

Pixmore



Junior School

<u>Name of policy:</u>	Medical Needs
HCC model policy reference no (if applicable)	
<u>Approved by:</u>	
On behalf of School Improvement/Resources Committee:	Caroline Nicholson
Date:	August 2022
On behalf of Governing Body:	Caroline Nicholson
Date:	August 2022
<u>Date of next review:</u>	August 2023

The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (2014) for governing bodies of maintained schools and proprietors of academies in England

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

Include, Achieve, Inspire

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

The named member of school staff responsible for this medical conditions policy and its implementation is:

NAME: Susan Willans

ROLE: Assistant Head Teacher/SENCo/DDSP

DfE guidance:

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied

admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

- This school will listen to the views of pupils and parents/carers/carers.
- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs. Our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice (2014).

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

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

- Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.

- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)¹, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained.
- This school has chosen not to hold an emergency salbutamol inhaler for use by any other pupils. However, school staff are aware of their role in supporting children with asthma who have inhalers to ensure they keep up-to-date records of pupils with an asthma diagnosis. Parents are asked to complete an asthma form at the beginning of each academic year and are expected to inform the school if there are any changes to the status of their child's condition, or use of inhalers.

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide information on annual online training for common conditions eg. asthma, allergies, epilepsy and diabetes.²
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.
- Emergency medication kits should always accompany children on all offsite visits.
- These kits are also taken outside during fire drills/fire alarms as staff cannot re-enter the building. Emergency medication kits include: allergy/Epipen medication, asthma reliever inhaler/spacer devices, Diabetes Hypoclycaemia emergency kits and emergency rescue medication (Buccolam) for children at risk of prolonged seizures.
- Class teachers retain overall responsibility for the medical needs of children in their classes during emergency situations and for ensuring that medical boxes are taken outside at these times. Support staff will be made aware of the location of medical boxes and will be aware of arrangements within their classes, as communicated by the class teachers.

¹ An example template for an IHP has been produced by Dfe - see template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

² For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.³
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed component to carry their own

³ For school's covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

Where schools are not covered by HCC's insurance they should check with their own insurers.

medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.

- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise this school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.
- This school has a centralised register of IHPs as part of the Medical Needs Register, and Susan Willans (SENCo) has the responsibility for this register and updating it every term.
- IHPs are regularly reviewed with parents and medical staff, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO, Susan Willans, who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency. They are taught the basics for First Aid as part of the PSHCE (Learning for Life) curriculum, including how to make an emergency call.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

- Essential medical supplies, such as Diabetes testing kits and supplies, Epilepsy emergency supplies, and spare inhalers, will be taken out during fire drills. They will be stored in such a way as to facilitate this without slowing the evacuation process.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

