

Education Learning Trust Multi Academy Trust

Medical Conditions and First Aid Policy

The Kingsway School

Policy 2025/2026

Policy owner	Medical Officer
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September 2023	6.0	TKS Policy review to adapt for high school (specifically TKS)	Medical Officer, Pastoral head of Year, TKS	AGB Dd/mm/yy

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Policy Statement

At the Education Learning Trust, we are an inclusive community that welcomes and supports pupils with medical conditions.

We provide an environment to enable pupils with all medical conditions the same opportunities to participate as others at school as far as is reasonably practicable.

In order to achieve this we:

- Ensure all staff understand their duty of care to children and young people and provide staff training (see Appendix 3) in the event of an emergency.
- Ensure all staff feel confident in knowing what to do in an emergency via relevant training (see Appendix 3).
- Understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- Understand the importance of medication being taken as prescribed.
- Ensure all staff are aware of the common medical conditions that affect children at this school and receive training on the impact medical conditions can have on pupils.
- Ensure that all staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP). This includes other staff not directly in contact with a child to ensure continuity of care in the absence of staff.

Supporting Medical Conditions

The Education Learning Trust is an inclusive community that welcomes and supports pupils with medical conditions.

- a. The Education Learning Trust understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

- b. We seek to provide all children with all medical conditions the same opportunities as others at school in so far as can be achieved in relation to their condition. We will ensure they can:
- be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being
- c. Pupils with medical conditions are encouraged to develop increasing independence in relation to the control of their condition as they progress through the school. The curriculum and learning environment is designed to promote this without adult support.
- d. We include all pupils with medical conditions in all school activities and will reshape activities to suit their needs with relevant reasonable adjustments in place as advised by medical professionals.
- e. The care of children with medical conditions is a shared responsibility between the NHS, the child, their parents/carers and the school. Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
- f. We ensure all staff understand their duty of care to children and young people in the event of a medical emergency.
- g. We ensure all staff have access to information about how to support a child in an emergency.
- h. We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i. All staff have an understanding of the common medical conditions that may affect children at this school. Staff receive annual updates. The headteacher is responsible for ensuring staff receive annual updates. The School Nursing Service can provide the updates if the school requests.
- j. The medical conditions policy is understood and followed by the whole school and shared with the local health community as appropriate.
- k. We understand and encourage the importance of immunisation and the role this has to play in ensuring a safe and inclusive school and will work in partnership with parents/carers and health professionals to this end.

Communications Plan

The medical conditions policy is supported by a clear communication plan for staff, parents, carers and other key stakeholders to ensure its full implementation.

- a. Pupils are informed and reminded about the medical conditions policy:
- in personal, social and health education (PSHE) classes

b. Parents/carers are informed about the medical conditions policy and that information about a child's medical condition will be shared with the school nurse:

- when their child is enrolled at school;
- at the start of the school year or when Individual Health Plans are reviewed;
- via the school's website, where it is available all year round;
- in an individual meeting where the support of identified children with a medical need is discussed and agreed.

c. School staff are informed and regularly reminded about the school's medical conditions policy:

- through INSET and staff meetings and by accessing relevant documents on the school's network;
- through scheduled medical conditions updates and training;
- all supply and temporary staff who are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies by the class teacher;
- all relevant staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups under the guidance of the Inclusion Manager and Pastoral Lead.

Emergency plan for common, serious conditions

Relevant staff understand and are updated on what to do in an emergency for the most common serious medical conditions at this school.

- a. Relevant staff at our schools are aware of the most common serious medical conditions at this school.
- b. Staff understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency. In an emergency, school staff are required under

common law duty of care to act like any reasonably prudent parent/carer (*In Loco Parentis*). This may include administering medication.

- c. Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.
- d. The action required for staff to take in an emergency for the common serious conditions is available to all staff electronically.
- e. We use Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help, this information is also available on SIMS.
- f. We have procedures in place so that a copy of the pupil's Individual Health Plan is communicated to the emergency care setting with the pupil. On occasions when this is not possible, the form may be sent (or the information on it is communicated) to the hospital as soon as possible.
- g. If a pupil needs to be taken to hospital, we contact parents to accompany them, a member of staff (usually the Medical Officer or PHOY) will always stay with the student until a parent/carer arrives. The Medical Officer will direct should an ambulance be needed and/or a child need to be taken to hospital.
- h. Following the above a report will be written by each school's designated person in collaboration with an experienced first aider, as soon as possible after the event and shared with the senior leadership team:
 - Conditions – focus on the physical state of the premises to ensure safe and continuous operations as well as other issues involving building regulations and other non-education centric statutory requirements.
 - Suitability – focus on the quality of the premises to meet curriculum or management needs and other issues impacting upon the role of the academy in raising educational standards.

Medical Conditions Information Pathway

<p>Form sent out by school asking parents/carers to identify any medical conditions including:</p> <ul style="list-style-type: none"> • Transition discussions • At start of school year • New enrolment (during the school year) • Parents/carers inform school of any new diagnosis, school then to inform school nurse 	School
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School and School Nurse and Nurse Specialist collate response and identify those needing individual health plans	School School Nurse Medical Officer
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School Nurse contacts parents/carers to formulate new plan or review existing plan if necessary	School Nurse Medical Officer
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School Nurse discusses new or reviewed IHP with the designated person. Stored in school according to policy.	School Nurse Medical Officer
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All parties to ensure IHP is in place. If there are any difficulties in getting this finalised, the School Nurse discusses it with the designated person.	School Nurse & Medical Officer
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Pupils with medical conditions requiring Individual Health Plans are those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, severe asthma that has required an overnight hospital admission within the last 12 months. There may be other children with unusual chronic conditions who need a care plan, please liaise with the School Nurse about them.

Administration of Medication at School

The Education Learning Trust has clear guidance on the administration of medication at school.

Administration – Emergency Medication

- a. We ensure that pupils with medical conditions have easy access to their emergency medication.
- b. We will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.
- c. We will ensure that pupils with unknown medical conditions presenting with moderate or severe symptoms are given access to standard first aid measures. In case of an emergency the school will act *in loco parentis*.
- d. Telephone permission from parents/carers will be sought before the administration of any medicine not included on an IHP.
- e. This school has a defibrillator on both sites for emergency purposes, located at each reception, along with one situated in boys PE on Broadway and one in girls PE on Foxland. From September 2023 there will be the addition of two more All staff who have received first aid training have also been trained to use the defibrillators in an emergency.

General Administration

- e. We understand the importance of medication being taken as prescribed. When required to do so in the school day, it is essential that any medication is safely and securely handed to a member of the school staff. Medications brought into school without the school's awareness would constitute a safeguarding concern.
- f. All use of medication is under the appropriate supervision of the Medical Officer at this school unless there is an agreed plan for self-medication. Where staff become aware that pupils are using their medication in an abnormal way, they should discuss this with the child and inform the Medical Officer.

Important Note: Should staff become aware that a child/young person using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do, has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.

- g. Whilst all staff are aware that there is **no legal or contractual duty for any member of staff to administer medication or to supervise a pupil taking medication unless they have been**

specifically contracted to do so, staff will be consulted around the administration of medication in their day-to-day role, under the guidance of this policy, unless the situation is an emergency and falls under their regular duty of care arrangements.

- h. According to the DfE Guidance on Administering Medication in Schools, school staff may be asked to provide medication to children 'although they cannot be required to do so'. Designated and specifically trained staff take on the **voluntary role** of administering prescribed medication, but only with the written consent of the pupil's parent/carer. Parents will need to complete FORM 3A at the school office at the beginning of the day (see Appendix 1E).

Important Note: Despite our best intentions, due to the busy demands of our Medical Officer, we are unable to guarantee that prescribed medicines will be administered at a specified time. Where medicines are given significantly later than the specified time, we will contact families by telephone to convey the time the dose was taken. Should they wish to, we are happy to facilitate parents coming into school to administer medicines themselves. We do ask that wherever possible; medicines are administered outside of the school setting and therefore, in instances such as prescribed antibiotics, the school may only administer a dose in cases where 4 doses per day are required.

- i. We will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
- j. 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 assisting in administering medication or calling an ambulance.
- k. In some circumstances, medication is only administered by an adult of the same gender as the pupil and witnessed by a second adult. This will be agreed in the Individual Health Plan.
- l. Parents/carers understand that if their child's regular medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital either as part of their IHP or using FORM 3A_(Appendix 1E).
- m. If a pupil refuses their medication, staff will record this, and parents/carers will be informed as soon as possible. If not contactable, we would seek medical advice.
- n. There are a number of staff that have undergone First Aid training that perform first aid duties at the school in the absence of the Medical Officer including operating the defibrillator on site. Children with minor ailments and injuries will receive necessary care and if needed, the first aider may suggest next steps. All treatment is recorded, it may be deemed necessary to contact home

during the school day – for example in the case of any head injury or visible mark a parent or guardian is always contacted.

- o. All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. For children with IHPs, staff will take a copy of their plan with them to be shared with medical services in case of emergency. They will 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 noted on the school visit risk assessment.
- p. If a trained member of staff who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- q. If a pupil misuses medication, either their own or another pupil's, their parents/carers will be informed as soon as possible. The school will seek medical advice by ringing A & E if this situation arises. In such circumstances, pupils will be subject to the school's usual behaviour policy.

Use of 'over the counter' (non-prescription) medications

Non-prescribed medicines are only accepted in accordance with the school's policy, there must be written parental consent for recurring 'over the counter' medications e.g. antihistamine for hay fever and allergies or paracetamol for pain relief - FORM 3A (Appendix 1E).

Where it may be necessary to administer a child/young person with a non-prescribed medicine such as paracetamol or antihistamine, this will be administered by a member of staff once permission has been sought from a parent/carer. This permission will be recorded in the Accident/ Incident record book. Please see Guidelines for Administering Paracetamol below.

Medication e.g. for pain relief, should never be administered without first checking the label for the appropriate dosage and checking when the previous dose was taken.

If a child/young person suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Early Years providers should follow the EYFS guidance:

'Medicines must not usually be administered unless they have been prescribed for a child/young person by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2012).'

Guidelines for administering Paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

‘Medicines must not usually be administered unless they have been prescribed for a child/young person by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2012).’

For older pupils, it is sometimes appropriate to give paracetamol to control specific pain such as headache, toothache, migraine or period pain. Schools administering paracetamol to children should adhere to the following conditions:

- The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children.
- If a child/young person complains of pain as soon as they arrive at school and asks for painkillers, always consider whether the child/young person may have been given a dose of paracetamol before coming to school, it is not advisable to give paracetamol until the amount given over the past 24 hours has been established. A call home would be made to establish this.
- There should be at least 4 hours between any 2 doses of paracetamol containing medicines.
- No more than 4 doses of any remedy containing paracetamol should be taken in any 24 hours. Only 2 doses are recommended to be given during the school day.
- Many non-prescription remedies such as *Beechams Powders*, *Lemsip*, *Night Nurse* etc. contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.
- Staff must gain parental consent prior to giving paracetamol/antihistamines, the time and dose is logged.
- Paracetamol must be administered according to the instructions on the box or label. Parents are required to confirm the dosage that they wish to be administered to their child up to the limit specified for their age on the manufacturer’s instructions. Stronger doses or combination drugs, which contain other drugs besides paracetamol must not be administered.
- It is recommended that the school keep its own stock of paracetamol and antihistamine.
- School paracetamol/antihistamine must be stored securely in a lockable First Aid cupboard in an area not accessible to children.

If school has no appropriate paracetamol/antihistamine medicine(s) in stock, there must be a clear and safe arrangement for parents/carers to supply them to the school for the child/young person. Children are encouraged not to carry medicines around school.

Children should only be given one or two doses during the school day. If this does not relieve the pain, contact will be made with the parent/carer or the emergency contact.

A member of staff responsible for giving medicines must administer (if necessary) or witness the child/young person taking paracetamol, and make a record of it in the accident and incident book. The school must seek permission from the parent/carer in advance and clarify the amount of the dose the parent wishes the school to administer (up to the limit specified for their age on the manufacturer's instructions). The parent must disclose if the child has had other medicines/over the counter remedies that day that would inadvertently lead to an overdose of paracetamol/antihistamine.

The pupil should be made aware that paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

Safe Storage – Emergency Medication

The Education Learning Trust has clear guidance on the storage of medication at school.

- a. Emergency medication is readily available to pupils who require it at all times during the school day. If the emergency medication is a controlled drug and needs to be locked up, it is kept in the Medical Room where the keys are only available to the appropriate staff. It is essential that any medication is safely and securely handed to a member of the school staff. Medications brought into school without the school's awareness would constitute a safeguarding concern.
- b. Emergency medication for asthma is readily available on the young person, in the Medical Room and at both receptions. Spare inhalers for trips may also be kept in the locked cupboard in the Medical Room.
- c. Emergency medication and IHP are taken with the child to off-site activities.
- d. If the pupil concerned is involved in extended school services, then specific arrangements and risk assessments should be agreed with the parent/carer and appropriate staff involved.
- e. Where medication needs to be stored in the fridge, medicine must be clearly labelled with the child's name and class and kept in a location that is not accessible to children, e.g., Medical Room (Foxland) or Medical Room (Broadway).

Safe Storage – Non-Emergency Medication

- f. All non-emergency medication is kept in a dedicated cupboard or fridge in a staff access only room e.g. Reception (Foxland) or reception (Broadway). Pupils with medical conditions know where their medication is stored and how to access it.

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

Safe Storage – General

Identified staff – Medical Officer/First Aiders/ PHOY/Receptionists.

- h. This school has identified member(s) of staff / designated person(s) who ensure the correct storage of medication at school.
- i. All controlled drugs are kept in a locked cupboard and only named staff will have access to these.
- j. All medication stored at school is sent home at the end of the academic year or at the time the medication is discontinued/expired. It is the parent's responsibility to check the dates for expiry of these medicines and to send in required medicines promptly at the beginning of each new term.
- k. The Medical Officer, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- l. All medication is supplied and stored 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.
- m. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature. If appropriate medication is stored in a dedicated fridge.
- n. Some medication for pupils at our school may need to be refrigerated. All refrigerated medication is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils or lockable as appropriate.
- o. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils as requested by parents/carers or at the end of the academic year.
- p. It is the parent's/carer's responsibility to ensure adequate supplies of new and in date medication comes into school at the start of each academic year with the appropriate instructions and ensures that the school receives this. The Medical Officer will regularly check expiry dates.

Safe Disposal

- q. Parents/carers at this school are asked to collect out-of-date medication. Schools may choose to speak to parents/carers about collecting out of date medication or at the request of parents/carers may take to the pharmacy for safe disposal.
- r. If parents/carers 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.
- s. The 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 3 times a year and is always documented.
- t. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored safely and securely and in a convenient location.
- u. 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, to school or to the pupil's parent/carer.
- v. Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents/carers who then need to take the sharps bin to the GP for disposal.
- w. Hazardous waste is disposed of in a dedicated hazardous waste bin and collected and disposed of by an external contractor.

Record Keeping for Pupils with medical conditions

The Education Learning Trust has clear guidance about record keeping for pupils with medical conditions.

Enrolment Forms

- a. Parents/carers at this school are asked if their child has any medical conditions during the admissions process. If there are any changes to this initial information shared, it is a parent's responsibility to inform the school. Where appropriate the Medical Officer and School Nurse's input may be required in updating records accordingly.
- b. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form is given to the pupil's parents/carers to complete (FORM 3A Appendix 1E).

Individual Health Plans (Forms 1-1d)

Drawing up Individual Health Plans

- c. We use an Individual Health Plan for children with more complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation, specific to an individual child, can be attached to the Individual Health Plan if required (Appendix 1).
- d. Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school are listed below.

The child has:

- diabetes
 - gastrostomy feeds
 - a tracheostomy
 - anaphylaxis
 - a central line or other long term venous access
 - severe asthma that has required a hospital admission within the last 12 months
 - epilepsy with rescue medication
- e. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need, for revision:
- at the start of the school year / review date
 - at enrolment
 - when a diagnosis is first communicated to the school
 - transition discussions
 - new diagnosis

This is sent by the school's Medical Officer/School Nurse.

- f. It is the parent/carer's responsibility to fill in the Individual Health information and return the completed form to the Medical Officer to pass a copy to the school nurse. If the Medical Officer or school nurse does not receive an Individual Health Plan, **all school staff should follow standard first aid measures in an emergency**. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan or permissions has not been completed or agreed, the school nurse will contact the parents/carers and may convene a TAC meeting or consider safeguarding procedures if necessary.
- g. The finalised plan will be given to the parents / carers, school and school nurse.

- h. This school ensures that a relevant member of school staff is present, if required, to help draw up an Individual Health Plan for pupils with complex health or educational needs.
- i. Plans should be clear and staff confident to follow procedures independent of parent / medical support. Parents/carers should not be required to advise on or support their child in school.

School Individual Health Plan Register

Identified staff – Medical Officer

- j. Individual Health Plans are used to create a centralised register of pupils with complex health needs. The Medical Officer has responsibility for the register at this school.
- k. Pupils with Health Care Plans / medical needs can be identified on the SIMS system and through a paper filing system stored in Reception (Foxland)/Reception (Broadway).
- l. Any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the school's record system.
- m. The Medical Officer follows up with the parents/carers and health professional if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

On-going Communication and Review of Individual Health Plans

- n. Parents/carers at our school are required to inform the school of any possible updates to their child's Individual Health Plan at the start of each school year or if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication equipment and treatments change. Each Individual Health Plan will have a review date.
- o. Parents/carers have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

Storage and Access to Individual Health Plans

- p. Parents/carers are provided with a copy of the pupil's current agreed Individual Health Plan.
- q. Individual Health Plans are kept in Reception (Foxland) and Reception (Broadway).
- r. Reviewed Health Care Plans are circulated as appropriate.

- s. 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 the Individual Health Plans and needs of the pupils in their care.
- t. This school ensures that all staff protect pupil's confidentiality.
- u. This school informs parents/carers that the Individual Health Plan would 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 is included on the Individual Health Plan.
- v. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

Use of Individual Health Plans

Individual Health Plans are used by our schools to:

- inform the appropriate staff about the individual needs of a pupil with a complex health need in their care.
- identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of triggers.
- ensure our school has an accurate summary of a pupil's current medical management and healthcare in an emergency.

Consent to Administer Medicines

- w. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (Form 3A Appendix 1E) giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for pupils taking short courses of medication.
- x. All parents /carers of pupils with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.
- y. For children presenting with moderate or severe conditions antihistamine/paracetamol medicine will be administered following liaison with parents / carers. In an emergency school will act *in loco parentis*.

Residential Visits

- z. Parents / carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit (Appendix 4). 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.
- aa. All residential visit forms are taken by an identified staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Health Plan.
- bb. All parents / carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.
- cc. The residential visit form also details what medication and what dose 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. A copy of the Individual Health Plan and equipment / medication must be taken on off-site activities.
- dd. Parents/carers are required to supply medicine for residential visits in a named container with the prescribed times and dosage clearly labelled and the name of the medicine clearly identifiable.

Record of Awareness Raising Updates and Training

- ee. Our schools hold updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates.
- ff. All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by school nurse or Medical Officer where appropriate. We maintain a log indicating all staff training in relation to medical conditions and an up-to-date record of staff trained in First Aid, located in the Medical Room and at both receptions. (See Appendix 3).

The School Environment for Children with Medical Conditions

The Education Learning Trust ensures that the whole school environment is as inclusive and favourable to pupils with medical conditions with due consideration to reasonable adjustments. This includes the physical environment, as well as social, sporting and educational activities.

Physical Environment

- a. We are committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
- b. We are committed to making out of school visits accessible to all children including those with medical conditions, through the application of reasonable adjustments. This may sometimes mean reshaping or changing activities or locations which are proportionate and are implemented to remove any disadvantage that pupils may otherwise be subjected to because of their disability or medical condition, if it is serious.

Social Interactions

- c. 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.
- d. We ensure the needs of pupils with medical conditions are adequately considered to ensure they have access, with reasonable adjustments made to extended school activities such as school discos, school productions, after school clubs and residential visits.
- e. We are aware of the potential social problems that pupils with medical conditions may experience and actively promote social interaction.
- f. 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

- f. We understand the importance of all pupils taking part in sports, games and activities.
- g. We seek to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity as accessible with reasonable adjustments to all pupils.

- h. All classroom teachers, PE teachers and sports coaches understand that if a pupil reports they are feeling unwell, the teacher should seek appropriate guidance before considering whether they should take part in an activity.
- i. Teachers, educational support staff and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.
- j. We ensure teachers, educational support staff and sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.
- k. We ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- l. We ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports with reasonable adaptations made.

Education and Learning

- m. We ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and that appropriate adjustments and extra support is provided if needed as far as is reasonably practicable.
- n. We are aware that pupils with medical conditions may also have special educational needs (SEN). Pupils with medical conditions who are finding learning difficult are referred to the school SENCO/PHOY.
- o. We ensure that lessons about common medical conditions are incorporated into our wider curriculum.
- p. Pupils across the trust are encouraged to be independent in managing their own medical needs with wider school learning and how to respond to common medical conditions.

Risk Assessments

- q. Risk assessments are carried out by school staff prior to any out-of-school visit or off-site provision and medical conditions are considered during this process. We consider how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
- r. The Education Learning Trust understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities.

Reasonable Adjustments

When considering the reasonableness or proportionality of making any adjustments this School will have regard to:

- The extent to which the adjustment removes the disadvantage,
- The extent to which it is practicable,
- The financial and other costs of making the adjustments,
- The extent to which the step would disrupt the school's activities,
- The financial and other resources available to the school,
- The availability of external financial and other assistance,
- The nature of the school's activities and the size of the undertaking,
- The level of disruption to other pupils and their needs or facilities.

In addition, if an adjustment is reasonable to apply then the school will not pass on the cost of making such an adjustment to the pupil or parents/carers.

Reducing Medical Emergency Triggers

The Education Learning Trust is aware of the triggers that can make medical conditions worse or can bring on an emergency. We are actively working towards reducing these health and safety risks.

- a. We are committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b. Members of school staff are updated on medical conditions and consult with specific parents/carers where applicable. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

Roles and Responsibilities in the School Community

Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

- a. We work in partnership with all stakeholders including the school's governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Governor Responsibility

Nominated Governor

The Governors have responsibility to:

- ensure the health and safety of their staff 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 the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually.
- make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated.
- ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see Stockport's Critical Incidents Guidelines), at any time when pupils are on site or on out of school activities

Headteacher Responsibility

The Headteacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors.
- ensure every aspect of the policy is maintained.
- ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of SLT meetings.
- monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders.
- ensure that an evaluation of the policy takes place with governors about implementation of the medical conditions policy.
- ensure through consultation with the governors that the policy is adopted and put into action.
- Ensure adequate numbers of staff are trained first aiders with up-to-date certification.

All School Staff and Support Staff Responsibility

Staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- call an ambulance in an emergency and liaise with emergency services.
- understand the school's medical conditions policy.
- know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan.
- know the school's registered first aiders and where assistance can be sought in the event of a medical emergency.
- know the members of the schools Senior Incident Management Team if there is a need to seek assistance in the event of an emergency.
- maintain effective communication with parents/carers including informing them if their child has been unwell at school.
- ensure pupils who need medication have it when they go on a school visit or out of the classroom.
- be aware of the social integration of pupils with medical conditions and promote positive interactions.
- understand the common medical conditions and the impact these can have on pupils.
- ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed.
- follow universal hygiene procedures if handling body fluids.
- ensure that pupils who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from the Medical Officer or a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.
- ensure that parents/carers are contacted by telephone if their child has sustained any head injury or bump to the head.
- ensure that parents/carers are contacted by telephone prior to their child leaving school when there is a clearly visible mark.

Teaching Staff Responsibility

They have an additional responsibility to also:

- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENCO/Medical Officer/School Nurse.
- liaise with parents/carers 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 Healthcare Professional Responsibility

They have a responsibility to:

- help provide regular updates for school staff in managing the most common medical conditions at school at the school's request.
- provide information about where the school can access other specialist training.
- update the Individual Health Plans in liaison with the Medical Officer and parents/carers.
- Deliver training as requested by the school where appropriate

First Aiders' Responsibility

They have an additional responsibility to:

- give immediate, appropriate help to casualties with injuries or illnesses.
- when necessary, ensure that an ambulance is called.
- ensure they are trained in their role as first aider.

SENCO/Medical Officer Responsibility

They have the additional responsibility to:

- ensure the necessary arrangements are made to keep children with medical conditions safe in school.
- ensure that children with medical conditions can appropriately access learning, with any barriers to learning minimised as far as possible.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in by making reasonable adjustments.
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in tests, exams or coursework.

Pupils' Responsibility

Pupils have a responsibility to:

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

Parent / Carers Responsibility

They have a responsibility to:

- tell the school if their child has a medical condition or complex health need
- ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
- inform the school about the medication their child requires during school hours
- inform the school/provider 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
- ensure that the school has full emergency contact details for them
- 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
- if there is an outbreak or specific risk of an outbreak, as communicated by the school or other healthcare professional/organisation, then parent/carer must follow the guidance issued by the school/relevant professional bodies e.g. DfE or Public Health England
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- if the child has complex health needs, ensure information from medical professionals is communicated to the school
- have completed/signed all relevant documentation including form 3a and the Individual Health Plan if appropriate
- support the school in adhering to the plan
- support the school by engaging with any necessary Medical Action Plan/liaison with the School Nurse and other agencies if medical conditions/illness is causing attendance concerns
- ensure communication
- understand staff are not medical practitioners and not make unreasonable requests
- attend at the school when requested

Legislation and Guidance

Trusts are responsible for the health and safety of pupils in their care.

Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings* (2005). The main pieces of legislation are the Equality Act (2010) and the Children & Families Act (2014). These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act etc. 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions and first aid policy.

The following policies need to be considered: -

- Department for Education and Department of Health Special Educational Needs and Disability Code of Practice 0-25 years.
- Health and Safety Policy
- Critical Incidents Guidance
- Visits and Journeys Guidelines
- Records Management & Retention Policy
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

This form can be downloaded at:

http://intranet/smbcintr/new/content/directorates/bs/hr/shrfirst/documents/RIDD_OR.pdf

Managing Medicines in Schools and Early Years Settings (2015)

This provides guidance from the DFE on managing medicines in schools and early year's settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up an Individual Health Plan
- relevant forms

Medical Conditions at School: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools and Early Years Settings.

Equality Act (2010) (EA) and The Children and Families Act 2014 (CFA).

- Many pupils with medical conditions are protected by the EA and CFA, even if they don't think of themselves as 'disabled'.
- The Equality and Human Rights Commission (EHRC) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the EA and gives practical guidance on reasonable adjustments and accessibility. The EHRC offers information about who is protected by the EA, schools' responsibilities and other specific issues.

School Responsibilities Include:

- Not to treat any pupil less favourably in any school activities without material and sustainable justification.
- To make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015 and is dealt with here on page 19. *
- To eliminate discrimination and promote equality of opportunity in accordance with the provisions of Section 149 of the Equality Act 2010, which came into force on 5 April 2011 relating to the public sector equality duty.
- To promote disability equality in line with the guidance provided by the DFE and EHRC through the Disability Equality Scheme. *DfES publications are available through the DFE.

The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act etc. 1974

This act places duties on employers for the health safety and welfare of their employees and anyone not in their employment who may be affected by the activity. This covers the head teacher and teachers, non-teaching staff, pupils, visitors and contractors.

Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

Additional Guidance

Other guidance resources that link to a medical conditions policy include:

- Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015.
- Equality Act 2010: Advice for Schools.
- Reasonable Adjustments for disabled pupils (2012).
- Supporting pupils at school with medical conditions (2014).
- The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005).
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda.
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams.
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits.
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs.
- Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when travelling on local authority provided transport.
- Including Me: Managing Complex Medical Needs in School and Early Years Settings (2005).
- Medical Conditions at School Website - <http://medicalconditionsatschool.org.uk/>
- Managing Medicines and Providing Medical Support in Schools and Early Years Settings UNISON - <http://www.unison.org.uk/file/A14176.pdf>

Further Advice and Resources

The Anaphylaxis Campaign
PO Box 275 Farnborough
Hampshire GU14 6SX



Phone 01252 546100 Fax 01252 377140

info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

Asthma UK
Summit House
70 Wilson Street
London EC2A 2DB

Phone 020 7786 4900 Fax 020 7256 6075 info@asthma.org.uk

www.asthma.org.uk

Diabetes UK
Macleod House
10 Parkway London
NW1 7AA

Phone 020 7424 1000 Fax 020 7424 1001

info@diabetes.org.uk

www.diabetes.org.uk

Epilepsy Action
New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY

Phone 0113 210 8800 Fax 0113 391 0300

epilepsy@epilepsy.org.uk

www.epilepsy.org.uk

Long-Term Conditions Alliance
202 Hatton Square
16 Baldwins Gardens London
EC1N 7RJ

Phone 020 7813 3637 Fax 020 7813 3640 info@ltca.org.uk

www.ltca.org.uk

Department for Education
Sanctuary Buildings
Great Smith Street
London SW1P 3BT



Phone 0870 000 2288

Textphone/Minicom 01928 794274 Fax 01928 794248

info@dcsf.gov.uk

www.dcsf.gov.uk

Council for Disabled Children
National Children's Bureau
8 Wakley Street
London EC1V 7QE

Phone 020 7843 1900 Fax 020

7843 6313 cdc@ncb.org.uk

www.ncb.org.uk/cdc

National Children's Bureau
National Children's Bureau
8 Wakley Street
London EC1V 7QE

Phone 020 7843 6000 Fax 020

7278 9512 www.ncb.org.uk

Health Protection Team
Stockport
Public Health
Upper Ground Floor
Stopford House
Stockport SK13XE.



Phone 0161 474 2440

Healthprotection@stockport.gov.uk

**Public Health England Health
Protection Team 0344 225 0562
Option 1**

www.gov.uk/government/organizations/public-health-england

**Appendix 1 – Individual
Health Care Plan**

 <p>STOCKPORT METROPOLITAN BOROUGH COUNCIL</p>		 <p>Stockport NHS NHS Foundation Trust</p>	
Form 1 - Individual Health Plan			
For pupils with complex medical needs at school			
Date form completed:			
Date for review:			
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies held by:			
1. Pupil's Information			
Name of School:			
Name of Pupil:			
Class/Form			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Contact Information			

Pupil's Address		Postcode:
Family Contact Information		
a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	
GP		
Name:		
Phone:		
Specialist Contact		
Name:		
Phone:		
Medical Condition Information		
3. Details of Pupil's Medical Conditions		
Signs and symptoms of this pupil's condition:		
Triggers or things that make this pupil's condition/s worse:		

4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)	
During school hours:	
Outside school hours:	
5. What to do in an Emergency	
Signs & Symptoms	
In an emergency, do the following:	
6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name/type of medication (as described on the container):	
How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school needs to know about?	
Can the pupil administer the medication themselves? (please tick box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP
7. Regular Medication taken during School Hours	
Name/type of medication (As described on the container):	

Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) Yes No Yes, with supervision by: <input type="checkbox"/> Staff member <input type="checkbox"/> name: <input type="checkbox"/>
Medication expiry date:	
8. Regular Medication taken outside of School Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container):	
Are there any side effects that the school needs to know about that could affect school activities?	
9. Members of Staff Trained to Administer Medications for this Pupil	
Regular medication:	
Emergency medication:	
10. Any Other Information Relating to the Pupil's Healthcare in School?	
Parental and Pupil Agreement	

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child/young person's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) (If pupil is below the age of 16)	
Print Name:	
Date:	

Healthcare Professional Agreement

I agree that the information is accurate and up to date.

Signed:	
Print Name:	
Job Title:	
Date:	

Permission for Emergency Medication

- I agree that I/my child/young person **can** be administered my/their medication by a member of staff in an emergency
- I agree that my child/young person **cannot** keep their medication with them and the school will make the necessary medication storage arrangements
- I agree that I/my child/young person **can** keep my/their medication with me/them for use when necessary

Name of medication carried by pupil:	
Signed (Parent/Carer)	
Date	

Headteacher Agreement

It is agreed that (name of child/young person):

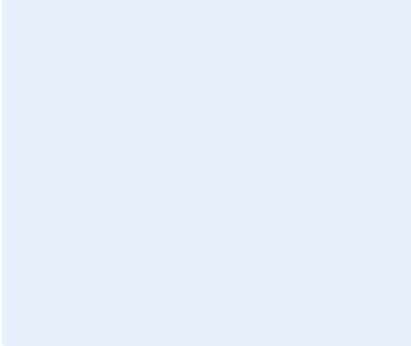
- will receive the above listed medication at the above listed time (see part 7).
- will receive the above listed medication in an emergency (see part 6).

This arrangement will continue until:
(Either end date of course of medication or until instructed by the pupil's parents/carers).

Signed (Headteacher):	
Print Name:	

Date:	
-------	--

Appendix 1a Individual Health Plan – Diabetes



Supported by



INDIVIDUAL HEALTH CARE PLAN FOR A CHILD OR YOUNG PERSON IN THE EDUCATION SETTING WHO HAS DIABETES



Contents:

- **Definitions**
- **Child/Young Person’s Information**
- **Monitoring Blood Glucose Levels**
- **Insulin Administration with Meals**
- **Insulin Administration**
- **Suggested Daily Routine**
- **Sporting Activity/Day Trips & Residential Visits**
- **Hypoglycaemia**
- **Hyperglycaemia**
- **References**

This health care plan will capture the key information and actions that are required to support this child or young person (CYP) in school. It will have the CYP best interests in mind and ensure that school assesses and manages risks to the pupils’ education, health and social well-being and minimize disruption in the school day. It should be reviewed at least annually.

1 Definitions

IHCP	Individual Health Care Plan
CYP	Child or Young Person
HYPO	Hypoglycaemia
CHO	Carbohydrate
BG	Blood Glucose

2 CHILD/YOUNG PERSON'S INFORMATION

2a. Child / Young Person Details

Child's Name:		Year group:	
Hospital/NHS number:		DoB:	
Nursery/School/College: Post code			
Child's Address: Town: County: Postcode			
Type of Diabetes:	Please select		
Other medical conditions:			
Allergies:			
Date:		Document to be Updated:	

2b. Family Contact Information

Name		
Relationship		
Telephone Number	Home Work Mobile	
Email		
Name		
Relationship		
Telephone Number	Home Work Mobile	
Email		
Name		
Relationship		
Telephone Number	Home Work Mobile	

Email	
-------	--

2c. Essential Information Concerning This Child /Young Persons Health Needs

Contacts		Contact Number
Children’s Diabetes Nurses:		
Key Worker:		
Consultant Paediatrician:		
General Practitioner:		
Link Person in Education:		
School email contact:		
Class Teacher:		
Health Visitor/School Nurse:		
SEN Co-ordinator:		
Other Relevant Teaching Staff:		
Other Relevant Non-Teaching Staff:		
Head teacher:		

This CYP has DIABETES, requiring treatment with (*check which applies*):

Multi-dose regime i.e. requires insulin with all meals:	<input type="checkbox"/>
Insulin Pump Therapy:	Please select
3 injections a day (no injections in school):	<input type="checkbox"/>
2 injections a day (no injections in school):	<input type="checkbox"/>
Other - please state:	

Pupils with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically every 3 months, but may be more frequent. These appointments may require a full day’s absence. Education authority staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.

3 MONITORING BLOOD GLUCOSE LEVELS

The CYP has a blood glucose monitor, so they can check their blood glucose (BG). BG monitoring is an essential part of daily management; where ever possible CYP should be encouraged to take responsibility for managing their own medicines and BG equipment in school. They should be allowed to carry their equipment with them at all times and their equipment must not be shared.

(*Check which applies*)

BG checks to be carried out by a trained adult, using a Fastclix / Multiclix device.	<input type="checkbox"/>
This child/young person requires supervision with blood glucose monitoring.	<input type="checkbox"/>
This CYP is independent in BG monitoring.	<input type="checkbox"/>

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- Hands to be washed prior to the test.
- Blood glucose targets pre meal - mmol/L and - mmol/L 2 hours after meals
(NICE guidelines 2015 recommend BG levels of 4-7 mmol/L pre meal and 5-9 mmol/L post meals)
- Lancets and blood glucose strips should be disposed of safely.

There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.

4 INSULIN ADMINISTRATION WITH MEALS

Check if applies if not, go to section 5

(Check which applies)

Insulin to be administered by a suitably trained adult, using a pen needle that complies with national and local sharps policy	<input type="checkbox"/>
Supervision is required during insulin administration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
This young person is independent, and can self-administer the insulin	<input type="checkbox"/>
This CYP is on an insulin pump (see further information below and section 8.2 page 8)	<input type="checkbox"/>

The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat.

(Check which applies)

They have a specific Insulin to carbohydrate (CHO) ratio (I:C)	<input type="checkbox"/> <input type="checkbox"/>
They are on set doses of insulin	<input type="checkbox"/>

This procedure should be carried out:

- In class, or if preferred in a clean private area with hand washing facilities
- Should always use their own injection device; or sets.
- All used needles should be disposed of in accordance with the school's local policy

5 INSULIN ADMINISTRATION

Delivered via pen device: Delivered via insulin pump:

Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process

Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process

Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		

NOTE: See 8

6 SUGGESTED DAILY ROUTINE

	Time	Note
Arrive School		
Morning Break		
Lunch		
Afternoon Break		
School finish		
Other		

--	--	--

Please refer to 'Home-school' communication diary

Please refer to School planner

7 SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

Governing bodies should ensure that risk assessments, planning and arrangements are clear to ensure this CYP has the opportunity to participate in all sporting activities. School should ensure reasonable adjustments as required.

<p>Specific instructions If on Insulin Pump therapy: During contact sports the pump should be disconnected (NEVER exceed 60 minutes). Please keep safe whilst disconnected.</p>	
--	--

Extra Snacks are required: PRE-EXERCISE	
POST-EXERCISE	



8 HYPOGLYCAEMIA
(‘Hypo’ or ‘Low Blood Glucose’) **BG: Below 4 mmol/L.**



INDIVIDUAL HYPO-SYMPOMS FOR THIS CYP ARE:	Pale	<input type="checkbox"/>	Poor Concentration	<input type="checkbox"/>	Other:
	Sudden Change of personality	<input type="checkbox"/>	Sleepy	<input type="checkbox"/>	
	Crying	<input type="checkbox"/>	Shaking	<input type="checkbox"/>	
	Moody	<input type="checkbox"/>	Visual changes	<input type="checkbox"/>	
	Hungry	<input type="checkbox"/>			

