

**Stretford**  
Grammar School  
*Aspirat primo fortuna labori*

**Supporting Students with a Medical Condition Policy 2021**

**Ratified by Governors:**

**Review Frequency:** Every three years

**Member of staff with overall responsibility:** Mrs. H. Dolphin

**Governing Body Sub-Committee with reviewing responsibility:** Student Welfare

## **1.0 Introduction**

1.1 Stretford Grammar School is an inclusive community that aims to support and welcome students with medical conditions. The school aims to provide equality of opportunity for all students with medical conditions.

### **1.2 The school:**

- ensures all staff understand their duty of care to children and young people in the event of an emergency
- understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood
- understands the importance of medication being taken as prescribed

All staff understand the common medical conditions that affect children at this school.

## **2.0 Policy Framework**

2.1 The school's Medical Conditions Policy is drawn up in consultation with a range of stake holders

2.2 Staff understand and have procedures to follow in the event of an emergency for the most common serious medical conditions and are trained in general emergency procedures.

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

2.4 The school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

2.5 The Medical Conditions Policy is regularly reviewed, evaluated and updated.

2.6 Implementation – all stakeholders are consulted on the formulation and review of the policy. All staff are alerted to changes within this policy.

### **3.0 Policy**

3.1 The school has consulted on the development of this Medical Conditions Policy with a range of key stakeholders:

- parents/carers
- School Nurse
- Headteacher
- Teachers
- Special Educational Needs and Disability Coordinator ( SENCO)
- members of staff trained in first aid
- all other school staff
- School Governors.

3.2 Parents/carers are informed and regularly reminded about the Medical Conditions Policy:

- through the school website

3.3 School staff are informed and regularly reminded about the Medical Conditions Policy:

- at scheduled medical conditions training
- through the policy being displayed in all classrooms and offices.

3.4 All supply and temporary staff are informed of the policy and their responsibilities.

3.5 Staff are aware of the most common serious medical conditions at this school and understand that in an emergency situation they are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.

3.6 Training is refreshed for all staff at least once a year.

3.7 Action for staff to take in an emergency for the common serious conditions at this school is displayed in classrooms, offices, kitchens and the staff room.

3.8 The school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help.

3.9 Staff know what action to take in the event of a medical emergency including:

- how to contact emergency services and what information to give
- who to contact within school

3.9 If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The school tries to ensure that the staff member will be one the student knows.

3.10 Generally, staff should not take students to hospital in their own car.

### **4.0 Responsibilities**

4.1 Each member of the school and health community knows their roles and responsibilities in maintaining an effective Medical Conditions Policy

#### **4.2 The Governing Body 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 students). 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 students with medical conditions
- make sure the Medical Conditions Policy is effectively monitored, evaluated and regularly updated
- report to parents/carers, students, 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 students with medical conditions

#### **4.3 The Headteacher has a responsibility to:**

- ensure the school is inclusive and welcoming and that the Medical Conditions Policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including students, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents/carers, 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 to all to 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 students' Healthcare Plans
- ensure student 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 (SENCO) to ensure the checking of 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 students, parents/carers, 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

#### **4.4 All staff have a responsibility to:**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's Medical Conditions Policy
- know which students in their care have a medical condition and be familiar with the content of the student's Healthcare Plan
- allow all students to have immediate access to their emergency medication
- maintain effective communication with parents/carers including informing them if their child has been unwell at school

- ensure students who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of students 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 students (students should not be forced to take part in any activity if they feel unwell)
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed

#### **4.5 Teachers have a responsibility to:**

- ensure students who have been unwell catch up on missed school work
- be aware that medical conditions can affect a student's learning and provide extra help when students need it
- liaise with parents/carers, the student's healthcare professionals, SENCO and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHCE (Personal, Social, Health and Citizenship Education) and other areas of the curriculum to raise student awareness about medical conditions

#### **4.6 PE Teachers have a responsibility to:**

- ensure students with asthma are not forced to take part in activities if they feel unwell but are not excluded from activities if their asthma is well controlled
- ensure students known to have asthma carry prescribed inhalers and are allowed to use them when needed
- if a student known to have asthma is showing symptoms during an activity, allow them to stop and self medicate.
- remind students whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up

#### **4.7 The School Nurse 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.

#### **4.8 The Assistant Headteacher (CPD (Continuing Professional Development)) has a responsibility to:**

- arrange training for first aiders and appointed persons
- where first aid qualifications are due to expire, ensure that refresher training is completed or that a replacement first aider/appointed person is appropriately trained
- ensure the annual medical conditions training is undertaken by all teaching and support staff including but not limited to EpiPen use, asthma, diabetes, and epilepsy

- maintain a record of medical conditions training

#### **4.9 First aiders/appointed persons 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.
- record first aid/medical incidents in the school's record system (SIMS) and contact parent/carers.