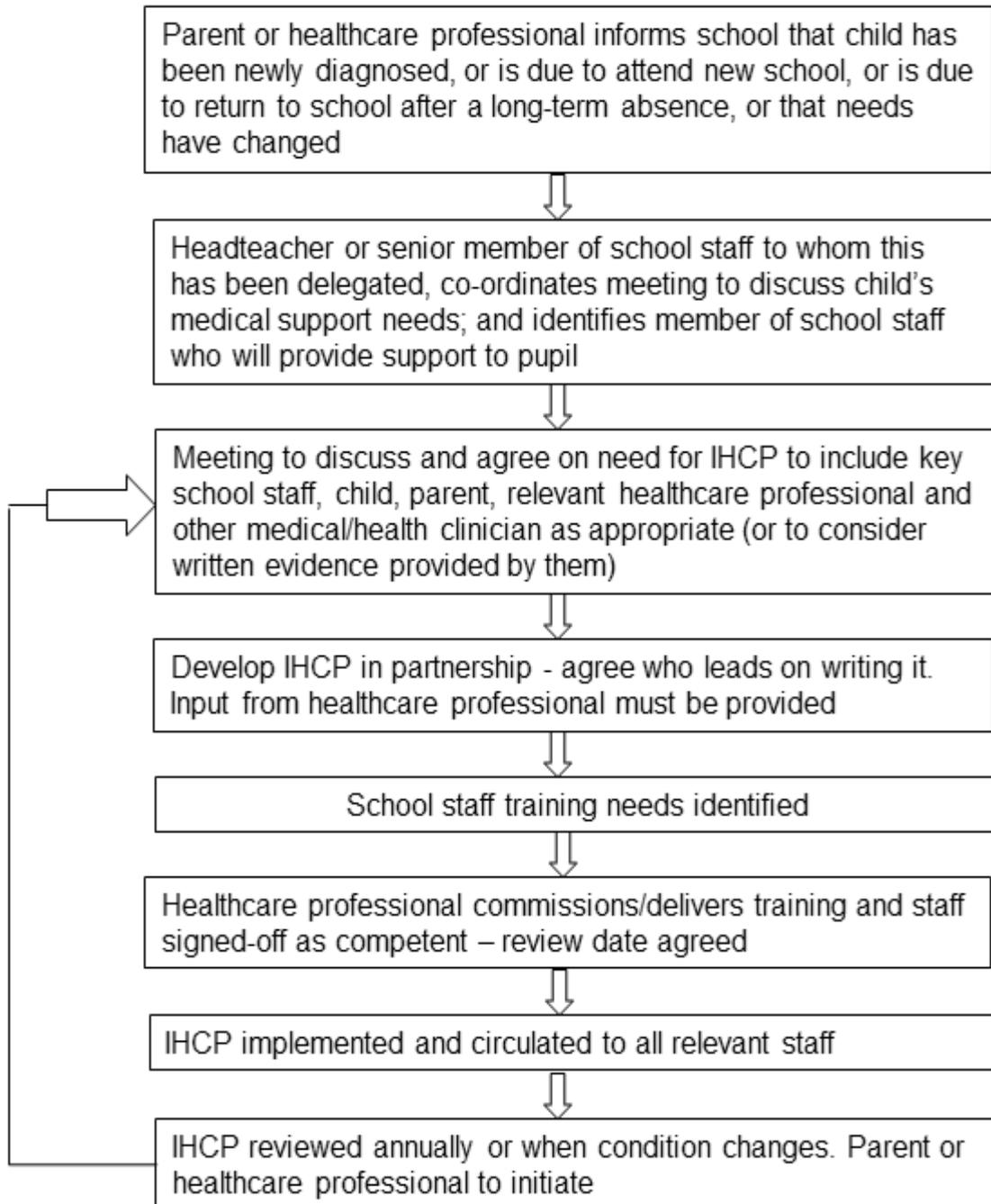
Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.
- Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Head teacher, Alex Evans.

Model process for developing individual healthcare plans



Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Head teacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Head teachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly

when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

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

Emergency Asthma Inhalers

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained. A record is maintained of pupils with an asthma diagnosis who have inhalers, which is updated every year. Reminders are sent to parents ahead of school trips and visits to remind them to ensure that their children have their inhalers in school at all times and for school trips and this is incorporated into risk assessments.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

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

INFECTION CONTROL

Spillage of Bodily Fluid – **FULL PPE WILL BE WORN IN THESE CIRCUMSTANCES**

Where there is a likelihood of coming into contact with bodily fluids, the following minimum precautions must be adopted, regardless of whether a risk of infection has been identified:

- Medical grade mask, face shield, disposable gloves and a disposable apron must be worn.
- Open wounds on anyone handling spillage must be covered with a waterproof dressing.
- Clean up spillages of blood or body fluids however small immediately.
- Blood spillages must be cleared using an approved hazard spill kit.
- Cover wet spillage with Haz Tab granules, remove after 2 minutes using the scoop provided then discard in a yellow bag **NB: do not use on urine**. If the spillage is dry or following the use of powder make a solution using Haz Tabs and cold water in the dilution bottle as indicated on the instructions.
- Wipe over the area with the solution and paper towels, discard the towels into a yellow bag (used for clinical waste). Discard protective clothing as clinical waste.
- For spillage of urine, soak up large spillage with paper towels and dispose of into yellow bag (used for clinical waste). Flood area with 1% sodium hypochlorite e.g. Milton or Sanichor (see label for dilution). Leave for ten minutes. Rinse area with hot water and detergent.
- If there is broken glass involved, never pick it up with fingers, even if wearing gloves. Dispose of the glass in a Sharps container in medical room.

Prevention of Cross Infections

In order to avoid cross infection the following procedures must be followed:

- Hand washing:
 - before and after all medical contact
 - after skin with contaminated with bodily fluid.
- Protective clothing:
 - wear gloves for direct contact with body fluids
 - wear plastic apron to protect clothing
 - change protective clothing between procedures.
- Keep cuts covered:
 - always cover cuts/skin lesions with a waterproof dressing.

PERSONAL CARE NEEDS

Some children in school will require help with their personal care needs. This may include feeding and toileting needs. These situations will pose a risk of cross infection.

Children at Pixmore School who require support with personal care needs, or feeding will have care plans in place which specify what is required and the adults in school who will be responsible for administering the individual care needs of the child. The plans will be drawn up with parents/carers and, in some cases, with medical professionals.

