

Medical Conditions in School Policy



Medical Conditions within Dial Park Primary School

We have adopted the LEA Supporting Pupil's Medical Conditions in School Policy

School Leadership:

- The Headteacher and Governing Body has a responsibility to ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local authority policy and national guidance frameworks.
- Their responsibility is to ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors.
- The Headteacher is required to report back to governors about implementation of the health and safety and medical conditions policy. Ensuring staff receive proper support and training and that new and supply staff are appropriately informed and inducted.
- Staff and parents have an entitlement to be made aware of, and an explanation of how school maintain the medication policy in addition to agreeing what levels of support can be given to children with medical needs.
- School leaders are responsible for assessing the risks to the health and safety of children and staff relating to the management of medicines in schools. Complying with the first aid assessment guidance and ensuring first aiders receive correct training.
- Aware that school staff will not carry out any “medical procedures” including those outlined below unless in an emergency situation or when otherwise agreed when they have specifically been trained for such cases. In general school staff will not be involved in any procedure that would be described as internal in regard to the student’s body. These specifically include ; catheterization , nasal gastric feeding or delivering oxygen
- Dial Park Primary school leaders recognise that student’s medical conditions may change during their time at school. If there is a change in condition they are aware that this must be assessed by the School Nursing Service and then discussed with the Head Teacher and Governors prior to any member of staff delivering or being trained to deliver any procedure.

Staff:

- Staff should be competent to take simple finger prick tests (diabetes) if they have been trained and feel confident to do so for students in their classes. School are aware that this is 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.

- Staff should be aware of the most common serious medical conditions at school and have relevant access to information about children’s medical needs (provided and updated by health professionals/ SLT) via access to the Individual Health Care Plan.
- Staff are aware of the likelihood of an emergency situation and what action to take if one occurs, how to follow and understand the guidelines in this policy.
- First aiders accept responsibility for the administration of prescribed medications, pay due attention and regard to the training and guidance offered.
- Staff know who the schools registered first aiders are; list is available throughout school in addition to where assistance can be sought in the event of a medical emergency.
- Staff are made aware of and know who to contact regarding the schools Critical Incident Team if there is a need to seek assistance in the event of an emergency.
- Staff maintain effective communication with parents/ carers including informing them if their child has been unwell at school.
- Staff ensure pupils who need medication have it when they go on a school visit or out of the classroom and that any updates have been recorded on medical conditions list. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.
- Staff know how to avoid and reduce exposure to triggers for common medical conditions and are committed to identifying triggers which can make medical conditions worse either at school or out on a school visit.

First Aiders:

- First aiders have an additional responsibility to give immediate, appropriate help to casualties with injuries or illnesses and when necessary ensure that an ambulance is called.
- Ensure they are trained in their role as first aider and that this is kept up to date.
- School will have an up to date list of all first aiders and when their specific training needs to be updated.

The PCT and School Nursing Service:

- School nursing service should work in co-operation with the Local Authority and school to determine need, plan and co-ordinate provision for children with medical needs in schools.
- The School Nursing Service should provide support for school staff to manage medicines in school. They will ensure Individual Health Care Plans (IHCPs) are up to date and comprehensive, communicate changes to Individual Health Care plans to the Headteacher / Deputy Headteacher and appropriate staff in addition to liaising with parents.
- School medical staff should check and manage medicines in relation to prescriptions and oversee the process of administering of medication.
- Ensure entries and amendments to Individual Health Plans are consistent and up to date.

Parents' and Carers' responsibilities:

- Parents and carers if the child has complex health needs, should ensure their child has a written Individual Health Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- Inform doctors with prescribing responsibility that a separate supply of medication may be necessary to keep in school.
- Only send in medication in the original named container. Ensure medication is brought into school by a responsible adult and collect it when expired.
- Give the Head Teacher, SLT and staff sufficient information about their child's medical needs and medication.
- Sign the appropriate permission forms so that medication can be administered in school.
- Inform the School Nursing Staff and Head teacher if there has been any change to medical needs and medicines.
- Parents need to be aware that information regarding attendance data may be shared with the Governors and included in the Headteacher Report if their child is not well enough to attend school.

Staff training:

- General training relating to medical needs will be delivered in conjunction with local health services, including the School Nursing Staff.
- Training may occur at varying times e.g. at morning meetings, after school or on in-service days.
- Training for administering specific medication or procedures to individual children with a Health Care Plan will be delivered to named members of staff by an appropriate health professional. They will be assessed as competent after observation by the School Nurse on at least 3 occasions for a new skill. They will be trained following a change to the Individual Health Care Plan or following an incident.
- Staff receive updates at least once a year for asthma, epilepsy and other relevant medical needs and as a result know how to act in an emergency.
- Note: Supply or temporary staff will only be trained where appropriate, however they will receive information about the medical conditions policy and how to react in an emergency.
- If an individual feels they need additional training or support then it is their responsibility to make the SLT aware of this in order for this to be arranged on a singular need basis.

Updated - July 2024



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport **NHS**
NHS Foundation Trust

**Supporting Pupil's Medical Conditions in
School's & Early Years Settings Policy**

Medical Conditions in Schools and EYS -September
2024

Contents

Policy Statement	7
Policy Framework	8
Appendices	18

Policy Statement

This school/ early years setting is an inclusive community that aims to support and welcome pupils with medical conditions.

- a. This school/early years setting (EYS) aims to provide all pupils' with a medical condition the same opportunities as others at school/ early years settings.
We will help to ensure children can:
 - be healthy
 - stay safe
 - feel part of their local community
 - be confident and able to meet their goals
- b. The school/early years setting ensures all staff understand their duty of care to pupils, in the event of a medical emergency.
- c. All staff are confident in knowing what to do in an emergency.
- d. This school early years setting understands that medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- e. The school/early years setting understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- f. The School Nursing (SN) /Health Visiting (HV) Service will offer school/EYS setting an annual update. If a new medical condition arises over the year, then the SN/HV will provide an update or give advice on the most appropriate service to deliver it.

Policy Framework

The policy framework describes the essential criteria for how the school/EYS (hereafter referred to as the school), can meet the needs of children and young people with medical conditions.

- 1. This school is an inclusive community that supports and welcomes pupils with medical conditions.**
 - g. This school 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. In doing so, the school will work in partnership alongside the child's parents/carers. No child will be denied admission or prevented from taking up a place because arrangements for their medical condition have not been made.
 - h. This school will listen to the views of parents and pupils.
 - i. Pupils and parents will feel confident in the care they receive from this school and that the level of the care meets their needs.
 - j. Staff understand the medical conditions of the pupils at this school and that they may be serious, adversely affecting a pupil's quality of life and impact on their ability to learn.
 - k. The school understands that all children with the same medical condition will not have the same needs.
 - l. The school recognises that the duties in the Children and Families Act and the Equality Act relate to children with a disability or medical condition and are anticipatory.
 - m. The Headteacher is responsible for ensuring staff receive all updates and responsive advice from the health professionals specifically the Health Visitor/School Nurse Service.
 - n. The Headteacher must appoint a member of staff as a designated person responsible for the implementation of this policy.
- 2. 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**
 - Stake holders should include pupils, parents, School Nurse/Health Visitor, school staff, governors/trustees.
- 3. The medical conditions guidance is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation (see Medical Conditions Information Pathway below).**
 - a. Pupils are informed and reminded about the medical conditions policy:
 - through the school's pupil representative body
 - through the delivery of personal, social and health education (PSHE)
 - through an assembly at the start of the school academic year.