#### **4.10 The SENCO (Special Educational Needs and Disability Coordinator) has the responsibility to:**

- help update the school's Medical Conditions Policy
- know which students have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or course work
- ensure the correct storage of medication at school
- ensure that expiry dates for all medications stored at school are checked three times a year
- ensure that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose
- ensure that all students with medical conditions have a Healthcare Plan and that parents/carers have the opportunity to review this on at least once a term via the Parent App
- liaise with the School Nurse regarding students' medical conditions and Health Care Plans

#### **4.11 Students have a responsibility to:**

- treat other students with and without a medical condition equally
- tell their parents/carers, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another student is feeling unwell
- let any student take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation

#### **4.12 Parents/carers 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 he/she is not well enough to attend school
- ensure their child catches up on any school work 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

## **5. Administration of Medication**

### **5.1 Administration – general**

- 5.11 Medicines should only be brought into school when essential.
- 5.12 The school understands the importance of medication being taken as prescribed.
- 5.13 All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is carried out under supervision.
- 5.14 Staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- 5.15 For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent/carer.
- 5.16 Training is given to all staff members who agree to administer medication to students, where specific training is needed. The local authority provides full indemnity.
- 5.17 In some circumstances medication is only administered by an adult of the same gender as the student.
- 5.18 Parents/carers 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.
- 5.19 If a student refuses their medication, staff record this. Parents/carers are informed as soon as possible. The school nurse will also be informed.
- 5.191 All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency including any additional medication or equipment needed through the Healthcare Plan.

- 5.192 If a trained member of staff, who is usually responsible for administering medication, is not available, the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- 5.193 If a student misuses medication, either their own or another student's, their parents/carers are informed as soon as possible. These students are subject to the school's usual disciplinary procedures

## **5.2 Consent to administer medicines**

- 5.21 It is the responsibility of parents/carers to supply written information about the medication their child needs to take into school.
- 5.22 If a student requires regular prescribed or non-prescribed medication at school, parents/carers are asked to provide consent on their child's Healthcare Plan giving the student or staff permission to administer medication on a regular/daily basis.
- 5.23 All parents/carers of students with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.
- 5.24 If a student requires regular/daily help in administering their medication then the school's agreement to administer this medication is outlined on the student's Healthcare Plan. The school and parents/carers should keep a copy of this agreement.
- 5.25 Parents/carers of students with medical conditions at this school are asked at the start of the school year or when they join the school, on the Healthcare Plan, if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.
- 5.26 Medicines must always be provided in the original container as dispensed by a pharmacist and handed into the School Office. Each item must contain the prescriber's instructions for administration. Medicines that have been taken out of the original container will not be accepted. Complete written and signed instructions from a parent/carer are required whenever accepting medicine. This could be on a Health Care Plan or a separate note.

## **5.3 Administration – emergency medication**

- 5.31 Students with medical conditions have easy access to their emergency medication.
- 5.32 Records are kept of every occasion when a student is administered with medication, including on SIMS, on the Monitoring Accidents and Near Misses proforma and on the Numerical Accident Form.
- 5.33 For students who take daily medication, for example, antibiotics or insulin, a chart is completed, dated and signed by staff member.
- 5.34 Students are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition. This is also the arrangement on any off-site or residential visits.

- 5.35 Students who do not carry and administer their own emergency medication know that their medication is stored in the school office and to report to the main office when required.
- 5.36 Medication for students with severe nut allergies is kept in individually labelled boxes with matching photographs for ease of access.

## **6.0 Safe storage – emergency medication**

- 6.1 Emergency medication is readily available to students who require it at all times during the school day or on off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are held by the Headteacher's PA/ Office Manager.
- 6.2 Most students carry their emergency medication on them at all times.
- 6.3 Students, whose healthcare professionals and parents/carers advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where and how to access their emergency medication.

## **7.0 Safe storage – non-emergency medication**

- 7.1 All non-emergency medication is kept in a secure place in the school office.
- 7.2 Staff ensure that medication is only accessible to those students for whom it is prescribed.
- 7.3 The SENCO (Special Educational Needs and Disability Coordinator) oversees the correct storage of medication at school.
- 7.4 All controlled drugs are kept in a secure location and only named staff have access, even if students usually administer the medication themselves. The administration of this medication is closely monitored as indicated below:
- name of student, name of controlled drug and the date on which it is brought into school
  - number of tablets/capsules/amount of liquid to be stored
  - date and time the controlled drug is accessed and by whom
  - date and time medicines returned to student and by whom
  - amount of remaining medication, once each dosage is administered
- 7.5 Three times a year the SENCO ensures that the expiry dates for all medication stored at school are checked and completes a tick list held with the medication (Autumn, Spring, Summer Terms).
- 7.6 A record is maintained in school.
- 7.7 The SENCO, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- 7.8 Medication is stored in accordance with instructions, paying particular note to temperature.

7.9 It is the parent/carer's responsibility to ensure new and in date medication comes into school

## **8.0 Safe disposal**

8.1 Out-of-date medication is returned either direct to parents/carers or to a local pharmacy at the end of each term.

8.2 Medical waste (excluding sharps) is disposed of in the yellow medical waste bin in the main school office.

## **9.0 Healthcare Plans (Appendix 9)**

9.1 Parents/Carers who indicate that their child has medical conditions when enrolling, are sent a HCP to complete. Parents/carers are reminded to update their child's information held on file once a term through the Parent App. Reminders are sent through SIMS in touch. If the HCP needs to be updated, a new form is sent to be updated. A copy of the Healthcare Plan is included in Appendix E.

9.2 The school uses Healthcare Plans to record important details about individual students' medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

9.3 New Healthcare plan forms are sent to parents/carers who indicate via the Parent App that a child's medical condition treatment has changed or that the child has developed a medical condition. School can also be informed by telephone, letter or email.

## **9.4 Healthcare Plan register**

Healthcare Plans are used to create a centralised register of students with medical needs. The SENCO has responsibility for the register at this school.

9.5 The SENCO follows up with the parents/carers any further details on a student's Healthcare Plan if required or if permission for administration of medication is unclear or incomplete.

9.6 Healthcare Plans are kept on students' files once they have been scanned onto students' SIMS files. If a parent/carer updates school with medical information the school will issue a new HCP.

## **9.7 Storage and access to Healthcare Plans**

Parents/carers are provided with a signed copy of the student's current agreed Healthcare Plan.

9.8 Staff who work with students have access to the Healthcare Plans of students in their care.

9.9 When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the medical needs of students in their care.

9.10 The school ensures that all staff protect student confidentiality.

9.11 In the event of a medical emergency the school provides relevant medical information to the emergency services.

9.12 The school seeks permission from the student and parents/carers before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

### **9.13 Use of Healthcare Plans**

Healthcare Plans are used to:

- inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies.
- provide the required information to a member of staff when conducting a trip or visit

### **10.0 Trips and visits**

10.1 Medical information on students is taken on all trips

10.2 All staff leading a trip/visit take a fully stocked first aid kit with them.

10.3 Risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

10.4 Risk assessments are carried out before students start any work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents/carers before any medical information is shared with an employer or other education provider

### **11.0 Other record keeping**

**11.1** The school keeps an accurate record of each occasion that an individual student is given or supervised taking medication during a trip/visit and a note kept on the trip paperwork. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents/carers as well as the school nurse are informed as soon as possible.

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

### **12.0 Physical Environment: Asthma**

12.1 The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry or feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and

art lessons that are potential triggers of asthma. Students are permitted to leave the room and go and sit in a supervised area, e.g. other classroom, if particular fumes trigger their asthma. Precautions taken when using chemicals that could trigger an asthma attack are:

- plenty of ventilation, i.e. open windows and doors
- fume cupboards used by staff and students
- students who suffer from asthma are sent to the back of the room or to stand near a window/open door

12.2 Chemicals that could trigger asthma attacks are:

- Chlorine
- H<sub>2</sub>S ( Hydrogen Sulphide)
- Ammonia (2M when used in salt prep)
- H<sub>2</sub> ( Hydrogen)
- Sulphur dioxide produced by the reaction of sodium thiosulphate and HCl ( Hydrogen Chloride) in rates of reaction practicals or the burning of sulphur

12.3 Where appropriate, staff are advised to check if any students are asthmatic and inform the class of appropriate actions.

### **13.0 Exercise and physical activity**

13.1 The school understands the importance of all students taking part in sports, games and activities and 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 students.

13.2 Classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.

13.3 Teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.

13.4 Teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.

13.5 The school ensures that students have the appropriate medication or food with them during physical activity and that students take them when needed.

13.6 All students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

13.7 Responsibilities of PE teachers relating specifically to asthma are outlined later in this policy.

### **14.0 Defibrillator**

Stretford Grammar has a defibrillator which is located by Reception. Although it is designed to be used by anyone in the case of an emergency, First Aiders have been trained in the safe usage of the defibrillator and are the ones to use it in school, wherever this is possible. However, it is important to emphasise that life-saving

interventions such as CPR and defibrillation are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of response to a cardiac arrest. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition.

## **15.0 Hygiene/Infection Control**

- 15.1 First Aid Staff have been made aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicine.
- 15.2 First Aid Staff have access to protective, disposable gloves. Extra care is taken when dealing with spillages of blood or other bodily fluids and when disposing with dressings or equipment. A sharps container is used for needles.
- 15.3 During the current Covid-19 pandemic, additional training has been given to the First Aid Team with regard to safety protocols for suspected Covid cases. Additional measures have been put in place to help to minimise the risk of infections. Further details can be found in the school's risk assessment.

## **MEDICAL CONDITIONS INFORMATION FOR DISPLAY IN ALL CLASSROOMS**

**(Updated May 2021)**

**ASTHMA:** Attacks (purple)

**INSULIN:** Injections, treatment, blood test (yellow)

**ANAPHYLAXIS** (Allergic Reaction): treatment,  
use of EpiPen/ Jext/ Emerade pens (green)

**EPILEPSY:** treatment (pink)

If a student requires first aid treatment:

- During a lesson: either send the student to Reception **or** send a student to Reception to request that the first aider attends the classroom.
- During break or lunchtime: staff on duty escort or send the student to Reception **or** an SLT member is informed who contacts Reception by radio to request that the first aider attends the scene of the incident.

