which has been prescribed for another pupil.

However, generally speaking, no damage will be caused through taking Asthma medication by mistake (either by a child that did not need it or by an asthmatic taking too much).

- Remind children to take the reliever inhaler as a preventative measure prior to exercise, if appropriate.
- Remind children to take inhalers on school trips or out onto the playing field if necessary.
- If children are having problems taking medication, the school should report back to parents and also inform their 0-19 Practitioner.
- Be vigilant for signs of attack.
- Encourage children to take part in all activities and not to 'opt out' because of their Asthma.
- Any meeting with parents/carers or health professionals should identify the severity of the pupil's Asthma, including individual symptoms and any known particular triggers, such as exercise or cold air.

In the event of a child not having his/her inhaler available (or the inhaler being exhausted) a spare inhaler, not necessarily the child's own should be used.

NB This is the only situation when another person's medication could be used.

Specific information

It is only necessary to have an individual health care plan for severe cases of Asthma.

Asthma UK provide "School Policy Guidelines" and further information:

Address: Asthma UK Helpline 0207 786 4900 <http://www.asthma.org.uk/>
 18 Mansell Street
 London
 E1 8AA

Asthma Inhaler Consent Form (on School Letterhead)

Asthma inhaler consent form

If you wish the school to administer inhalers, please complete and sign this form. The school will not give your child medicine unless you return this form, and the headteacher has agreed that school staff can administer the medicine.

Your child's name:

Surname: Forename:

Date of birth: Class: Male / Female

Address:

Medication: type/ name of inhaler:

Dosage: as required

You agree to provide a spare, named inhaler which will be kept, by your child, in the classroom. Your child will always know how to access their inhaler if it is required.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Your name:

Name: (please print)

Relationship to pupil:

Contact telephone number:

I understand that I must deliver the inhaler personally (clearly marked with my child's name) to the class teacher. I accept that this is a service which school is not obliged to undertake.

I agree to all of the above conditions:

Signature: Date:

Accepted by staff (please print name).....

Signature: Date:

Copies to pupil's file, Class, Office

Diabetes

What is Diabetes?

Children with diabetes mellitus are unable to produce enough insulin, which the body produces normally to make use of sugar for energy production. Without enough insulin, every cell in the body lacks energy, blood sugar levels become too high and dangerous life threatening chemicals accumulate. Treatment is with regular insulin injections and attention to diet and exercise, whilst checks are made of finger prick blood glucose levels.

Recognition/symptoms

Low sugar levels (hypoglycaemia) - caused by too little to eat and/or too much insulin and/or too much exercise. Rapid onset of symptoms (minutes) hunger, sweating, drowsiness, pallor, agitation, glazed eyes, shaking, mood changes or lack of concentration, unconsciousness.

High sugar levels (hyperglycaemia) - caused by too much to eat and/or too little insulin and/or being unwell. Gradual onset of symptoms (hours-days). Tiredness and general malaise, excessive drinking, excessive urination. Later symptoms include rapid/deep breathing, reduced consciousness and some people are able to smell an odour, like nail polish remover, on the breath.

Hypoglycaemia

Urgent treatment required. If possible confirm your suspicion by doing a blood glucose test but do not delay treatment. Give fast-acting sugar. All diabetics should carry with them either Dextrosol or jellybeans or glucose gel (hypostop). Alternatives are Lucozade, coke, tango etc. (not diet drinks), chocolate, honey, jam, and fresh fruit juice. After recovery, give slower acting sugar e.g. milk and biscuits, sandwich. Exact quantities will depend upon the size of the child and will be in the school pack.

Hyperglycaemia

Symptoms are gradual and you should have plenty of warning. Check blood glucose and if child is breathing hard or you notice the odour of nail-polish remover on the breath, contact the family immediately. Allow the child to drink as much water as the child wishes.

General principles

If in doubt, assume the child is hypoglycaemic and give fast-acting sugar. If the child is unconscious rub hypostop, jam or honey on the inside cheek and gums. Do not try to force an unconscious child to drink. Place child in recovery position (Safe Airway Position). Call ambulance and parents.

Day to day management issues

Remember to allow time in the day for insulin injections and blood tests. Meals should be eaten 30 minutes after insulin injection if possible. Many children require a snack half way through the morning and again half way through the afternoon (or sometimes before exercise). Schools should ask their 0-19 Practitioner about obtaining a school's pack from the British Diabetic Association. This pack should contain details for an Individual Treatment Plan. It is usual for the specialist nurse for Diabetes to attend school, especially in a case of a child recently diagnosed as having Diabetes and will be able to provide further support to the teachers in management if necessary. Staff should be aware that as children go through puberty this can occasionally cause diabetes to be less well controlled.

Off-site visits and residential journeys

Particular care must be given to a child with diabetes during off-site visits and residential journeys. Staff should ensure that the child eats appropriately, bearing in mind that the food offered might be different from that at home and that the level of activity might be considerably higher than usual. This should not be a reason for excluding a child from a visit or journey.

Specific information: Further information can be obtained from: Diabetes UK Care Line Tel: 0345 123 2399 (Monday to Friday 9.00 a.m. to 7 p.m.) www.diabetes.org.uk

Appendix D: Record-Keeping Documentation

1. Record of children with Individual Healthcare Plans

Name of Child	Medical Condition	Date IHP instigated	Date of Annual Review						

CURRENT

APPROVED – APRIL 2018
 REVIEW – APRIL 2019
 PERSON RESPONSIBLE – ASSISTANT HEAD - INCLUSION

2. Record of medicine administered to an individual child

Hillside Primary School

Name of child: Class:.....

Name of medicine: Date medicine provided by parent:

Expiry date of medicine:..... Dose and frequency of medicine

Signature of parent / guardian:.....

Record of administration with staff signature:

Date	Time	Dosage	Any reaction	Staff signature	Print name
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

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APPROVED – APRIL 2018
 REVIEW – APRIL 2019
 PERSON RESPONSIBLE – ASSISTANT HEAD - INCLUSION

3. Staff training record

Hillside Primary School

Venue:

Date of training:

Type of training received:

Training provided by:

Profession:

I confirm that the staff detailed below received the training detailed above, and are deemed to be competent to carry out any necessary treatment.

Date	Name	Designation	Signature

I confirm that the staff detailed above have received the above training and are deemed to be competent to carry out any necessary treatment.

Trainer name: (please print):

Signature: Date: