



# White Hall

Academy & Nursery

## Supporting Pupils with Medical Conditions Policy

Including: -

- Asthma Policy
- Diabetes Policy
- Epilepsy Policy
- Anaphylaxis Policy

Signed by:



Headteacher

Date:

13.1.26



Chair of governors

Date:

13.1.26

Policy review date: January 2027

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This policy is written to follow the DfE guidance 'Supporting Pupils at School with Medical Conditions', April 2014, and the Children and Families Act 2014.

It makes use of advice from relevant healthcare professionals and support groups.

This policy needs to be read in conjunction with the following documents:

- Additional and Special Educational Needs and Disabilities
- Managing Medicines Policy
- Intimate Care Policy
- Admissions Policy
- School Accessibility Plan
- School's Complaints Procedures
- SEN Information Report

White Hall Academy is an inclusive school that aims to support and welcome pupils with medical conditions.

White Hall Academy aims to provide all pupils with all medical conditions the same opportunities as others at school.

We will help to ensure pupils can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

### **Admission of pupils with a medical condition**

When the school is notified that a pupil, to be admitted to White Hall Academy, has a medical condition, the following transitional arrangements are in place:

- Identify pupil needs through the Admissions Meeting held between parent, pupil and pastoral/SEND team. Parents to provide NHS medical details, Care Plans and Risk Assessment if applicable.
- Relevant support staff are identified.
- Relevant staff training needs are identified following the Admissions Meeting.
- Contact is made with the pupil's previous school and relevant support information is requested and shared.
- The pupil is monitored by the pastoral/SEND team to ensure they are settling into school and identify any further needs and/or concerns.

## Individual Healthcare Plans

See **Appendix 1** for the process for developing Individual Healthcare Plans and **Appendix 2** for an example of the **White Hall Academy Individual Healthcare Plan**.

Supporting a child with a medical condition is not the sole responsibility of one person. White Hall Academy staff will work cooperatively with other agencies and undertake collaborative working arrangements between all those involved, working in partnership to ensure that the needs of pupils with medical conditions are met effectively.

### Roles and responsibilities

#### The Governing body will: -

- Make arrangements to support pupils with medical conditions in school.
- Make sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### The Head teacher will: -

- Ensure that the school's policy is developed and effectively implemented with partners.
- Ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.
- Ensure 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.
- Make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Ensure the school nursing service is contacted 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 school nurse.

#### The pastoral/SEND team will: -

- Ensure that staff are aware of pupil medical conditions.
- Attend any school, health professional and parent liaison meeting.
- Arrange any necessary staff training and hold staff training attendance records.

**School staff will: -**

- Provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Take into account the needs of pupils with medical conditions.
- Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Medical Room Officer will: -**

- Ensure the Individual Healthcare Plans are regularly implemented, reviewed and updated.
- Review Individual Healthcare Plans annually or earlier if the child's needs have changed.
- Ensure the information is passed onto relevant staff.
- Keep all plans in a secure place, within the Medical Room.
- Ensure the Plan clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

**Parents will: –**

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's Individual Healthcare Plan.
- Carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Pupils 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.
- Where competent, children will manage their own health needs and medicines, following discussion with parents.
- Those who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans.

**School nurses**

Every school has access to school nursing services. 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.

**Other healthcare professionals, including GPs and paediatricians**

Healthcare professionals should notify the school nurse 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.

### **Supporting staff in carrying out their role to support pupils with medical conditions**

- All staff should understand the common medical conditions that affect children at this school.
- Staff will receive training on the impact medical conditions can have on pupils.
- All relevant staff will be made aware of the child's condition, including any supply teachers.
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency and that all staff feel confident in knowing what to do in an emergency.
- All staff understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- All staff understand the importance of medication being taken as prescribed.
- Risk assessments will be undertaken for school visits, holidays, and other school activities outside of the normal timetable.

### **Unacceptable practice**

This policy is explicit about what practice is not acceptable. It is not generally acceptable practice to:

- 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 Plan.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. 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.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Complaints Procedures**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

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.

## Asthma Policy

### Introduction and Background:

This policy has been written with advice from the Department for Education and Employment, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents, the governing body and pupils.

White Hall Academy recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. All staff that come into contact with pupils with asthma are provided with advice on asthma.

### What to do in an Asthma Attack:

#### Common signs of an asthma attack are: -

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Stomach ache

#### What to do: -

- Keep calm
- Encourage the child to sit up and slightly forward – do not hug them or lie them down
- Make sure the child takes 2 puffs of reliever (blue) inhaler immediately (preferably through a spacer)
- Loosen tight clothing
- Reassure the child

#### If there is no immediate improvement: -

Continue to make sure the child takes 1 puff of reliever inhaler every minute for 5 minutes or until their symptoms improve.

