STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport NHS
NHS Foundation Trust

Medical Conditions in Schools Policy

Tithe Barn Primary School

7 November 2017

Services to People

TITLE: MEDICAL CONDITIONS IN SCHOOLS
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School Policy Record

School Policy Agreed at:	**Governing Body Meeting**
Reviewed:	**Annually**
Designated Person:	**Katherine Muncaster**
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Policy Statement

At Tithe Barn Primary School we are an inclusive community that aims to support and welcome pupils with medical conditions.

We aim to provide all pupils with all medical conditions the same opportunities as others at school.

We will help to ensure they can through the following:

- This school ensures all staff understand their duty of care to children and young people (see Verbal Consent Form) in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency (see Emergency Procedures).
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school. This school allows adequate time for staff to receive training on the impact medical conditions can have on pupils.
- Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP).

This policy is followed and understood by our school community, the Local Authority and Stockport Foundation Trust.

Policy Example and Guidelines

1. This 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 enrol 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.

d. This school aims to include all pupils with medical conditions in all school activities.

e. Parents/carers of pupils with medical conditions are aware of 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 have access to information about 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 have an understanding of the common medical conditions that may affect children at this school. Staff receive annual updates. The Headteacher is responsible for ensuring staff receive annual updates. The School Nursing Service can provide the updates if the school requests.

j. The medical conditions policy is understood and followed by the whole school and local health community.

k. This school understands and encourages the importance of immunisation and the role this has to play in ensuring a safe and inclusive school.

2. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation. (see Medical Conditions Information Pathway below)

a. Pupils are informed and reminded about the medical conditions policy:

- through the school's pupil representative body
- in personal, social and health education (PSHE) classes

b. Parents/carers are informed about the medical conditions policy and that information about a child's medical condition will be shared with the school nurse:

- by including a policy statement in the schools' prospectus and signposting access to the policy
- at the start of the school year when communication is sent out about Individual Health Plans
- in the School Newsletter at intervals in the year
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round

c. School staff are informed and regularly reminded about the school's medical conditions policy:

- through the staff handbook and staff meetings and by accessing the school's intranet
- through scheduled medical conditions updates
- through the key principles of the policy being displayed in several prominent staff areas at this school and on the school's intranet
- all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies
- Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person

Medical Conditions Information Pathway

Form sent out by school asking parents to identify any medical conditions including: • Transition discussions • At start of school year • New enrolment (during the school year) • New diagnosis informed by parents	School
School collates response and identifies those needing individual health plans and sends to school nurse.	School
School Nurse writes to parents either to review Individual Health Plan (IHP) or start new plan if needed.	School Nurse
Parents complete IHP – send to school nurse for school. If no response from parents, school nurse to inform designated person. All contacts to be documented and dated.	Parents
School nurse reviews the IHP, contacts parents if necessary and discusses with school designated person. Stored in school according to policy.	School Nurse & School

Pupils with medical conditions requiring Individual Health Plan are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, severe asthma that has required a hospital admission within the last 12 months. There may be other children with unusual chronic conditions who need a care plan, please liaise with the school nurse about them.

3. Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.

a. Relevant staff at this school are aware of the most common serious medical conditions at this school.

b. Staff at this school understand their duty of care to pupils both during, and at either side of the school day 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/carer. This may include administering medication.

c. Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.

d. The action required 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 in the school staff room, and electronically.

e. This school uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.

f. This school has procedures in place so that a copy of the pupil's Individual Health Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

g. 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. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the schools senior management and/or the schools critical incidents team.

4. The school has clear guidance on the administration of medication at school.

Administration – Emergency Medication

a. This school will seek to ensure that pupils with medical conditions have **easy access to their emergency medication.** Emergency medication such as inhalers and epipens are kept within the classroom but some items such as needles/sharps are kept within the First Aid Room (children needing these are informed of where they are kept for emergency purposes).

b. This school will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

Administration – General

c. This school understands the importance of medication being taken as prescribed.

d. All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child.

