

# Federation of St Charles and St Mary's Catholic Primary Schools

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St Charles Catholic Primary School  
*Love God, Love Thy Neighbour*

St Mary's Catholic Primary School  
*Learning together in Faith and Love*

## Supporting Children In/Out of School with Medical Conditions

## **Mission Statement**

*'Learning together in Faith and Love'*

- St. Mary's R.C. Primary School exists to serve the Roman Catholic families of the Parish of Our Lady of the Holy Souls, Kensal New Town and other local parishes.

### **The aims of our schools are:**

- To promote Christian values where pupils live, learn and celebrate the teaching of Christ.
- To provide a curriculum which is broad, balanced and meaningful and where pupils can experience enjoyment and fulfilment.
- To promote the highest standards of teaching and learning within the framework of the National Curriculum
- To develop in each pupil a sense of achievement, value and self worth and to achieve the standards of which they are capable.
- To help our pupils acquire the skills of independent learning and make sufficiently rapid progress.
- To provide a safe and secure environment where pupils feel valued, and where they respect, help and care for each other.
- To involve parents in all aspects of their pupil's education and promote good home/school partnership.
- To develop in our pupils awareness and respect for the different cultures and religions represented in society and their responsibility to the wider community.
- To foster the continuing development of staff, parents and governors in serving the community.

### **St. Mary's Values- these are the values that underpin all areas of our school community:**

- Kindness
- Respect
- Tolerance
- Honesty
- Responsibility (for ourselves and our world)
- Co-operation

## **AIMS**

The Staff and Governors of St Charles and St Mary's Schools understand that they have a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enroll in the future.

Both Schools aim to provide *all* children with *all* medical conditions the same opportunities as others at school. We will help to ensure they can:

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

Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

We aim to include all pupils with medical conditions in all school activities.

We want parents and carers of pupils with medical conditions to feel secure in the care their children receive at this school.

We ensure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency. They are aware of the School's Evacuation and School Lockdown Policy.

We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

All staff understand the common medical conditions that affect children at St Mary's School. Staff receive training on the impact this can have on pupils such as Epi-pen training.

This medical conditions policy is understood and supported by the whole school and local health community.

## **PROCEDURE**

The person responsible, named at the end of this document, is accountable for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition

- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change; the above measures are adjusted accordingly

Where children are joining St Mary's Catholic Primary at the start of a new academic year, these arrangements should be in place for the start of term.

Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan, which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

### **CONSULTATION WITH KEY STAKEHOLDERS**

St Mary's school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:

- pupils with medical conditions
- School Nurse
- Headteacher
- teachers
- Special Educational Needs Coordinator
- Pastoral care, RSHE and PHSE Leader
- members of staff trained in First Aiders
- all other school staff
- Federated Governing Body

### **COMMUNICATING WITH STAFF, PARENTS AND KEY STAKEHOLDERS**

Pupils are informed and regularly reminded about the medical conditions policy:

- through the school's Student Council Body
- in Religious Education (RE) and personal, social and health education (PSHE) classes
- through school-wide communication about results of the monitoring and evaluation of the policy.

Parents are informed and regularly reminded about the medical conditions policy:

- at the start of the school year when communication is sent out about Healthcare

- Plans and medical arrangements.
- in the School Newsletter at several intervals in the school year
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round

School staff are informed and regularly reminded about the medical conditions policy:

- through copies available in the Staffroom and on the Website.
- at scheduled medical conditions training
- all supply and temporary staff are informed of the policy and their responsibilities. They are asked to study photographs of pupils with allergies displayed in each classroom.

### **Photographs of children with allergies**

Photographs of all children with allergies are filed in the Medical folders and placed in the staffroom and also in their classroom where staff can have easy access. Supply teachers are asked to familiarise themselves with these children when they sign in at the start of the day. These photographs are also displayed in the kitchen, next to the serving hatch, to help the kitchen staff to identify the children as they serve.

### **TRAINING**

All staff are aware of the most common serious medical conditions at this school. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

All staff who work with groups of pupils at St Mary's and St Mary's receive training and know what to do in an emergency for the pupils in their care with medical conditions.

We use Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

We have procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

### **GENERAL EMERGENCY PRODECURES**

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff

member will be one the pupil knows. A child with a head Injury will be accompanied by two members of staff.

## **ADMINISTERING MEDICATION IN SCHOOL**

### **Administration – emergency medication**

All pupils with medical conditions have **easy access to their emergency medication (In the classroom and the Dining Hall)**.

Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (usually a first aider) to assist in helping them take their medication safely.

### **Administration – general**

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff.

We understand the importance of medication being taken as prescribed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

Parents should understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

If a pupil refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. This is done via the School's Risk Assessment form.

If a trained member of staff, who is usually responsible for administering medication, is not available the School makes alternative arrangements to provide the service.

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

## **ILLNESS AND MEDICATION**

### **Illness in School**

When a child is considered too ill to remain in school, the Head of School or Assistant Head must be informed, unless urgent treatment is required. The secretary, or a member of staff will then telephone parents/guardians or an emergency contact number.

### **Medicines**

The best place for a child that is unwell is at home. Sick children are unable to cope with school activities, and in the case of infectious illness the other children and staff are at risk. In general, at St Mary's we advise parents that medicines should not be brought into school, although there are certain circumstances where the dispensing of medicines is a straight forward discharge of the "loco parents" duty of care, as in case of long term illnesses, such as Asthma or Epilepsy. Medication in these cases may need to be given during the school day or be available in an emergency.

When a child is required to take medication within school hours, they should have a letter/certificate from a doctor indicating that they are fit to attend school.

### **Safe storage – non-emergency medication**

All non-emergency medication must be kept in the refrigerator in the Main School Office. Medicines are kept in sealed plastic wallets.

Pupils may be responsible for their own inhalers, although younger pupils may need guidance from a member of staff.

Pupils with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

### **Inhalers and Epi-Pens**

Individual inhalers and Epi-Pens are stored in children's classrooms, in clearly labelled plastic zip wallets, easily accessible. There is a Medical File in each class as well, containing all the relevant information and Individual Health Plans for identified pupils. In case of allergies, the photo of a child with allergens is displayed in the kitchen for catering staff's reference.

## **Administration**

The administration of medicines is carried out by a First Aider. The label on the medicine container should be checked against the school medicine record. Discrepancies should be queried with the parent before administering a medicine. A record of dosages should be kept on the form.

## **Disposal**

Medicines no longer required should be returned to the parent for disposal. In the last resort unwanted medicines should be disposed of on the school premises by the Health & Safety Coordinator

The identified member of staff checks the expiry dates for all medication stored at school each term.

The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.

All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication for pupils at St Mary's may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in the Main Office, inaccessible to unsupervised pupils.

All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

## **Safe disposal**

Parents are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

A named member of staff is responsible for checking the dates of medication and



arranging for the disposal of any that have expired. This check is done at least three times a year.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## **RECORD KEEPING**

### **Enrolment forms**

Parents are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

## **HEALTHCARE PLANS**

### **Drawing up Healthcare Plans**

We use a Healthcare Plan, where appropriate, to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school.

The School ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

### **School Healthcare Plan register**

Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

### **Ongoing communication and review of Healthcare Plans**

Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date.

Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

### **Storage and access to Healthcare Plans**

Parents at this school are provided with a copy of the pupil's current agreed Healthcare Plan.

Healthcare Plans are kept in a secure central location at school.

Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.

All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

The School ensures that all staff protect pupil confidentiality.

The school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

The school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

### **Use of Healthcare Plans**

- Healthcare Plans are used by the school to:  
inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### **Other record keeping**

The school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

### **CONSENT TO ADMINISTER MEDICINES**

If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.

All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

If a pupil requires regular/daily help in administering their medication, then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents keep a copy of this agreement.

Parents of pupils with medical conditions at this school are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

## **RESIDENCIAL VISITS**

Parents are sent a medical form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours' activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

We understand that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

The residential visit form also details what medication and what does the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

## **AN INCLUSIVE ENVIRONMENT**

### **Physical environment**

St Charles and St Mary's are committed to providing a physical environment that is accessible to pupils with medical conditions.

Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

This school's commitment to an accessible physical environment includes out-of-school visits. Both schools recognise that this sometimes means changing activities or locations.

### **Social interactions**

We ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

We ensure the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as breakfast club, school productions, after school clubs and residential visits.

All staff at both schools are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

### **Exercise and physical activity**

Both schools understand the importance of all pupils taking part in sports, games and activities.

Both Schools ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

Both schools ensure all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

Both Schools ensure all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

Both schools ensure all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

Both Schools ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

### **Education and learning**

We ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

Teachers at both schools are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

We ensure that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

### **AN AWARENESS OF COMMON TRIGGERS**

We are committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

We use Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

We review medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

### **RESPONSIBILITIES**

St Charles and St Mary's work in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

### **Governors**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

### **Executive Head/Head of Schools**

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

### **All school staff**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan

- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **Teaching staff**

- ensure pupils who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

### **School nurse or school healthcare professional**

- help update the school's medical conditions policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

### **First aiders**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.

### **Special Educational Needs Coordinator**

- help update the school's medical condition policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork



- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

### **Local doctors and specialist healthcare professionals**

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy.

### **Emergency care services**

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- understand and provide input in to the school's medical conditions policy.

### **Pupils**

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

### **Parents/Carers**

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much

- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

### **If your child cannot attend school due to a medical condition**

If your child cannot attend because of illness or injury, we will work closely with the local council to provide support to make sure your child's education does not suffer.

#### **The school's role**

The school will:

- let the Local Authority know if your child is likely to be away from school for more than 15 school days
- give the local council information about your child's needs, capabilities and the programme of work
- help them reintegrate at school when they return
- make sure they're kept informed about school events and clubs
- encourage them to stay in contact with other pupils, for example through visits or videos

#### **The Local Authority's role**

If your child is going to be away for a long time, the local council will make sure they get as normal an education as possible.

This could include arranging:

- home teaching
- a hospital school or teaching service
- a combination of home and hospital teaching

The local council must make sure your child continues to get a full time education - unless part time is better for their health needs.

The local council should also:

- have a senior officer in charge of the arrangements and a written policy explaining how they'll meet their responsibilities

- make sure your child is not without access to education for more than 15 school days
- arrange education from the start of your child's absence if it's clear they're going to be away from school for long and recurring periods

### **Virtual Home Learning**

If children are unable to attend School due to an illness or medical condition but are still able to complete work, (such as isolating from Covid), then the School will provide appropriate home learning activities via the Google Virtual Platform.

### **NOTES**

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered **not acceptable**:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalising children for their attendance record if their absences are related to their medical condition that is recognized under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

### **COMPLAINTS**

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

***This policy should be read in conjunction with the Administering Medicines policy and, if applicable, the SEND policy.***

***This policy is written in regard to Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.***

**This Policy has been approved by the Full Governing Body in the Autumn Term 2023 and will be reviewed in the Autumn Term 2024.**

Appendix 1 – Individual Health care plan example – Asthma

Appendix 2 – Individual Health Care Plan example – Allergies

Appendix 3 – Individual Health Care Example - Diabetes

Appendix 4 – Individual Health Care Example - Epilepsy

Appendix 5 - Letter to Parents re; implementation of IHCP

Appendix 6 – Model plan for processing IHCP

Appendix 7- Parental Permission for School Staff to Administer Medicine

Appendix 8 – Record of Medicine administered to an individual child

## Individual Health Care Example- Asthma

### St Mary's Catholic Primary School Individual Health Care Plan-ASTHMA

This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this plan or you have any questions about the management of asthma at school. If no Asthma Action plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the school's Asthma Policy.

| CHILD'S PERSONAL DETAILS                                                                                                                                                                                                           |                                             |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------|
| Child's Name _____                                                                                                                                                                                                                 | Gender                                      | M      F                                                                 |
| Date of Birth ____/____/____                                                                                                                                                                                                       | Reg Group _____                             |                                                                          |
| What other health management plan does your child have, if any? _____                                                                                                                                                              |                                             |                                                                          |
| Emergency Contact (e.g parent/carer)                                                                                                                                                                                               |                                             |                                                                          |
| Name _____                                                                                                                                                                                                                         |                                             |                                                                          |
| Relationship _____                                                                                                                                                                                                                 |                                             |                                                                          |
| Ph: (H) _____ (W) _____                                                                                                                                                                                                            |                                             |                                                                          |
| (M) _____                                                                                                                                                                                                                          |                                             |                                                                          |
| Doctor: _____                                                                                                                                                                                                                      |                                             |                                                                          |
| Ph: _____                                                                                                                                                                                                                          |                                             |                                                                          |
| USUAL ASTHMA ACTION PLAN                                                                                                                                                                                                           |                                             |                                                                          |
| <b>Usual signs of child's asthma</b>                                                                                                                                                                                               |                                             |                                                                          |
| <input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty talking <input type="checkbox"/> Other _____ |                                             |                                                                          |
| <b>Signs of child's asthma is getting worse</b>                                                                                                                                                                                    |                                             |                                                                          |
| <input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty talking <input type="checkbox"/> Other _____ |                                             |                                                                          |
| <b>Child's asthma triggers</b>                                                                                                                                                                                                     |                                             |                                                                          |
| <input type="checkbox"/> Cold/flu <input type="checkbox"/> Exercise <input type="checkbox"/> Smoke <input type="checkbox"/> Pollens <input type="checkbox"/> Dust <input type="checkbox"/> Other _____                             |                                             |                                                                          |
| <b>Asthma Medication Requirements</b> (including relievers, preventers, symptom controllers, combination)                                                                                                                          |                                             |                                                                          |
| Name of Medication<br>(e.g. Ventolin, Flixotide)                                                                                                                                                                                   | Method<br>(e.g puffer & spacer. turbuhaler) | When and how much?<br>(e.g. 1 puff in morning and night before exercise) |
|                                                                                                                                                                                                                                    |                                             |                                                                          |
|                                                                                                                                                                                                                                    |                                             |                                                                          |
|                                                                                                                                                                                                                                    |                                             |                                                                          |

Does your child need assistance taking their medication? Yes No if yes, how?  
\_\_\_\_\_

### Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this child they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

#### If a child gets EIA during exercise they should:

1. Stop the exercise or activity and refer to the child's asthma first aid plan (on back page). If their symptoms reoccur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer of the incident.

## ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

**St Mary's School Asthma Policy for Asthma First Aid**

- Step 1. Sit the person upright
- be calm and reassuring
  - Do not leave them alone
- Step 2. Give medication
- Shake the blue reliever puffer
  - Use spacer if you have one
  - Give 4 separate puffs into a spacer
  - Take 4 breaths from the spacer after each puff
- \* You can use a Bricanyl Turbuhaler if you do not have access to puffer and spacer  
Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them
- Step 3. Wait 4 minutes
- If there is no improvement, repeat steps 2.
- Step 4. If there is **still** no improvement call emergency assistance (DIAL 999)
- Tell the operator the person is having an asthma attack
  - Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

**Call emergency assistance immediately (DIAL 999) if the person's asthma suddenly becomes worse**

**OR**

**Child's Asthma First Aid plan** (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree for my child receiving treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I will ensure my child's medication is current and in date.

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Actions to Relieve Asthma Symptoms**

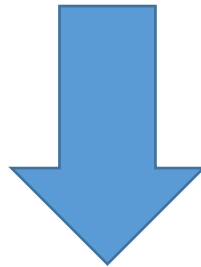
REMEMBER: Never leave someone with asthma symptoms.

### **Early Symptoms Coughing Shortness**

Coughing  
Tightness in chest

Shortness of Breath  
Unusually quiet

Wheezing  
Tummy ache (younger children)



#### **Action**

- Sit up and slightly forward
- Take 2 puffs of reliever medication (usually Blue), preferably through a spacer
- Loosen clothing
- Reassure them

Return to class when feeling well again and notify parent. Worsening

### **Worsening Symptoms**

Symptoms do not improve in 5-10 minutes  
Too breathless to talk  
Lips or fingernails grey/blue colour



#### **Action**

- Call 999 for an ambulance
- Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.
- Contact parent



## St Mary's Catholic Primary School Individual Health Care Plan -ALLERGY

You have indicated that your child is allergic to a food, plant, drug or insect, you have also indicated your child suffers from hay fever. The school needs to know how severe this allergy is so that we can help protect your child at school. Please complete the following form and return it to the school office. Thank you for your assistance.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Reg Group:** \_\_\_\_\_

**My child is allergic to (check all that apply, add more as needed)**

- |                                       |                                                      |                          |
|---------------------------------------|------------------------------------------------------|--------------------------|
| <input type="checkbox"/> bee stings   | <input type="checkbox"/> medications: specify: _____ | <input type="checkbox"/> |
| tree nuts                             | <input type="checkbox"/> peanuts                     |                          |
| <input type="checkbox"/> eggs         | <input type="checkbox"/> milk/milk products          |                          |
| <input type="checkbox"/> fish         | <input type="checkbox"/> shell fish                  |                          |
| <input type="checkbox"/> other (list) |                                                      |                          |
- \_\_\_\_\_

**Allergic response is as follows:**

- mild:** may have rash, itching, stomachache. Response is not life threatening
  - moderate:** hives, but no respiratory symptoms: not life threatening
  - severe:** swelling of face, tongue, or throat, difficulty breathing, loss of consciousness, respiratory arrest. This is a life-threatening response which requires medication, 911 call and emergency care.
  - other: (explain)
- \_\_\_\_\_

**Treatment: what is needed to treat the student's allergy?**

- no treatment is needed
  - if a bee sting, remove stinger, and ice area. No further treatment needed.
  - medication is needed: specify
- \_\_\_\_\_

- Epi-pen is required
- other:

(explain): \_\_\_\_\_

**NOTE: If emergency medication is needed for your child's allergic response, this medication must be brought to school, along with parental authorisation. All of the above must be in place as no medications are given at school unless they are provided by the parent and appropriate authorisation form is completed for each medication needed.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Treatment for Severe Allergic Reactions

REMEMBER: Never leave someone with severe allergic symptoms

### Mild to Moderate Symptoms

Swollen lips, face or eyes  
Itchy or tingling mouth

Hives or itchy skin rash  
Abdominal pain, vomiting



#### **Action**

- Sit child down
- Give antihistamine medication
- Reassure them

Return to class when feeling well again and notify parent. Worsening

### Worsening Symptoms

Difficulty or noisy breathing  
Swelling of tongue/tightness of throat  
Difficulty talking/hoarse voice  
Pale and floppy (young children)



#### **Action**

- Lay or sit child on floor with knees raised (don't move them to another area)
- Give adrenaline auto-injector
- Call 999 for an ambulance

Note: Tell them it is an **'anaphylaxis emergency'**

- If no improvement in 5-10 minutes give a second adrenaline auto-injector
- Contact Parent


#### **Additional Treatment**

May be given asthma reliever inhaler, through spacer, to help relieve breathing difficulties

## Individual Health Care Example- Diabetes

### EMERGENCY PROCEDURE FOR LOW BLOOD SUGAR (HYPOGLYCEMIA)

| <b>IDENTIFICATION</b>                                              | <p>Name: _____ Date of birth: _____ Reg: _____</p> <p>Home address: _____</p> <p>Medical contact: _____ Phone: _____</p> <p>If student has another care plan, note here: _____</p> <p>Designated staff to provide support with diabetes care (minimum 2):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Before-school care: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ After-school care: No <input type="checkbox"/> Yes <input type="checkbox"/> _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
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| <b>CONTACTS</b>                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 15%;">Preferred phone #</th> <th style="width: 25%;">Alternate phone #</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1st</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2nd</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3rd</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Name              | Relationship      | Preferred phone # | Alternate phone # | 1st                                       |  |  |  |  | 2nd                                                                |  |  |  |  | 3rd                   |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
|                                                                    | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Relationship                    | Preferred phone # | Alternate phone # |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| 1st                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| 2nd                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| 3rd                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| <b>EMERGENCY KITS / SUPPLIES</b>                                   | <p><b>SCHOOL</b> must ensure a kit is accessible at all times (class, playground fire drills, etc). Advise parents when running low on supplies. <b>PARENT</b> must maintain/refresh supplies.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CONTENTS (check all that apply)</th> <th style="width: 10%;">With student</th> <th style="width: 10%;">Classroom</th> <th style="width: 10%;">Office</th> <th style="width: 20%;">Other location(s)</th> </tr> </thead> <tbody> <tr> <td>Blood glucose meter, test strips, lancets</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fast-acting sugar (juice, glucose tabs, candy) for low blood sugar</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Carbohydrate snack(s)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Glucagon (expiry date: ___/___)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps disposal container</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ketone strips/meter</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Insulin pen, pen needles, insulin (in case of pump failure)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extra batteries for meter</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Parents' names and contact numbers</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | CONTENTS (check all that apply) | With student      | Classroom         | Office            | Other location(s) | Blood glucose meter, test strips, lancets |  |  |  |  | Fast-acting sugar (juice, glucose tabs, candy) for low blood sugar |  |  |  |  | Carbohydrate snack(s) |  |  |  |  | Glucagon (expiry date: ___/___) |  |  |  |  | Sharps disposal container |  |  |  |  | Ketone strips/meter |  |  |  |  | Insulin pen, pen needles, insulin (in case of pump failure) |  |  |  |  | Extra batteries for meter |  |  |  |  | Parents' names and contact numbers |  |  |  |  | Other: |  |  |  |  |
| CONTENTS (check all that apply)                                    | With student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Classroom                       | Office            | Other location(s) |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| Blood glucose meter, test strips, lancets                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
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| Carbohydrate snack(s)                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| Glucagon (expiry date: ___/___)                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| Sharps disposal container                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| Ketone strips/meter                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
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| Extra batteries for meter                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| Parents' names and contact numbers                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |
| Other:                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                   |                   |                   |                   |                                           |  |  |  |  |                                                                    |  |  |  |  |                       |  |  |  |  |                                 |  |  |  |  |                           |  |  |  |  |                     |  |  |  |  |                                                             |  |  |  |  |                           |  |  |  |  |                                    |  |  |  |  |        |  |  |  |  |

|                                    | MILD-TO-MODERATE LOW BLOOD SUGAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEVERE LOW BLOOD SUGAR             |                                            |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>SYMPTOMS</b>                    | <p><b>When blood sugar (BG) is low, the student may have these symptoms:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Shakiness</td> <td><input type="checkbox"/> Irritable/grouchy</td> <td><input type="checkbox"/> Dizziness</td> </tr> <tr> <td><input type="checkbox"/> Sweating</td> <td><input type="checkbox"/> Blurred vision</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Hunger</td> <td><input type="checkbox"/> Weakness/fatigue</td> <td><input type="checkbox"/> Paleness</td> </tr> <tr> <td><input type="checkbox"/> Confusion</td> <td><input type="checkbox"/> Other(s) _____</td> <td></td> </tr> </table> <p><b>The student may also use these words to describe feeling low:</b><br/>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Shakiness | <input type="checkbox"/> Irritable/grouchy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sweating | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hunger | <input type="checkbox"/> Weakness/fatigue | <input type="checkbox"/> Paleness | <input type="checkbox"/> Confusion | <input type="checkbox"/> Other(s) _____ |               | <p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>• Unresponsive or unconscious</li> <li>• Having a seizure</li> <li>• So uncooperative that you can't give juice or sugar by mouth</li> </ul> <p><b>What to do</b></p> <ol style="list-style-type: none"> <li>1. Place the child in recovery position. </li> <li>2. Have someone call 999. Then call parents.</li> <li>3. Stay with the child until ambulance arrives. Do not give food or drink (choking hazard).</li> <li>4. If there is a signed consent and <b>mutual agreement</b> (see p. 8) to give glucagon, give it now. <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Yes, give glucagon</b></li> <li><input type="checkbox"/> <b>No, do not give glucagon</b></li> </ul> </li> </ol> |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Irritable/grouchy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Dizziness |                                            |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Sweating  | <input type="checkbox"/> Blurred vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Headache  |                                            |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Hunger    | <input type="checkbox"/> Weakness/fatigue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Paleness  |                                            |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Other(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                            |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>ACTION</b>                      | <p style="text-align: center;"><b>Never leave a child with a low blood sugar alone.</b><br/><b>Treat the low blood sugar ON THE SPOT.</b><br/><b>Do not send the student somewhere else.</b></p> <p>First, check blood sugar (BG). Even students who do their own checks may need help when their blood sugar is low. Then follow these steps:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>Check</b></p> <ul style="list-style-type: none"> <li>• If BG is under 4 mmol/L OR</li> <li>• If BG is under 5 mmol/L with symptoms</li> </ul> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>Treat</b></p> <ul style="list-style-type: none"> <li>• Immediately give ___ grams of fast-acting sugar (See below for student preferences and amounts)</li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>Repeat</b></p> <ul style="list-style-type: none"> <li>• After 15 minutes, check BG again: <ul style="list-style-type: none"> <li>• If still under 4 mmol/L, treat again as above.</li> <li>• Repeat cycle every 10 to 15 minutes until BG is above 4 mmol/L</li> </ul> </li> </ul> </div> <p><b>When BG is over 4 mmol/L:</b></p> <ul style="list-style-type: none"> <li>• If meal or snack is more than 1 hour away, give snack now</li> <li>• If meals or snack less than 1 hour away, no action needed. Student can eat at regular time</li> </ul> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="4">How much fast-acting sugar to give</th> </tr> <tr> <th>√</th> <th></th> <th>10 g</th> <th>15 g</th> </tr> </thead> <tbody> <tr> <td></td> <td>Glucose tablets (4 g each)</td> <td>2 tabs (8 g)</td> <td>4 tabs (16 g)</td> </tr> <tr> <td></td> <td>Juice or regular soft drink</td> <td>½ cup</td> <td>¾ cup</td> </tr> <tr> <td></td> <td>Skittles</td> <td>10 pieces</td> <td>15 pieces</td> </tr> <tr> <td></td> <td>Rockets (roll candy)</td> <td>1 roll (7 g)</td> <td>2 rolls (14 g)</td> </tr> <tr> <td></td> <td>Table sugar</td> <td>2 tsp / 2 pkgs</td> <td>1 Tbsp / 3 pkgs</td> </tr> </tbody> </table> | How much fast-acting sugar to give |                                            |                                    |                                   | √                                       |                                   | 10 g                            | 15 g                                      |                                   | Glucose tablets (4 g each)         | 2 tabs (8 g)                            | 4 tabs (16 g) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Juice or regular soft drink | ½ cup | ¾ cup |  | Skittles | 10 pieces | 15 pieces |  | Rockets (roll candy) | 1 roll (7 g) | 2 rolls (14 g) |  | Table sugar | 2 tsp / 2 pkgs | 1 Tbsp / 3 pkgs | <p><b>HOW TO USE GLUCAGON</b></p> <p><b>Dose</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child <b>5 years old</b> and younger:<br/>0.5 mg = 0.5 mL</li> <li><input type="checkbox"/> Child <b>6 years and older:</b><br/>1.0 mg = 1.0 mL</li> </ul> <p><b>Directions</b></p> <ol style="list-style-type: none"> <li>1. Remove cap</li> <li>2. Inject liquid from syringe into dry powder bottle</li> <li>3. Roll bottle gently to dissolve powder</li> <li>4. Draw fluid dose back into the syringe</li> <li>5. Inject into outer mid-thigh (may go through clothing)</li> <li>6. Once student is alert, give juice or fast-acting sugar</li> </ol> |
| How much fast-acting sugar to give |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                            |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| √                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 g                               | 15 g                                       |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                    | Glucose tablets (4 g each)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 tabs (8 g)                       | 4 tabs (16 g)                              |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                    | Juice or regular soft drink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ½ cup                              | ¾ cup                                      |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                    | Skittles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10 pieces                          | 15 pieces                                  |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                    | Rockets (roll candy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 roll (7 g)                       | 2 rolls (14 g)                             |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                    | Table sugar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 tsp / 2 pkgs                     | 1 Tbsp / 3 pkgs                            |                                    |                                   |                                         |                                   |                                 |                                           |                                   |                                    |                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |       |       |  |          |           |           |  |                      |              |                |  |             |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**When BG is under \_\_\_\_\_ mmol/L, call parent**

## PROCEDURE FOR HIGH BLOOD SUGAR (HYPERGLYCEMIA)

| <b>DEFINITION</b>                                        | <p>Hyperglycemia = high blood glucose/sugar (BG). Levels may vary by individual.</p> <p>High blood sugar is usually the result of extra food or inadequate insulin, but not always. BG also rises during illness or stress, and can be due to technical problems (pump failure, missed meal bolus, etc).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                                                   |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|
| <b>SYMPTOMS</b>                                          | <p><b>The student may use these words to describe a high blood sugar:</b> _____</p> <p><b>Usual symptoms of high blood sugar for this student are:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Extreme thirst</td> <td><input type="checkbox"/> Frequent urination</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Hunger</td> <td><input type="checkbox"/> Abdominal pain</td> <td><input type="checkbox"/> Blurred vision</td> </tr> <tr> <td><input type="checkbox"/> Warm, flushed skin</td> <td><input type="checkbox"/> Irritability</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b>Usual symptoms of SEVERE high blood sugar</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Rapid, shallow breathing</td> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Fruity-smelling breath</td> </tr> </table>                                                                                                                                                                                                                                                              | <input type="checkbox"/> Extreme thirst         | <input type="checkbox"/> Frequent urination                                       | <input type="checkbox"/> Headache | <input type="checkbox"/> Hunger | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Warm, flushed skin | <input type="checkbox"/> Irritability | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Rapid, shallow breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity-smelling breath                                   |
| <input type="checkbox"/> Extreme thirst                  | <input type="checkbox"/> Frequent urination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Headache               |                                                                                   |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
| <input type="checkbox"/> Hunger                          | <input type="checkbox"/> Abdominal pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Blurred vision         |                                                                                   |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
| <input type="checkbox"/> Warm, flushed skin              | <input type="checkbox"/> Irritability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Other: _____           |                                                                                   |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
| <input type="checkbox"/> Rapid, shallow breathing        | <input type="checkbox"/> Vomiting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Fruity-smelling breath |                                                                                   |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
| <b>ACTION</b>                                            | <p>Check BG. Even students who do their own checks may need help if they are unwell.</p> <ul style="list-style-type: none"> <li>• <b>If child has symptoms of illness:</b> Call parent <b>immediately</b> if child is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. A parent should pick up the child from school if blood sugar is high and they feel unwell, regardless of how old or independent they are.</li> <li>• <b>No symptoms of illness:</b> If the child feels well and the BG is under _____, no immediate treatment is needed. Note the blood sugar reading using the typical home-school communication method. In the meantime:             <ul style="list-style-type: none"> <li>• Allow free access to the toilet and encourage them to drink water/sugar-free fluids.</li> <li>• Allow child to eat usual meal or snack (they may chose carbohydrate-free snacks).</li> <li>• Allow child to resume activity as normal.</li> </ul> </li> <li>• <b>Insulin corrections by pump:</b> If the child is on an insulin pump, a correction may be given (see <b>insulin</b> section of this plan). If BG has not decreased 2 hours <b>after</b> the correction, call parent.</li> </ul> |                                                 |                                                                                   |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
| <p><b>When BG is above _____ mmol/L, call parent</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                                                                   |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
| <b>KETONES</b>                                           | <p><input type="checkbox"/> This child does not check for ketones at school.</p> <p><input type="checkbox"/> If BG is above _____, check ketones using urine sticks <input type="checkbox"/> OR ketone blood meter <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #ffffcc;"> <th style="width: 15%;"></th> <th style="width: 25%;">Urine stick</th> <th style="width: 25%;">Blood meter</th> <th style="width: 35%;">Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">If ketones are</td> <td>Negative to small</td> <td>Less than 0.6</td> <td>Proceed as for hyperglycemia above</td> </tr> <tr> <td></td> <td>Moderate to large</td> <td>At or above 0.6</td> <td>May indicate pump failure or extra insulin needed. Call parents for instructions.</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                |                                                 | Urine stick                                                                       | Blood meter                       | Action                          | If ketones are                          | Negative to small                       | Less than 0.6                               | Proceed as for hyperglycemia above    |                                       | Moderate to large                                 | At or above 0.6                   | May indicate pump failure or extra insulin needed. Call parents for instructions. |
|                                                          | Urine stick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Blood meter                                     | Action                                                                            |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
| If ketones are                                           | Negative to small                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Less than 0.6                                   | Proceed as for hyperglycemia above                                                |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |
|                                                          | Moderate to large                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | At or above 0.6                                 | May indicate pump failure or extra insulin needed. Call parents for instructions. |                                   |                                 |                                         |                                         |                                             |                                       |                                       |                                                   |                                   |                                                                                   |

**Appendix 4  
Individual Health Care Plan- Epilepsy**

**PERSONAL DETAILS**

|                                |                            |
|--------------------------------|----------------------------|
| Name of Child/Young Person:    | Child/Young Person's Photo |
| Date of Birth                  |                            |
| Name of School/Setting:        |                            |
| NHS No:                        |                            |
| Date Care Plan Completed:      |                            |
| Date Care Plan to be Reviewed: |                            |

**CONTACT INFORMATION**

|                           |                           |
|---------------------------|---------------------------|
| Family Contact 1<br>Name: | Family Contact 2<br>Name: |
| Phone No: (Home)          | Phone No: (Home)          |
| (Work):                   | (Work):                   |
| (Mobile):                 | (Mobile):                 |
| Relationship:             | Relationship:             |

|                                       |  |
|---------------------------------------|--|
| GP Name:<br>Telephone Number:         |  |
| Consultant Name:<br>Telephone Number: |  |
| Community Nurse:<br>Telephone Number: |  |

Note for parents:

- Parents/carers are reminded of the importance of informing schools/respice carers of any changes in treatment/medication or ongoing concerns/changes in episode patterns;
- **CONFIDENTIALITY:** For reasons of safety and rapid access, this form may be displayed on a notice board in the staff room;

\*Delete as applicable

|                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Episode Information:</u><br/>(i) <u>Episode Type</u></p> <ul style="list-style-type: none"> <li>• Known triggers if any:</li> <li>• Description of episode:</li> <li>• Usual duration:</li> <li>• Recovery Time:</li> <li>• Action:</li> </ul>                                                                                                                                                         | <p>Refer to First Aid sheet at the end of the care plan<br/>Monitor and record episode and duration<br/>Contact parents/carers or as agreed</p> |
| <p>(ii) <u>Episode Type:</u> (delete this box if not needed)</p> <ul style="list-style-type: none"> <li>• Known triggers if any:</li> <li>• Description of episode:</li> <li>• Usual duration:</li> <li>• Recovery time:</li> <li>• Action:</li> </ul>                                                                                                                                                       | <p>Refer to First Aid sheet at the end of the care plan<br/>Monitor and record episode and duration<br/>Contact parent/carers or as agreed</p>  |
| <p>1. WHAT CONSTITUTES AN EMERGENCY?</p> <ul style="list-style-type: none"> <li>• If an episode lasts longer than ..... minutes</li> <li>• If a non-convulsive episode lasts longer than 5 minutes</li> <li>• If several non-convulsive episodes occur within 10 minutes</li> <li>• If one episode follows another without regaining consciousness</li> <li>• If there is difficulty in breathing</li> </ul> |                                                                                                                                                 |

- If injury occurs

## 2. ACTION TO BE TAKEN IN AN EMERGENCY

- Dial 999 and ask for a paramedic/ambulance
- Inform parents/carers immediately or as agreed

## 3. ARE NON-CONVULSIVE EPISODES AN EMERGENCY?

- If the non-convulsive episode is very prolonged and/or appears in clusters i.e one after the other without a break in between
- It is not usually necessary for an ambulance to be called unless you are concerned about the child's colour or their breathing.
- Parents/carers need to be informed, as the child may need to see their GP to be examined.

SPECIAL CONSIDERATIONS: (discuss with parents and record below)

- Swimming:
- Physical Education:
- Other concerns:

Health Care Plan Agreed by:

|                                              |           |      |
|----------------------------------------------|-----------|------|
| PARENT/GUARDIAN/CHILD:                       | Signature | Date |
| HEAD TEACHER/HEAD OF RECEIVING ORGANISATION: | Signature | Date |
| HEALTHCARE PROFESSIONAL/OTHER                | Signature | Date |



## FIRST AID FOR EPISODES

### CONVULSIVE EPISODES

- Do not move child/young person during the episode, unless in danger
- Do not put anything between the teeth
- Do not restrict their movement
- Do not give anything to eat or drink until fully conscious
- Do protect head from injury by carefully placing something soft under head
- Do turn them onto their side into the recovery position as soon as jerking stops or earlier if breathing is difficult, or he/she has vomited
- Do stay with the child/young person until fully recovered
- Do talk to the child/young person, even though you think they may be unable to hear you
- Note length of episode, follow Care Plan and Record

### NON- CONVULSIVE EPISODE

- Do not try to stop the episode
- Guide away from danger
- Be understanding and talk reassuringly throughout the episode
- Repeat any instructions/information which may have been missed
- Note length of episode, follow Care Plan and Record

**Appendix 5**  
**Letter to Parents re: Implementation of IHCP**

Dear Parent/Carer,

**RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR CHILDREN WITH MEDICAL CONDITIONS**

In line with our policy 'Supporting Pupils with Medical Conditions' we are asking you to confirm with/inform us of any medical condition your child may have that the school would need to be aware of. This includes medical conditions such as asthma, epilepsy, diabetes or allergies that require medication or specialist knowledge/intervention.