## Asthma Policy

### Call 999 or a doctor urgently if;

- The child's symptoms do not improve in 5-10 minutes
- The child is too breathless or exhausted to talk
- The child's lips are blue
- Or if you are in doubt

**Continue to give the child 1 puff of their reliever inhaler every minute until the ambulance or doctor arrives.**

### After a minor attack: -

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has an asthma attack.

### Important things to remember in an asthma attack: -

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, phone across to the school office for someone to bring it to you.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Contact the pupil's parents or carers immediately after calling the ambulance or doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parents or carer arrives.

### Asthma Medicines:

- When a child joins the school, parents/carers are asked if their child has any medical condition including asthma on their enrolment form.
- Parent/carers are asked to complete a School Asthma Care Plan and return it to the school office. (See sample)
- Parents/carers are asked to update their child's asthma care plan by exchanging it for a new one if their child's medication or the dosage changes.

## Asthma Policy

- Parents must ensure the inhaler/medication is clearly labelled with the child's name and class.
- Immediate access to reliever medicine is essential.
- Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The relievers of younger children are kept in their classroom.
- All asthma medicines will be sent home at the end of each term for renewal if necessary.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), unless it is necessary and there is a written consent (see the school's Administration of Medicines Policy). All school staff will let pupils take their own medicines when they need to.

The vast majority of pupils with asthma should only need to take reliever medication (usually a blue inhaler) at school.

### Reliever inhalers

Every child and young person with asthma should have a reliever inhaler. Reliever medication can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. However, relievers do not reduce the swelling in the airways.

- Relievers are essential in treating asthma attacks.
- Reliever inhalers are usually blue.
- They come in different shapes and sizes.
- It is very important that a pupil with asthma is given a reliever inhaler that they can use reliably and effectively. The pupil should be shown how to use their reliever inhaler and spacer properly and have their technique regularly checked by their doctor or asthma nurse.
- Reliever medication is very safe and effective and has very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot. In an asthma attack it is better for the pupil to continue taking their reliever inhaler until emergency help arrives.
- Children and young people with infrequent asthma symptoms will probably only have a reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week, they should see their doctor or asthma nurse for an asthma review as they may also need to take preventer medication.

## Asthma Policy

### Spacers

Spacers are used with aerosol inhalers. A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make aerosol inhalers easier to use and more effective.

#### At school:

- Spacers may often be needed and used at school, especially by pupils under the age of 12.
- Each pupil with asthma who has been prescribed a spacer by their doctor or asthma nurse should have his or her own individually labelled spacer. This should be kept with their inhaler.

### PE, Games and activities:

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma from the school's medical register, which is updated termly and requires staff signatures to indicate they have read it. Pupils with asthma are encouraged to participate fully in all PE activities. Teachers will remind pupils whose asthma is triggered by exercise, to take their inhaler before the lesson and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children with asthma. It is therefore important that the schools involve pupils with asthma as much as possible in after school clubs.

### The school environment:

The school does all it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

### Triggers

A trigger is anything that irritates the airways and causes asthma symptoms. There are a wide variety of asthma triggers which can affect people's asthma in different ways. Many people with asthma have several triggers. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions where possible.

## Asthma Policy

Common triggers include viral infections (colds and flu), house-dust mites, pollen, tobacco smoke, furry and feathery animals, air pollution, laughter, excitement and stress.

- Tobacco smoke** This school enforces a no-smoking policy on the school premises. All staff and adults leading school activities taking place off site, such as sport training, school visits, outings and field trips adhere to a complete no-smoking policy.
- Colds and Flu** Children and young people who regularly take preventer medicine or steroid tablets, or those who have recently been admitted to hospital are eligible to receive a free flu vaccination. Remind parents of pupils with asthma to ask their doctor or asthma nurse about the flu vaccination at the start of the school year.
- Chalk dust** Where a chalk board is used, clean it with a wet cloth.
- House-dust mites** All areas of the school are vacuumed frequently.  
Limit the number of soft furnishings and soft toys in the classroom.
- Stress and emotion** Assist pupils with time management and in learning relaxation techniques to help avoid and manage stress.  
Be aware of pupils whose asthma is triggered by extreme emotion or fits of laughter.
- Furry and feathery animals**  
Furry or feathery pets are not kept in classrooms.  
Be aware that symptoms could be triggered from the clothing of other pupils with pets at home.
- Scented deodorants and perfumes**  
Be aware of pupils whose asthma is triggered by scented deodorants and perfumes.  
Encourage staff and pupils not to wear strong perfumes.  
Changing areas are well ventilated.  
Do not use room deodorisers or air fresheners.  
Encourage the use of unscented and non-aerosol products across the school.
- Latex Gloves** Use non-latex gloves in all areas at school.
- Dust from flour and grain**  
Be aware of pupils whose asthma is triggered by dust from flour and flour grain.  
Avoid spreading dust from flour and grain in cooking classes.

## Asthma Policy

**Wood dust** Ensure pupils with asthma use an extractor fan and mask in all carpentry, joinery and wood work classes.  
Avoid working with hard woods especially western red cedar.