   Important Note: Staff should be made aware that a child using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents and staff should record any actions or discussions.

e. 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 or unless the situation is an emergency and falls under their regular duty of care arrangements.

f. Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent (see form 3a).

g. This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.

h. All school staff in this school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.

i. In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.

j. Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

k. If a pupil at this school refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.

l. All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

m. 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.

n. If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.

o. If the school receives a request or instruction from a parent/carer which would appear to be contrary to the advice in the document and from the DFE, the school should seek clarification from the parent/carer and any advice they can provide from consultants/clinicians associated with the pupil's case and also contact School Support (0161 474 3917) / School Nurse (0161 426 5903) to discuss the matter before agreeing any further action.

Use of 'over the counter' i.e. non-prescription medications

Where the Head Teacher agrees that staff may administer a non-prescribed medicine, it must be in accordance with this policy.

A member of school staff must speak to the parent for consent to administer medication before giving any medication (see Giving Paracetamol in Stockport Schools).

Staff should check that the medicine has been administered without adverse effect to the child in the past.

There must be written parental consent for recurring 'over the counter' medications e.g. piriton for hayfever (form 3a).
Where a non-prescribed medicine is administered to a child it should be recorded (form 3b) and the parents informed.

Medication e.g. for pain relief, should never be administered without first checking the label for the appropriate dosage and checking when the previous dose was taken.

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Early Years providers should follow the EYFS guidance:

‘Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2012).’

Guidelines for administering Paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

It is the school’s policy not to stock paracetamol. It is only to be administered in school if it has been prescribed for a child by a doctor, dentist, nurse or pharmacist.

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

Safe Storage – Emergency Medication

a. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

b. If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

Safe Storage – Non-Emergency Medication

c. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.

d. Staff ensure that medication is accessible only to those for whom it is prescribed.

Safe Storage – General

e. This school has an identified member of administrative staff staff/designated person who ensures the correct storage of medication at school.

f. All controlled drugs are kept in a locked cupboard and only named staff have access.

g. The identified administrative member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).

h. The identified administrative member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.

i. All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

j. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.

k. Some medication for pupils at this school may need to be refrigerated in the designated medicine fridge. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils or lockable as appropriate. Medication fridges MUST only be used for the storage of medicines and no other items.

l. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils at the end of the school term.

m. It is the parents/carer's responsibility to ensure adequate supplies of new and in date medication comes into school at the start of each term with the appropriate instructions and ensures that the school receives this.

Safe Disposal

n. Parents/carers at this school are asked to collect out-of-date medication.

o. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal with agreement from the local pharmacy.

p. A named member of administrative 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 3 times a year and is always documented.

q. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Each box must be signed and dated as per assembly instructions, there should be one box per child and the temporary closure MUST be used when the box is not in use.

r. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the pupil's parent.

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

6. This school has clear guidance about record keeping for pupils with medical conditions.

Enrolment Forms

a. Parents/carers at this school are asked if their child has any medical conditions.

b. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the pupil's parents/carers to complete (form 3a).

Individual Health Plans (Forms 1 – 1g)

Drawing up Individual Health Plans

c. This school uses an Individual Health Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required (see form 1).

   Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school are listed below.

   The child has:
   - diabetes
   - gastrostomy feeds
   - a tracheostomy
   - anaphylaxis
   - a central line or other long term venous access
   - severe asthma that has required a hospital admission within the last 12 months
   - epilepsy with rescue medication

d. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need. This is sent by the school nurse:
   - at the start of the school year
   - at enrolment
   - when a diagnosis is first communicated to the school
   - transition discussions
   - new diagnosis

e. It is the parents/carers responsibility to fill in the Individual Health Plan and return the completed form to the school nurse. If the school nurse does not receive an Individual Health Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan has not been completed, the school nurse will contact the parents and may convene a TAC meeting or consider safeguarding children procedures if necessary.

f. The finalised plan will be given to the parents/carers, school and school nurse.

g. This school ensures that a relevant member of school staff is present, if required, to help draw up an Individual Health Plan for pupils with complex health or educational needs.