- b. Parents/carers are informed about the medical conditions' guidance and that information about a child's medical condition will be shared with the school nurse:
- by including a clear statement on the schools' website and signposting access to the guidance
 - at the start of the school year when communication is sent out about Individual Health Plans
 - using usual communication channels e.g.newsletters etc at intervals in the year
 - when their child is enrolled as a new pupil
- c. School staff are informed and regularly reminded about the school's medical conditions Guidance:
- through the staff handbook and staff meetings and by accessing the school's intranet
 - through scheduled medical conditions updates
 - through the key principles of the policy being displayed in several prominent staff areas
 - all supply and temporary staff 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
 - Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person

Medical Conditions Information Pathway

<p>Schools must ask parents to identify any medical conditions and how best to support their child at the following opportunities:</p> <ul style="list-style-type: none"> • Transition discussions • At start of school year • New enrolment (during the school year) • New diagnosis informed by parents 	<p>School</p>
---	---------------

<p>School collates response and identifies those needing individual health plans and sends to the school nurse.</p>	<p>School</p>
---	---------------



School Nurse contacts the parents/carers either to review Individual Health Plan (IHP) or start new plan if needed.	School Nurse
---	--------------



Parents/carers and school nurse complete the IHP. If there is no response from parents/carers, the school nurse must inform the designated person. All contacts to be documented and dated.	Parents School Nurse School
---	-----------------------------------



School nurse discusses the IHP with school designated person. Parents/carers informed of acceptance of IHP. IHP is stored in school according to the policy. PARENTS/CARERS MUST CONTACT SCHOOL WHEN THERE ARE CHANGES OR AMENDMENTS NEEDED AT ANY POINT IN THE SCHOOL YEAR	School Nurse School Parents
---	-----------------------------------

Parents/Carers Responsibilities

Parents/Carers have a responsibility to:

- tell the school if their child has a medical condition or complex health need and inform the school if there are any changes to their child's condition
- Check 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 and provide the school with an in-date medication.
- Provide the school with the medication labelled with the pupil's name, the name of the medication, the dose, the time the medication needs to be given and the expiry date for the medication.
- Complete the Medical Permission form (3a) with school to ensure the medication is given correctly during school hours.
- Inform school of any changes to their child's medication and ensure the 3a is updated correctly.
- 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.
- ensure that the school has full emergency contact details for them

- keep their child at home if they are not well enough to attend school
 - ensure their child catches up on any schoolwork they have missed
 - ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
 - if the child has complex health needs, ensure their child has a written Individual Health Plan for school and, if necessary, an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition
 - have completed/signed all relevant documentation including the Individual Health Plan. If appropriate
 - ensure that their child is as up to date as possible with immunisations to ensure that both the school and its pupils are as safe as possible. If parents do not wish to have their child vaccinated then the school need to be made aware of this and a risk assessment of activities to be undertaken needs to be completed.
4. **All children with anaphylaxis, epilepsy, cystic fibrosis, diabetes or a complex medical condition requiring significant care in school/EYS will have an individual health plan (IHP). Please note children with asthma will no longer require a IHP but may have an asthma management plan from their doctor or specialist health care professional. For any child having an asthma attack, please follow the ‘Asthma emergency procedures’ (Appendix 7)**
- An IHP will detail exactly what care a child requires in school and when they need it.
 - It should also include information on the impact any health condition may have on a child’s learning, behaviour or their ability to engage in everyday activities.
 - This should be completed with input from the child where possible, their parents/carers, relevant school staff and health care professionals, ideally a specialist if the child has one.
5. **All staff understand and are trained to know how to respond to an emergency for children with medical conditions.**
- All school staff, including temporary or supply staff, are aware of the medical conditions within the school and understand their duty of care to children in an emergency.
 - A child’s IHP explains what help they need in an emergency.
 - Permission from parents/carers will be sought and recorded in the IHP for sharing the IHP
 - Staff should receive updates once a year from the SN/HV 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 pupils who have specific medical conditions supported by an Individual Health Plan.
 - The action required for staff to take in an emergency for the common conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens, the staff room and electronically.
 - If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives, this member of staff will ensure they take the child’s IHP with them as they accompany the child to the hospital. This school will try to ensure that the staff member will be one

the child knows. The staff member concerned should inform a member of the school's senior management and/or the school's critical incidents team, about the emergency. If the parent comes to the school to take their child to the hospital, school staff must ensure that the IHP is given to the parent.

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

- a. This school will seek to ensure that children with medical conditions have appropriate access to their emergency medication.
- b. This school will ensure that all children understand the arrangements for a member of staff (and the reserve member of staff) to assist in supporting and/or administering their emergency medication safely.
- c. This school understands the importance of medication being taken as prescribed.
- d. All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. If staff become aware pupils are using their medication in an unusual way, they should discuss this with the child.

Important Note: Should staff become aware that a pupil is using their reliever inhaler more than 4 puffs in 4 hours, or suddenly using their reliever inhaler more than they normally do, this may suggest that their asthma is not under control, and they 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.

- e. Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent/carer (see form 3a appendix 1). This is then recorded on the record of medication (form 3 b)
- f. All school staff in this school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- g. Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- h. If a child at this school refuses their medication, staff will record this and contact parents/carers immediately.
- i. All staff attending off-site visits are aware of any children on the visit who have medical conditions. 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.
- j. The needs of all children on trips and visits should be risk assessed by the school and the child's prescribed medication and spare inhaler, if necessary, should be taken and accessible.
- k. If a trained member of staff, who is usually responsible for administering medication, is not available the school explores possible alternative arrangements with parents/carers. This is always addressed in the risk assessment for off-site activities.
- l. **If a child misuses medication or medical equipment, either their own or another child's, their parents/carers are informed as soon as possible. However please note, if this occurs and the child is at risk, for example, if the child overdoses on theirs or another child's medication then the school would contact 999 and enable the**

child to be taken to hospital by an ambulance.

- m. If the school receives a request or instruction from a parent/carer which would appear to be contrary to the advice in the document and from the DFE, the school should seek clarification from the parent/carer and any advice they can provide from consultants/clinicians associated with the child's case and also contact the School Nurse (0161 835 6083) to discuss the matter before agreeing any further action.
- n. Please see appendix 5 for giving pain relief in school verbal consent form appendix 6.

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

- a. Emergency medication is readily available to children who require it at all times during the school day or at off-site activities.
- b. It is usually appropriate for a child to carry an adrenaline auto injector on their person in high school. In primary and EYS the auto injector needs to be in a place where staff can get to it in an emergency.
- c. All non-emergency medication is kept in a secure place, in a locked cupboard in a cool dry place. Where age appropriate, children with medical conditions should know where their medication is stored and how to access it.
- d. It is not appropriate for a child to carry insulin on their person in school. This should be stored in a locked cupboard.
- e. Staff need to ensure that medication is accessible only to those for whom it is prescribed.
- f. This school has an identified member of staff/designated person who ensures the correct storage of medication at school.
- g. All controlled drugs are kept in a locked cupboard and only named staff have access.
- h. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e., three times a year).
- i. 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.
- j. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils at the end of the school term.
- k. It is the parents/carer's responsibility to ensure adequate and in-date supplies of all required medication comes into school at the start of each term with the appropriate instructions.

Safe Disposal

- l. Parents/carers at this school are asked to collect out-of-date medication.
- m. 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 in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Each box must be signed and dated as per assembly instructions, there should be one box per child and the temporary closure **MUST** be used when the box is not in use.

- n. Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents/carers. Parents/carers then need to take the sharps bin to the GP/pharmacy for disposal.

8. The School/EYS has clear guidance about record keeping

- Parents and Carers at this school are asked if their child has any medical conditions on the enrolment form.
- This school uses an IHP to record the support required by a child to support the management of their medical condition. The IHP is developed with the child (where appropriate), parent/carer, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school has a centralised register of IHPs, and an identified member of staff (the designated person) has responsibility for this register.
- IHPs are regularly reviewed, once a year or whenever the child's needs change.
- The child (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 child in their care.
- This school makes sure that the child's confidentiality is protected where appropriate but sharing of the information is required to keep the child safe.
- This school meets with the pupil (where appropriate), parent/carer, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the child's IHP which accompanies them on the visit.
- Where the child's attendance is becoming a concern the health needs of the child must be reviewed and the IHP updated as necessary.

9. This school ensures that the whole environment is inclusive and favourable to children 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 children with medical conditions. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of children 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 children with medical conditions may experience and use this knowledge, alongside the school's behaviour management 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 physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- 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.
- 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 pupil, 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 child's medical condition. This must be recorded and managed appropriately, using school's relevant policies school have in place.
- This school will refer pupils with medical conditions who are finding it difficult to make progress with their learning, to the SENCO/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- 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.

10. This school is aware of the common triggers that 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 updates on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- 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 pupil 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.

11. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and education provider to ensure that the pupil receives the support they need to reintegrate effectively.

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

12. 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, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is implemented and maintained successfully.
- This school is committed to keeping in touch with a pupil when they are unable to attend school because of their condition.

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

- In evaluating the policy, this school will seek feedback from key stakeholders that include pupils, parents, SN, HV, school staff, governors/trustees, and the LA or MAT to which the school is affiliated. The views of pupils with medical conditions are central to the evaluation process.

Signed by:

Headteacher

Chair of Governors

Date of ratification:

Date of review:

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

18 Mansell Street
London E1 8AA
Helpline 0300 222 5800
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Wells Lawrence House 126 Back Church Lane
London E1 1FH
Phone 0345 123 2399*Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Diabetes UK North West

Unit C, 2nd Floor
Dallam Court
Dallam Lane
Warrington
Cheshire WA2 7LT
Phone 01925 653281
Fax 01925 653288
n.west@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
Text-phone/Minicom 01928 794274
Fax 01928 794248
info@dcsf.gsi.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

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 SK1 3XE
Phone 0161 474 2440
healthprotection@stockport.gov.uk

PHE Health Protection Team
0344 225 0562 Option 1
www.gov.uk/government/organisations/public-health-england

St. John Ambulance
Faulkner House
Faulkner Street
Manchester
M1 4DY
Phone 0844 770 4800
www.sja.org.uk

APPENDICES

APPENDICES	18
Form 1 - Individual Health Plan	19
Form 1a - Individual Health Plan – Diabetes	24
Form 1b - Individual Health Plan - Epilepsy	40
Action Plan for Allergic Reactions (EpiPen)	45
Action Plan for Allergic Reaction (JEXT)	46
Form 1d - Individual Health Plan - Asthma	47
Template Letter from School Nurse to Parent/Carer	53
Form 3a - Medication Permission & Record – Individual Pupil	54
Form 3b - Record of Medication	55
Form 4 - Staff Training Record	56
Form 5 - For Visits and Journeys	57
Giving Paracetamol in Stockport Schools/ Early Years Settings	59
Verbal Consent from Parent / Carer	60
Emergency Procedures	61
How to Administer BUCCOLAM	62
Administration of Rectal Diazepam	64
Guidance for Schools on the use of Emergency Salbutamol Inhalers	65
Asthma Emergency Procedures	66
Anaphylaxis Emergency Procedures	68
Diabetes Emergency Procedures	70
Epilepsy Emergency Procedures	72
Management of Needlestick/Sharp Injuries	75
Taylor Shaw Management of Medical Diet	76
Medical Conditions within Lisburne School	81

Form 1 - Individual Health Plan

For pupils with complex medical needs at school/ early years setting

Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		Yes No
		Yes No
		Yes No
Copies held by:		

1. Pupil's Information

Name of school/ early years setting :		
Name of Pupil:		
Class/Form		
Date of Birth:		Male Female

2. Contact Information

Pupil's Address		
		Postcode:

Family Contact Information

a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	

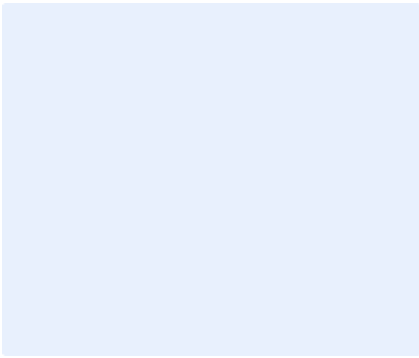
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
GP		
Name:		
Phone:		
Specialist Contact		
Name:		
Phone:		
Medical Condition Information		
3. Details of Pupil's Medical Conditions		
Signs and symptoms of this pupil's condition:		
Triggers or things that make this pupil's condition/s worse:		
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)		
During school/ early years setting hours:		
Outside school/ early years setting 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/ early years setting needs to know about?	
Can the pupil administer the medication themselves? (please tick box)	Yes No Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	Parents Carers Specialist GP
7. Regular Medication taken during School/ Early Years Setting 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/ early years setting?	
Are there are any contraindications (Signs when this medication should not be given)?	