Where children require help with toileting or feeding the following procedures must be adopted:

- All surfaces must be wiped down after use with warm soapy water e.g. tables, changing beds, etc. Changing beds must be wiped down after each child.
- At the end of each day surfaces must be wiped down with a solution of three parts water, one part Milton. This solution must be stored in a lockable cupboard, which is situated in the caretaker's office.

Contacts in school:

First Aiders:

- Dan King (Paediatric First Aid trained)
- Carolyn Matthews (Paediatric First Aid trained)

The trained first aiders also check school supplies of first aid equipment, including dates of any medication, and ensure that the details set out in this policy are being implemented. If they are not, they will bring them to the attention of the SENCo, Sue Willans who will, if necessary, alert the head teacher, Alex Evans of any concerns.

Support staff are included on a rota to support children with minor injuries at break time. All information is recorded in a book in the First Aid room. In the case of a head injury, a letter will be sent home to alert parents and, in some cases, parents will be contacted where there is concern about a child's condition following a head, or other injury.

At lunchtime, lunchtime supervisors carry first aid packs and support children with minor injuries following the same procedures outlined above for break time.

All staff receive annual First Aid training and updates, including Asthma, Epipen.

Links to training are provided by the School Nursing Team:

General information for all schools

Online Annual staff training – Please find links for online training for a variety of health conditions that are available for teaching staff.

The specialist nurses for these conditions will continue to visit schools to assist with care plans and can provide additional training to teaching and school staff if required.

Advice and signposting is available from a School Nurse, on duty each day, on:

0300 123 7572 from 9am to 5pm Monday to Friday.

- Anaphylaxis <https://www.allergywise.org.uk/>
- Auto injector trainer pens can be obtained from: www.epipen.co.uk
<https://jext.co.uk/>
- Asthma: <https://sch.educationforhealth.org/wp/>
- Epilepsy: <https://www.epilepsy.org.uk/action>
- Diabetes: <https://www.diabetes.org.uk/>

In addition, some staff have also received training to support pupils with Type 1 Diabetes, Epilepsy, and to provide care for a child with a stoma. Staff supporting children with Diabetes are also encouraged to complete the online Diabetes awareness training videos.

Specialist nurses are invited into school to provide training annually to staff for children with specific medical conditions that require medical assistance during the school day. These children will have care plans produced in liaison with the medical professional supporting them as part of their condition, and who has the medical knowledge necessary to provide accurate information. Parents and carers are always involved in this process and sign the care plan.

The school SENCo, Sue Willans is responsible for liaising with parents where there is a need for an IHP under the SEND Code of Practice 0-25 (June 2014). Her role is to co-ordinate the support in liaison with relevant staff and medical professionals, and to work with parents to ensure that the details set out in the care plan are followed, understood, and subject to review.

Parent are responsible for informing school of any changes to a child's condition, or medication which might affect their care in school.

All staff are informed of children with medical conditions to ensure that they are aware of their condition should they find themselves in a position where a child is in crisis and they will be required to respond.

Appendix 1:

Templates for school and parents – Supporting children with medical conditions, including individual care plan template.

Appendix 2:

The attached appendix provides additional information on general advice to staff regarding the most common medical needs encountered within school, together with sample pro formas to support parents in helping school and health care professionals to work together in producing IHPs for their children.

Policy dated January 2020 (updated August 2022)

Review date: August 2023

Appendix 1: Template A: individual healthcare plan for pupil attending Pixmore Junior School

Name of school/setting

Pixmore Junior School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

I confirm that the details provided regarding my child's medical condition are the most up-to-date: **Yes/No**

Please give date of latest advice: _____

I confirm that I will/have sought medical advice regarding my child's condition and any necessary additional precautions they need to take based on COVID-19 guidance, if necessary: **Yes/No**

I understand that it is my responsibility to ensure that, if my child has asthma, they have their asthma inhaler on them in school at all times, and that I must provide a spare inhaler to be retained in the school office in the event of an emergency as the school does not keep emergency inhalers: **Yes/No/ Not applicable**

I understand that it is my responsibility to inform the school if my child has an allergy and that they have emergency medication, such as an EpiPen if prescribed, in school at all times: **Yes/No/not applicable**

I understand that I will work with the school to produce a care plan for my child if they have medical needs not listed about which require additional support in school: **Yes/No/not applicable**

Name (parent/carer): _____

Signed: _____

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for identified Pixmore School staff to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine

(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child attending Pixmore Junior School

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date

Time given

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

C: Record of medicine administered to an individual child (Continued)

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

Dose given

Name of member of
staff

Staff initials

Pixmore Junior School: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

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

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

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

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Appendix 2

INFORMATION ABOUT SPECIFIC CONDITIONS

The following is generic information. Children at Pixmore School with the conditions outlined below will have IHPs tailored to their specific needs

1. **General Information About Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps or hornets).