School Individual Health Plan Register

h. Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at this school. Schools should ensure that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure should be in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system.

i. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

On-going Communication and Review of Individual Health Plans

j. Parents/carers at this school are regularly reminded to update their child's Individual Health 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. Each Individual Health Plan will have a yearly review date.

k. Parents/carers should have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

Storage and Access to Individual Health Plans

l. Parents/carers and pupils (where appropriate) at this school are provided with a copy of the pupil's current agreed Individual Health Plan.

m. Individual Health Plans are kept in a secure central location at school.

n. Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Health Plans. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.

o. 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 the Individual Health Plans and needs of the pupils in their care.

p. This school ensures that all staff protect pupils confidentiality.

q. This school informs parents/carers that the Individual Health Plan would 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 is included on the Individual Health Plan.

r. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

Use of Individual Health Plans

Individual Health Plans are used by this school to:

- inform the appropriate staff about the individual needs of a pupil with a complex health need in their care
- identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of triggers
- ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency

Consent to Administer Medicines

s. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (form 3a) giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for pupils taking short courses of medication.

t. All parents/carers of pupils with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.

Residential Visits

u. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours (see Form for Visits and Journeys).

v. All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Health Plan.

w. All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.

x. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away (see Form for Visits and Journeys). A copy of the Individual Health Plan and equipment/medication must be taken on off-site activities.

y. The residential visit/school trip form contains information on a pupil's last tetanus immunisation. A copy of this form is required to be carried on any external visits.

Record of Awareness Raising Updates and Training

z. This school holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school request this.

aa. All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training; it is the school's responsibility to arrange this (see Staff Training Record).

bb. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities. It is recommended that Primary Schools and Early Years settings should have at least one first aider who has undertaken the paediatric first aid course. Training can be accessed through the St. John's Ambulance http://www.sja.org.uk/sja/training-courses.aspx or may be provided centrally.

7. 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 as accessible as possible to pupils with medical conditions.

b. Schools should be encouraged to meet the needs of pupils with medical conditions to ensure that the physical environment at this school is as accessible as possible.

c. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

Social Interactions

d. 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.

e. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

f. 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.

g. 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

h. This school understands the importance of all pupils taking part in sports, games and activities.

i. This school seeks to ensure 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.

j. This school seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a pupil reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.

k. Teachers and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.

l. 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 minimise these triggers.

m. This school seeks to ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

n. 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

o. 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.

p. 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.

q. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

r. Pupils at this school learn how to respond to common medical conditions.

Risk Assessments

s. Risk assessments are carried out by this school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. This school considers: how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.

t. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. This school considers additional medication and facilities that are normally available at school.

u. This school carries out risk assessments before pupils start any work experience or off-site educational placements. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents/carers before any medical information is shared with an employer or other education provider. Copies of Individual Health Care Plans are sent to off-site placements with parental consent.

8. This school is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.

a. This school is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. School staff have been updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

9. 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, school staff, and community healthcare professionals and any relevant emergency practitioners 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.

Governor Responsibilities

Governors have a responsibility to:

- ensure the health and safety of their staff 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 the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually.
- make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated.
- ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see Stockport's Critical Incidents Guidelines), at any time when pupils are on site or on out of school activities.

Headteacher Responsibilities

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
- ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors
- ensure every aspect of the policy is maintained
- ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of their regular supervision/reporting meetings
- monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders
- report back to governors about implementation of the health and safety and medical conditions policy
- ensure through consultation with the governors that the policy is adopted and put into action

All School Staff and Support Staff Responsibilities

All School Staff and Support 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
- call an ambulance in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan
- know the schools registered first aiders and where assistance can be sought in the event of a medical emergency
- know the members of the schools Critical Incident Team if there is a need to seek assistance in the event of an emergency
- maintain effective communication with parents/carers including informing them if their child has been unwell at school
- ensure pupils who need medication have it when they go on a school visit or out of the classroom
- 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 these can have on pupils
- ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed
- follow standard precautions if handling body fluids: https://www.gov.uk/government/publications/infection-control-in-schools-poster
- ensure that pupils who presents as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better

Teaching Staff Responsibilities

Have an additional responsibility to also:

- ensure pupils who have been unwell have the opportunity to 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, in liaison with the SENCO
- liaise with parents/carers, 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 and medication through the school's PSHE curriculum and circle time.