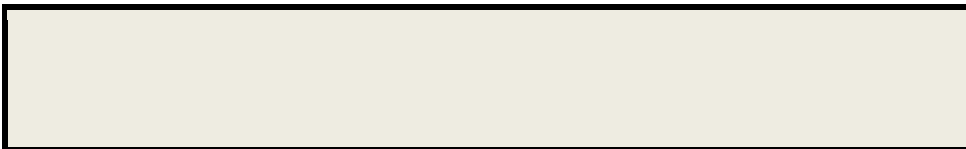
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) Yes No Yes, with supervision by: Staff member's name:
Medication expiry date:	
8. Regular Medication taken outside of School/ Early Years Setting Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container):	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting 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/ Early Years Setting?	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my CYP's care and education (this includes emergency services). I understand that I must notify the school/ early years setting 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	
<p>I agree that I/my CYP can be administered my/their medication by a member of staff in an emergency</p> <p>I agree that my CYP cannot keep their medication with them and the school/ early years setting</p> <p>will make the necessary medication storage arrangements</p> <p>I agree that I/my CYP can keep my/their medication with me/them for use when necessary</p>	
Name of medication carried by pupil:	
Signed (Parent/Carer)	
Date	
Headteacher Agreement	
<p>It is agreed that (name of CYP):</p> <p>will receive the above listed medication at the above listed time (see part 7).</p> <p>will receive the above listed medication in an emergency (see part 6).</p> <p>This arrangement will continue until:</p> <p>(Either end date of course of medication or until instructed by the pupil's parents/carers).</p>	
Signed (Headteacher):	
Print Name:	
Date:	



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



Contents:

Definitions.....	25
CYP's Information.....	26
Monitoring Blood Glucose Levels.....	27
Insulin Administration with Meals.....	28
Insulin Administration.....	28
Suggested Daily Routine.....	29
Sporting Activity/Day Trips & Residential Visits.....	29
Hypoglycaemia.....	30
References.....	39

This health care plan will capture the key information and actions that are required to support this child or young person (CYP) in school/ early years setting. It will have the CYP best interests in mind and ensure that school/ early years setting assesses and manages risks to the pupils' education, health and social well-being and minimize disruption in the school/ early years setting 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

CYP'S INFORMATION

a. Child / Young Person Details

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

b.

b. 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		

c.

c. 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/ early years setting email contact:		
Class Teacher:		
Health Visitor/School Nurse:		
SEND 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:	
Insulin Pump Therapy:	
3 injections a day (no injections in school/ early years setting):	

2 injections a day (no injections in school/ early years setting):	
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.

2. 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/ early years setting. 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.	
This CYP requires supervision with blood glucose monitoring.	
This CYP is independent in BG monitoring.	

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.

3. 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	
Supervision is required during insulin administration	
This young person is independent, and can self-administer the insulin	
This CYP is on an insulin pump (see further information below and section 8.2 page 8)	

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)	
They are on set doses of insulin	

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/ early years setting's local policy

4. INSULIN ADMINISTRATION

Delivered via pen device: Delivered via insulin pump:

Insulin Name	Time	Process
Other:		
Insulin Name	Time	Process
Other :		
Insulin Name	Time	Process
Other :		
Insulin Name	Time	Process
Other :		
Insulin Name	Time	Process
Other :		
Insulin Name	Time	Process
Other :		

NOTE: See 8

5. SUGGESTED DAILY ROUTINE

	Time	Note
Arrive School/		

early years setting		
Morning Break		
Lunch		
Afternoon Break		
School/ early years setting finish		
Other		

6.

Please refer to 'Home-school' communication diary
 Please refer to School planner

6. 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/ early years setting should ensure reasonable adjustments as required.

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

Extra Snacks are required: PRE-EXERCISE	
POST-EXERCISE	



7. HYPOGLYCAEMIA

('Hypo' or 'Low Blood Glucose')

BG: Below 4 mmol/L.



INDIVIDUAL HYPO- SYMPTOMS FOR THIS CYP ARE:	Pale Sudden Change of personality Crying Moody Hungry	Poor Concentration Sleepy Shaking Visual changes	Other:
---	--	---	--------

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/ early years setting 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/ early years setting premises; if leaving the school/ early years setting site; or in the event of a school/ early years setting 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.

7.a. Treatment of Hypoglycaemia

BG below 4mmol/l

Personalised Treatment Plan

Follow steps 1-4

Step 1. Give fast acting rapidly absorbed simple CHO promptly.

Step 2. Re-measure BG 15 minutes later

Step 3. If BG still below mmol/l:

Repeat step 1

If BG above mmol/l:

Step 4

For some CYP an extra snack may be required (especially if the next meal is 1-2 hours away)

Step 1

MILD/
MODERATE

Can he/she eat
& drink
independently?

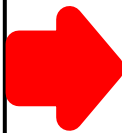
Step 4

Personalised Treatment Plan

- Place the CYP in the recovery position
- Nil by mouth
- DIAL 999
- In exceptional circumstances, in the availability of a trained and competent member of staff : they can administer the Glucagon/ GlucaGen Hypokit injection:
 0.5mg (half dose) for less than 8 years old (or body weight is less than 25kg)
 1mg (full dose): if over 8 years of age.
- Never leave him/her alone
- Contact parents/carers.
- When fully awake follow steps 1-4 above.
- A severe hypo may cause vomiting.
- On recovery the CYP should be taken home by parents/carers.

SEVERE

Is he/she semi-conscious; unconscious; convulsing or unable to take anything by mouth?



Additional information regarding hypoglycaemia for this CYP:

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



8. HYPERGLYCAEMIA

(High blood glucose)



CYP 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 CYP 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 CYP has had symptoms of high blood glucose

8.a. Treatment of Hyperglycaemia For A CYP On Injections

If still above
mmol/l:
Contact
Parents/carers, he/she
may well require extra
fast acting insulin,
consider a correction
dose.



BG above **mmol/l**
No other symptoms

- Encourage sugar free fluids
- Allow free access to toilet
- No exercise
- If available test blood ketone levels
- Re-test BG in



If correction dose is
required:
1 unit of insulin will
lower BG by
mmol/l



If now below
mmol/l:
Test BG before next
meal

BG above
mmol/l

Feels unwell?
Headache
Abdominal pain
Sickness or
Vomiting

- CONTACT PARENTS/CARERS IMMEDIATELY
 - Check blood ketone levels(see 9c)
 - Will require extra quick acting insulin
1. Needs to be taken home immediately.



Ketones rising or symptoms worsen

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

8.b. Treatment of Hyperglycaemia for a CYP on Pump Therapy

BG above mmol/L

8.c.

BG above mmol/L
Give correction dose via pump.



APPEARS WELL

- Check blood ketones
- Give correction bolus via the pump
- Encourage fluids
- Check pump and site

CYP UNWELL

- Drowsy
- Vomiting
- Not drinking
- Breathing Heavily

KETONES ABOVE: mmol/L
(See 9c)

BLOOD KETONES BELOW 0.6mmol/

RE-TEST BG IN ONE

Dial 999 & Contact parents

**BG
below**

**mmol/L
and
falling
Continue
to
monitor
2
hourly.**

**BG above:
mmol/L**

- **Contact parents/care rs 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/care rs 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/ early years setting 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.

	Name	Signatures	Date
Young person			
Parents/carers			

APPENDIX 1 - IHP

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

The following should always be available in school/ early years setting, please check:

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

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/ early years setting ****

9. 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 . 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
 Cambridge University Hospitals NHS Foundation Trust
 Chelsea & Westminster NHS Foundation Trust
 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.

Copyright © 2016 National Children and Young People's Diabetes Network



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

Form 1b - Individual Health Plan - Epilepsy		
For pupils diagnosed with Epilepsy at school/ early years setting who need rescue medication		
Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		Yes No
		Yes No
		Yes No
Copies held by:		
1. Pupil's Information		
Medical Condition:		
Name of school/ early years setting :		
Name of Pupil:		
Class/Form		
Date of Birth:	Male Female	
2. Contact Information		
Pupil's Address:		
	Postcode:	
Family Contact Information		
a.	Name:	
	Phone (Day):	
	Phone (Evening):	

	Mobile:	
	Relationship with CYP:	
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	

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/ early years setting needs to know about?	
Self-administration:	Can the pupil administer the medication themselves? (Tick as appropriate) Yes No Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary?	
Who should be notified?	Parents Carers Specialist GP
7. Regular Medication taken during School/ Early Years Setting 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/ early years setting?	

APPENDIX 1B - EPILEPSY

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: Staff member's name:
Medication expiry date:	
8. Regular Medication Taken Outside of School/ Early Years Setting 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/ early years setting needs to know about that could affect school/ early years setting activities?	
9. Any other information relating to the pupil's healthcare in school/ early years settings	
Permission for Emergency Medication	
<p style="margin: 0;">I agree that I/my CYP can be administered my/their medication by a member of staff in an emergency</p> <p style="margin: 0;">I agree that my CYP cannot keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements</p> <p style="margin: 0;">I agree that I/my CYP can keep my/their medication with me/them for use when necessary.</p>	
Name of medication carried by pupil:	
Signed (Parent)	
Date	
Headteacher Agreement	

APPENDIX 1B - EPILEPSY

<p>It is agreed that (name of CYP): 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).</p>	
Signed (Headteacher)	
Print Name:	
Date:	
Parental and Pupil Agreement	
<p>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/ early years setting of any changes in writing.</p>	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
<p>I agree that the information is accurate and up to date.</p>	
Signed:	
Print Name:	
Job Title:	
Date:	

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

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.

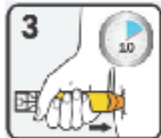
How to give EpiPen®



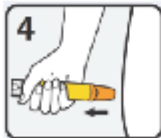
1. Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP!



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



3. HOLD FIRMLY in place for 10 seconds



4. 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

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: _____

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

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 1F

Form 1d - Individual Health Plan - Asthma For pupils with complex medical needs at school/ early years setting		
Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		Yes No
		Yes No
		Yes No
Copies held by:		
1. Pupil's Information		
Medical Condition:		
Name of school/ early years setting :		
Name of Pupil:		
Class/Form		
Date of Birth:	Male Female	
2. Contact Information		
Pupil's Address	Postcode:	
Family Contact Information		
a.	Name	
	Phone (Day)	
	Phone (Evening)	
	Mobile	

	Relationship with CYP	
b.	Name	
	Phone (Day)	
	Phone (Evening)	
	Mobile	
	Relationship with CYP	
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/ early years setting hours:		
Outside school/ early years setting hours:		
5. What to do in an Emergency (Asthma UK Guidelines)		

<p>Common signs of an Asthma attack:</p>	<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 LOOSENED REASSURE THE PUPIL</p> <p>ONE PUFF OF THEIR RELIEVER EVERY MINUTE UP TO 10 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.</p> <p><u>CALL 999 URGENTLY IF:</u> THEIR SYMPTOMS DO NOT IMPROVE AFTER 10 PUFFS THEY ARE TOO BREATHLESS TO TALK THEIR LIPS ARE BLUE OR IF IN ANY DOUBT</p> <p>CONTINUE TO GIVE 1 PUFF EVERY MINUTE OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.</p>	

<p>6. Emergency Medication (Please complete even if it is the same as regular medication)</p>	
<p>Name / type of medication (as described on the container):</p>	
<p>Describe what signs or symptoms indicate an emergency for this pupil:</p>	

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/ early years setting needs to know about?	
Self-administration:	<p>Can the pupil administer the medication themselves? (Tick as appropriate)</p> <p>Yes No Yes, with supervision by: Staff member's name:</p>
Is there any other follow-up care necessary>	
Who should be notified?	<p>Parents Carers</p> <p>Specialist GP</p>
7. Regular Medication taken during School/ Early Years Setting 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/ early years setting?	

Are there any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	<i>(Tick as appropriate)</i> Yes No Yes, with supervision by: Staff member's name:
Medication expiry date:	
8. Regular Medication Taken Outside of School/ Early Years Setting Hours <i>(For background information and to inform planning for residential trips)</i>	
Name/type of medication (as described on the container)	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
9. Any other information relating to the pupil's healthcare in school/ early years settings	
Permission for Emergency Medication	
<p>I agree that I/my child can be administered my/their medication by a member of staff in an emergency</p> <p>I agree that my child cannot keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements</p> <p>I agree that I/my child can keep my/their medication with me/them for use when necessary.</p>	
Name of medication carried by pupil:	

Signed (Parent/Carer)	
Date	
Headteacher Agreement	
<p>It is agreed that (name of Pupil):</p> <p>will receive the above listed medication at the above listed time (see part 6).</p> <p>will receive the above listed medication in an emergency (see part 7).</p> <p>This arrangement will continue until:</p> <p><i>(Either end date of course of medication or until instructed by the pupil's parents/carers).</i></p>	
Signed (Headteacher)	
Print Name:	
Date:	
Parental and Pupil Agreement	
<p>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/ early years setting of any changes in writing.</p>	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) <i>If pupil is below the age of 16)</i>	
Print Name:	
Date:	
Healthcare Professional Agreement	
<p>I agree that the information is accurate and up to date.</p>	
Signed:	
Print Name:	
Job Title:	

Date:	
-------	--

Template letter from school nurse to parent/carer

Dear Parent/Carer

Re: The Individual Health Plan

Thank you for informing the school/ early years setting of your CYP's medical condition. With advice from the Department for Education and the school/ early years setting's governing bodies, we are working with school/ early years settings to follow our shared medical conditions policy.

As part of this policy, we are asking all parents/carers of CYP with a complex medical need to help us by completing an Individual Health Plan for their CYP. Please complete the plan enclosed and return it to me at If you would prefer to meet me to complete the Individual Health Plan or if you have any questions then please contact me on [insert school nurse contact number].

Your CYP's completed plan will store helpful details about your CYP's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school/ early years setting staff to better understand your CYP's individual condition.

Please make sure the plan is regularly checked and updated and the school/ early years setting and school nurse are kept informed about changes to your CYP's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

Thank you for your help.

Yours sincerely

Form 3a – Medication Permission & Record – Individual Pupil

Form 3a – Medication Permission & Record – Individual Pupil	
Name of school/ early years setting :	
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 4 STAFF TRAINING RECORD

--	--

Form 4 – Staff Training Record

Name of school/ early years setting :	
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 STAFF TRAINING RECORD

APPENDIX 5 FORM FOR VISITS AND JOURNEYS

Form 5 - for Visits and Journeys	
This form is to be returned by (date):	
School/ Early Years Setting 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?	Yes 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?	Yes No	If so, please give brief details:
Is he/she allergic to any medication:	Yes No	If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?	Yes No	
Please indicate any special dietary requirements due to medical, religious or moral reasons:		

APPENDIX 5 FORM FOR VISITS AND JOURNEYS

* 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/ early years setting to give consent to such medical treatment as is considered necessary for my CYP 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 5 FORM FOR VISITS AND JOURNEYS

Giving Paracetamol in Stockport Schools/ Early Years Settings

Form 3a should be completed for each CYP for written permission to give regular paracetamol.

Verbal consent from the parent, carer or young person should be obtained prior to giving a dose of paracetamol to CYP.

School/ early years setting should seek information from parents/carers about which medicines the CYP has taken.

NB Paracetamol is an everyday drug, but it is potentially dangerous if too much is taken. Be careful to keep it out of the reach of children.

Many medicines that you can buy for colds or pain contain paracetamol (this information is given on the label). Do not give such medicines to a CYP at the same time, or four hours before or after giving paracetamol.

If the paracetamol does not seem to be helping the CYP's pain, contact the parent or carer for advice. Do not give extra doses of paracetamol.

Write down the time, date and CYP's name each time that you give paracetamol and ensure that you do not give too much.

Make sure that the medicines you have at school/ early years setting have not reached the 'best before' or 'use by' date on the packaging. Give out of date medicines to your pharmacist to dispose of.

The following questions are intended to guide your decision making and prevent paracetamol overdose.

Verbal Consent from Parent/Carer

Name of parent/carer:			
Relationship to young person:			
Telephone number contacted on: Date and Time of phone conversation:			
Questions to be read out and answered by parent/carer <i>Has the young person ever had problems with Paracetamol?</i> <i>If yes, refer to GP</i>	YES	NO	
<i>Has the young person had any doses of Paracetamol in the last 24 hours, if so at what time and what dose was given?</i> <i>Leave 4 hours between doses</i>			
<i>Has the young person had any other medication that contains Paracetamol in the last 4 hours such as cold or flu remedies?(E.g. Lempsip, Beechams, Calpol).</i> <i>If yes - do not give any paracetamol</i>			
<i>What dose of Paracetamol does the CYP usually take?</i> <i>Refer to bottle or label before administering</i>			
<i>Parent/Guardian fully aware of what they are consenting to and knows why you wish to give Paracetamol, please state reason</i>			

Declaration by the person contacting the parent/carer

I have completed the above assessment questionnaire.

I have assessed there are no contraindications and have administered the Paracetamol.

Time and date

Dose.....

Signature.....

Emergency Procedures

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school/ early years setting of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Do not hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the CYP, as the emergency services may give first aid instruction.
11. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Insert school/ early years setting address and postcode

Put a completed copy of this form by phones around the school/ early years setting

How to Administer BUCCOLAM

How to administer BUCCOLAM® (midazolam oromucosal solution)

About BUCCOLAM® (midazolam oromucosal solution)

BUCCOLAM is used to treat prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years of age).

- BUCCOLAM must only be used by parents/carers where the patient has been diagnosed to have epilepsy.
- For infants 3–6 months of age treatment should be provided in a hospital setting where monitoring is possible and resuscitation equipment is available.

BUCCOLAM is supplied in age-specific, pre-filled, needle-free, oral syringes.

- Each syringe contains the correct dose prescribed for an individual patient and is contained within a protective plastic tube.
- Syringes are colour-coded according to the prescribed dose for a particular age range.
- Your doctor will prescribe the appropriate dose for the individual patient.



Please refer to the Patient Information Leaflet before using BUCCOLAM. This leaflet also contains full information on contraindications, precautions and all possible side effects.

Do not pass the medicine on to other people to treat their children; it may harm them.

Storage

Keep BUCCOLAM out of the sight and reach of children. Do not refrigerate or freeze. Keep the syringe in the protective plastic tube until use.

Additional information from the healthcare provider:



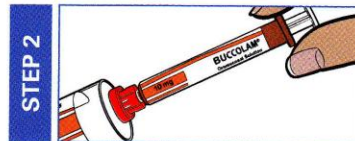
Step-by-step guide for the administration of BUCCOLAM® (midazolam oromucosal solution)

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.

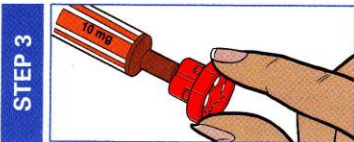
Your doctor or nurse will tell you how long to wait after the start of a seizure before you should give BUCCOLAM.



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.



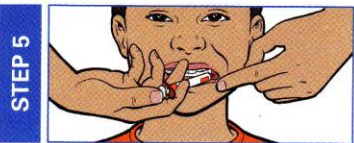
Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.



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.

How do I give the Rectal Diazepam?

- Take the tube out of the foil wrapping and remove the safety cap.
- Place the CYP 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 CYP's buttocks together for approximately five minutes.
- If the CYP 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 CYP appears to be having difficulty breathing.
- This is the first time Rectal Diazepam has been used on the CYP.
- The seizure has not stopped 10 minutes after using Rectal Diazepam.
- If you think the CYP has been injured during their seizure.

Guidance for school/ early years settings on the use of emergency Salbutamol inhalers

Primary and secondary school/ early years settings now have the option of keeping a Salbutamol (Ventolin) inhaler for emergency use.

This is not a formal requirement; school/ early years settings 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/ early years setting 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_school_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 CYP 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 CYP 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 CYP and potentially save their life. Parents/carers are likely to have greater peace of mind about sending their CYP to school/ early years setting. 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 CYP 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.

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.

999

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/ early years setting.

When the pupil feels better they can return to school/ early years setting activities.

+ The parents/carers must always be told if their CYP 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/ early years setting 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 Emergency Procedures

Anaphylaxis has a whole range of symptoms

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

- + generalised flushing of the skin anywhere on the body
- + nettle rash (hives) anywhere on the body
- + difficulty in swallowing or speaking
- + swelling of throat and mouth
- + alterations in heart rate
- + 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.

999

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/ early years setting
- + **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.

Diabetes Emergency Procedures

Hyperglycaemia

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

Common symptoms:

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

Do . . .

Call the pupil's parents/carers who may request that extra insulin be given.
The pupil may feel confident to give extra insulin.

999

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 CYP has recovered, give them some starchy food, as above.

999

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 CYP from being harmed by a seizure. First aid will depend on the individual CYP'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.

999

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.

999

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.

Management of Needlestick / Sharp Injuries

Step 1 • Sharp Injury such as clean / used needle or human bite
 • Encourage the wound to bleed if skin punctured

NB • DO NOT SUCK OR PLACE WOUND IN THE MOUTH

Step 3 • Wash wound / exposed area with soap & water
 • Cover wound / exposed area with plaster / dressing

Step 4 Report incident to First Aider

First Aider / Headteacher Actions

Step 1 First Aider to report Incident to Headteacher
 Advise if Staff or Pupil incident

Step 2 Staff incident advise staff to report to A&E

Step 3 Pupil incident determine if single or multiple incidents
 Single incident escort pupil to A&E and inform parents / carers of actions

Step 4 Multiple incident obtain as much information as possible re affected pupils
 (Name, DOB, Parent contact details, date & type of incident as a minimum)

Step 5 Inform School Nurse
 • School / School Nurse to contact Parents / Carers regarding incident and ask them to attend school

Step 6 • School Nurse to contact A&E department informing them of incident and subsequent attendance at A&E (provide list of names & OB)
 Parent / Carer to escort Pupil to A&E

Step 7 School / School Nurse to contact LA Health Protection Team (0161 474 2440)
 • Health Protection Team will liaise with Public Health England Health Protection for further advice and guidance

Taylor Shaw Medical Diet Process



Created: April 22

Taylor Shaw Allergy Menus – A Guide for Parents

As your school caterer, Taylor Shaw's aim is to ensure that children with allergies and intolerances are supported and receive a tasty, nutritious, and safe meal. Our dietitians and catering team work together and follow a robust process, so you can feel reassured that whenever safely possible, an alternative menu will be provided.

Which children will require an alternative menu?

- ✓ Children with diagnosed food allergies or diagnosed food intolerances.
- ✓ Children with other medical dietary needs for example Type 1 Diabetes, PKU, Cystic Fibrosis, Ketogenic Diets, amongst others.
- ✗ Those with religious, cultural or personal requirements/preferences (e.g. autism) can choose from the standard menu and do not need to complete a medical diet request form.

Sound Nutritional and Allergy Management

Taylor Shaw only use registered Dietitians to create our menus. They must have completed at least 3 years study with clinical training and are all members of the British Dietetic Association.

How to apply for an alternative menu

- Complete the 'medical diet request form' provided by your child's school.
- Supply a recent photograph of your child.
- Provide medical evidence if needed (see below).
- Return everything to the school office who will pass it on to our team to be processed. The photograph will be passed to the kitchen team for identification purposes.

Box 1 - The top 14 allergens

- Celery
- Crustaceans
- Eggs
- Fish
- Gluten (cereals containing wheat, barley, rye and oats)
- Lupin
- Milk
- Molluscs
- Mustard
- Peanuts
- Sesame
- Soya
- Sulphur Dioxide/Sulphites
- Tree Nuts (almond, hazelnut, walnut, cashew, pecan nut, brazil nut, pistachio nut and macadamia nut)

Medical evidence – do I need it?

- ✗ You **do not** need medical evidence if your child is allergic to any of the **top 14 allergens** (see box 1)

Medical evidence is needed for...

- ✓ Allergies to any food **not listed in the top 14 allergens** e.g. pea.
- ✓ A combination of **the top 14 allergens** and non-top 14 allergens e.g. gluten and pea
- ✓ Another dietary need e.g. Type 1 Diabetes

Written medical evidence must come from a dietitian, GP or consultant. **No other medical evidence is permitted, including results from home analysis kits.**

Keeping Everyone Safe

Taylor Shaw aim to provide meals for as many children as possible, as safely as possible. However, we cannot cater for children requiring an EpiPen (or equivalent) for an allergy **not listed in the top 14 allergens**. This is because suppliers are not legally obliged to provide all ingredient and derivative information, and they only need to declare **the top 14 allergens**.

We only provide menus that exclude the whole allergen and not different forms of cooked or raw products, for example we do not partake in the milk ladder or differentiate between raw or baked egg.

What happens next?

The Taylor Shaw Nutrition and Dietetic Team will prepare a medical diet menu based on the school's current menu.

The allergen information is supplied directly from our manufacturers and suppliers, and products that are labelled with a 'may contain' for that allergen will also be excluded.

This menu will include a main meal, vegetarian or vegan option, Halal dish, sandwiches, jacket potatoes or rice, dessert, fruit and salad. Please note that choices may vary depending on your child's school.

Your child's menu will normally be created within 2 weeks of receiving all the information. If the menu is more complex, or further advice from a health care professional is needed, it may take longer, and you will be informed of any delay through the catering team.

Whilst your child's menu is being processed, they can bring in a packed lunch or be served an appropriate jacket potato with filling and a piece of fruit.

Once processed, you will receive a copy of the menu so you can select which dishes your child would like and these will be passed on to the school.

What happens on Theme Days?

Occasionally schools will serve a different 'themed' menu for a specific occasion. To ensure that your child is fed safely, they will continue to be served a dish from their approved medical diet menu.

What if my child requires a carbohydrate count?

If your child has Type 1 Diabetes, and we have received the request forms and medical evidence, you will receive a carbohydrate count detailing typical portion size, carbohydrate per typical serving and carbohydrate per 100g of the meals on your child's school menu. This report is generated automatically from our menu management system using the data directly provided by the manufacturers and suppliers.

Always Fresh, Inclusive, Tasty and Healthy

We are aware of how important it is that despite needing a special menu, you feel confident knowing that your child is still getting a balanced and enjoyable lunch.

Most of our dishes are made from scratch, using fresh, local ingredients, are nutritionally reviewed, and include additional vegetables or fruit, without compromising on taste.

Where possible the dietitians strive to adapt the dishes already featured on the standard menu to suit your child's needs. Examples include exchanging the spaghetti for a gluten free pasta in a Bolognese, various pizza options or using a plant-based milk as an alternative.

We also have a range of special diet recipes, not on the standard menu, that are suitable for more numerous or complex allergies, never compromising in flavour and nutrition.

What if my child no longer requires a medical diet menu?

If your child no longer has an allergy, intolerance or medical condition, you can cancel their medical diet menu by emailing nutrition@taylorshaw.com.

For more information on our school catering please visit www.elior.co.uk/our-sectors/education.

Medical Diet Request Form

Please complete all parts of this request form in full and return to your child's school. If you require assistance to complete this form, please contact the school.

If your child has dietary requirements but does not require an adapted medical diet menu from Elior, Taylor Shaw or Edwards and Blake then there is no need to complete this form.

Part A: Medical diet information (to be completed by the parent/guardian)

Child's first name <input type="text"/>	Child's surname <input type="text"/>
Child's date of birth <input type="text"/>	Child's school year group <input type="text"/>
Parent/guardian name <input type="text"/>	Parent/guardian phone number <input type="text"/>
Parent/guardian email <input type="text"/>	
School name <input type="text"/>	School address (including postcode) <input type="text"/>

Medical Diets: Allergies (please tick all that apply):

14 Main Allergens

<input type="checkbox"/> Celery	<input type="checkbox"/> Fish	<input type="checkbox"/> Mustard	<input type="checkbox"/> Soya
<input type="checkbox"/> Cereals containing Gluten	<input type="checkbox"/> Lupin	<input type="checkbox"/> Nuts	<input type="checkbox"/> Sulphites
<input type="checkbox"/> Crustaceans	<input type="checkbox"/> Milk	<input type="checkbox"/> Peanuts	
<input type="checkbox"/> Eggs	<input type="checkbox"/> Molluscs	<input type="checkbox"/> Sesame	

Other allergens not listed above (please write here). *Medical evidence is required for other allergens outside of the 14 main allergens. This can be a letter from your GP, Consultant Paediatrician or Dietitian and must be submitted with this form. Please note: Medical diets cannot be provided if your child requires an autoinjector (EpiPen) for allergies outside of the 14 main allergens.*

Medical Diets: Medical Conditions (please tick all that apply):

<input type="checkbox"/> Type 1 Diabetes (requiring carbohydrate counting)	<input type="checkbox"/> G6PD
<input type="checkbox"/> Coeliac Disease	<input type="checkbox"/> Cystic Fibrosis (requiring fat count)
<input type="checkbox"/> PKU	<input type="checkbox"/> Prader-Willi

Other medical conditions not listed above (please write here):

Medical evidence is required for all medical conditions. This can be a letter from your GP, Consultant Paediatrician or Dietitian and must be submitted with this form.

Part B: Supporting documentation (to be provided by the parent/guardian)

I have attached medical evidence as requested in part A for allergies outside of the main 14 allergens and / or any medical condition (please tick)

Please attach a recent colour passport style photograph of your child for identification purposes. This will be retained by the school for their medical diet menu.



Part C: Terms & Conditions

By completing this medical diet request form, parents/guardians are consenting for an adapted medical diet menu to be prepared for their child. The medical diet menu will continue until Elior is notified in writing otherwise. You will receive a copy of the medical diet menu and are required to notify any discrepancies immediately. If you do not notify any discrepancies prior to the menu start date, this will signify the acceptance of the medical diet menu. It is the parent/guardian's responsibility to inform Elior in the case of any changes to the medical diet requested for their child.

The personal data about your child contained within this form will be stored and used to create a medical diet menu for your child to ensure they receive the correct meal. You can withdraw your consent at any time, but please note that if you do so, we will not be able to continue to provide your child with a medical diet.

Elior can provide a jacket potato with a suitable filling from the date of receipt of a medical diet request until the date a medical diet menu has been confirmed for a child. Otherwise, pupils must provide a packed lunch meal as an interim measure. **Please complete the jacket potato selection form below.**

Elior will not participate in the reintroduction of allergens or partial exclusion of allergens. For example, we cannot support reintroduction of milk using a milk ladder or differentiate between cooked, baked or raw egg. The allergen will be fully excluded from the child's menu until we receive written confirmation from the parent/guardian that the child can tolerate the allergen in full.

We reserve the right to refuse to provide a meal if it is deemed to be too complex or high risk to safely manage at the school.

I consent to Elior processing this personal data for the purpose of providing a medical diet and I confirm that I have read and understand the above.

Parent/guardian Name

Signature

Date

Appendix to Medical Conditions within Lisburne School

School Leadership:

- The Headteacher and Governing Body has a responsibility to ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local authority policy and national guidance frameworks.
- Their responsibility is to ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors.
- The Headteacher is required to report back to governors about implementation of the health and safety and medical conditions policy. Ensuring staff receive proper support and training and that new and supply staff are appropriately informed and inducted.
- Staff and parents have an entitlement to be made aware of, and an explanation of how school maintain the medication policy in addition to agreeing what levels of support can be given to children with medical needs.
- School leaders are responsible for assessing the risks to the health and safety of children and staff relating to the management of medicines in schools. Complying with the first aid assessment guidance and ensuring first aiders receive correct training.
- Aware that school staff will not carry out any “medical procedures” including those outlined below unless in an emergency situation or when otherwise agreed when they have specifically been trained for such cases. In general school staff will not be involved in any procedure that would be described as internal in regard to the student’s body. These specifically include ; catheterization , nasal gastric feeding or delivering oxygen
- Lisburne school leaders recognise that student’s medical conditions may change during their time at school. If there is a change in condition they are aware that this must be assessed by the School Nursing Service and then discussed with the Head Teacher and Governors prior to any member of staff delivering or being trained to deliver any procedure.

Staff:

- Staff should be competent to take simple finger prick tests (diabetes) if they have been trained and feel confident to do so for students in their classes. School are aware that this is 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.
- Staff should be aware of the most common serious medical conditions at school and have relevant access to information about children’s medical needs (provided and updated by health professionals/ SLT) via access to the Individual Health Care Plan.
- Staff are aware of the likelihood of an emergency situation and what action to take if one occurs, how to follow and understand the guidelines in this policy.

- First aiders accept responsibility for the administration of prescribed medications, pay due attention and regard to the training and guidance offered.
- Staff know who the schools registered first aiders are; list is available throughout school in addition to where assistance can be sought in the event of a medical emergency.
- Staff are made aware of and know who to contact regarding the schools Critical Incident Team if there is a need to seek assistance in the event of an emergency.
- Staff maintain effective communication with parents/ carers including informing them if their child has been unwell at school.
- Staff ensure pupils who need medication have it when they go on a school visit or out of the classroom and that any updates have been recorded on medical conditions list. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.
- Staff know how to avoid and reduce exposure to triggers for common medical conditions and are committed to identifying triggers which can make medical conditions worse either at school or out on a school visit.

First Aiders:

- First aiders have an additional responsibility to give immediate, appropriate help to casualties with injuries or illnesses and when necessary ensure that an ambulance is called.
- Ensure they are trained in their role as first aider and that this is kept up to date.
- School will have an up to date list of all first aiders and when their specific training needs to be updated.

The PCT and School Nursing Service:

- School nursing service should work in co-operation with the Local Authority and school to determine need, plan and co-ordinate provision for children with medical needs in schools.
- The School Nursing Service should provide support for school staff to manage medicines in school. They will ensure Individual Health Care Plans (IHCPs) are up to date and comprehensive, communicate changes to Individual Health Care plans to the Headteacher / Deputy Headteacher and appropriate staff in addition to liaising with parents.
- School medical staff should check and manage medicines in relation to prescriptions and oversee the process of administering of medication.
- Ensure entries and amendments to Individual Health Plans are consistent and up to date.

Parents' and Carers' responsibilities:

- Parents and carers if the child has complex health needs, should ensure their child has a written Individual Health Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- Inform doctors with prescribing responsibility that a separate supply of medication may be necessary to keep in school.
- Only send in medication in the original named container. Ensure medication is brought into school by a responsible adult and collect it when expired.
- Give the Head Teacher, SLT and staff sufficient information about their child's medical needs and medication.
- Sign the appropriate permission forms so that medication can be administered in school.
- Inform the School Nursing Staff and Head teacher if there has been any change to medical needs and medicines.
- Parents need to be aware that information regarding attendance data may be shared with the Governors and included in the Headteacher Report if their child is not well enough to attend school.

Staff training:

- General training relating to medical needs will be delivered in conjunction with local health services, including the School Nursing Staff.
- Training may occur at varying times e.g. at morning meetings, after school or on in-service days.
- Training for administering specific medication or procedures to individual children with a Health Care Plan will be delivered to named members of staff by an appropriate health professional. They will be assessed as competent after observation by the School Nurse on at least 3 occasions for a new skill. They will be trained following a change to the Individual Health Care Plan or following an incident.
- Staff receive updates at least once a year for asthma, epilepsy and other relevant medical needs and as a result know how to act in an emergency.
- Note: Supply or temporary staff will only be trained where appropriate, however they will receive information about the medical conditions policy and how to react in an emergency.
- If an individual feels they need additional training or support then it is their responsibility to make the SLT aware of this in order for this to be arranged on a singular need basis.