In its most severe form the condition is life-threatening.

Symptoms

Symptoms, which usually occur within minutes of exposure to the causative agent, may include:

Itching, hives anywhere on the body, generalised flushing of the skin.

A strange metallic taste in the mouth swelling of the throat and tongue difficulty in swallowing.

Abdominal cramps and nausea.

Difficulty in breathing – due to severe asthma or throat swelling. Increased heart rate, sudden feeling of weakness or floppiness. Collapse and unconsciousness.

Not all of these symptoms need be present at the same time.

Individual Care Plan

A child at risk of anaphylaxis should have an individual care plan drawn up between the school, the school nurse and the doctor supervising the child. This should give details of the symptoms experienced during an attack, the treatment required and who can administer it. The school health advisor can help with the education of school staff.

Medication

When a child is at risk of anaphylaxis the treating doctor will prescribe medication for use in the event of an allergic reaction. These may include an adrenaline injection (Epipen). These devices are preloaded and are surprisingly simple to administer. Other medications (antihistamines or bronchodilator inhalers may also be used by some children).

Day to Day Measures

- Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school.
- When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements.
- Appropriate arrangements for outdoor activities and school trips should be discussed in advance by the parents and the school.
- Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed. The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

2. General Information about Asthma

About one in ten children have asthma at some time in childhood but not all of these will be severely affected enough to require inhalers to be kept in school. A few children will have severe asthma and will require regular medication in school to prevent them from getting symptoms. For this small number an individual care plan would be appropriate.

Asthma Medication

Asthma medication is usually given by inhalers. There are various different types and the doctor prescribing the inhaler should ensure that it is possible for the child to use it properly. Because of the co-ordination needed, children under 12 often find it difficult to use the MDI (spray) inhalers properly without a spacer. Spacers will often be needed in school. (Occasionally tablets are used but these are only given once or twice a day and will not be required in school).

Reliever Inhalers

Relievers are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

Preventer Inhalers

Preventers may be brown, white, orange, red or grey and white.

They are only required two or three times a day and do not have any immediate effect on wheeze/cough. They should not therefore be required in school.

Where should the school keep reliever medication?

- Immediate access to reliever medication is essential. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal. At Pixmore School, children who are asthmatic are encouraged to keep an inhaler in their bags at all times. A spare inhaler is also kept in the school office in a named, clear plastic box. Parents are required to complete an Asthma Card annually with details of their child's condition and the necessary treatment.
- As soon as a child is able, allow them to keep their reliever inhaler with them at all times, in their pocket or in an inhaler pouch. The child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).
- Keep younger children's inhalers in an accessible place in the classroom.

Make sure they are clearly marked with the child's name. At break time, in PE lessons and on school trips make sure the inhaler is still accessible to the child.

Children should not be prevented from taking part in physical activities because they have asthma. If a child is consistently unable to take part because of symptoms – cough, wheeze, breathlessness, tiredness – you should ask the school nurse to check their treatment. – It should almost always be possible to manipulate this so that a child is not incapacitated by their asthma.

Management of an Asthmatic Attack Classroom First Aid

- (a) Ensure that the reliever inhaler is taken immediately.
- (b) Stay calm and reassure the child.
- (c) Help the child to breathe.

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened.

- (d) After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities.

- (e) The child's parents must be informed about the attack.

Emergency Situation

Dial 999 and call an ambulance urgently if:

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts at all about the child's condition.

Continue to give reliever medication every few minutes until help arrives.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate very quickly.

3. General Information about Childhood Diabetes

(Type 1)

Treatment of Diabetes

- Diabetes cannot be cured, but it can be treated effectively.
- Children with diabetes will have treatment consisting of insulin injections and appropriate diet.
- The aim of this treatment is to keep the blood glucose level close to the normal range so that the blood glucose is neither too high (hyperglycaemia) nor too low (hypoglycaemia).
- Paediatric Units treating diabetic children have specialist diabetes nurses who can liaise with schools and provide information and training. It is helpful to maintain an individual care plan for a diabetic child – see below.

Insulin Injections

All children with diabetes will need insulin in some form. In most cases, children will be on two injections of insulin a day. The injections will be taken at home, before breakfast and before the evening meal.

Occasionally children will be taking more than two injections of insulin a day, in which case one of the injections may be taken at lunchtime. If a child needs to inject whilst at school, she/he will know how to do the injection without the help of an adult. Many children now have pumps, which reduce the need for injections.

Injections of insulin are given by means of a syringe or a pen device. The method used depends on the age of the child, the hospital she/he attends and the time since diagnosis. The injections of insulin will lower the blood glucose level and

they need to be balanced with food intake.

Diet

An essential part of the treatment of diabetes is an appropriate diet. Food choices can help keep the blood glucose level near normal.

The diet recommended for people with diabetes is based on the healthy, varied diet recommended for the whole population. Meals should be based on starchy foods. Food choices should be generally low in sugar and fat and high in fibre.

The child with diabetes will have been given guidance on food choices. These will be a balance of different foods, with particular attention being paid to carbohydrate foods, such as bread, rice, pasta, chapattis, yams, plantain, potatoes and cereals.

Some children now have insulin pumps which alert them to their blood sugar status and use of insulin. These children still require regular testing, although this will vary according to their needs as set out in their IHP.

Snacks

Most children with diabetes will also need snacks between meals. These could be cereal bars, fruit, crisps or biscuits. The snacks may occasionally need to be eaten during class time. It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children. Equally important as the type of food eaten is the timing of meals and snacks. The child with diabetes will need to eat their food at regular times during the day. This will help to maintain a normal blood glucose level.

Because the child needs to eat on time she/he may need to be near the front of the queue (and at the same sitting each day) for the midday meal. If a meal or snack is delayed for too long the blood glucose level could drop, causing hypoglycaemia.

Hypoglycaemia Reaction

Hypoglycaemia means low blood glucose. The possibility of a child having a hypoglycaemic episode (a hypo) is a worry to many people supervising children with diabetes. People have visions of children flaking out or ending up unconscious. This is rarely the case and most hypos can be identified and treated without calling for professional medical help.

It is important to know what causes hypoglycaemia, how to recognise it and what action to take.

The common causes of hypoglycaemia are:

- a missed or delayed meal or snack

- extra exercise (above that normally anticipated)
- too much insulin

It has been noticed that hypoglycaemia may occur more frequently when the weather is very hot or very cold.

Symptoms can include hunger, sweating, drowsiness, pallor, glazed eyes, shaking, mood changes or lack of concentration. Each child's signs and symptoms will differ and the parents will be able to tell you how hypoglycaemia affects their child.

If the child displays any of these signs and you are not sure whether it is hypoglycaemia, talk to the child. If you are in doubt, treat it as hypoglycaemia.

How to recognise hypoglycaemia:

- hunger
- sweating
- drowsiness
- pallor/gloomy
- glazed eyes
- shaking
- mood changes/lack of concentration

How to treat Hypoglycaemia

Fast acting sugar should be given immediately. This will raise the blood glucose level. It is most important that you do not send a child who is hypo unaccompanied to get sugary food. Always make sure that they are accompanied.

Examples of fast acting sugars are:

- Lucozade
- Sugary drinks, eg Coke, Fanta (not diet drinks)
- Mini chocolate bar
- Fresh fruit juice
- Glucose tablets
- Honey or jam
- Glucogel – a glucose gel which is available from the medical team supporting the named child.

The child's parents will be able to provide the fast acting sugars required.

The parents will be able to tell you what is appropriate for their child, together with the

quantity. Most children with diabetes have their own preferred fast acting sugars. You can help by having fast acting sugar in your desk and, when you are out of the classroom, readily available at all times.

If the child is too confused to help themselves, try rubbing sugary jam, honey or 'Glucogel' (a special hypo preparation described above) inside the cheek, where it can be absorbed. Remember never to place anything into the mouth of someone who is unconscious as this carries the potential risk of choking as the person is unable to swallow. In the unlikely event of the child losing consciousness, place her/him in the recovery position and call an ambulance. You can be reassured that if the child does lose consciousness, s/he will come round eventually and should not come to any immediate harm.

Recovery from Hypoglycaemia

Hypos are a part of living with diabetes. Isolated incidents are inevitable. But if the child is having hypos at school, you should inform the family.

The child should not be left alone until fully recovered from the hypo. Recovery should take 10 to 15 minutes. The child may feel nauseous, tired or have a headache. When the child has recovered, follow up sugary food with some starchy carbohydrate, such as two biscuits and a glass of milk, a sandwich or the next meal if it is due. If the child is unconscious, do not give anything to swallow. Place the child in the recovery position and call an ambulance.

When the child recovers she/he will need to eat some slower acting starchy food (such as a couple of biscuits and a glass of milk, or a sandwich) in order to maintain the blood glucose level until the next meal or snack. Recovery from hypoglycaemia should take about ten or fifteen minutes. The child may feel nauseous, tired or have a headache.