

Northlands Primary School & Nursery



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Supporting Pupils with Medical Needs including Managing Medicines in school 2022

Ratified at the Full Governing Board Meeting on Wednesday 18th May 2022

Signed _____ Due for Review:

Supporting Pupils with Medical Needs Policy

Including Managing Medicines in School

Introduction:

- The Children and Families Act 2014 places a duty on schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEND Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

Aims:

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

In making decisions about the support they provide, Northlands Primary school and Nursery will ensure good relationships are established with relevant local health services as well as parents and carers.

In addition to the educational impact, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support will be put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled or have special educational needs (SEND) and so the school will operate this policy alongside its policies on Equality, Accessibility and SEND policies. This policy has been written based on guidance "Supporting Pupils at School with Medical Conditions" Statutory Guidance Dfe September 2014 and "Supporting pupils with medical needs, a good practice guide" 2014.

This policy is dependent on the partnership of staff, parents and pupils achieving a sound formal procedure for the administration of medicines in school. Regular review and amendment of this policy is required to ensure that the procedures are working effectively.

This Policy includes

- The roles and responsibilities of different stakeholders
- Details of who is responsible for policy implementation and who is responsible for staff training, making sure all relevant staff are made aware of the child's condition, making cover arrangements, briefing supply teachers, risk assessments and monitoring of individual health care plans.
- Procedures to follow whenever a school is notified that a pupil has a medical condition
- Individual Health Care Plans
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- The policy on pupils carrying and taking their medication themselves
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures

Roles and responsibilities:

The role of the Governing Body:

- To ensure that arrangements are in place to support pupils with medical conditions so that such children can access and enjoy the same opportunities at school as any other child.
- To ensure that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- To ensure that the school has developed and implemented a policy for supporting pupils with medical conditions and that it is reviewed regularly and is readily accessible to parents and school staff and that it includes procedures that need to be followed whenever a school is notified that a pupil has a medical condition.
- To ensure that the school's policy covers the role of individual healthcare plans, and clearly states who is responsible for their development, in supporting pupils at school with medical conditions.
- To ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions and have access to information as needed.
- To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk

The Role of the Head of School:

- To ensure that their school's policy is developed and effectively implemented.
- To ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- To ensure that all staff that need to know are aware of the child's condition.
- To ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- To ensure health care plans are written when appropriate.
- To make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The Roll of Inclusion Staff

- To contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse. To support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- To liaise with lead clinicians locally including community nursing team and other healthcare professionals on appropriate support for the child and associated staff training.
- To School liaise with lead clinicians locally on appropriate support for the child and associated staff training including community nursing team and other healthcare professions.

The Role of School staff:

- To provide support to pupils with medical conditions, including the administering of medicines where written permission from Parent/ Carer has been obtained
- To undertake sufficient and suitable training so that they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Teaching staff and those who provide cover for teachers are to be made aware of children in their class who have medical needs, they should be aware of the nature of the condition, when and where the child may need extra help.
- Staff administering the medicine should read and understand this document, have access to the accompanying document *Supporting children in school with medical needs* and are able to complete the *Northlands Medication in school form, including* agreeing that they are sufficiently trained and experienced to carry out that administration and to sign the appropriate section in that document.

The Role of the Pupils:

- Give the pupil a voice about how their condition affects them.
- To be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- To be sensitive to the needs of those with medical conditions.

The Role of the Parents/ Carers:

- To provide the school with sufficient and up-to-date information about their child's medical needs.
- To notify the school if their child has a medical condition.
- To be involved in the development and review of their child's individual healthcare plan.
- To carry out any action they have agreed to as part of its implementation.
- Read, and when understood, sign the written consent form titled *Northlands Medication in school form*.
- Inform the school of any changes to the prescription, medication, method of administration or support required. This information to be checked against the prescriber information and the information provided by the health practitioner.

The Role of the Local Authority:

- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

The Role of Providers of health services:

- To co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training.
- The Head of School and Inclusion Team will regularly review and make the policy accessible to parents/carers and school staff.

Action in Emergencies

This policy does not replace the protocol and procedures already in place in school for emergency situations. Failure to act in an emergency situation could result in a teacher or other member of school staff being found in breach of the statutory duty of care. (See Health and Safety Policy)

Identification

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

We will annually send out medical questionnaires to parents to ensure all our records are up to date.

Provision and Organisation

The Head of School alongside the Deputy Head Teacher will ensure that the relevant staff are suitably trained and that all staff are aware of the child's condition, so enabling a high level of care across the school. In the case of key members of staff being absent the Head of School and the Special Needs Co-ordinator (SENCo) will ensure someone is available to care for the child where possible.

The Head of School or the Deputy Head Teacher in conjunction with the class teacher will make sure risk assessments are carried out for school visits, holidays, and other school activities outside of the normal timetable.

The Inclusion Team is responsible for monitoring of individual healthcare plans.

The school will follow the guidance given by the DfE regarding supporting pupils with medical needs in school. This policy will be kept alongside that guidance to provide a management strategy to fully support the needs of all staff, pupils and parents.

Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required

An IHCP will include:

- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role of staff
- Special requirements e.g. dietary needs, pre-activity precautions
- side effects of medicines

A copy will be given to parents/carers and to the class teacher. In addition, all other members of teaching staff will have access to this information on a secure cloud-based system to ensure they are able to comply with the IHCP. All files are password protected. The general medical information sheet shared with all staff will indicate that the child has an IHCP.

Pupils may also need an Intimate Health Care Plan if they suffer from continence problems. These are written to enable pupils to be treated with respect and dignity if incontinence occurs.

All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through attending training provided and reading care plans devised for individual pupils.

Pupils will not be able to carry any medication; this is to ensure that:

- no pupil unwittingly or otherwise gives another pupil his or her medication. This approach is supported in school through our PSHE curriculum.
- Medication will be stored in medicine cupboard or in the meeting room fridge. Inhalers will be kept in class for pupils with a prescription inhaler for asthma. Epi-pen will be kept in a secure location in the classroom. Spare Epi-pens are kept on the main office.
- Agreed medication that is kept in the classroom will be kept out of the reach of children.
- This policy is to be used in conjunction with the Managing Medication in School Policy.

The Office will hold a central list of all asthma pumps and Epi-pen users, including expiry dates, to ensure that all medication is in date. Where medication goes out of date, parents will be contacted to provide the school with a replacement as soon as possible. They will also be expected to collect the expired item and dispose of it responsibly.

Roles and Responsibility

The ultimate responsibility for the strategic management of this policy in school is with the Head of School and Governing Body.

The Deputy Head Teacher will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

Allergies and dietary requirements

The Office Administration staff will update a central list of all allergies and dietary requirements which is available to all teachers and staff on a secure cloud-based system.

All children who have allergies or dietary requirements will wear a green lanyard with their individual needs at lunchtime so that midday and catering staff are able to identify pupils who may need attention.

Catering staff will also have access to a list of pupils with dietary requirements so they can ensure pupils are not exposed to potentially harmful allergens.

This policy will be monitored yearly and updated when necessary we will ensure new legislation is incorporated.

This policy will also be made available to parents through the governors' annual report and via the school's website. We will ask parents for annual updates regarding medical information. Updates may be through face to face contact, telephone contact or via the child's class teacher. All information collected will be passed to the Office Administration staff to ensure that records stay current.

Northlands Primary School and Nursery - Care Plans

Supporting pupils with care plans is essential as it ensures that each individual pupil has the care they need in order to access the curriculum. The following is to ensure that care plans remain updated and provision is in place.

Annually	<ul style="list-style-type: none"> Contact all parents of children with medical needs (care plans) and allergies to ensure that information held at school is up to date.
September	<ul style="list-style-type: none"> In conjunction with the office, identify any children new to Northlands who may need care plans / intimate care plans (e.g. children who may soil / wet in school). Invite parents in to complete a new care plan. Ensure that the child's photograph is on the care plan. An electronic copy to be saved on the school's network and a copy to go to parents, year group leader (to go in the year group inclusion folder) and one for each master Health and Intimate Care Plan folder – one held in Miss Foster's office and one in the main office. Update the <i>Medical Needs and Allergies</i> list, ensuring that there is a photograph for each child – if photographs are out of date, take a new photograph. Give a copy of the dietary / allergies list to the kitchen and all teachers Class teachers to produce new dietary / allergy labels for new children (plastic covers available from the office) and ensure class teachers know children in all year groups must wear these when going to get their lunch, even if packed lunch.
Ongoing	<p>Where it has been identified that a new care plan needs producing, repeat the actions above, including updating the medical needs list and distributing this.</p> <p>Update <i>Medical Needs and Dietary/ allergies</i> list at least termly</p>

Monitoring:

- Monthly- Ensure defibrillator checklist has been completed.
- Termly – *Administering Medicines* forms (kept in the office)
- Termly – check SIMS against medical needs list
- Annually – Policies; Non-negotiables for pupils with medical needs
- As needed – Risk assessments to be produced for children who have medical needs

Managing Medicines on School Premises (during the school day):

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. If the medication can be administered outside school hours with no ill effect, then that should be the desired course of action.

It should be noted that there is no legal duty that requires school staff to administer medicines but that we, at Northlands Primary School and Nursery, are willing to undertake this task to enable regular attendance, under the following conditions.

- Parents should keep children at home when they are acutely unwell.
- Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Procedures for managing NON-prescription medicines

In most instances non-prescribed medicines will not be administered at school. These medications should be taken at home before and after school rather than during school. However, in exceptional occasions where this has been authorised the following must be adhered to:

- Staff should never give non prescribed medication unless there is specific written permission from the parent/carer
- Medication e.g. for pain relief will only be administered when information on maximum dosages and when the previous dose is known, a call home will be made before administering any non-prescribed medication.

NON- PRESCRIBED Invasive drug administering **must never** occur.

Oral administration of tablets and /or medication only. Creams, lotions or other medications to be applied to face or hands only. Children will always apply their own cream but if this is not possible a care plan will be drawn up. This may include nappy cream and advice will be sought from medical professionals and permission from the parents before administering.

No non-prescribed injected medications.

No non-prescribed ear or eye drops. (not including First Aid application of Eye Wash procedure during normal First Aid provision by a qualified First Aider)

No non-prescribed medications applied to areas of the body deemed private, (usually areas covered by clothing) including hair, legs, feet, chest, back, genital area, buttocks and rectum. (see above re nappy cream)

A child under 12 should never be given medicine containing aspirin unless prescribed by a doctor.

Procedures for Managing Prescription Medicines

We will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be inside an insulin pen or pump rather than in its original container.

Children must not keep medicines anywhere in school. They **must** be taken to the Office at the start of the school day by the parent/carer. (Asthma inhalers- see separate guidance)

Medicines must not be administered by the child. This must be supervised. For medicines to be administered in school, they must be properly labelled with the name of the child, the required dose and the appropriate time at which they should be administered.

Medicines are not accepted out of the container in which they were originally dispensed and must include the prescriber's instructions.

A parent/carer must complete the appropriate school form "*Consent and Medicine Register for prescribed medicine*" before medicines can be accepted into school. We will not make changes to doses on parental instructions

Staff Responsibilities

Members of staff giving medicines will not be teaching members of staff but support staff who are:

- Willing to perform such tasks
- Trained where necessary for the task

Checks before administering prescribed medication the Agreement to administer medication form must be completed to include

- The child's name.
- If the child has another name including a previous name or a 'known as' name these MUST appear on the parental consent form and ALSO be verified by the class teacher or other staff member to whom the child is known.
- The medical condition as detailed on the agreement to administer medication form.
- The written record agreement to administer medication form must be completed and fully signed before medicines are accepted and updated at EACH dose.
- The parent/carer has signed the above form.
- The member of staff is adequately trained to administer, or supervise self-administration of the medication and has signed the form confirming this.
- Read and check the prescribed dose.
- Name of medicine
- Details of storage of the medicine.
- The expiry date of the medication.
- Method of administration.
- Time/frequency of administration
- Written instructions provided by the prescriber on the label or container. Staffs are aware of any medical emergencies that could arise from administration of this medication. (including signs and effects of overdose or under dose
- Any side effects listed.
- The Record File must be checked to ensure that another member of staff has not already administered the dose.

When a child is given medicine he/she will first be asked his/her name and this name checked against the name on the medicine – even if the member of staff knows the child well.

If staff are in any doubt about any procedure or the administering of medicine(s) to a particular child, the issue should be discussed with the parent/carer, if appropriate, or with the safeguarding team.

If the administration of prescription medicines requires technical or medical knowledge, then individual training will be provided to staff from a qualified health professional.

The parent or doctor should complete the form ensuring that they give written details of the name of medication, the dosage, the method of administration, the time and frequency of administration, other treatment and any side effects.

We will keep written records of all medicines administered to children stating who the child is and what class, what medication was administered, how, and how much was administered, when (date and time) and by whom. Any side effects of the medication to be administered at school will also be noted. Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

A written record of medicines administered will be kept in the School Office and copy of consent form will also be kept in the School Office.

If a child refuses to take medication, then school staff will not force them to do so. The school will inform the child's parent/carer immediately.

Storage of Medicines:

All medicines will be kept in the locked medicine cupboard and administered by a member of the support staff. The key to the cupboard will be accessible to all office staff. Medicines requiring refrigeration will be kept in the School Office refrigerator.

Asthma inhalers, blood glucose testing meters and Epi-pens must not be locked away. Individual Asthma inhalers, Epi-pens and glucose meters will be kept in the child's classroom.

Self Management

Children who are able, will be encouraged to manage their own medicines. This will apply to relief treatments for asthma, which will be kept in their classrooms and diabetic children where it has been deemed that they are capable to do so via the medical professions. Other medicines should be kept in secure storage so access will only be through the office staff.

Only those medicines agreed in a full health medical care plan, or SEN plan can be carried by children. This is to ensure their safety and the safety of other children who may acquire these medications.

Disposal of Medicines

Medicines will be returned to the parent/carer at the end of each school day. It is the responsibility of parents to ensure that date-expired medicines are returned to a pharmacy for safe disposal. We will return to the pharmacy if parents do not pick up after one week of notification. Epi-pens will be disposed of at the local chemist for safe disposal. All medicines will be returned to the parent at the end of the school year.

Hygiene and Infection Control.

Use of the 'sharps' system for correct disposal of needles or other instruments that could cause cutting or stab wounds will be used by the individual.

Ensure all materials that may be contaminated by body fluids are correctly and safely disposed of. The use of a yellow Biohazard bag will be used and disposed of in the medical waste bin.

Wash hands before and after medicine administration.

Clothing contaminated by body fluids to be dealt with in the appropriate manner.

All spills to be dealt with appropriately keeping in mind contamination and bodily fluids. All health and safety aspects to be considered before during and after administration of medicines.

Spoons or cups to be washed under hot water immediately following administration of medicines.

Obviously sharing or spoons, cups or other shared methods of administration of medicines is NOT ALLOWED under any circumstances.

Educational Visits, PE sessions & Sporting Events

Medicines required to be taken when a child is on a school trip will be administered by the child's class teacher or support staff in accordance with the written instructions given by the parent/carer on the appropriate form. Training for staff will be given to fulfil the needs of medicine administration. Risk assessments will be completed at the planning stage to consider any adjustments needed for pupils with medical needs.

The medication must be in date and if it is not the child/ren will not be allowed to go on the visit. The medication will be placed in a rucksack for the teacher to carry, along with a copy of – agreement to administer medication form, which will be held with the medication. This information should be clearly stated on the Risk Assessment for that visit and the name of the person that will be accompanying the visit as the trained person to assist with any

administration needs for the child/ren. The child/ren should be made aware of the adult is that is carrying their medication. In addition, should medication be required during the visit, the dosage administered will be recorded on the Risk Assessment for the visit. All medication must be returned to the appropriate storage area back at school or returned to the parent following the school trip. During PE sessions the asthma box and Epi-pen must be taken with the class to where the PE session is occurring

Residential Holidays

Where children are staying away from home on a residential holiday organised by the school, parents will be asked to sign a form giving permission for mild medication such as paracetamol, antiseptic cream or lip salve, to be administered by staff if deemed necessary.

Emergency Procedures

An ambulance will be called in all emergency situations. A child should not be taken to hospital in a staff car except in very exceptional circumstances. In the parent/carer's absence, a member of staff will accompany the child to hospital and stay with the child until the parent/carer arrives.

Health professionals are responsible for any decisions on medical treatment when parent/Carers are not available.

On admission to the school an emergency consent form is signed giving teachers permission to attend hospital with the child if parents not contactable. These are stored in individual children's files.

Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions, to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

Complaints

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

Health Medical Care Plans and Common Conditions.

Asthma

One in ten children in the UK has asthma. The most common symptoms are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Whilst older children can identify these symptoms, younger children may not be able to. It is therefore essential that staff in Early Years settings is aware of the range of symptoms. Parents/carers of children with severe asthma are responsible for advising Northlands Primary School and Nursery accordingly through a completed asthma record.

There are 2 types of medicines used to treat asthma: (i) relievers (blue inhalers) and (ii) preventers (brown, red or orange inhalers; sometimes tablets). Usually a child will only need a reliever at school, to relieve symptoms when a child is having an asthma attack. They are also sometimes used before exercise.

Parents' Responsibilities:

- To complete an Asthma report form to request that asthma pump be available to the child during school time
- To provide a "spacer" (to assist in administration of the medicine) where possible
- To advise staff at school if the child's condition worsens for any reason
- To ensure the correct prescription label is affixed to the pump.

The School's Responsibilities:

- To provide safe, accessible storage arrangements for the child's pump
- To ensure that an adult is present whilst the child self-administers the dosage (using a spacer if necessary);
- To keep a record of the child's use of the asthma pump located in class Asthma file
- To ensure that arrangements are in place to ensure that asthma pumps are taken on Educational Visits, carried by an appropriate member of staff
- To advise parents in writing when the pump is used, and to keep a record of use at school.

Epilepsy – a medical care plan MUST be in place

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. At least one in 200 children has epilepsy and around 80% of them attend mainstream school. Note that most children with diagnosed epilepsy never have a seizure during the school day.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a medical care plan can be put together
- To provide a history of the child's previous seizures (to include frequency, duration and any other particular points that may usefully inform the Medical care plan
- To complete the medical form to authorise staff to administer medication as required
- To provide the designated school staff with any prescribed medication, that will be stored and managed
- To complete the medical form to request that, in the event of a prolonged seizure, where oral diazepam required, authorised to be administered.

The School's Responsibilities:

- To put a Medical care plan in place, in consultation with the child's parents/carer and appropriate external agencies
- To ensure that all required staff are made aware of the child's condition
- To ensure that staff are aware that seizures usually last for a few seconds or minutes only, and that they may or may not be accompanied by a loss of consciousness
- To ensure that staff are aware that triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure

- To ensure that staff understand whether or not the child has photosensitivity (sensitivity to flashing or flickering lights that can also trigger seizures)
- To ensure that staff understands that should the child have a seizure, the appropriate action is to put them in a safe position (recovery position where possible), and allow the seizure to take its course. Talk to the child and reassure them.
- To ensure that staff are trained in the administration of oral diazepam, should this be required in the event of a prolonged seizure and part of the health care plan
- To provide safe, accessible storage arrangements for the child's medication, and to advise parents in writing should any medication be administered, and to keep a record of administration at school
- To call an ambulance
- To ensure that children's privacy is respected when/where possible.

Diabetes – a Medical care plan MUST be in place

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). The condition affects about 1 in 550 school-age children in the UK, the majority of who have Type 1 diabetes. This group normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together
- To provide a history of any significant hypoglycaemic (blood sugar levels are too low) or hyperglycaemic (blood sugar levels are too high) episodes, with as much relevant detail as possible
- To complete the medical form to authorise staff to administer medication as required
- To advise designated school staff of the child's personal insulin administration plan (i.e. how often is insulin administered? Do blood glucose levels need to be checked at school, and if so, how often?)
- To provide appropriate glucose tablets/gel for storage at school in case of a hypoglycaemic reaction, and to provide school with any prescribed medication.

The School's Responsibilities:

- To ensure that where staff agree to administer blood glucose tests or insulin injections are given the appropriate training
- To ensure that relevant staff are aware of the action to take if the child has a hypoglycaemic (blood sugar is too low) reaction (stay with the child and administer a fast acting sugar, such as glucose tablets)
- To ensure that relevant staff are aware of the action to take if the child experiences hyperglycaemia (blood sugar is too high). Signs to look out for are tiredness, a greater than usual need to go to the toilet or to drink, and should be flagged to the Inclusion Team to discuss with the child's parents/carers
- To provide safe, accessible storage arrangements for the child's medication
- To advise parents, in writing, should any medication be administered, and to keep a record of administration at school
- To provide privacy in an event of a hypo to ensure wellbeing.

Where appropriate, and in line with advice from the medical health profession children may administer their own blood glucose level check and insulin injections under school staff supervision.

ANAPHYLAXIS (severe allergic reaction) – a Medical care plan MUST be in place

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include: peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit (e.g. kiwi fruit), penicillin, latex and the venom of stinging insects (e.g. bees, wasps).

The most severe form of allergic reaction is anaphylactic shock, where the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children, there may be a swelling in the throat, which can restrict the air supply, or severe

asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully as a more serious reaction may still occur. However, anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Parents' Responsibilities:

- To provide the school with as many details as possible re the child's specific condition, so that a Medical care plan can be put together by the Inclusion Team
- To provide a complete list of any and all substances known to cause an allergic reaction in the child to date
- To provide a history of any significant allergic reactions, with as much relevant detail as possible
- To complete the agreement to administer medication form to authorise staff to administer medication as required; in the case of anaphylaxis, the treatment is an injection of adrenaline (also known as epinephrine, or 'EpiPen')
- In discussion with the SENCO, to determine how many 'EpiPen' devices to have stored at school, and to provide school with any prescribed medication, that will be stored and managed.

The School's Responsibilities:

- To ensure staff are appropriately trained in the use of 'EpiPen' devices
- To ensure that relevant staff are aware of the action to take if the child has an acute, severe allergic reaction (anaphylaxis);
 - as per the DfE guidance, to call an ambulance should a severe, acute allergic reaction occur
- To provide safe, accessible storage arrangements for the child's medication
- To advise parents in writing should any medication be administered, and to keep a record of administration at school.

In the event that an Epi-pen is required, the school has 2 spare Epi-pens that are held in the main school office.



Allergies and Intolerances

Name of child:		Class:		Year:	
Record of conversation	Face to face	Telephone	Second hand (e.g. via CT)		
Allergy/intolerance:					
Has this been diagnosed by a medical professional?			Yes	No	
If no, review this in a year to see if the child still has the intolerance.		Date to review:			
What specific foods can't he/she eat? (e.g. hazelnuts, peanuts)					
What combinations of foods can't he/she eat? (e.g. mayonnaise)					
Do they take medication for this?			Yes	No	
Is this taken	At school?		At home?		
What other things do we need to look out for at school?					
Any other concerns from the parent or school?					

Northlands Primary School & Nursery

Individual healthcare plan / Intimate healthcare plan

Picture to go here

Name of school/setting	Northlands Primary School & Nursery
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Agreed and signed by:

Signed: _____ Date: _____ (Parent/Carer)

Signed: _____ Date: _____ (Head of School / DH)

Signed: _____ Date: _____ (Class teacher)