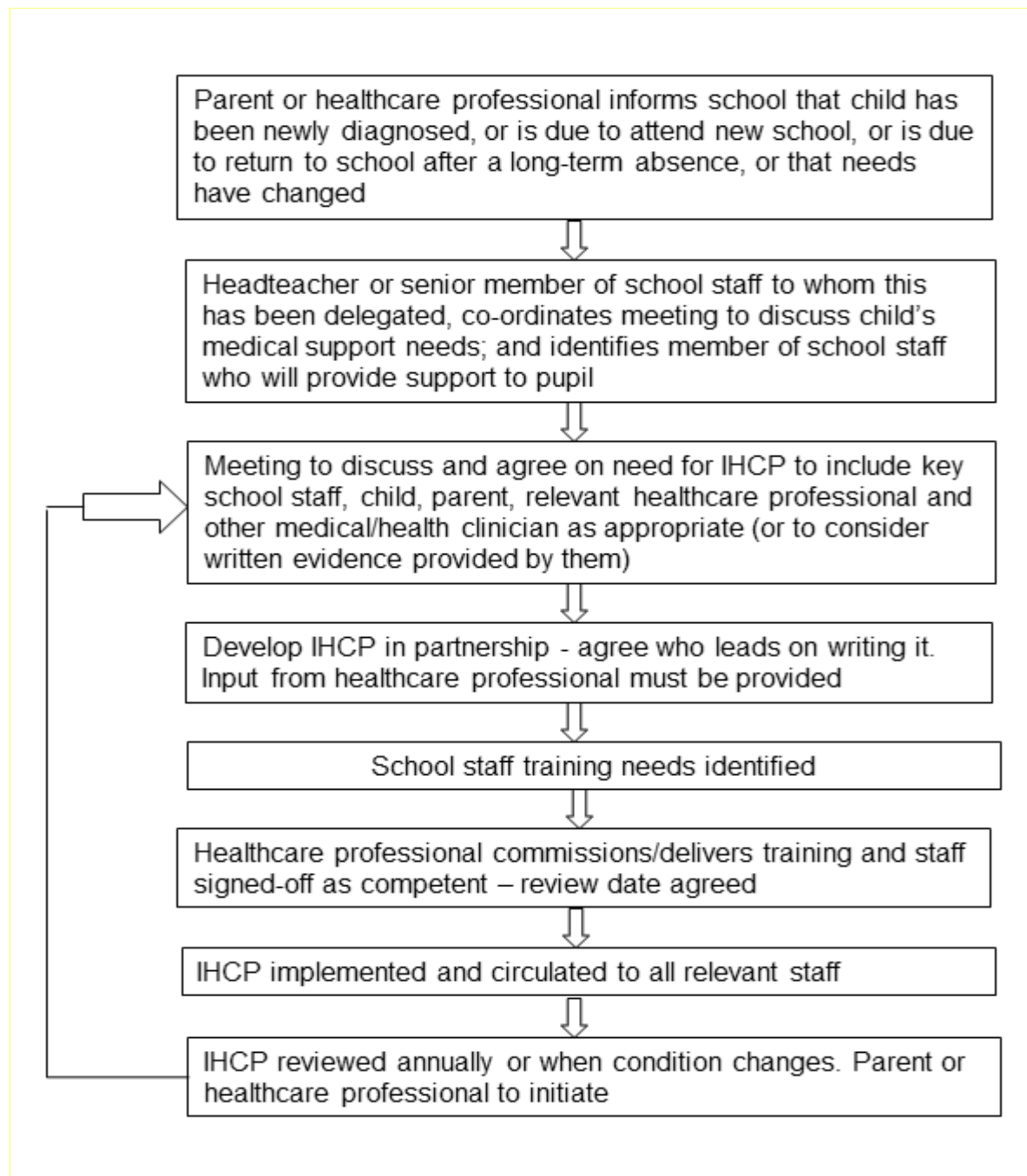
A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

We would like to invite parents of those children who have a medical condition to meet with the class teacher and school nurse in the New Year. To do this, please book an appointment with them by signing up for a time at the school office for xxx to begin the process of developing your child's individual health care plan (IHCP).

I hope that this is convenient for you and would be grateful if you could sign up as soon as possible. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible. We look forward to working with you to ensure your child's Individual Health Care Plan is effective and that you are fully involved in the process.

Yours sincerely,

**Appendix 6**  
**Model Process for developing an IHCP**



## Appendix 7

### Parental Permission for school staff to Administer Medicine

#### **Request by parent for school to administer medication as prescribed by GP ONLY**

The School is unable to administer medication unless your signed agreement has been received

#### **Details of Pupil**

|                     |            |
|---------------------|------------|
| Surname:            |            |
| Forename (s):       |            |
| Address:            |            |
| Date of Birth:      |            |
| Registration Group: | M/F: _____ |

#### **Medical Needs**

|                                                                                                                                                                   |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Condition of Illness:                                                                                                                                             |               |
| Name/Type or medication (as described on the container)<br>Prescribed: _____                                                                                      | Date          |
| For how long will your child take this medication? _____                                                                                                          |               |
| Full Directions of use:                                                                                                                                           |               |
| Dosage: _____                                                                                                                                                     | Method: _____ |
| Timing: _____                                                                                                                                                     |               |
| Known side effects:                                                                                                                                               |               |
| Procedures to take in an emergency:                                                                                                                               |               |
| I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing |               |
| Parent Signature: _____                                                                                                                                           | Date : _____  |

## Appendix 8

### Record of medicine administered to an individual child

|                                  |                                          |
|----------------------------------|------------------------------------------|
| Name of school                   | <b>St Mary's Catholic Primary School</b> |
| Name of child                    |                                          |
| Date medicine provided by parent |                                          |
| Class Group                      |                                          |
| Quantity received                |                                          |
| Name and strength of medicine    |                                          |
| Expiry date                      |                                          |
| Quantity returned                |                                          |
| Dose and frequency of medicine   |                                          |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                |  |  |  |
|----------------|--|--|--|
| Staff initials |  |  |  |
|----------------|--|--|--|