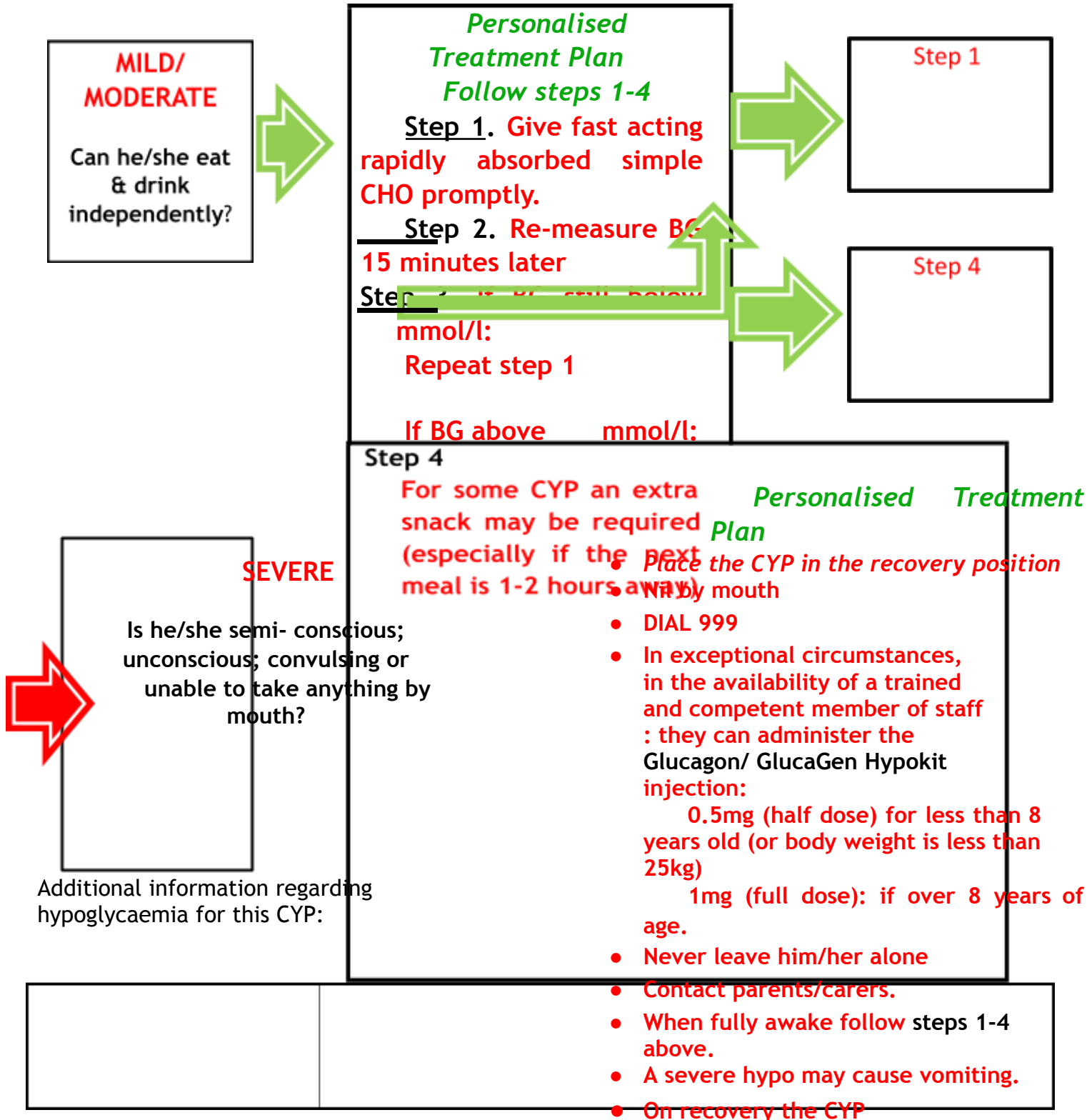
How to treat a hypo:

- If possible, check BG to confirm hypo, and treat promptly: [see 8a.](#)
- Do not send this child or young person out of class unaccompanied to treat a hypo.
- Hypos are described as either mild/moderate or severe depending on the individual’s ability to treat him/her.
- The aim is to treat, and restore the BG level to above **mmol/L.** (*ISPAD guidelines recommend 5.6mmol/L*) [\(See 8a\).](#)

A Hypo box should be kept in school containing fast acting glucose and long acting carbohydrate. Staff, and the CYP should be aware of where this is kept and it should be taken with them around the school premises; if leaving the school site; or in the event of a school emergency. It is the parent’s/carers responsibility to ensure this emergency box is adequately stocked; independent young people will carry hypo remedies with them.

8a. Treatment of Hypoglycaemia

BG below 4mmol/l



should be taken home by

parents/carers.

*** Consider what has caused the HYPO? ***



9 HYPERGLYCAEMIA
(High blood glucose)

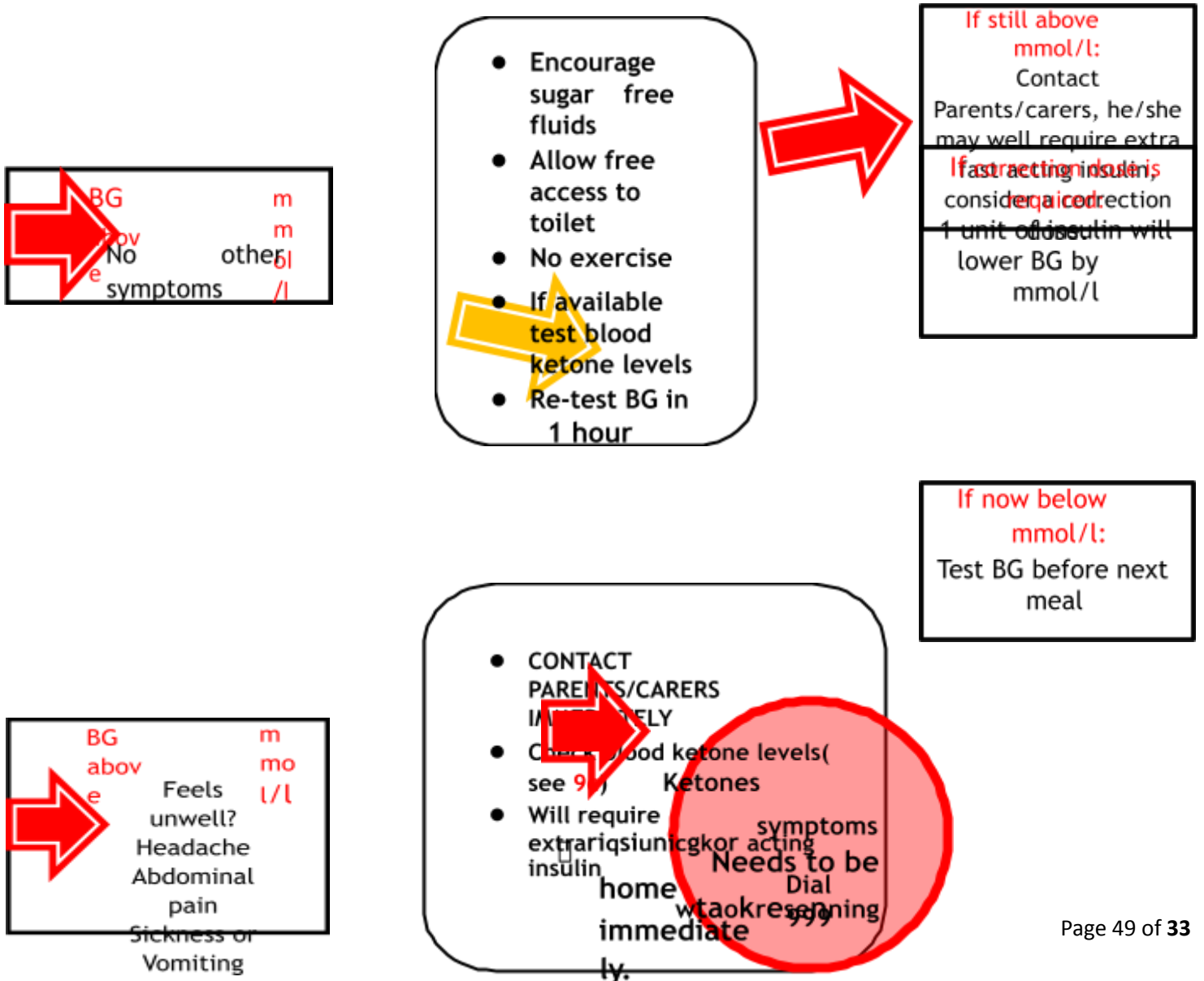


Children and young people who have with diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above **mmol/L**.

*** IF THIS CYP IS ON INSULIN PUMP THERAPY PLEASE REFER DIRECTLY TO 9b ***

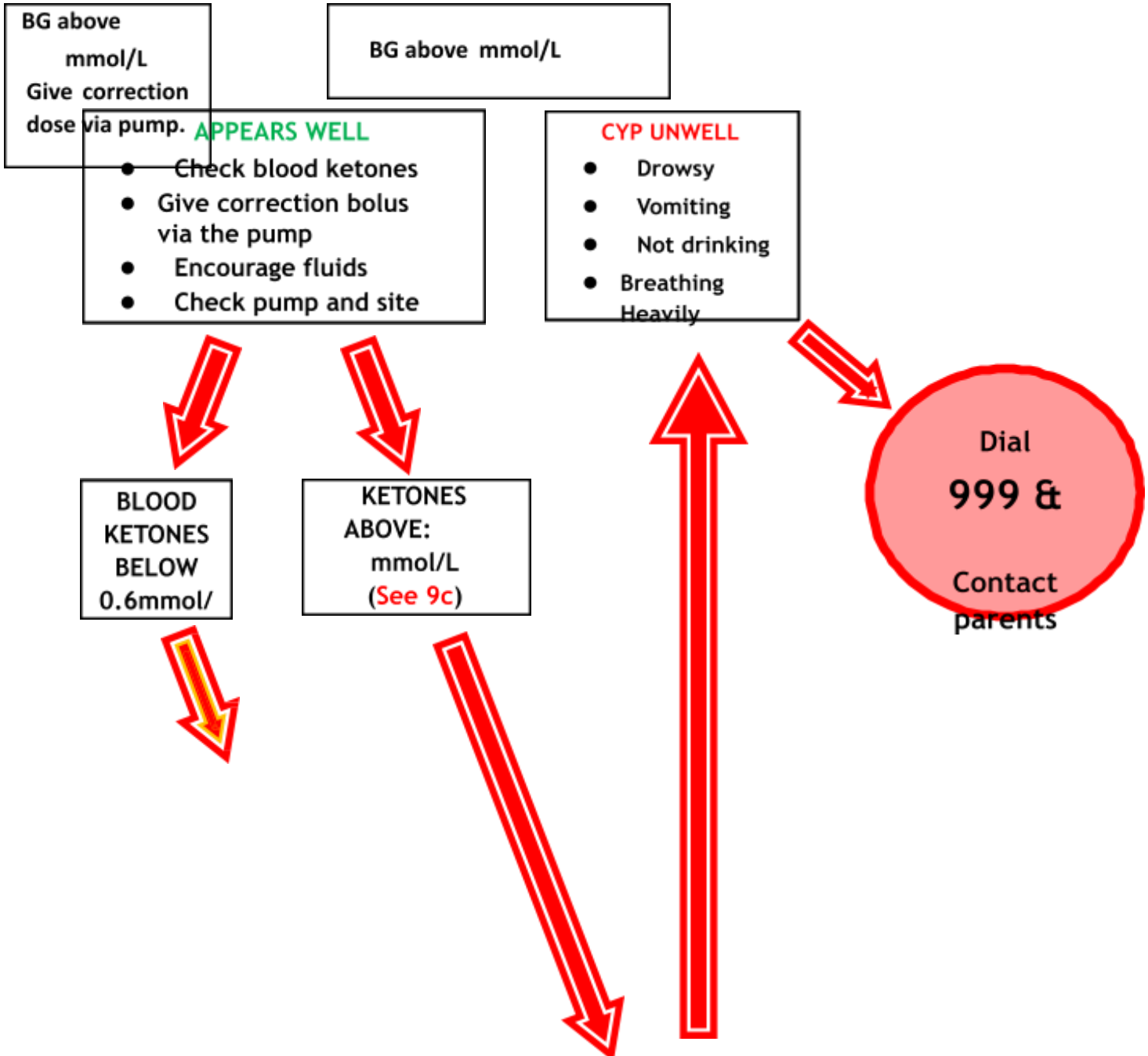
If the child/young person is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the child/young person has had symptoms of high blood glucose

9a. Treatment of Hyperglycaemia For A Child/Young Person On Injections



Additional information regarding hyperglycaemia for this CYP:	
---	--

9b. Treatment of Hyperglycaemia for a Child/Young Person on Pump Therapy



RE-TEST
BG IN ONE
HOUR



BG below
 mmol/L and
 falling
 Continue to monitor 2
 hourly.

BG m
 above mo
 :

- Contact parents/carers whom will advise.
- Give insulin injection via a pen device
- Re site insulin pump set and reservoir by parent or in exceptional circumstances by, suitably trained member of staff.
- Monitor closely until parents/carers take home

9c. Blood β -Ketone monitoring Guide:

- **Below 0.6mmol/L** **Normal range**
- **Between 0.6-1.5mmol/L** **Potential problems - SEEK ADVICE**
- **Above 1.5mmol/L** **High risk - SEEK UGENT ADVICE**

Additional information regarding β Blood -Ketone monitoring for this CYP:	
---	--

- School to be kept informed of any changes in this child or young person’s management (see page 6-7).
- The CYP with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
- During EXAMS, reasonable adjustments should be made to exam and course work conditions if necessary, this should be discussed directly with this CYP.
This CYP should be allowed to take into the exam the following: blood glucose meter, extra snacks; medication and hypo treatment.
- Specific extra support may be required for the CYP who has a long term medical condition regarding educational, social and emotional needs- for example, during periods of instability, during exams, catching up with lessons after periods of absence, and counselling sessions.

Please use the box below for any additional information for this CYP, and document what is specifically important for him/her:

This IHCP has been initiated and updated in consultation with the CYP, family; diabetes specialist nurse and a member of staff from the educational setting.

Date	Name	Signatures
Young person		
Parents/carers		

Parents/carers agreement to administration of medicine as documented on page 3 and 4		
Diabetes Nurse Specialist:		
School Representative:		
Health visitor/ School Nurse:		

The following should always be available in school, please check:

<i>Hypo treatment: fast acting glucose</i>	<input type="checkbox"/>	<i>Insulin pen and appropriate pen needles.</i>	<input type="checkbox"/>
<i>Gluco gel/ Dextrogl</i>	<input type="checkbox"/>	<i>Cannula and reservoir for pump set change</i>	<input type="checkbox"/>
<i>Finger prick device, BG monitor and strips</i>	<input type="checkbox"/>	<i>Spare battery</i>	<input type="checkbox"/>
<i>Ketone testing monitor and strips</i>	<input type="checkbox"/>	<i>Up to date care plan</i>	<input type="checkbox"/>
<i>Snacks</i>	<input type="checkbox"/>		<input type="checkbox"/>

Governing bodies are responsible to ensure adequate members of staff have received suitable training.

Training log:

Staff Name	Training Delivered	Trainer	Date

****See Training Log in school****

10 *References:*

- *Supporting pupils at school with medical conditions. Department of Education. September 2014.*
- *NICE clinical guideline NG18: Diabetes (type 1 and type 2) in children and young people, diagnosis and management.. August 2015*
- *Managing Medicines in School and Early Years Setting. Department of Health. 2005*
- *ISPAD Clinical Practice Consensus Guidelines. 2014*
- *Making Every Young Person With Diabetes Matter. Department of Health. 2007.*

THIS CARE PLAN HAS BEEN DESIGNED BY A SUB-GROUP LEAD BY

Sandra Singleton, Children and Young People's Diabetes Specialist Nurse/ Team Leader. With Margot Carson, Children and Young People's Diabetes Network Coordinator - North West of England
 Elaine McDonald, Children and Young People's Diabetes Specialist Nurse/ Team Leader.
 Dawn Anderson Children's and Young people's Diabetes Specialist Nurse
 Linda Connellan, Children and Young People's Diabetes Specialist Nurse
 Jill Cullen, Specialist Community Practitioner School Nursing
 Jayne Johnson, Staff Nurse School Nursing.
 Helen Nurse Families with Diabetes National Network
 Paula Maiden Families with Diabetes National Network
 Daniel Hyde IT technical support

Acknowledgments:

The sub-group from the 'Children and Young People's North West Diabetes Network' would like to thank the following regional 'Children and Young People's Diabetes Network' teams for their helpful advice, support and input in the development of this document:

Birmingham Children's Hospital
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 Glangwili General Hospital
 Leeds Children's Hospital
 North Somerset Community Partnership
 North Tyneside General Hospital
 Nottingham Teaching Hospitals NHS Trust
 Oxford University Hospitals NHS Foundation Trust
 Salisbury District Hospital

Review date: January 2018.



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Winner of the Excellence in Diabetes Specialist Nursing Awards At the Nurse Standard Nurse Awards 2015.

Appendix 1b Individual Health Plan – Epilepsy



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Form 1b - Individual Health Plan - Epilepsy

For pupils diagnosed with Epilepsy at school who need rescue medication

Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		

1. Pupil's Information

Medical Condition:		
Name of School:		
Name of Pupil:		
Class/Form		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. Contact Information

Pupil's Address:		
	Postcode:	

Family Contact Information

a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	

b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	

Specialist Contact

Name:	
Phone:	

Consultant

Name:	
Phone:	

Medical Condition Information

3. Details of Pupil's Medical Conditions - Seizure Description

Type 1	
Type 2	
Type 3	
Triggers or things that make this pupil's condition/s worse:	

4. Routine Healthcare Requirements (for example, dietary, therapy, nursing needs or before physical activity)

Routine Requirements	
Record any seizures on the daily seizure record	

5. What to do in an Emergency

Emergency Procedures	
----------------------	--

6. Emergency Medication (Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):	
--	--

Describe what signs or symptoms indicate an emergency for this pupil:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school needs to know about?	
Self-administration:	Can the pupil administer the medication themselves? (Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary?	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP
7. Regular Medication taken during School Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by:

	Staff member's name:
Medication expiry date:	
8. Regular Medication Taken Outside of School Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container)	
Are there any side effects that the school needs to know about that could affect school activities?	
9. Any other information relating to the pupil's healthcare in schools	
Permission for Emergency Medication	
<input type="checkbox"/> I agree that I/my child/young person can be administered my/their medication by a member of staff in an emergency <input type="checkbox"/> I agree that my child/young person cannot keep their medication with them and the school will make the necessary medication storage arrangements <input type="checkbox"/> I agree that I/my child/young person can keep my/their medication with me/them for use when necessary.	
Name of medication carried by pupil:	
Signed (Parent)	
Date	
Headteacher Agreement	
It is agreed that (name of child/young person): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed (Headteacher)	
Print Name:	
Date:	
Parental and Pupil Agreement	

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) If pupil is below the age of 16)	
Print Name:	
Date:	

Healthcare Professional Agreement

I agree that the information is accurate and up to date.

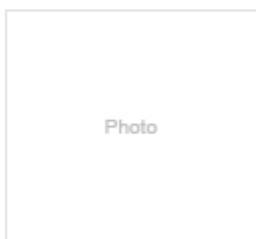
Signed:	
Print Name:	
Job Title:	
Date:	

Appendix 1c Action Plan for Allergic Reactions (EpiPen)

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's
Weight:

Kg

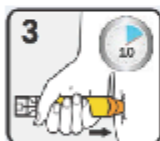
How to give EpiPen®



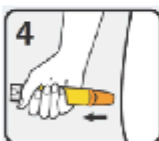
From top around
EpiPen® and
PULL OFF BLUE
SAFETY CAP!



SWING AND PUSH
ORANGE TIP against
outer thigh (with or
without clothing) until
a click is heard



HOLD FIRMLY in
place for 10 seconds



REMOVE EpiPen®.
Massage injection
site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Patient support groups:
<http://www.allergyuk.org> or www.anaphylaxis.org.uk

©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



Date: _____

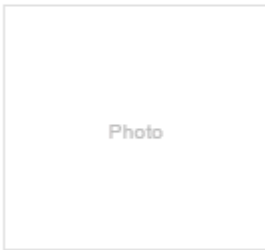
Action Plan for Allergic Reaction (JEXT)

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____



Emergency contact details:

1) _____



2) _____



Child's Weight: _____ Kg

PARENTAL CONSENT: I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

(PRINT NAME)

Date: _____

How to give Jext®



1
Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2
PLACE BLACK END against outer thigh (with or without clothing)



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4
REMOVE Jext®. Massage injection site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 09/2017

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY:

Persistent cough, hoarse voice
difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing,
wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat:
(If breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. Jext) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date: _____

Appendix 1d Individual Health Plan – Asthma



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Form 1d - Individual Health Plan - Asthma

For pupils with complex medical needs at school

Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		

1. Pupil's Information

Medical Condition:		
Name of School:		
Name of Pupil:		
Class/Form		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. Contact Information

Pupil's Address		
	Postcode:	

Family Contact Information

a.	Name	
	Phone (Day)	
	Phone (Evening)	
	Mobile	
	Relationship with child/young person	
	Name	
	Phone (Day)	
	Phone (Evening)	

	Mobile	
	Relationship with child/young person	
GP		
Name		
Phone		
Specialist Contact		
Name		
Phone		
Medical Condition Information		
3. Details of Pupil's Medical Conditions		
Signs and symptoms of this pupil's condition:		
Triggers or things that make this pupil's condition/s worse:		
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)		
During school hours:		
Outside school hours:		
5. What to do in an Emergency (Asthma UK Guidelines)		
Common signs of an Asthma attack:	<ul style="list-style-type: none"> ° Coughing ° Shortness of Breath ° Being unusually quiet ° Wheezing ° Tightness in the chest ° Difficulty in speaking full sentences 	
	<p>KEEP CALM – DO NOT PANIC ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN MAKE SURE THE PUPIL TAKES ONE PUFF OF THEIR RELIEVER INHALER (USUALLY BLUE) USING THEIR SPACER ENSURE TIGHT CLOTHING IS LOOSENEED REASSURE THE PUPIL</p>	

ONE PUFF OF THEIR RELIEVER EVERY MINUTE UP TO 10 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.

CALL 999 URGENTLY IF:

THEIR SYMPTOMS DO NOT IMPROVE AFTER 10 PUFFS

THEY ARE TOO BREATHLESS TO TALK

THEIR LIPS ARE BLUE OR IF IN ANY DOUBT

CONTINUE TO GIVE 1 PUFF EVERY MINUTE OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.

6. Emergency Medication

(Please complete even if it is the same as regular medication)

Name / type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school needs to know about?	
Self-administration:	<p>Can the pupil administer the medication themselves? (Tick as appropriate)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:</p>
Is there any other follow-up care necessary?	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers

	<input type="checkbox"/> Specialist <input type="checkbox"/> GP
7. Regular Medication taken during School Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	<i>(Tick as appropriate)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Medication expiry date:	
8. Regular Medication Taken Outside of School Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container)	
Are there any side effects that the school needs to know about that could affect school activities?	
9. Any other information relating to the pupil's healthcare in schools	
Permission for Emergency Medication	

- I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements
- I agree that I/my child **can** keep my/their medication with me/them for use when necessary.

Name of medication carried by pupil:	
--------------------------------------	--

Signed (Parent/Carer)	
-----------------------	--

Date	
------	--

Headteacher Agreement

It is agreed that (name of Pupil):

- will receive the above listed medication at the above listed time (see part 6). will receive the
- above listed medication in an emergency (see part 7).

This arrangement will continue until:
(Either end date of course of medication or until instructed by the pupil's parents/carers).

Signed (Headteacher)	
----------------------	--

Print Name:	
-------------	--

Date:	
-------	--

Parental and Pupil Agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed (Pupil)	
----------------	--

Print Name:	
-------------	--

Date:	
-------	--

Signed (Parent/Carer) <i>If pupil is below the age of 16)</i>	
--	--

Print Name:	
-------------	--

Date:	
-------	--

Healthcare Professional Agreement

I agree that the information is accurate and up to date.

Signed:	
---------	--

Print Name:	
-------------	--

Job Title:	
------------	--

Date:	
-------	--

Appendix 1e Form 3a – Medical Permission Form (Individual Pupil)



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



**Form 3a – Medication Permission & Record
– Individual Pupil**

Name of School:	
Name of Pupil:	
Class/Form:	
Date medication provided by parent:	
Name of medication:	
Dose and Method: (how much and when to take)	
When is it taken (time)	
Quantity Received:	
Expiry Date:	
Date and quantity of medication returned to parent:	
Any other information:	
Staff signature:	
Print name:	
Parent/Carer Signature:	
Print name:	
Parent/Carer Contact Number:	

Appendix 3 Staff Training Record



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Form 4 – Staff Training Record

Name of School:	
Type of training received:	
Date training completed:	
Training provided by:	
Trainer Job Title and Profession:	

I confirm that the people listed above have received this training

Name of people attending training	
1.	
2.	
3.	
4.	
5.	

Trainer's Signature:	
Date:	
Use a separate sheet if more than five people have received training	

I confirm that the people listed above have received this training

Headteacher signature:	
Print Name:	
Date:	
Suggested date for update training:	

Appendix 4 Medical Form for Residential Visits



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport **NHS**
NHS Foundation Trust

Form 5 - for Visits and Journeys

This form is to be returned by (date):	
School or Youth Centre:	
Course or Activity	
Date of Course/Activity:	

Student Details

Surname:	
Forename(s):	
Date of Birth	

Medical Information

	Please indicate	
Does your son/daughter suffer from any illness or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe:
If medical treatment is required, please describe:		
To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give brief details:
Is he/she allergic to any medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate any special dietary requirements due to medical, religious or moral reasons:		

* This may have been as part of the routine vaccination programme. Please check either the child's RED book or GP.

Parental Declaration

I give permission for my daughter/son (insert name) to take part in the above activity as described, including all organised activities.

I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.

I hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child/young person by a qualified medical practitioner during the visit.

I understand the extent and limitations of the insurance cover provided.

Contact Information

Address:	
Home Telephone No.	
Work Telephone No.	

Emergency contact address if different from that above

Address:	
Tel No.	
Name of Family Doctor:	
Telephone Nos.	
Address:	
Signed: Parent/Guardian	

Appendix 5A How to administer Buccolam

Step-by-step guide for the administration of BUCCOLAM® (midazolam oromucosal solution)

Before use, always check the expiry date stated on the carton, tube and syringe labels. BUCCOLAM should not be used if any of the protective plastic tubes containing the syringes have been opened or are damaged.

Your doctor or nurse will tell you how long to wait after the start of a seizure before you should give BUCCOLAM.



When someone is having a seizure, it is important that you allow their body to move freely; do not attempt to restrain any movement. You should only move the patient if they are close to immediate danger, e.g. deep water, an open flame or sharp objects. If other people are around, ask them to stay calm and give the patient plenty of room; explain that the patient is experiencing a seizure.



Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.



Remove and discard the red syringe cap before use to avoid choking. Do not put a needle on the syringe. BUCCOLAM must not be injected. Each syringe is pre-filled with the dose prescribed to be given for one treatment.



To administer BUCCOLAM, cushion the patient's head with something soft. If the patient is already seated, you may find it easier to support their head against your body, leaving your hands free to administer BUCCOLAM.



Gently pull back the patient's cheek, just enough to put the end of the syringe into the side of their mouth, between the gum and cheek (buccal cavity). Angle the syringe to ensure that the end is well within the buccal cavity.



Slowly press the syringe plunger to release the full amount of BUCCOLAM into the side of the mouth. Don't try to squirt the liquid into the mouth or release it too quickly, as this may result in spillage. It may be easier to give about half the BUCCOLAM dose into one side of the mouth, and the other half into the other side.



After giving BUCCOLAM, keep the empty syringe to give to a doctor or paramedic so that they know what dose has been given. Make a note of the time BUCCOLAM was given and the duration of the seizure. Watch out for any specific symptoms, such as a change in breathing pattern.



Keep the patient in a comfortable position; it may be helpful to loosen any tight clothing. Be calm and stay with the patient until the seizure is over and they have regained consciousness. They may be tired, confused or embarrassed. Reassure them and be understanding while they rest and regain strength.

Telephone for an ambulance immediately if:

- the seizure does not stop within 10 minutes of giving BUCCOLAM
- you cannot administer BUCCOLAM, or cannot give the full prescribed dose
- the patient's breathing slows down or stops
- you are concerned about the patient.

Never give another dose of BUCCOLAM, even if:

- the seizure does not stop
- the patient vomits or salivates.

Appendix 5B How to administer Rectal Diazepam

How do I give the Rectal Diazepam?

- Take the tube out of the foil wrapping and remove the safety cap.
- Place the child/young person in a suitable position, for example on their side.
- Insert the nozzle of the tube into their bottom (rectum) up to the end of the tube.
- Whilst inserted, squeeze contents of tube and keep squeezing whilst you withdraw the tube.
- Hold the child/young person's buttocks together for approximately five minutes.
- If the child/young person opens their bowel after you have given the Diazepam, do **not** repeat the dose straight away, as it will be difficult to know how much has already been absorbed.
- If the seizure continues, call an ambulance and explain what has happened or seek medical advice (Please see the section headed 'Contact details').

Does the Rectal Diazepam work immediately?

It can take 5 – 10 minutes for the medicine to be absorbed into the bloodstream.

Do I need to call an ambulance?

It is advisable to call an ambulance as well as giving the Rectal Diazepam if:

- Stated in the IHP.
- The child/young person appears to be having difficulty breathing.
- This is the first time Rectal Diazepam has been used on the child/young person.
- The seizure has not stopped 10 minutes after using Rectal Diazepam.
- If you think the child/young person has been injured during their seizure.

Appendix 5C Guidance for school/early years setting on the use of emergency Salbutol inhalers

Primary and secondary schools now have the option of keeping a Salbutamol (Ventolin) inhaler for emergency use.

This is not a formal requirement; schools can decide whether they wish to implement this option and should establish a process for the storage and use of the emergency inhaler (See Medical Conditions in School policy on Office on Line on the link below).

<https://scwd.stockport.gov.uk/cypd/content/Forms/forms.aspx?bid=95>

School processes should be based on the guidance which can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

Parental responsibility

It is important to note that existing policies and procedures are not affected by this additional option. The provision of a full and in date inhaler and spacer is still the parents/carers responsibility.

Use of the emergency inhaler

The emergency Salbutamol inhaler should only be used by children/young people who have either been diagnosed with asthma and prescribed a Salbutamol inhaler or who have been prescribed a Salbutamol inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken or empty).

Important - new guidance on overuse of reliever inhalers from Asthma UK

Staff should be made aware that a child/young person using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.

Benefits of an emergency inhaler

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child/young person and potentially save their life. Parents/carers are likely to have greater peace of mind about sending their child/young person to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child/young person having an asthma attack.

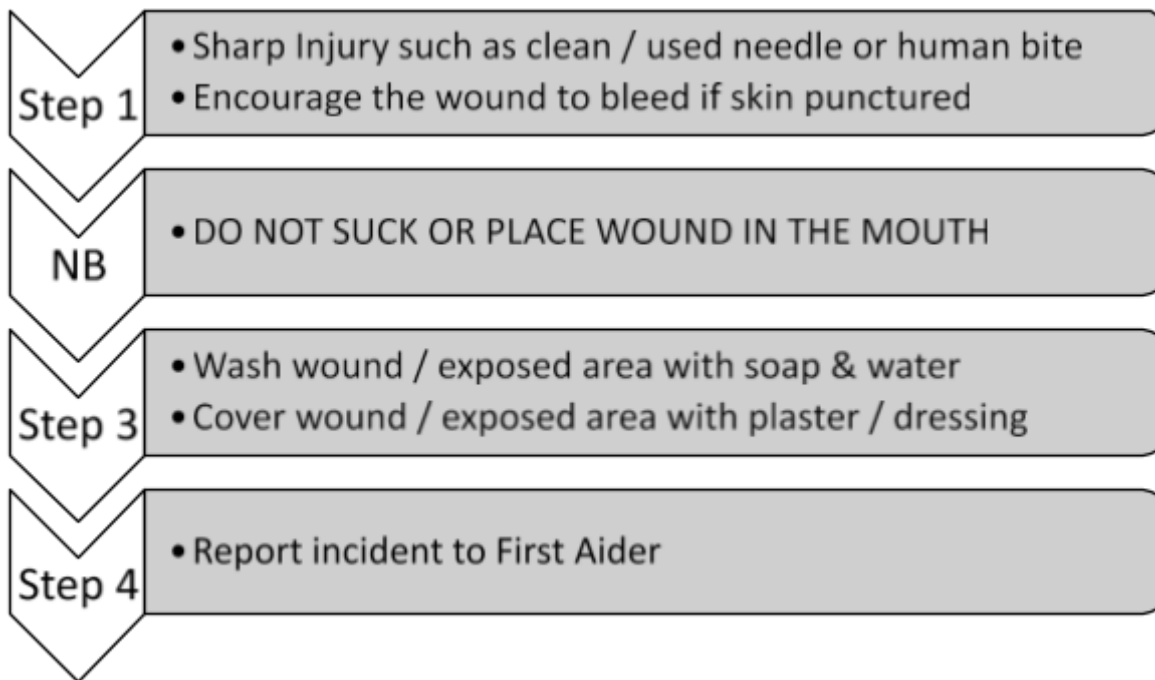
Purchasing inhalers and spacers

We recommend you contact your local pharmacist to discuss your requirements; staff may also be required to present formal identification at the point of purchase.

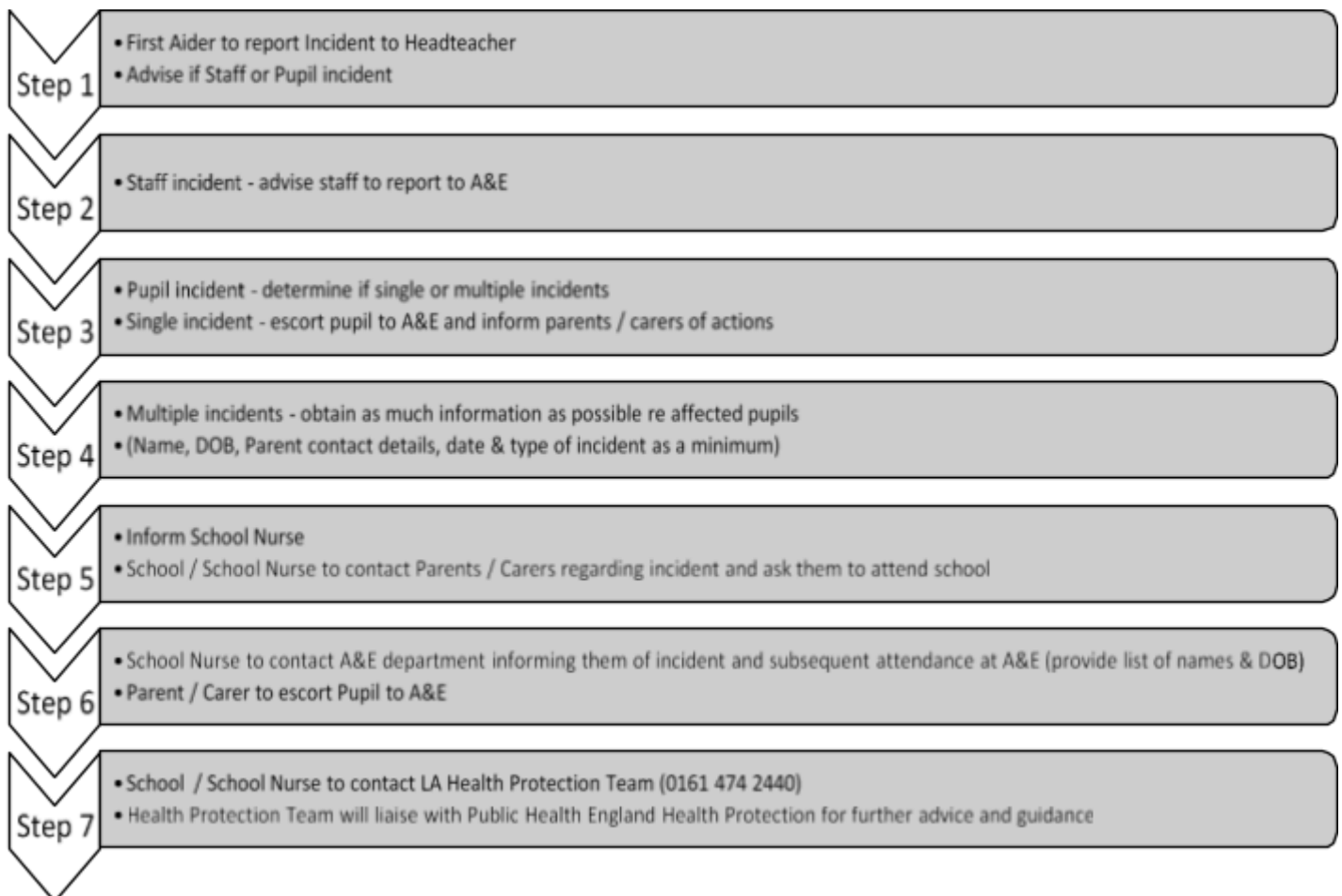
Further support and training

Asthma awareness training is available free of charge from your school nurse or from Miranda Galloway on behalf of Asthma UK, email miranda.galloway@stockport.gov.uk

Appendix 5D Management of Needlestick / Sharp injuries



First Aider / Headteacher Actions



Appendix 6 Emergency Procedures

Asthma Emergency Procedures

Common signs of an asthma attack:

- + coughing
- + shortness of breath
- + wheezing
- + feeling tight in the chest
- + being unusually quiet
- + difficulty speaking in full sentences
- + sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- + keep calm
- + encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- + make sure the pupil takes one puff of their reliever inhaler (usually blue) immediately – preferably through a spacer
- + ensure tight clothing is loosened
- + reassure the pupil.

If there is no immediate improvement

- + Continue with reliever inhaler one puff every minute for 10 minutes.

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Call an ambulance urgently if any of the following:

- + the pupil's symptoms do not improve after 10 puffs
- + the pupil is too breathless or exhausted to talk
- + the pupil's lips are blue
- + you are in any doubt.

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives.

After a minor asthma attack

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

Important things to remember in an asthma attack

- + Never leave a pupil having an asthma attack.
- + If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- + In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- + Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
 - + Send a pupil to get another teacher/adult if an ambulance needs to be called.
 - + Contact the pupil's parents/carers immediately after calling the ambulance.
- + A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
 - + Generally staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

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

Do

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

The trained member of staff should:

- + assess the situation
- + follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil's doctor
- + administer appropriate medication in line with perceived symptoms.

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If they consider that the pupil's symptoms are cause for concern,

call for an ambulance

State:

- + the name and age of the pupil
- + that you believe them to be suffering from anaphylaxis
- + the cause or trigger (if known)
- + the name, address and telephone number of the school
- + **call the pupil's parents/carers.**

While awaiting medical assistance the designated trained staff should:

+ continue to assess the pupil's condition

- + position the pupil in the most suitable position according to their symptoms.

Symptoms and the position of pupil

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

Do

- + **If symptoms are potentially life-threatening**, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
- + **Make a note of the time the adrenaline** is given in case a second dose is required and also to notify the ambulance crew.
- + **On the arrival of the paramedics or ambulance crew** the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- + After the incident carry out a debriefing session with all members of staff involved.
- + Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Hyperglycaemia

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

Common symptoms:

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

Do . . .

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

The pupil may feel confident to give extra insulin.

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If the following symptoms are present, then call the emergency services:

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

Hypoglycaemia

What causes a hypo?

- + too much insulin
- + a delayed or missed meal or snack
- + not enough food, especially carbohydrate
- + unplanned or strenuous exercise
- + drinking large quantities of alcohol or alcohol without food
- + no obvious cause.

Watch out for:

- + hunger
- + trembling or shakiness
- + sweating
- + anxiety or irritability
- + fast pulse or palpitations
- + tingling

- + glazed eyes
- + pallor
- + mood change, especially angry or aggressive behaviour
- + lack of concentration
- + vagueness
- + drowsiness.

Do

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

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

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

After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

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

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

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

Epilepsy Emergency Procedures

First aid for seizures is quite simple, and can help prevent a child/young person from being harmed by a seizure. First aid will depend on the individual child/young person's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

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

Do . . .

- + protect the person from injury – (remove harmful objects from nearby)
- + cushion their head
- + look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help
- + once the seizure has finished, gently place them in the recovery position to aid breathing
- + keep calm and reassure the person
- + stay with the person until recovery is complete.

Don't . . .

- + restrain the pupil
- + put anything in the pupil's mouth
- + try to move the pupil unless they are in danger
- + give the pupil anything to eat or drink until they are fully recovered.
- + attempt to bring them round.

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Call for an ambulance if . . .

- + you believe it to be the pupil's first seizure
- + the seizure continues for more than five minutes

+ one tonic-clonic seizure follows another without the person regaining consciousness between seizures

+ the pupil is injured during the seizure

+ you believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

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

Complex partial seizures

Symptoms:

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

Atonic seizures

Symptoms:

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

Myoclonic seizures

Symptoms:

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

Absence seizures

Symptoms:

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

Do . . .

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

Don't . . .

- + restrain the person
- + act in a way that could frighten them, such as making abrupt movements or shouting at them
- + assume the person is aware of what is happening, or what has happened
- + give the person anything to eat or drink until they are fully recovered
- + attempt to bring them round.

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Call for an ambulance if . . .

- + one seizure follows another without the person regaining awareness between them
- + the person is injured during the seizure
- + you believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.