**Weather and air quality**

Avoid leaving windows open during thunderstorms – thunderstorms can release large quantities of pollen into the air, which can trigger asthma attacks.

Ensure that pupils with asthma have the option of remaining indoors during very cold or very hot days.

Give pupils with asthma the option of remaining indoors on days when pollution levels are high. This includes during PE and games/activities.

**When a child is falling behind in lessons:**

If a child is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special educational needs co-ordinator (SENCO) about the pupil's needs.

**Other Resources:**

Asthma UK [www.asthma.org.uk](http://www.asthma.org.uk) 020 7786 4900

*Resources available from Asthma UK:*

- Asthma Attack Card A pocket sized card to inform people with asthma
- What Is Asthma? Poster
- My Asthma A resource designed for children aged 6 – 11

Asthma UK Adviceline 0800 121 62 44 9am – 5pm Monday – Friday

NHS Direct [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) 0845 4647

## Diabetes Policy

### What is diabetes?

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

This happens because:

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

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

Glucose comes from the digestion of starchy foods and from the liver, which makes glucose.

Starchy foods are high in carbohydrates and include:

- bread
- rice
- potatoes
- chapattis
- yams and plantain
- sugar and other sweet foods.

### Type 1 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Children or young people with this form of diabetes need to replace their missing insulin so will need to take insulin (usually by injection or pump therapy) for the rest of their lives. There is nothing a pupil with Type 1 diabetes or their parents could have done to prevent it.

### Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight.

### Signs and symptoms

If diabetes goes untreated, the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children and young people with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired, and lose weight.

## Diabetes Policy

### Complications

#### Hypoglycaemia (or hypo)

Hypoglycaemia occurs when the level of glucose in the blood falls too low. When this happens, a pupil with diabetes will often experience warning signs, which occur as the body tries to raise the glucose levels. Signs of a hypo vary from pupil to pupil; they may include any of the following:

- hunger
- trembling
- sweating
- anxiety or irritability
- rapid heartbeat
- tingling of the lips
- blurred vision
- paleness
- mood change
- difficulty concentrating
- vagueness
- drowsiness.

A hypo may occur if the pupil has taken too much of their diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrate, taken part in unplanned or more strenuous exercise than usual. Sometimes there is no obvious cause. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable. The pupil is not to blame.

#### Hyperglycaemia (or hyper)

Hyperglycaemia is the term used when the level of glucose in the blood rises above 10mmol/l and stays high. The symptoms of hyperglycaemia do not appear suddenly but build up over a period of time.

These may include the following:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

If a pupil with diabetes starts to develop these signs and symptoms, it means that their body is beginning to use its store of fat as an alternative source of energy, producing acidic by-products called ketones. This is due to a relative lack of insulin causing the blood glucose to rise. Ketones are very harmful and the body tries to get rid of them through the urine. It is necessary to be aware that children can become unwell with hyperglycaemia, but show no symptoms. The parents should be contacted and extra insulin may be requested to be given.

## Diabetes Policy

### **Ketoacidosis**

If the early signs and symptoms of hyperglycaemia are left untreated, the level of ketones in the body will continue to rise and 'ketoacidosis' will develop.

Ketoacidosis is recognised by symptoms such as:

- vomiting
- deep and rapid breathing (over-breathing)
- breath smelling of nail polish remover.

These symptoms are emergencies and the parents must be contacted and 999 called for the emergency services. If it is left untreated, a pupil experiencing diabetic ketoacidosis (DKA) will eventually become unconscious and a coma will develop – this can be life-threatening. However, it is important to know that at any of the intermediate stages, ketoacidosis can be treated with extra insulin and damage can usually be limited.

If in any doubt, at any time, call for emergency help (999).

### **Managing the condition**

Although diabetes cannot be cured, it can be managed and treated very successfully. An essential part of managing diabetes is having a healthy lifestyle: eating a healthy diet that contains the right balance of foods and taking regular physical activity.

- Pupils with Type 1 diabetes need insulin for the rest of their lives. They also need to eat a healthy diet that contains the right balance of foods: a diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables.
- Pupils with Type 2 diabetes need to eat a healthy diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables.

If it is found that this alone is not enough to keep their blood glucose levels in the target range, they may also need to take medication.

### **Lunch or snack breaks**

Pupils with Type 1 diabetes need to eat at regular intervals. A missed meal or snack could lead to hypoglycaemia. It is important to know the times a pupil with diabetes needs to eat and make sure they keep to those times. They may need to be at the front of the queue at lunchtime and have their lunch at the same time each day. Snacks are best eaten during breaks to avoid any fuss. If it is necessary for a pupil with diabetes to eat or drink in class or during an exam, it is important to discuss with the pupil how they feel about having their diabetes explained to the class to enable other pupils to understand more about their condition and avoid any misunderstandings.

Pupils with Type 2 diabetes will not have the same need for snacks etc. as they may need to lose weight; they are also not so susceptible to hypos.

## Diabetes Policy

### Insulin during school hours

Although many pupils at school will start on a twice daily injection regime of insulin at breakfast and early evening, regimes alter depending on the pupil's needs and so some may need to have an injection during the school day, for example before lunch, or they may use an insulin pump.

**Insulin injections** – some types of insulin are given immediately before eating.

Most children will use a pen injector and will need to dispose of the needle into a sharps bin afterwards.

**Insulin pumps** – are attached 24 hours a day and they deliver a set dose of rapid-acting insulin continuously, but a pupil with diabetes will need to 'boost' the dose at mealtimes having worked out the amount of carbohydrate they have eaten.

### School visits

Pupils with diabetes must not be excluded from day or residential visits on the grounds of their condition. They are protected by the DDA (Disability Discrimination Act) and the DED (Disability Equality Duty).

### Day-only school visits

Going on a day visit should not cause any real problems for pupils with diabetes. They need to remember to take their insulin and injection kit with them, even those who would not usually take insulin during school hours, in case of any delays over their usual injection time. They will have to eat some starchy food following the injection, so should also have some extra starchy food with them. They should also take their monitoring equipment and their usual hypo treatment with them.

### Residential and overnight visits

It is important to know how confident a pupil with diabetes is at managing their own injections and monitoring their own glucose levels before deciding on appropriate staffing for an overnight visit. If a pupil is not confident in managing all aspects of their condition for an overnight visit including administration of medication, then a trained member of staff will need to accompany the pupil to assist.

The school will need to ensure that a copy of the pupil's Healthcare Plan is taken on the trip. If any medical equipment has been lost or left behind, the paediatric department or accident and emergency department at the nearest hospital should be able to help.

If the pupil is travelling outside the UK on a school trip, Diabetes UK publishes country guides. These contain useful information about local foods and diabetes care, and translations of useful phrases.

Pupils with diabetes need to make careful preparation for an overnight trip.

The equipment they need to take with them will include:

- tablets or insulin injections (and spares)
- blood glucose monitoring kit
- hypo remedies
- ketone urine/blood test sticks
- emergency contact numbers
- personal identification card/bracelet

## Diabetes Policy

### Triggers:

**Hypoglycaemia (hypo)** Hypoglycaemia occurs when the level of glucose in the blood falls too low.

Hypoglycaemia can be caused by:

- too much insulin
- a missed or delayed meal or snack
- not enough food, especially carbohydrate
- strenuous or unplanned exercise.

**Hyperglycaemia (hyper)** Hyperglycaemia is the term used when the blood glucose levels rise above the normal range. If the levels stay high the pupil may become very unwell and develop

ketoacidosis. Hyperglycaemia can be caused by:

- too little or no insulin
- too much food
- stress
- less exercise than normal
- infection or fever.

### Exercise and physical activity

Exercise and physical activity is good for everyone, including pupils with diabetes. The majority of pupils with diabetes should be able to enjoy all kinds of physical activity. It should not stop them from being active or being selected to represent school or other sporting teams. However, all pupils with diabetes do need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose.

### Tips for supervising pupils with Type 1 diabetes during exercise:

If the blood glucose level is 15mmols/l or above the pupil should not take part in physical activity.

#### Before an activity

- Ensure the pupil has time to check their glucose levels.

Blood glucose levels will rise as a response to the activity and the body will not be able to provide the muscles with energy.

- Ensure the pupil waits until their insulin has taken effect and their blood glucose levels have come down, before taking part in physical activity.
- Inform the pupil how energetic the activity will be and ask if they have food to eat beforehand.
- Check that a pupil with diabetes has eaten enough before starting an activity, to prevent their blood glucose dropping too low and causing a hypo.
- Some pupils with diabetes may also need to eat or drink something during and/or after strenuous and prolonged exercise to prevent their blood glucose level dropping too low and causing a hypo.

## Diabetes Policy

While it is important that teachers keep an eye on pupils with diabetes they should not be singled out for special attention. This could make them feel different and may lead to embarrassment. If a pupil with diabetes does not feel confident participating in physical activity, teachers should speak to the pupil's parents to find out more about the pupil's situation. The majority of pupils should be able to take part in any sport, exercise or physical activity they enjoy, as long as they are enabled to manage their diabetes.

### During an activity

It is important that the person conducting the activity is aware that there should be glucose tablets or a sugary drink nearby in case the pupil's blood glucose level drops too low. If the activity will last for an hour or more the pupil may need to test their blood glucose levels during activity and act accordingly. If a hypo occurs while a pupil is taking part in an activity, depending on the type of activity, the pupil should be able to continue once they have recovered. A pupil's recovery time is influenced by a number of factors, including how strenuous the activity and how much the pupil has eaten recently. The pupil should check their blood glucose after 10 – 15 minutes and take further action if necessary. If their blood glucose is still low repeat immediate treatment. If above 4mmol/l the pupil should eat a longer-acting starchy food.

### After an activity

Pupils with diabetes may need to eat some starchy food, such as a sandwich or a bread roll, but this will depend on the timing of the activity, the level of exercise taken and whether a meal is due.

### Emergency procedures:

#### Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision

**Do . . .**

Call the pupil's parents who may request that extra insulin be given.

**Call 999** if the following symptoms are present:

- deep and rapid breathing (over-breathing)
- vomiting
- breath smelling of nail polish remover

## Diabetes Policy

### Hypoglycaemia

What causes a hypo?

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- sometimes there is no obvious cause

Watch out for:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness

**Do . . .**

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

- a glass of Lucozade, coke or other non-diet drink
- three or more glucose tablets
- a glass of fruit juice
- five sweets, e.g. jelly babies
- GlucoGel

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

For pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- roll/sandwich
- portion of fruit
- one individual mini pack of dried fruit
- cereal bar
- two biscuits, e.g. garibaldi, ginger nuts
- or a meal if it is due

## Diabetes Policy

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

### Call 999

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

### Other resources:

Diabetes UK  
[www.diabetes.org.uk](http://www.diabetes.org.uk)

Download information and read the latest news and advice about diabetes.

Diabetes UK Careline

Diabetes UK Careline provides support and information to people with diabetes as well as friends, family and carers. We can provide  
Phone 0845 120 2960 Monday-Friday, 9am-5pm

Children with Diabetes (CWD)

Phone 01242 257 895  
[www.childrenwithdiabetes.com/uk/](http://www.childrenwithdiabetes.com/uk/)

INPUT (promoting INSulin PUmp Therapy)

Phone 01590 677911  
[www.input.me.uk](http://www.input.me.uk)

Juvenile Diabetes Research Foundation

Phone 020 7713 2030  
[www.jdrf.org.uk](http://www.jdrf.org.uk)

NHS Direct

Phone 0845 4647

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## Epilepsy Policy

### **What is epilepsy?**

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types.

Epilepsy can affect anyone, at any age. It can have an identifiable cause such as a blow to the head, meningitis or a brain tumour, but for the majority of people there is no known cause. In some cases, the tendency to have seizures runs in families, but having a parent with epilepsy does not necessarily mean a child will have the condition.

### **Signs and symptoms**

What a child or young person experiences during a seizure will depend on where in the brain the epileptic activity begins, and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each pupil with epilepsy will experience the condition in a way that is unique to them. Seizures can happen at any time and they generally only last a matter of seconds or minutes, after which the brain usually returns to normal.

### **The effect of epilepsy on the pupil at school**

There are various considerations for pupils with epilepsy, especially if their seizures are not controlled. These include safety in sports, activities and practical subjects. Seizures are just one aspect of epilepsy that can affect education. A pupil with epilepsy may experience many seizures during a school day, and this disruption can make learning a difficult process. Epilepsy can have other effects that are not easily observed during the school day, such as night-time seizures that can leave a pupil exhausted and unable to concentrate, and social or psychological effects.

### **Learning difficulties and disabilities**

Pupils with epilepsy are just as capable of learning as other pupils, and some are high achievers. However, pupils with epilepsy can struggle academically in comparison to their intellectual level, and some have problems with learning and attendance. Some pupils with epilepsy have learning disabilities and need a high level of support.

Epilepsy can lead to variation in a pupil's performance, and may also be associated with developmental delay and learning difficulties. Pupils and their families may find these effects have an impact socially, and sensitive input from school staff is needed to prevent damage to the pupil's self-esteem.

Behavioural and learning difficulties in and outside school can be due to:

- frequent and/or prolonged seizures
- damage to the brain
- side effects of epilepsy medication

## Epilepsy Policy

### Regular medication

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some pupils with difficult to control epilepsy may take several different types of medication. Generally, these can be taken outside school hours. Side effects can include drowsiness, poor memory and concentration, confusion, irritability, over-activity and weight gain.

### At school

It is unlikely that a pupil will need to take their regular epilepsy medication during school hours. School staff can give prescribed medication or supervise a child taking their own medication, but consent must be given by the pupil's parents in advance. School staff should be aware that epilepsy medication can cause side effects that may affect the pupil during the school day.

### Managing the condition

#### Healthcare Plans

Epilepsy is different for each individual. Planning and procedures must be tailored to the pupil's needs. To help with this, schools should agree a Healthcare Plan with the pupil and their parents/carers. This should explain:

- the types of seizures the pupil is likely to have, and what to do when the pupil has a seizure
- what represents a medical emergency for the pupil and what to do in such an emergency, including when and how to give emergency medicines
- details of additional educational needs such as learning difficulties
- adjustments in order to allow the pupil access to activities such as swimming or cookery
- other information which will aid the pupil's best possible care.

### Disability Discrimination Act

Epilepsy is considered a disability under the Disability Discrimination Act (DDA). In addition to ensuring that discrimination does not occur, it may be necessary to make reasonable adjustments, such as providing a different type of computer screen (e.g. LCD or TFT screen) for a child with photosensitive epilepsy. The pupil's epilepsy specialist healthcare professional may be able to give some advice and support on what type of access arrangements are appropriate.

## Epilepsy Policy

### Triggers

In many pupils with epilepsy, seizures happen without warning, but in some people certain triggers can be identified.

- Stress, anxiety or excitement can cause some pupils with epilepsy to experience more seizures.
- Not taking medication as prescribed can lead to changes in a pupil's epilepsy, such as the pattern or severity of their seizures.
- Unbalanced diets or skipping meals can lead to low blood sugar levels that, in some pupils with epilepsy, may be a seizure trigger.
- Late nights, broken sleep, or irregular sleep patterns can trigger seizures.
- Hormonal changes can affect a pupil's epilepsy.
- Some over-the-counter and prescription medicines may make a pupil more likely to have seizures
- Illness can make seizures more likely.
- Photosensitive epilepsy is the name given to a form of epilepsy in which seizures are triggered by flickering or flashing light.

### Emergency procedures

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

### Tonic-clonic seizures

#### Symptoms:

- the person loses consciousness; the body stiffens, and then falls to the ground.
- this is followed by jerking movements.
- a blue tinge around the mouth is likely, due to irregular breathing.
- loss of bladder and/or bowel control may occur.
- after a minute or two the jerking movements should stop and consciousness slowly returns.

#### Don't . . .

- Restrain the pupil.
- Put anything in the pupil's mouth.
- Try to move the pupil unless they are in danger.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

## Epilepsy Policy

### Call 999 for an ambulance if . . .

- You believe it to be the pupil's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention.

### Simple partial seizures

#### Symptoms:

- twitching
- numbness
- sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of déjà vu

### Complex partial seizures

#### Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing

### Atonic seizures

#### Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick

### Myoclonic seizures

#### Symptoms:

- brief forceful jerks which can affect the whole body or just part of it
- The jerking could be severe enough to make the person fall

### Absence seizures

#### Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them

### Do . . .

- Guide the person away from danger.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- Stay with the person until recovery is complete.
- Keep calm and reassure the person.
- Explain anything that they may have missed

## Epilepsy Policy

### Don't . . .

- Restrain the person.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.
- Give the person anything to eat or drink until they are fully recovered.
- Attempt to bring them round

### Call 999 for an ambulance if . . .

- One seizure follows another without the person regaining awareness between them.
- The person is injured during the seizure
- You believe the person needs urgent medical attention

### Other resources:

<a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a>	Download information and read the latest news and advice about epilepsy.
<a href="http://www.epilepsy.org.uk/education">www.epilepsy.org.uk/education</a>	Resources for education professionals including suggested lesson plans for PSHE.
<a href="http://www.epilepsy.org.uk/kids">www.epilepsy.org.uk/kids</a>	Easy to understand information for children
Epilepsy Helpline	0808 800 5050
<a href="http://www.nhsdirect.co.uk">www.nhsdirect.co.uk</a>	NHS Direct 0845 4647

## Anaphylaxis Policy

### What is anaphylaxis?

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

### Common triggers of anaphylaxis include:

- peanuts and tree nuts
- other foods (e.g. dairy products, egg, fish, shellfish and soya)
- insect stings
- latex

On rare occasions there may be no obvious trigger.

### Signs and symptoms

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see asthma section for more details)
- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness

### Medication and treatments at school

#### Staff administering medication

Where school staff agree to administer treatment and medication to a pupil in an emergency, training sessions must be arranged by the school nurse.

The training session should include:

- what is anaphylaxis
- signs and symptoms
- emergency procedures, including where and how to administer the pupil's prescribed adrenaline injector

## Anaphylaxis Policy

### **Managing the condition**

#### **Allergen avoidance**

It may sound simple, but if a pupil with allergies does not come into contact with their particular allergen, then they will not have a reaction.

#### **Risk assessment**

A formal allergen risk assessment needs to be carried out and measures taken to reduce risks of an anaphylactic reaction for the pupil with allergies.

#### **Regular communication with the pupil with allergies and their parents**

The family are living with this condition and hopefully will know a great deal about daily management.

#### **Kitchens and dining areas should be kept clean of food allergens**

Attention should be paid to hygiene and cross-contamination risks. Hot soapy water is good for cleaning surfaces and utensils.

#### **Knowledge of food ingredients at meal and snack times**

Staff may need to check food/snack ingredients.

#### **Pupils with allergies should be discouraged from sharing food**

#### **Easy access to emergency medicines**

Know, at all times, where the pupil's medicines can be found and who is trained to administer them.

#### **Regular staff training**

Staff who volunteer to administer an adrenaline injector will receive training so they understand when and how to give adrenaline.

#### **Triggers**

In the case of allergy, the trigger is an allergen – a food or substance that the body's immune system wrongly perceives as a threat.

#### **Common food allergens**

It is essential that pupils with allergies and their parents advise what allergens the pupil should avoid. This should be part of their Healthcare Plan.