## **The use and storage of emergency salbutamol inhalers**

From 1<sup>st</sup> October 2014, schools are permitted to buy salbutamol inhaler, without a prescription, for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty, or out of date)

Protocol for the use of emergency Salbutamol inhalers:

- The school will ensure that it always has at least one Emergency Asthma kit ( Salbutamol inhaler plus spacer)
- Stored in the main office and in the Atrium Food Tech Room, checked in line with other medication; cleaned and re used in line with Guidance on the use of emergency salbutamol inhalers in schools ( Department of Health March 2015):
  - on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; (a check is kept on the number of doses given/used).
  - that replacement inhalers are obtained when expiry dates approach;
  - replacement spacers are available following use;
  - the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- Maintaining a register of children in the school who have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler
- Having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- Appropriate support and training for staff in the use of the emergency inhaler in line conditions
- Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler
- Having at least two volunteers responsible for ensuring the protocol is followed

## What to do in an emergency- ASTHMA

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward, loosen tight clothing
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the spacer and inhaler are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 6 puffs
- Stay calm and reassure the child. Stay with the child until they feel better.
- If so, the child can then return to school activities. Contact parents and inform them as they may want to take the child home and the child will need to be seen by a doctor the same day.
- If the child has not improved or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE move to **Severe Asthma Attack** guidance.
- Give two puffs of the blue inhaler every two minutes until the ambulance arrives.
- If an ambulance does not arrive in 10 minutes, keep administering 1 puff every 30-60 seconds.

## **Common signs of an asthma attack**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- May appear tense and as if "holding" themselves, feeling "tight"

## **ASTHMA ATTACK GUIDANCE**

Student presents as wheezy, breathless, tight-chested or coughing continuously.  
Send another child to the office for a First Aider with a message of suspected Asthma Attack

- Ask child if they have used the blue inhaler already that day.
- Give blue inhaler immediately – one puff of reliever inhaler every 30 – 60 seconds up to 2 puffs
- Sit them down and try to get them to sit up straight. They must not lie down.
- Contact Parents/Carers

Have symptoms improved after 10 minutes?

YES

- Resume normal activities
- May need blue inhaler every 4 hours
- Ensure parents/carers have been informed

NO

Give another 4 puffs every 30-60 seconds (total of 6)

If NO improvement go to Severe Asthma Attack Guidance.  
  
If improved, ensure parental contact has been made and advise seeing GP/Asthma Nurse. Student should go home. If this is not possible, check on student after 4 hours.

**When calling an ambulance remember to give the following information:**

- **Location** – landmarks, best entrance to school etc
- **State student having an asthma attack**
- **Description of situation if able, i.e. age of student, symptoms, response to inhaler/medication given**

## **SEVERE ASTHMA ATTACK GUIDANCE**

If the student has any or all of the following symptoms and has seen no improvement after 6 puffs of blue inhaler:

- distressed with their breathing
- unable to talk/speak in sentences
- becoming exhausted
- the blue inhaler has had no effect
- coughing and wheezing

**TREAT AS A SEVERE ASTHMA ATTACK**

- Call ambulance and inform parents/carers up to 10 puffs.
- Give 1 puff of the blue inhaler every 30 – 60 seconds
- Keep calm
- Let student get in a comfortable position – usually sitting up straight – DO NOT LET THE STUDENT LIE DOWN
- Stay with the student and reassure them

**When calling an ambulance remember to give the following information:**

- Location – landmarks, best entrance to school etc
- State student is having an asthma attack.
- Description of situation if able, i.e. age of student, symptoms, response to inhaler/medication given.

Continue giving the inhaler every 30-60 seconds and do not stop until the ambulance arrives.

**PROCEDURE FOR TESTING/SUPERVISING BLOOD GLUCOSE TEST  
(TRAINED STAFF ONLY)**

***Display in all Classrooms***

**Procedure for testing / supervising blood glucose test**

- Equipment needed: Blood glucose meter, test strips, finger-pricking device, lancet, sharps bin and cotton wool.
- Ensure child washes their hands and dries them thoroughly. (If hands are cold, run them under warm water or shake them to warm them up).
- Insert lancet into finger pricking device and prepare device as taught.
- Insert test strip into blood glucose meter.
- Prick the side of the finger (it is less painful than the finger tips) and wipe away the first drop of blood with cotton wool.
- Squeeze a small drop of blood by milking the finger from the base to the tip.
- Hold the test strip to the blood and allow the strip to suck up the blood, or cover the test patch on the strip with the drop of blood, depending on the type of meter. The meter will beep or the display will start counting down when enough blood is received.
- After a few seconds the blood glucose level should appear on the screen. (If an 'error' appears on screen this may be due to insufficient blood sample therefore repeat the test. If problem persists, refer to meter reference guide or contact parents/carers for advice).
- Dispose of lancet and test strip as taught.
- Record blood glucose result.

There are many different types of blood glucose meter, each requiring a slightly different method of use. The above is only a guide – always perform/supervise the test as taught by the children's diabetes nurse specialist.

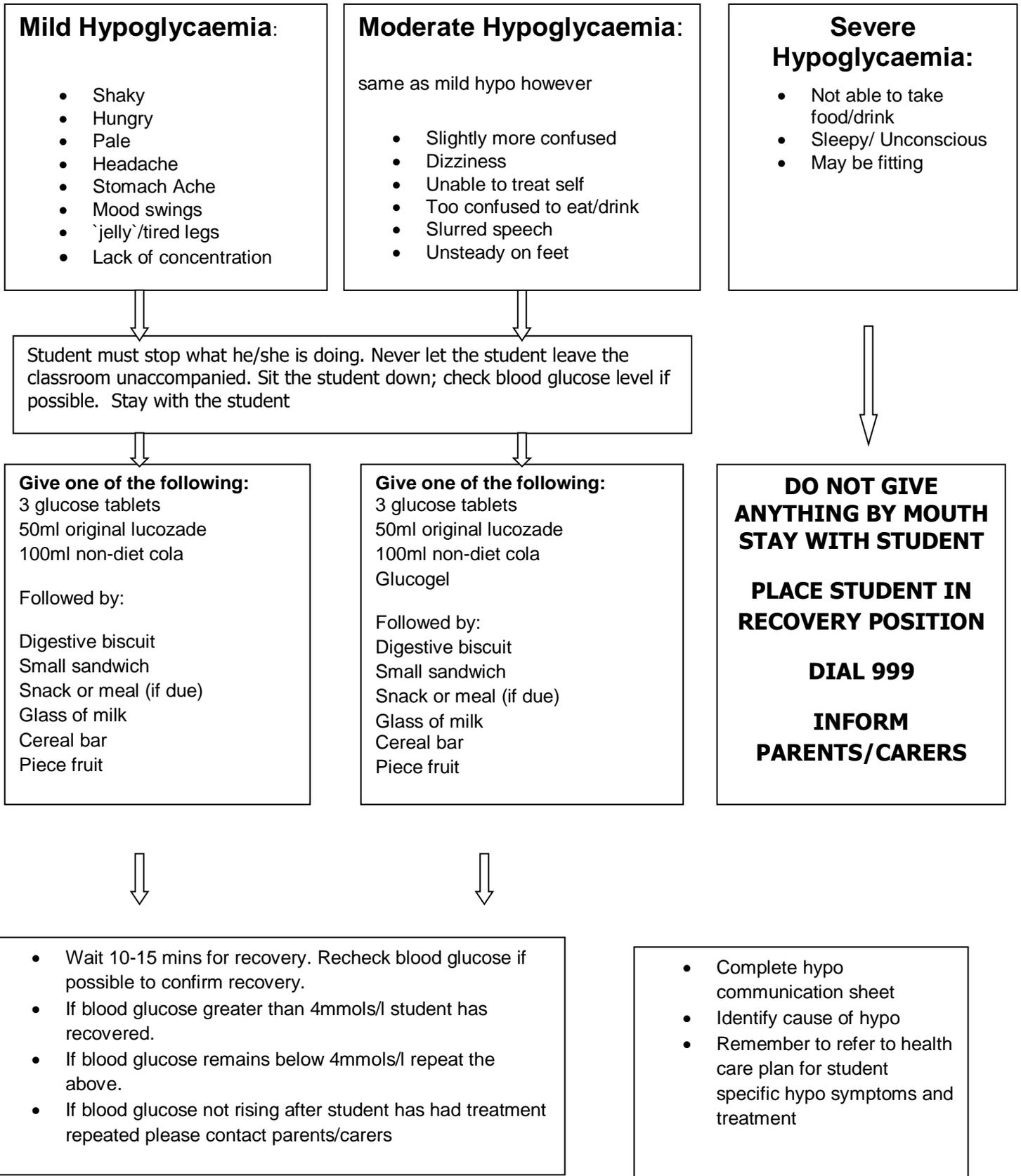
**PROCEDURE FOR ADMINISTERING  
INSULIN VIA PEN DEVICE  
(TRAINED STAFF ONLY)Appendix 3  
Display in all Classrooms**

The correct insulin cartridge will be loaded into the pen by the child's parent(s)/carer. When this needs replacing, the parent(s)/carer will do this. Insulin lasts for one month when not stored in the fridge. **Preparation for the injection**

1. Check SIMS to make sure no one else has already administered today's injection.
2. Remove the pen cap.
3. Attach a new pen needle
4. Prime the needle with 2 units of insulin, holding the pen with needle upright.
5. Once a drop of insulin has been seen, the pen is ready to use. If a drop of insulin has not been seen – repeat the procedure.
6. Dial the number of units calculated to inject, as per written agreement.
7. Choose the injection site and lift a wide skin fold. This helps to hold the skin steady and avoids injecting into the muscle.
8. Inject the pen device needle at 90 and press the button/plunger as far as it will go. The dial will reset back to zero to indicate that the requested dosage has been administered.
9. Count to 10 before removing the pen device to reduce insulin leakage.
10. Following the injection, which will always be performed in the school office / first aid room, remove the pen needle using the outer cover (do not try to replace the inner cap) and discard carefully in the sharps container, which is kept in the medicine drawer / cupboard in the office / first air room, along with the child's medical equipment.
11. Replace the pen cap.
12. Fill in and sign the logbook.

**TREATMENT OF HYPOGLYCAEMIA  
(BLOOD GLUCOSE LESS THAN 4MMOLS) Appendix 4**

***Display in all Classrooms***



**Mild Hypoglycaemia:**

- Shaky
- Hungry
- Pale
- Headache
- Stomach Ache
- Mood swings
- `jelly`/tired legs
- Lack of concentration

**Moderate Hypoglycaemia:**

same as mild hypo however

- Slightly more confused
- Dizziness
- Unable to treat self
- Too confused to eat/drink
- Slurred speech
- Unsteady on feet

**Severe Hypoglycaemia:**

- Not able to take food/drink
- Sleepy/ Unconscious
- May be fitting

Student must stop what he/she is doing. Never let the student leave the classroom unaccompanied. Sit the student down; check blood glucose level if possible. Stay with the student

**Give one of the following:**

- 3 glucose tablets
- 50ml original lucozade
- 100ml non-diet cola

Followed by:

- Digestive biscuit
- Small sandwich
- Snack or meal (if due)
- Glass of milk
- Cereal bar
- Piece fruit

**Give one of the following:**

- 3 glucose tablets
- 50ml original lucozade
- 100ml non-diet cola
- Glucogel

Followed by:

- Digestive biscuit
- Small sandwich
- Snack or meal (if due)
- Glass of milk
- Cereal bar
- Piece fruit

**DO NOT GIVE ANYTHING BY MOUTH  
STAY WITH STUDENT**

**PLACE STUDENT IN RECOVERY POSITION**

**DIAL 999**

**INFORM PARENTS/CARERS**

- Wait 10-15 mins for recovery. Recheck blood glucose if possible to confirm recovery.
- If blood glucose greater than 4mmols/l student has recovered.
- If blood glucose remains below 4mmols/l repeat the above.
- If blood glucose not rising after student has had treatment repeated please contact parents/carers

- Complete hypo communication sheet
- Identify cause of hypo
- Remember to refer to health care plan for student specific hypo symptoms and treatment

## Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Abdominal pain or vomiting
- Itchy/tingling mouth
- Sudden change in
- Hives or itchy skin rash      behaviour
- **ACTION:**
- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

### **Watch for signs of ANAPHYLAXIS (Life-threatening allergic reaction):**

<b>A</b> <sub>irway</sub> :	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>B</b> <sub>reathing</sub> :	Difficult or noisy breathing Wheeze or persistent cough
<b>C</b> <sub>onsciousness</sub> :	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse unconscious

### **IF ANY ONE (or more) of**

### **these signs are present:**

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit) 
2. **Use Adrenaline autoinjector\* without delay** 
3. **Dial 999** to request ambulance and say ANAPHYLAXIS 

**\*\*\* 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 further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs:

**ALWAYS use adrenaline auto injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

**GUIDELINES FOR USING AN ADRENALINE AUTO INJECTOR EPIPEN/  
JEXT/EMERADE  
(Trained Staff Only)**

**Display in all Classrooms**

(Instructions with a good diagram are provided in the box)

Give the injection into the middle of the outer/front thigh. The injection can be given through clothing.

- Remove the injector from the packaging.
- Remove the safety cap.

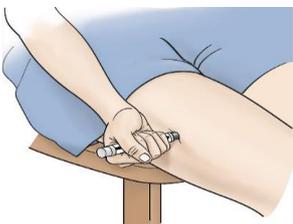
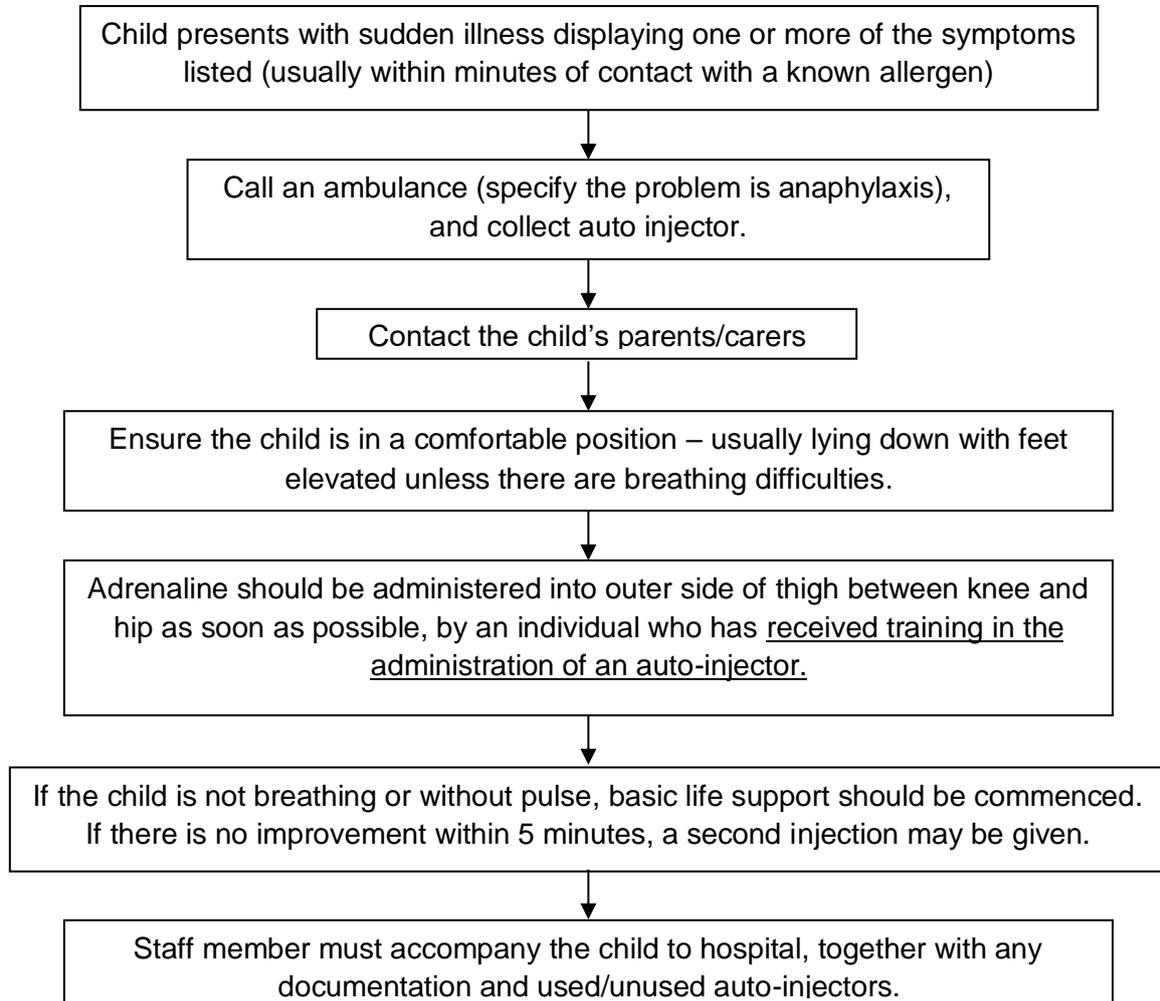
Hold the injector firmly in your fist, place on thigh with the tip at right angles to the skin.

- Press hard onto thigh
- EpiPen – Press hard (*there should be a click*)
- Anapen – Press the trigger at the top.
- Hold in place for 10 seconds
- Remove the pen and rub the area for 10 seconds
- Call an ambulance even if the child improves
- Stay with the child
- If no improvement occurs a second dose may be given after 5 –10 minutes. If a second dose is required where possible choose the opposite leg.
- The child will require a period of hospital observation.
- Ensure the child is in a comfortable position, preferably lying down with legs elevated unless there are breathing difficulties.



## MANAGEMENT OF ANAPHYLAXIS USING A PRESCRIBED AUTO-INJECTOR

(Trained Staff Only)



### **SYMPTOMS MAY INCLUDE:**

- Swelling of throat, mouth or tongue
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Severe difficulty breathing
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness
- There can also be abdominal cramps, nausea and severe diarrhoea



## **FIRST AID FOR SEIZURES Appendix 8**

Seizures may occur where the person either loses consciousness (generalised) or remains conscious but suffers altered behaviour. **In all cases stay calm and re-assuring, protect the person from injury as far as practical, and stay with them until fully recovered or until the emergency services arrive as appropriate. Do not give them anything to eat or drink until they are fully recovered or attempt to bring them round.** Advice on dealing with specific seizures is as below.

### **1. Tonic-Clonic Seizures**

#### **Symptoms:**

- Person goes stiff, loses consciousness and then falls to the ground.
- A blue tinge around the mouth is likely – this is due to irregular breathing,
- Loss of bladder/bowel control may occur.
- After a minute or two jerking movements should stop and consciousness may slowly return.

1. Remove any harmful objects nearby
2. Cushion the person's head
3. Look for an epilepsy identify card or identity jewellery
4. Aid breathing by gently placing them in the recovery position once the seizure has finished. (See diagram)

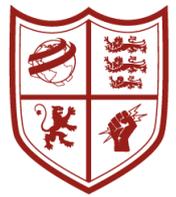
#### **Do not:**

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger

#### **Call an ambulance if .....**

- You know this is the person's first seizure
- The seizure continues for more than 5 minutes
- One tonic-clonic seizure follows another without person regaining consciousness between seizures
- The person is injured during the seizure
- You believe the person needs urgent medical attention





## **FIRST AID FOR EPILEPTIC SEIZURES**

### **2. Complex Partial Seizures**

#### **Symptoms:**

- Person is not aware of their surroundings or what they are doing.
- They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

- Guide the person away from danger
- Re-assure and stay with the person until recovery is complete.
- Explain anything that they may have missed.

#### **Do not:**

- Restrain the person's movements.
- 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.

#### **Call an ambulance if ....**

- You know this is the person's first seizure.
- The seizure continues for more than 5 minutes.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

#### **Further Information:**

Epilepsy Action

Tel. 0808 800 5050, [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

The National Epilepsy Society

Tel. 01494 601 400,



## Healthcare Plan for Students with Medical Conditions at School Appendix 9

**Date form completed** \_\_\_\_\_

**Date for Review** \_\_\_\_\_

### What is this form for?

This form will be held by the school and referred to for both in school activities and trips or visits. All information will remain confidential and will only be used by staff or medical professionals to enable appropriate medical help or support if required. If your child is attending a trip or visit you will be asked at that time to confirm that this plan is up to date and given the opportunity to review the information. You do not need to complete this form unless the student has a medical condition.

### 1. Student's Information

Name of Student

Tutor Group

Date of Birth

Male

Female

#### 1a. Emergency Contact Information – please provide 2

	Contact 1 (First)	Contact 2
Name		
Relationship to Student		
Address		
Telephone Primary		
Telephone Secondary		
Other Telephone		

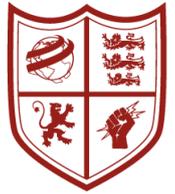
#### 1b. Doctor's Details

Doctor Name

Doctor Address and Postcode

Doctor telephone

Please update the main school record (SIMS) to show the emergency contact information provided above.



## **2. Medical Conditions Information**

Signs and symptoms of student's condition/s

Triggers or things that make the condition/s worse

## **3. Routine Healthcare Requirements**

(For example, dietary, therapy, nursing needs or before physical activity)

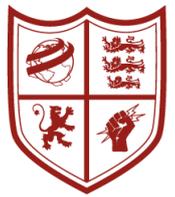
During school hours:

Outside school hours:



#### 4. Past Medical History

Ever Had?	YES/ NO	IMPORTANT: if you answer 'yes' give details, including any medication, below (use another sheet if necessary)
1) Heart trouble?		
2) Asthma, bronchitis or tuberculosis?		
3) Diabetes?		
4) Epilepsy, fainting attacks, migraine, severe head injury?		
5) Hayfever or other allergy?(e.g. to medicine, insect bites or food)		
6) History of fractures or other allergy?		
7) A tetanus injection? If so, state date of most recent.		
8) Are you taking any medication? If so, please give details, state dosage and ensure you bring enough.		
9) Do you have, or suffer from any other medical or physical condition?		
10) Please give details of any special dietary requirements:		
11) Please indicate if you give permission for your child to swim?	YES/NO	



## **5. What to do in an emergency**

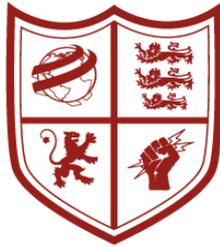


## 6. Regular or Emergency Medication

Regular Medication 1	Regular Medication 2
Name/type of medication (as described on container)	Name/type of medication (as described on container)
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)
When is it taken (time of day)?	When is it taken (time of day)?
Are there any side effects that could affect the student at school?	Are there any side effects that could affect the student at school?
Are there any contraindications (signs when the medication should not be given)?	Are there any contraindications (signs when the medication should not be given)?
Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes with supervision by trained staff (see section 7)	Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes with supervision by trained staff (see section 7)
Medication Expiry Date	Medication Expiry Date



<b>Regular Medication 3</b>	<b>Regular Medication 4</b>
Name/type of medication (as described on container)	Name/type of medication (as described on container)
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)
When is it taken (time of day)?	When is it taken (time of day)?
Are there any side effects that could affect the student at school?	Are there any side effects that could affect the student at school?
Are there any contraindications (signs when the medication should not be given)?	Are there any contraindications (signs when the medication should not be given)?
Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes with supervision by trained staff (see section 7)	Self-administration: can the student administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes with supervision by trained staff (see section 7)
Medication Expiry Date	Medication Expiry Date



**Emergency Medication**

Name/type of medication (as described on container)

Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)

When is it taken (time of day)?

Are there any side effects that could affect the student at school?

Are there any contraindications (signs when the medication should not be given)?

Self-administration: can the student administer the medication themselves?

- Yes       No
- Yes with supervision by trained staff (see section 7)

Medication Expiry Date

Is there any follow up care necessary?

Who should we notify if we need have had cause to administer this medication

- parent    specialist    GP



**7. Members of staff trained to administer medications for this student**

Regular medication

Emergency medication

Epi pens – see main register

**8. Specialist education arrangement required**

(e.g. activities to be avoided, special educational needs)

**9. Any specialist arrangements required for off site activities**

**10. Any other information relating to the student's healthcare in school**



### Parental and student agreement

I agree that the medical information contained in this plan may be shared with individuals involved with me/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing and confirm that I have not withheld any information. I agree that this healthcare plan can be used for the purpose of trips and visits and that I will update the plan for this purpose when necessary.

Signed (student)

Date

Print name

Signed (parent/carer if child under 16)

Date

Print name

### Permission for emergency medication

I agree that I/my child can be administered my/their medication by a member of staff in an emergency

I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements

I agree that I/my child **can** keep my/their medication with me/them for use when necessary

Signed (student)

Date

Print name

Signed (parent/carer if child under 16)

Date

Print name

### Headteacher/SENCO agreement

It is agreed that \_\_\_\_\_(name of child) will receive the above listed medication at the above listed time (see part 5).

This agreement will continue until \_\_\_\_\_

(either end date of course of medication or until instructed by parents/carers)



**TRIPS AND VISITS – SUMMARY INFORMATION SHEET**

This sheet will be taken on any trips or visits that your child attends. It is vital that you keep the information contained within the Healthcare Plan up to date by informing school of any changes to your child’s medical needs.

Student’s Name: Date of Birth: Gender (M/F):	
Condition/Need:	
Trigger:	
Treatment:	
Does student carry and administer own medication?: If yes, please give details of medication?:	<b>YES/NO</b> (Please delete as applicable)
In event of emergency / non-response to treatment action to be taken (in priority order):	(e.g. ring 999, ring parent etc)
Emergency contact details (1):	Name: Relationship: Telephone numbers:
Emergency contact details (2):	Name: Relationship: Telephone numbers:
Name and telephone number of G.P.	
Any other information you feel is relevant:	