School Nurse or Healthcare Professional Responsibilities

The School Nurse or Healthcare Professional has a responsibility to:

- help provide regular updates for school staff in managing the most common medical conditions at school at the schools request
- provide information about where the school can access other specialist training
- update the Individual Health Plans in liaison with appropriate school staff and parents/carers

First Aider Responsibilities

First Aiders have an additional responsibility to:

- give immediate, appropriate help to casualties with injuries or illnesses.
- when necessary ensure that an ambulance is called
- ensure they are trained in their role as first aider
- it is recommended that first aiders are trained in paediatric first aid

Special Educational Needs Coordinator Responsibilities

Special Educational Needs Coordinators have the additional responsibility to:

- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework

Pastoral Support Responsibilities

Pastoral Support have the additional responsibility to:

- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in

Pupil Responsibilities

Pupils have a responsibility to:

- treat other pupils 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 pupil is feeling unwell
- treat all medication with respect
- know how to gain access to their medication in an emergency
- ensure a member of staff is called in an emergency situation

Parents/Carers Responsibilities

Parents/Carers have a responsibility to:

- tell the school if their child has a medical condition or complex health need
- ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
- inform the school about the medication their child requires during school hours
- inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- 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
- ensure that the school has full emergency contact details for them
- 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
- if the child has complex health needs, ensure their child has a written Individual Health Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition
- have completed/signed all relevant documentation including form 3a and the Individual Health Plan if appropriate
- ensure that their child is as up to date as possible with immunisations to ensure that both the school and its pupils are as safe as possible. If parents do not wish to have their child vaccinated then the school need to be made aware of this and a risk assessment of activities to be undertaken needs to be completed.

10. The medical conditions policy is regularly reviewed evaluated and updated.

a. This school's medical conditions policy is reviewed, evaluated and updated in line with the school's policy review timeline.

b. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

Legislation and Guidance

Introduction

- Local authorities, schools and governing bodies are all responsible for the health and safety of pupils in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings (2005). The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005 and Equality Act (2010). These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act etc. 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

The following Stockport guidelines/policies need to be considered:-

- Stockport's STPD Health and Safety Policies
- Head Teachers Toolkit
- Critical Incidents Guidelines
- Visits and Journeys Guidelines
- Records Management and Retention Policies
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

This form can be downloaded at:
http://intranet/smbcintr/new/content/directorates/bs/hr/shrfirst/documents/RIDDOR.pdf

Managing Medicines in Schools and Early Years Settings (2005)

This provides guidance from the DFE on managing medicines in schools and early year's settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up an Individual Health Plan
- relevant forms

Medical Conditions at School: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools and Early Years Settings.

Disability Discrimination Act 1995 (DDA), the Special Educational Needs and Disability Acts (2001 and 2005) and the Equality Act (2010)

- Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'
- The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues

Schools' Responsibilities Include:

- not to treat any pupil less favourably in any school activities without material and sustainable justification
- to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings*
- to promote disability equality in line with the guidance provided by the DFE and CEHR through the Disability Equality Scheme

**DfES publications are available through the DFE.*

The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act etc. 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

Additional Guidance

Other guidance resources that link to a medical conditions policy include:

- Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when travelling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005)
- Medical Conditions at School Website - http://medicalconditionsatschool.org.uk/
- Managing Medicines and Providing Medical Support in Schools and Early Years Settings UNISON - http://www.unison.org.uk/file/A14176.pdf

Further Advice and Resources

The Anaphylaxis Campaign
PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK
18 Mansell Street
London E1 8AA
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK
Macleod House
10 Parkway
London NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Epilepsy Action
New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term Conditions Alliance
202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

Department for Education
Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Text-phone/Minicom 01928 794274
Fax 01928 794248
info@dcsf.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Children
National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
www.ncb.org.uk

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

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STOCKPORT METROPOLITAN BOROUGH COUNCIL

Stockport NHS Foundation Trust

Form 1 - Individual Health Plan

For pupils with complex health needs at school

Date form completed:	
Date for review:	

Reviewed by	**Date (dd/mm/yyyy)**	**Changes to Individual Health Plan**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Copies held by:	

1. Pupil's Information

Name of School:	
Name of Pupil:	
Class / Form	
Date of Birth:	☐ Male ☐ Female

2. Contact Information

Pupil's Address	Postcode:

Family Contact Information

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

b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with Child:	
GP		
Name:		
Phone:		
Specialist Contact		
Name:		
Phone:		
Medical Condition Information		
3. Details of Pupil's Medical Conditions		
Signs and symptoms of this pupil's condition:		
Triggers or things that make this pupil's condition/s worse:		
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)		
During school hours:		
Outside school hours:		
5. What to do in an Emergency		
Signs & Symptoms		
In an emergency, do the following:		

6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name / Type of medication (as described on the container):	
How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school needs to know about?	
Can the pupil administer the medication themselves? (please tick box)	☐ Yes ☐ No ☐ Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	☐ Parents ☐ Carers ☐ Specialist ☐ GP
7. Regular Medication taken during School Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) ☐ Yes ☐ No ☐Yes, with supervision by:

	Staff member's name:
Medication expiry date:	
8. Regular Medication taken outside of School Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container):	
Are there any side effects that the school needs to know about that could affect school activities?	
9. Members of Staff Trained to Administer Medications for this Pupil	
Regular medication:	
Emergency medication:	
10. Any Other Information Relating to the Pupil's Healthcare in School?	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent) (If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	

Signed:	
Print Name:	
Job Title:	
Date:	

Permission for Emergency Medication	
☐ 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	
Name of medication carried by pupil:	
Signed (Parent)	
Date	
Headteacher Agreement	
It is agreed that (name of Child): ☐ will receive the above listed medication at the above listed time (see part 6). ☐ will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed (Headteacher):	
Print Name:	
Date:	

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Stockport NHS Foundation Trust

Form 1a - Individual Health Plan - Diabetes

For pupils with Type 1 Diabetes at School

Date form completed:	
Date for review:	

Reviewed by	**Date (dd/mm/yyyy)**	**Changes to Individual Health Plan**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Copies held by:	

1. Pupil's Information

Medical Condition:	Type 1 Diabetes
Other Medical Conditions:	
Name of School:	
Name of Pupil:	
Class / Form	
Date of Birth:	☐ Male ☐ Female

2. Contact Information

Pupil's Address:	Postcode:

Family Contact Information

1.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with Child:	
2.	Name:	

	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with Child:	
Specialist Contact		
Name:		
Phone:		
Consultant		
Name:		
Phone:		
Medical Condition Information		
3. Details of Pupil's Medical Conditions		
Pupils with Type 1 Diabetes require insulin injections every day. Target blood glucose levels are 4-8 mmols/l.		
Signs and symptoms of this pupil's condition that require intervention at school:		
Hypoglycaemia: Low blood glucose ('Hypo')		
Hyperglycaemia: High blood glucose		
Triggers or things that impact on this pupil's blood glucose levels, include exercise, lack of food, too much insulin:		
4. Routine Healthcare Requirements (for example, dietary, therapy, nursing needs or before physical activity)		
Blood glucose testing times:		
Does the pupil need support with glucose testing?	☐ Yes ☐ No	
Snacks and snack times:		
Insulin times:		
What support does the pupil need with insulin injections?	Administration / dose calculation and checking	

Physical Education – blood glucose test? Snack/drink?	Name:

5. What to do in an Emergency

The diabetes related emergency is hypoglycaemia. Hypoglycaemia ('hypo') is a blood glucose below 4.0 mmols/l. A hypo must be treated immediately.

Action to take: (Wash hands first)

1.	Test blood glucose level: If below 4.0	Immediately give something sugary, a quick-acting carbohydrate such as ONE of the following from the hypo box. (Please indicate which of the following is used) (tick as appropriate) Lucozade ☐ 50mls ☐ 75mls Coke or Lemonade ☐ 100mls ☐ 150mls Glucose Tablets ☐ 3 tablets ☐ 4 tablets ☐ 5 tablets Pure Fruit Juice ☐ 200mls ☐ 300mls GlucoGel ☐ 1 tube ☐ 2 tubes
2.	After 10-15 minutes re-test blood glucose levels. If remain below 4.0 repeat fast acting sugar as above. If above 4.0 give starchy carbohydrate as below.	
3.	A longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.	Such as **ONE** of the following: ☐ Portion of fruit ☐ One individual mini pack of dried fruit ☐ Cereal bar ☐ One or two biscuits, please indicate amount below: digestive garibaldi ginger nuts ☐ Eat lunch containing carbohydrates, if it is lunchtime. Give insulin after eating lunch if hypo before lunch If the pupil is unconscious do not give them anything to eat or drink; put them in the recovery position and call for an ambulance then contact their parents / carers. Name:

4.	**Emergency Medication** **If the pupil's blood glucose level is too high (hyperglycaemia) they may require extra rapid acting insulin.** **(Please complete even if it is the same as regular medication)**	
	Name / type of medication (as described on the container):	
	Medication expiry date:	
	Describe what signs of symptoms indicate an emergency for this pupil:	
	Dose and method of administration (how the medication is taken and the amount)	
	What blood glucose reading = how many units of insulin:	
	Are there any contraindications (signs when medication should not be given e.g. hypoglycaemia?)	
	Are there any side effects that the school needs to know about?	
	Self-administration: Can the pupil administer the medication themselves?	☐ Yes ☐ No ☐ Yes, with supervision by trained staff named below
	Name(s) of staff trained to administer insulin:	
	Date of training:	
	Is there any other follow-up care necessary?	
	Who should be notified:	(tick as appropriate)

		☐ Parents or Carers ☐ Specialist ☐ GP
5.	**Regular Medication Taken during School Hours** **Most pupils with Type 1 diabetes will require rapid acting insulin with their lunch at school.**	
	Name & Type of Medication (as described on the container)	
	Medication expiry date:	
	Dose and method of administration:	(The amount taken and how the medication is taken) ☐ Tablets ☐ Inhaler ☐ Injection ☐ Other – please state
	When is it taken (time of day)?	
	Are there any side effects that could affect this pupil at school?	
	Are there any contraindications (signs when this medication should not be given?	
	Self-administration: Can the pupil administer the medication themselves?	☐ Yes ☐ No ☐ Yes, with supervision by trained staff named below
	Name(s) of staff trained to administer insulin:	

	Dare of Training:	
6.	**Regular Medication Taken Outside of School Hours (For background information and to inform planning for residential trips)**	
	Name & Type of Medication (as described on the container)	
	Are there any side effects that could affect this pupil at school?	
7.	**Any Other Information Relating to the Pupil's Healthcare in School?**	
	Consider:	Where will hypo box(es) be kept? Does the pupil require a home-school diary to communicate e.g. blood glucose levels, insulin doses, carbohydrate values of lunch, request for blood glucose testing supplies and hypo treatments? Is the pupil able to carbohydrate count lunch themselves? Does the pupil require insulin before or after eating lunch? Where in school will insulin be stored and administered to/by pupil? Documentation of insulin dose administered? Sharps disposal – parents to provide sharps box?

Permission

Name:
☐ I agree that my child can have their routine insulin administered in school.

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

Name of medication carried by pupil:	
Signed (Parent):	
Date:	

Headteacher Agreement

It is agreed that (name of Child):
☐ will receive the above listed medication at the above listed time (see part 6).
☐ will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed (Headteacher):	
Print Name:	
Date:	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (Pupil):	
Print Name:	
Date:	
Signed (Parent) If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Stockport NHS Foundation Trust

Form 1b - Individual Health Plan - Epilepsy

For pupils diagnosed with Epilepsy at school who need rescue medication

Date form completed:	
Date for review:	

Reviewed by	**Date (dd/mm/yyyy)**	**Changes to Individual Health Plan**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Copies held by:	

1. Pupil's Information

Medical Condition:	
Name of School:	
Name of Pupil:	
Class / Form	
Date of Birth:	☐ Male ☐ Female

2. Contact Information

Pupil's Address:	Postcode:

Family Contact Information

a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	

	Relationship with Child:	
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with Child:	
Specialist Contact		
Name:		
Phone:		
Consultant		
Name:		
Phone:		

Medical Condition Information	
3. Details of Pupil's Medical Conditions - Seizure Description	
Type 1	
Type 2	
Type 3	
Triggers or things that make this pupil's condition/s worse:	
4. Routine Healthcare Requirements (for example, dietary, therapy, nursing needs or before physical activity)	
Routine Requirements	
Record any seizures on the daily seizure record	
5. What to do in an Emergency	
Emergency procedures	
6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name / type of medication (as described on the container):	

Describe what signs or symptoms indicate an emergency for this pupil:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school needs to know about?	
Self-administration:	Can the pupil administer the medication themselves? (Tick as appropriate) ☐ Yes ☐ No ☐Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary?	
Who should be notified?	☐ Parents ☐ Carers ☐ Specialist ☐ GP
7. Regular Medication taken during School Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication	(Tick as appropriate)

themselves?	☐ Yes ☐ No ☐Yes, with supervision by: Staff member's name:
Medication expiry date:	
8. Regular Medication Taken Outside of School Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container)	
Are there any side effects that the school needs to know about that could affect school activities?	
9. Any other information relating to the pupil's healthcare in schools	
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.	
Name of medication carried by pupil:	
Signed (Parent)	
Date	
Headteacher Agreement	
It is agreed that (name of Child): ☐ will receive the above listed medication at the above listed time (see part 6). ☐ will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed (Headteacher)	
Print Name:	

Date:	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent) If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	

Stockport NHS
NHS Foundation Trust

Form 1c - Action Plan for Allergic Reactions (EpiPen)

Name: _____

Date of Birth: _____

Allergy to: _____

_____

Medication/EpiPen stored:

_____

_____

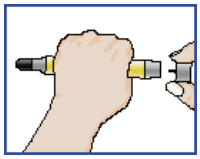
Plan designed by:

Allergy Team – Royal Manchester Children's Hospital

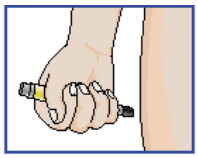
Date:

HOW TO GIVE EPIPEN

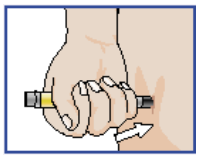
Form fist around EpiPen and pull off the grey cap.



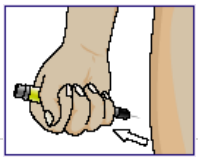
Point the black end towards outer mid-thigh.



Swing / push hard into thigh until a click is heard and hold in place for 10 seconds.



Remove EpiPen and be careful not to touch the needle



MILD TO MODERATE ALLERGIC REACTION

- Itching / tingling of lips, tongue, mouth
- Swelling of face, lips, eye lids
- Red, raised, itchy rash
- Hives or wheals
- Vomiting / tummy pain

ACTION

- Stay with _____ and send for medication
- Give antihistamine – _____
- If _____were to vomit, it is safe to give a second dose of antihistamine
- Observe, allow to resume classroom activities if no further deterioration and _____ feels ok
- Notify parents

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty / noisy breathing
- Wheeze / persistent cough
- Difficulty talking / hoarse voice
- Dizziness / feeling faint

ACTION

- Call Ambulance
- Give prescribed EpiPen
- Contact parents
- Phone number_____
- Parent signature_____

Stockport NHS
NHS Foundation Trust

Form 1d - Action Plan for Allergic Reaction (JEXT)

Name: _____

Date of Birth: _____

Allergy to: _____

_____

Medication/EpiPen stored:

_____

_____

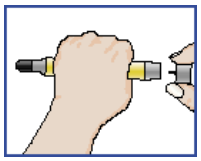
Plan designed by:

Allergy Team – Royal Manchester Children's Hospital

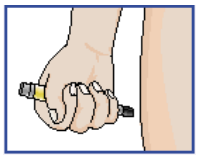
Date:

HOW TO GIVE JEXT

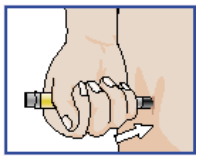
Form fist around JEXT and pull off the yellow cap.



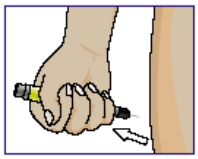
Press the black end towards outer mid-thigh.



Push into thigh until a click is heard and hold in place for 10 seconds.



Remove the JEXT. The black tip will hide the needle.



MILD TO MODERATE ALLERGIC REACTION

- Itching / tingling of lips, tongue, mouth
- Swelling of face, lips, eye lids
- Red, raised, itchy rash
- Hives or wheals
- Vomiting / tummy pain

ACTION

- Stay with _____ and send for medication
- Give antihistamine – _____
- If _____were to vomit, it is safe to give a second dose of antihistamine
- Observe, allow to resume classroom activities if no further deterioration and _____ feels ok
- Notify parents

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty / noisy breathing
- Wheeze / persistent cough
- Difficulty talking / hoarse voice
- Dizziness / feeling faint

ACTION

- Call Ambulance
- Give prescribed **JEXT**
- Contact parents
- Phone number_____
- