



BROOKLAND INFANT AND NURSERY SCHOOL

**MEDICAL CONDITIONS
IN SCHOOL
POLICY**

September 2016

Signed: Date:
Chair of Governors - Mrs Sheila Farmer

Signed: Date:
Headteacher - Mrs Alison Atkinson

POLICY REVIEW

This policy may be modified or added to from time to time in which case amendments will be distributed to all staff. The policy will be reviewed annually.

DATE OF REVIEW
September 2015
September 2016

MEDICAL CONDITIONS IN SCHOOL POLICY

1. Brookland Infant and Nursery School is an inclusive community that aims to support and welcome pupils with medical conditions

- a) 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 be admitted in the future.
- b) This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
 - ❖ be healthy
 - ❖ stay safe
 - ❖ enjoy and achieve
 - ❖ make a positive contribution
 - ❖ achieve economic well-being
- c) Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- d) This school aims to include all pupils with medical conditions in all school activities.
- e) Parents* of pupils with medical conditions feel secure in the care their children receive at this school.
- f) The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g) All staff feel confident in knowing what to do in an emergency.
- h) This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i) All staff understand the common medical conditions that affect children at this school. Appropriate staff receive training on the impact this can have on pupils.
- j) The medical conditions policy is understood and supported by the whole school and local health community.

**The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.*

2. Brookland Infant and Nursery School's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings

a) These key stakeholders may include:

- ❖ pupils with medical conditions
- ❖ parents
- ❖ school nurse
- ❖ head teacher
- ❖ school staff
- ❖ special educational needs coordinator
- ❖ healthcare and advisory professionals
- ❖ school governors

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

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

- ❖ by including the policy statement in the school's prospectus and signposting access to the policy
- ❖ at the start of the school year when communication is sent out about Healthcare Plans
- ❖ when their child is admitted as a new pupil
- ❖ via the school's website
- ❖ through school-wide communication about results of the monitoring and evaluation of the policy.

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

- ❖ through copies handed out at the induction meeting for new staff
- ❖ at the first staff meeting of the school year before Healthcare Plans are distributed to parents
- ❖ at scheduled medical conditions training
- ❖ through the key principles of the policy being displayed in several prominent staff areas at this school
- ❖ through school-wide communication about results of the monitoring and evaluation of the policy
- ❖ all supply and temporary staff are informed of the policy and their responsibilities.

c) Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:

- ❖ via the school/community nurse

4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

- a) All staff at this school are made aware of the most common serious medical conditions at this school.
- b) Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c) All appropriate staff who work with pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- d) Training is refreshed for all appropriate staff in line with guidance and if required.
- e) Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens, first aid room and the staff room.
- f) This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- g) A copy of the pupil's Healthcare Plan would be sent to the emergency care setting with the pupil.

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

- a) All staff know what action to take in the event of a medical emergency. This includes:
 - ❖ how to contact emergency services and what information to give
 - ❖ who to contact within the school.
- b) New staff are informed of the action to take as part of their induction and where necessary training is refreshed for other staff.
- c) Action to take in a general medical emergency/any emergency is displayed in prominent locations for staff.
- d) If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.
- e) Generally, staff should not take pupils to hospital in their own car. However, if the situation is not serious enough to call an ambulance and parents cannot be contacted, the Headteacher may decide that the child should be taken to an emergency treatment centre. In this instance the Headteacher and another member of staff would transport the child. Any member of staff whose car is used must have the necessary business insurance cover. Office staff would continue to try to contact parents.

6 The school has clear guidance on the administration of medication at school

Administering Medication - Emergency Medication

- a) As pupils at this school are so young they may not know where their emergency medication is stored but should know to tell a member of staff if they feel unwell.
- b) Staff at this school know where pupils' emergency medication is stored and know what symptoms to watch for in those pupils.

Administering Medication - General

In most cases when a child needs medication this will be done at home and not at school.

In cases where a child requires medication prescribed by a doctor and it cannot be easily administered by the parent arrangements can be made to administer medicines in school - however there is no legal duty which requires school staff to administer medication: this is a voluntary role. Staff who are willing to administer medicines will be trained as appropriate.

- a) Parents must complete the form 'Request for School to Administer Medication', consenting to the school giving medicine to their child. A copy of this form will be kept with the medicine and filed in the 'Medication' file in the First Aid Room when the medicine is no longer required.
- b) Before accepting the medication it must be checked that it is prescribed in the name of the child, that the dosage is clear and the medicine is in date.
- c) Parents must bring the medicine to the School Office and hand to one of the Office Staff in the morning and collect it at home time. Children will not be allowed to carry medicine.
- d) Generally medication will be stored in the cupboard or fridge (as appropriate) in the First Aid Room.
- e) Asthma medication is stored in the pupil's classroom in the stock cupboard in a sealed plastic container labelled with the child's name. A copy of the medication consent form and Healthcare plan is stored in the container.
- f) A member of staff, usually a teaching or learning support assistant, will administer the medication in the presence of another member of staff.
- g) The consent form should be updated with the date and time the medicine was administered and the signature of the member of staff administering the medicine and the second member of staff present.
- h) It is generally only possible to administer short term medication (such as antibiotics) at lunchtime.
- i) Medicine should not be given to children without parental consent.
- j) No patent medicines, eg cough medicines, painkillers, antiseptic creams will be given in school, unless prescribed.
- k) This school understands the importance of medication being taken as prescribed.

- l) All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- m) 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 prescribed medicine to pupils but only with the written consent of the pupil's parent.
- n) Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- o) All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.
- p) In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.
- q) Parents 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.
- r) If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- s) All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- t) If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

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

Safe storage - emergency medication

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. Medication for children with medical conditions is kept in individual sealed plastic boxes together with a copy of their Healthcare Plan and Medication authorization form.

Safe storage - non-emergency medication

All non-emergency medication is kept in a secure place.

Safe storage - general

- a) Office staff oversee the correct storage of medication at school.
- b) Three times a year a member of the office staff checks the expiry dates for all medication stored at school.
- c) Office staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose.
- d) All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- e) Medication is stored in accordance with instructions, paying particular note to temperature. Medication needing to be refrigerated is stored in the fridge in the First Aid Room.
- f) All medication is sent home with pupils at the end of the school year. Medication is not stored over the summer holidays.
- g) It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

- a) Parents are asked to collect out-of-date medication.
- b) If parents do not pick up out-of-date medication the medication is given to the school nurse for safe disposal.
- c) A member of the office staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is documented.
- d) Sharps boxes are used for the disposal of needles and are provided by the school nurse. Sharps boxes are stored in the First Aid Room so that they are inaccessible by pupils.
- e) If a sharps box is needed on an off-site visit, a named member of staff would be responsible for its safe storage and return to school.
- f) Collection and disposal of sharps boxes is arranged with the school nurse.

8. This school has clear guidance about record keeping

Admission forms

Parents at this school are asked if their child has any health conditions or health issues on the admission form when their child starts school.

Healthcare Plans

Drawing up Healthcare Plans

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

- b) A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:
 - ❖ at the start of the school year for parents to review
 - ❖ at admission
 - ❖ when a diagnosis is first communicated to the school.
- c) If a pupil has a short-term medical condition that requires prescribed medication during school hours parents complete a 'Request for School to Administer Medication' form authorising the school to administer the medication.
- d) The parents, healthcare professional/school nurse and SENCo are involved in completing the pupil's Healthcare Plan. Once finalized this Healthcare Plan is copied for the classroom, staffroom, office and kitchen as well as being kept with any medication that is required.

School Healthcare Plan register

Healthcare Plans are used to create a centralised register of pupils with medical needs. Office staff have responsibility for this register.

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

Ongoing communication and review of Healthcare Plans

- a) Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- b) Staff at this school may use opportunities such as teacher-parent interviews to check that information held by the school on a pupil's condition is accurate and up to date.
- c) Every pupil with a Healthcare Plan at this school has their plan reviewed when any changes are necessary or at least once a year.

Storage and access to Healthcare Plans

- a) Parents are provided with a copy of the pupil's current agreed Healthcare Plan.
- b) Healthcare Plans are kept secure in a central location at school.
- c) Apart from the central copy, appropriate members of staff may securely hold copies of pupils' Healthcare Plans and they are placed in relevant locations. These copies are updated at the same time as the central copy.
- d) All members of staff who work with pupils have access to the Healthcare Plans of pupils in their care.
- e) When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.
- f) This school ensures that all staff protect pupil confidentiality.

- g) This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.
- h) This school seeks permission from the pupil and parents before sharing any medical information with any other party.

Use of Healthcare Plans

Healthcare Plans are used by this school to:

- ❖ inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- ❖ identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies and this information helps reduce the impact of common triggers
- ❖ ensure that all medication stored at school is within the expiry date
- ❖ ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- ❖ remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates including spare medication.

Consent to Administer Medicines

- a) If a pupil requires regular prescribed medication at school, parents are asked to provide consent on the 'Request for School to Administer Medication Form' giving staff permission to administer medication.
- b) For pupils with a medical condition who may require medication in an emergency the completed 'Request for School to Administer Medication Form' is attached to the Healthcare Plan.

Other record keeping

This school keeps an accurate record of each occasion an individual pupil is given medication. Details of the supervising staff member, pupil, dose, date and time and 2nd adult present are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.

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

Physical environment

- a) This school is committed to providing a physical environment that is accessible to pupils with medical conditions.
- b) This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

- a) This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- b) This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs.
- c) All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- d) Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

- a) This school understands the importance of all pupils taking part in sports, games and activities.
- b) This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- c) This school ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.
- d) Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- e) This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- f) This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- g) This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

- a) This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- b) If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.
- c) Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.
- d) This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

10. This school is aware of the common triggers that can make 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

- a. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b. Appropriate school staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.
- c. The school has a list of common triggers for the common medical conditions at this school and actively seeks to reduce or eliminate these.
- d. Information about how to avoid common triggers for medical conditions is available in the first aid room and office and is included in this policy which is given to all school staff.
- e. This school uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers.
- f. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved taking into account the needs of pupils with medical conditions.
- g. The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures will be implemented after each review.

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

- a. This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Employer**This school's employer has a responsibility to:**

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

Head teacher**This school's head teacher has a responsibility to:**

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

- ❖ monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- ❖ update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- ❖ report back to all key stakeholders about implementation of the medical conditions policy.

All school staff

All staff at this school have a responsibility to:

- ❖ be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- ❖ understand the school's medical conditions policy
- ❖ know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- ❖ allow all pupils to have immediate access to their emergency medication
- ❖ maintain effective communication with parents including informing them if their child has been unwell at school
- ❖ be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- ❖ understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ❖ ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ❖ ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching staff

Teachers at this school have a responsibility to:

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

School nurse or school healthcare professional

The school nurse at this school has a responsibility to:

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

First aider

First aiders at this school have a responsibility to:

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

Special educational needs coordinators

Special educational needs coordinators at this school have the responsibility to:

- ❖ help update the school's medical condition policy
- ❖ know which pupils have a medical condition and which have special educational needs because of their condition
- ❖ ensure pupils who have been unwell catch up on missed schoolwork
- ❖ ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

Local doctors and specialist healthcare professionals

Individual doctors and specialist healthcare professionals caring for pupils who attend this school, have a responsibility to:

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

Pupils

The pupils at this school have a responsibility to:

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

Parents*

The parents of a child at this school have a responsibility to:

- ❖ tell the school if their child has a medical condition
- ❖ ensure the school has a complete and up-to-date Healthcare Plan for their child
- ❖ inform the school about the medication their child requires during school hours
- ❖ inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- ❖ tell the school about any changes to their child's medication, what they take, when, and how much
- ❖ inform the school of any changes to their child's condition
- ❖ ensure their child's medication and medical devices are labelled with their child's full name
- ❖ provide the school with appropriate spare medication labelled with their child's name
- ❖ ensure that their child's medication is within expiry dates
- ❖ keep their child at home if they are not well enough to attend school
- ❖ ensure their child catches up on any school work they have missed
- ❖ ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ❖ ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

12. The medical conditions policy is regularly reviewed evaluated and updated and updates are produced every year

- a. This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.
- b. New DfE and Department of Health guidance is actively sought and fed into the review.
- c. In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:
 - ❖ parents
 - ❖ school nurse and/or school healthcare professionals
 - ❖ headteacher, teachers, special education needs coordinator
 - ❖ first aiders and all other school staff
 - ❖ school governors.

APPENDIX 1**CHILDREN WITH ASTHMA**

At Brookland Infant and Nursery School our aim is to encourage children with asthma to participate fully in school life.

Common Signs of an Asthma Attack

- ❖ Coughing
- ❖ Shortness of breath
- ❖ Wheezing
- ❖ Feeling tight in the chest
- ❖ Sometimes younger children express feeling tight in the chest as a tummy ache

These are serious if:

- not responding to inhaler
- difficulty in speaking, playing, feeding
- symptoms getting worse
- lips are blue

DO

- ❖ Help the child to take their usual dose of reliever inhaler (usually blue) immediately, preferably through a spacer.
 - ❖ Sit the child upright
 - ❖ Get them to take slow steady breaths
 - ❖ Keep calm and reassure them - listen carefully to what the pupil is saying. It can be comforting to hold their hand but do not put your arm around their shoulder as this can restrict their breathing
 - ❖ Do not leave them alone
 - ❖ Make sure another member of staff is aware

If there is no immediate improvement:

- ❖ Continue to give 2 puffs of reliever inhaler (one puff at a time) every two minutes, up to 10 puffs

Call an ambulance if:

- ❖ The pupil's symptoms do not improve
- ❖ The child does not start to feel better after taking the reliever inhaler
- ❖ The pupil is too breathless or exhausted to talk
- ❖ The pupil's lips are blue
- ❖ If you are in any doubt call for a senior member of staff
- ❖ Ambulance staff must always be informed of any treatment administered
- ❖ Make sure pupil's record is collected from the school office to give to ambulance staff (make sure this contains a copy of the Healthcare Plan)

REMEMBER:

- Reliever medicine is very safe so do not worry about a pupil overdosing
- Make sure another adult knows you are dealing with an emergency so that an ambulance can be called without delay if necessary
- Make sure a member of staff contacts the pupil's parents immediately if an ambulance is called
- Make sure you or another member of staff informs the parents whenever a child has suffered an asthma attack at school
- Make sure the pupil's medicine form is updated to show the inhaler has been given

After a Minor Attack

Minor attacks should not interrupt a pupil's involvement in school. As soon as they feel better they can return to school activities. Make sure parents are informed of the attack.

Common Trigger Factors

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma trigger factors which can affect an individual's asthma in different ways.- Common triggers include viral infections (colds and flu), house dust mites, pollen, tobacco smoke, furry and feathery animals, air pollution, laughter, excitement, cold air, stress and exercise. We aim to avoid as many of these as we can and when this not possible to pre-empt an attack by the use of medication.

Access to Medication

We encourage all pupils with asthma to be responsible for their own inhaler, taking into account their individual circumstances.

Some pupils with asthma must have a reliever inhaler in school at all times. Inhalers are kept in classroom stock cupboards in boxes labelled with pupil's name along with 'Request for Administering Medicine' form and a copy of the Health Care Plan. Reliever inhalers will be kept on a shelf where the pupil is able to reach it easily. Access to reliever inhalers is of vital importance. Delay in taking reliever treatment can lead to a severe attack and, in rare cases, may prove to be fatal.

We realise that if a pupil is using their inhaler more often than usual it is likely to be because their condition is deteriorating. If this is the case then the class teacher will speak to the parents of the child concerned.

It is parents responsibility to ensure that the inhaler kept in school for their child is 'in date' but a member of the office staff also checks expiry dates 3 times a year and informs the parents if a new inhaler is required.

Sport

We aim to ensure normal activity for all but the most severely affected asthmatic pupils.

Everybody gets breathless during exercise but untreated asthmatics get more breathless after the exercise has stopped. Hard exercise can also make asthmatic children cough and wheeze. Children will always be given the opportunity to use their medication before PE lessons if they have exercise induced asthma.

Communication and Information

We maintain a register of asthma sufferers and a copy of this is kept in each classroom - the list also contains information on whether the pupil has medication in school and expiry dates of this medication.

Parents are asked to complete a 'Health Care Plan' which is then copied and kept with the child's medication (if they have any in school), in their records and in the office. Parents are asked to review their child's Healthcare Plan at the start of each academic year or when information or medication changes.

There is also a register which contains information about pupil's medical conditions, dietary preferences etc by class. Copies of this are kept in the office, staffroom, classrooms, kitchen, emergency file, registers.

More information on asthma can be obtained from Asthma UK

www.asthma.org.uk

APPENDIX 2

ANAPHYLAXIS: CHILDREN WITH SEVERE ALLERGIES

Anaphylactic shock can result from allergy to certain types of food (peanuts or the white of an egg, for example), plants, insect bites, injections or environmental pollutants.

Symptoms

Typical symptoms of the onset of anaphylactic shock are:

- ❖ the child complaining of being unwell/feeling faint/odd
- ❖ rising anxiety/restlessness
- ❖ sweating, pale, rapid pulse
- ❖ a change in face colour
- ❖ itchy skin
- ❖ swelling of skin, particularly face and neck
- ❖ swelling of lips/tongue
- ❖ tingling feeling around the mouth
- ❖ puffiness around eyes
- ❖ wheezing and difficulty breathing
- ❖ vomiting and diarrhoea

and more seriously:

- difficulty in breathing
- choking/hoarseness
- red blotchy rash
- drowsiness
- decreased level of consciousness
- collapse
- cardiac arrest

DO

In the event of a pupil with known allergies shows the symptoms of an anaphylactic shock:

- ❖ Send an adult to First Aid Room to collect the pupil's medical box
 - ❖ Ask another adult to phone pupil's parents (or ask office staff to do this)
 - ❖ Follow instructions in pupil's medical box
 - ❖ Make Office staff aware of the emergency and to ring 999 (Dial 99 for an outside line)
 - ❖ Collect pupil's personal record file from office to take to hospital
 - ❖ Ambulance staff must always be informed of any treatment administered
 - ❖ A member of staff to accompany pupil to hospital if parents are not present and stay with pupil until parents arrive

Administering Medication (Epipen)

- Divide upper leg into 3; administer into middle third, to front of "trouser side seam".
- Administer through clothes
- Firmly press pen into leg until it clicks, hold for count of 10
- Remove and rub leg gently
- Make a note of the time
- If no improvement after 5/10 minutes, give second injection - it is not possible to overdose
- The used epipen should be handed to the ambulance crew when they arrive

After an Attack

As soon as possible after the event make a record of what occurred and medication administered for the school's records.

After an epipen has been used arrangements should be made with the parents for it to be replaced as soon as possible.

Common Trigger Factors:

- ❖ Peanuts and tree nuts
- ❖ Other foods (commonly dairy products, egg, fish, shellfish and soya)
- ❖ Insect stings
- ❖ Latex
- ❖ Drugs (such as penicillin)

- ❖ On rare occasions there may be no obvious trigger.

Preventative Action

We will endeavour to be a 'nut free' school in order to reduce the risk of an anaphylactic attack for pupils who have a nut allergy.

Hertfordshire Catering (our school meal provider) are nut free (although nut traces may be found in ingredients used for cooking). Parents are asked about allergies on admission documents and school meal letters.

Parents of children who bring Packed Lunches will be asked to make them nut free (eg no peanut butter, Nutella, etc).

At other times when food is available (e.g. Christmas Parties) staff will be aware of the children at risk and will consult their parents.

Medication

Staff regularly receive training to update them in the use of epipens. A list of staff trained in the use of Epipens is held in the office.

Epipens/anti-histamine medication are kept in the First Aid Room cupboard (or nursery kitchen cupboard for pupils in nursery class) in boxes labelled with pupil's name along with 'Request for Administering Medicine' form and a copy of the Health Care Plan.

It is parents responsibility to ensure that the epipen/anti-histamine kept in school for their child is 'in date' but a member of the office staff also checks expiry dates 3 times a year and informs the parents if a new inhaler is required.

Communication and Information

We maintain a register of pupils who have medication in school (eg anit-histamine, epipens) and a copy of this is kept in each classroom - the list also contains information on whether the pupil has medication in school and expiry dates of this medication.

Parents are asked to complete a 'Health Care Plan' which is then copied and kept with the child's medication (if they have any in school), in their records and in the office. Parents are asked to review their child's Healthcare Plan at the start of each academic year or when information or medication changes.

There is also a register which contains information about pupil's medical conditions, dietary preferences etc by class. Copies of this are kept in the office, staffroom, classrooms, kitchen, emergency file, registers.

More information on anaphylaxis can be obtained from:

www.anaphylaxis.org.uk

www.allergyinschools.org.uk

APPENDIX 1**CHILDREN WITH DIABETES**

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

This happens because:

- ❖ The pancreas does not make any or enough insulin
- ❖ The insulin does not work properly
- ❖ Or a combination of both of the above

There are 2 types of diabetes - Type 1 and Type 2.

With Type 1 children need to replace their missing insulin so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Hypoglycaemia occurs when the level of glucose in the blood falls too low. When this happens a pupil with diabetes experiences warning signs. Symptoms differ from person to person and may include any of the signs below:

hunger	trembling
sweating	anxiety or irritability
rapid heartbeat	tingling of the lips
blurred vision	palleness
mood change	difficulty concentrating
vagueness	drowsiness

Hypoglycaemia can be caused by:

- too much insulin
- a missed or delayed meal or snack
- not eating enough carbohydrate
- taking part in strenuous or unplanned exercise

Hypos are usually unexpected, rapid, sometimes without warning and unpredictable - and the pupil is **not** to blame. Pupils with diabetes may recognise the signs and symptoms for themselves or peers and school staff may be the first to notice. If a hypo occurs the directions on the pupil's Healthcare Plan must be actioned. Pupils with diabetes are taught to recognise and act upon the signs of a 'hypo' from an early age to foster their independence and support normal development. They may need to request and eat food outside regular meal and snack times. It is important their snack is available and eaten with as little fuss or disturbance as possible.

Hyperglycaemia occurs when the level of glucose in the blood rises **and stays high**. The symptoms of hyperglycaemia do not appear suddenly but build up over a period of time:

Thirst	frequent urination
Tiredness	nausea

Hyperglycemia can be caused by too little or no insulin, stress, less exercise than normal, and infection or fever. The symptoms usually build up over a few hours as the body begins to use up stores of fat as an alternative source of energy, producing acidic by-products called ketones. Ketones are very harmful and the body tries to get rid of them through the urine. Ketoacidosis (also known as diabetic ketoacidosis) is recognised by symptoms such as the breath smelling of nail varnish, vomiting, blurred vision and deep rapid breathing. If left untreated eventually the pupil will become unconscious, a coma will develop and this can be fatal. Call the pupil's parents who may request that insulin be given. At any time the pupil's Healthcare Plan can be used, as with extra insulin the worsening of the situation can be halted.

Medication and Training

Parents of pupils with diabetes will be asked to complete a Healthcare Plan.

Pupils with diabetes will need to have their blood glucose levels on a regular basis. Staff are trained to carry out the blood glucose tests and inject insulin. The training is conducted by the Diabetic Nurse in conjunction with the School Nurse and the pupil's parents. Until staff have completed the training parents are asked to attend the school to carry out/oversee the testing and injection of insulin. Enough staff are trained to enable back-up in the case of staff illness etc. The timing of testing is detailed in the Healthcare Plan.

Parents will be contacted if there are any doubts when carrying out the blood glucose tests and a book recording the levels on testing and insulin given is the communication between home and school.

Call an ambulance if:

- ❖ the pupil has deep and rapid breathing (over breathing)
- ❖ the pupil is vomiting
- ❖ the pupil's breath smells of nail polish remover/pear

More information on diabetes can be obtained from Diabetes UK

www.diabetes.org.uk