## Anaphylaxis Policy

### **Peanuts**

Doctors often advise people with peanut or nut allergy to be cautious and avoid all nuts. Foods most likely to contain peanuts or tree nuts include: cakes, biscuits, confectionery, veggie burgers, salads and salad dressings, pesto sauce and Indian, Chinese, Thai or Indonesian dishes. Marzipan and praline are also both made with nuts.

### **Tree nuts**

It is fairly common for someone with peanut allergy to react to tree nuts, and vice versa. Tree nuts include almonds, Brazil nuts, cashews, hazelnuts, pistachios and walnuts.

### **Sesame**

People who are allergic to sesame must avoid it completely, as even a tiny amount may trigger a severe reaction.

### **Egg**

Most children with egg allergy will only have mild symptoms, and some are able to tolerate some forms of cooked egg. But there are a few pupils who experience severe, life-threatening reactions.

### **Milk and dairy**

Most pupils with milk allergy will only have mild symptoms, and some are able to tolerate it in cooked foods. A few will experience severe, life-threatening reactions. In severe cases, even trace amounts can trigger symptoms. If a pupil has a severe milk allergy, it is vital that the pupil's parents provide detailed written information to the school about what their child can and cannot eat. This should be attached to their Healthcare Plan.

### **Fish**

Most fish allergies develop in childhood and are likely to be life-long. Pupils who react to one type of fish are wise to eliminate all fish from their diet. Exposure to a minute amount of fish can cause a reaction, such as anaphylactic shock, after inhaling airborne particles of the allergen.

### **Shellfish**

Shellfish are biologically distinct from fish and can be divided into four main groups:

crustaceans	crab, lobster, crayfish, shrimp, prawn
bivalves	mussels, oysters, scallops, clams
gastropods	snails
cephalopods	squid, cuttlefish, octopus

Those who are allergic to one type of shellfish are often advised to avoid all shellfish.

### **Wasp and bee stings**

Children and young people need to take special care outdoors and wear shoes at all times. Make sure any food or drink is covered and kept in sight.

## Anaphylaxis Policy

### Latex

Latex allergies are serious but can be managed and controlled. There are numerous everyday items to be avoided including rubber gloves, balloons, pencil erasers, rubber bands, rubber balls and tubes and stoppers used for science experiments.

### Other possible trigger situations at school

Cookery lessons

Science experiments

Art and craft lessons

Pet/wild bird food

Birthday and end of term treats

Contaminated materials e.g. cereal boxes, egg cartons

Snacks in tuck shops and vending machines

### Exercise

Pupils who are at risk of a severe allergic reaction should have their emergency medication nearby at all times.

- When going outdoors for PE or other activities the pupil's emergency medical kit should be kept close at hand at all times. A good place is in the 'valuables' box with a teacher.
- If a pupil wears a medical alert talisman they should not be asked to remove it. However, to avoid injuries it could be covered over with a sweat band (if on the wrist), as long as the teacher in charge knows the pupil and is aware of their condition

### Emergency procedures

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see asthma section for more details)
- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness

### Do . . .

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures.

Ensure all members of staff know who is trained.

## Anaphylaxis Policy

### If you need to call 999

#### State:

- the name and age of the pupil.
- that you believe them to be suffering from anaphylaxis
- the cause or trigger (if known)
- the name, address and telephone number of the school

Call the pupil's parents.

While awaiting medical assistance the designated trained staff should:

- continue to assess the pupil's condition
- position the pupil in the most suitable position according to their symptoms

Symptoms and the position of pupil

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

#### Other resources:

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

[www.allergyinschools.org.uk](http://www.allergyinschools.org.uk)

[www.cateringforallergy.org](http://www.cateringforallergy.org)

[www.nhsdirect.co.uk](http://www.nhsdirect.co.uk)      NHS Direct      0845 4647

## Appendix 1 Individual Healthcare Plan

First Name: \_\_\_\_\_ (MALE/FEMALE)

Legal Surname: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

Current Class: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**MEDICAL DIAGNOSIS / CONDITION:** \_\_\_\_\_

Key staff members responsible for communication: Medical Room, ClassTeacher, LSA

GP Practice and Doctor: \_\_\_\_\_

Practice contact details: \_\_\_\_\_

**Additional Medical Services (e.g. diabetes team, paediatrician)**

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

**Can the child administer the medication themselves?**

Yes                       No                       Yes, with supervision from

**Medication to be taken during school hours:**

Name / type of medication (as described on packaging):

Where will medication be kept: \_\_\_\_\_

Dose and method of administration: \_\_\_\_\_

When is it to be taken: \_\_\_\_\_

Are there any side effects which could affect the student?

Are there any times when medication should not to be taken?

What does an emergency look like for this child? (an emergency is a serious and unexpected situation that requires immediate action)

What action do staff need to take in an emergency?

Follow up care on return to school

Does your child need specific adult supervision?  
(give details below)

Yes

No

Does your child need a specific school lunch provided?  
(give details below)

Yes

No

Does your child need any other support above and beyond what is expected in a regular school day?  
*(give details below)*

Yes

No

Dietary requirements for school lunch

Additional support required and by whom

**FAMILY CONTACT 1:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Contact No:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**FAMILY CONTACT 2:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Contact No:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**FAMILY CONTACT 3:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Contact No:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parent / Carer agreement**

I agree that the medical information contained in this plan is correct and I agree that it can be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing. I agree that my child can be administered their medication by a member of staff in an emergency.

**Signed (parent /carer)**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

For office use only

MEDICAL ROOM: SIGN ..... DATE .....

Staff trained to administer medication

Name	Date of Training	Signed

**Staff Record Sheet**

By signing this care plan record sheet, I have read and understood the care plan and will follow it accordingly.

Name	Role	Signed	Date

## Appendix 2

### ADHD/ADD Individual Health Care Plan

Date form completed: .....Date of review: .....

Name:	Class:
Date of Birth:	Male / Female (please delete one)

Medical condition:

.....

#### Medication to be taken **during** school hours

Name of medication:

.....

Dosage:

.....

When is it to be taken:

.....

#### Medication to be taken **out** of school hours

Name of medication:

.....

Dosage:

.....

When is it to be taken:

.....

Medical evidence enclosed:

Signed: Parent/carer: .....

Print name: ..... Date: .....

For office use only

MEDICAL ROOM SIGN..... DATE .....

Staff trained to administer medication:

<i>Name</i>	<i>Date of training</i>	<i>Signed</i>

### Appendix 3 Allergy Care Plan

Date form completed: ..... Date of review: .....

<b>Name:</b>	
<b>Class:</b>	<b>Date of Birth</b>

Email Address: .....

Allergic Condition: .....

Medication to be taken at school  **No medication to be taken**

Medicated at home  (Please tick as Appropriate)

Name of medication: .....

Dosage: .....

When is it to be taken? .....

Signed: Parent/carer: ..... Print name: .....

Date: .....

**For office use only**

Medical room sign ..... Date .....

**Staff trained to administer medication**

Name	Date of training	Signed

**A copy of this will be given to your class teacher**

## Appendix 4

### ASTHMA / HAYFEVER MEDICATION DETAILS (DURING SCHOOL HOURS)

First Name: \_\_\_\_\_ (MALE/FEMALE)

Legal Surname: \_\_\_\_\_ Date of birth \_\_\_\_\_

Current Class \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Email Address: \_\_\_\_\_

Doctors Surgery: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Doctor: \_\_\_\_\_

Has your child had their asthma review? Yes  No

If Yes, date of review \_\_\_\_\_

#### **Medication to be taken during school hours:**

Name of medication: \_\_\_\_\_

Type of medication: \_\_\_\_\_

Expiry date of medication: \_\_\_\_\_

Where will medication be kept: \_\_\_\_\_

Dose and method of administration: \_\_\_\_\_

When is it to be taken: \_\_\_\_\_

Are there any side effects which could affect the student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any times when medication should not to be taken? \_\_\_\_\_

\_\_\_\_\_

Can the child administer the medication themselves?

Yes  No  Yes with supervision from \_\_\_\_\_

\_\_\_\_\_

**What does an emergency look like for this child? ( An emergency is a serious and unexpected situation that requires immediate action )**

What action do staff need to take in an emergency? (for example: 999, 111, Call Parent)

Follow up care on return to school (For Example: continue with pump, follow hospital Plan)

**FAMILY CONTACT 1:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Contact No:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**FAMILY CONTACT 2:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Contact No:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**FAMILY CONTACT 3:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Contact No:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parent / Carer agreement**

I agree that the medical information contained in this plan is correct and I agree that it can be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing. I agree that my child can be administered their medication by a member of staff in an emergency.

Signed (parent /carer) \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Office use only**

**MEDICAL ROOM: SIGN .....**      **DATE .....**

**Staff trained to administer medication**

Name	Date of Training	Signed

**Staff Record Sheet**

By signing this care plan record sheet, I have read and understood the care plan and will follow it accordingly.

Name	Role	Signed	Date



## Appendix 6

### REQUEST FOR SCHOOL TO SUPERVISE MEDICATION INTAKE

Pupil's Name ..... Class .....

Name of Medication .....

Type of Medication ..... Dosage .....

Time to be administered .....

Reason for medication .....

Does this medication need to be returned at the end of the school day?

.....

Additional instructions/ information (e.g. before or after food, possible side effects, storage information)

.....

How long would you like this medication to be given for?

.....

Please ensure your child's medication is supplied in the original packaging, with your child's name clearly on the front.

**I give permission for the school medical room to supervise the taking of the above medication.**

Signed (parent/carer) ..... Print Name.....

Date .....

---

Office use only

MEDICAL ROOM SIGN ..... Date : .....

Remaining medication returned to parent on (insert date) .....

Or disposed of on: .....

## **Appendix 7**

### **Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone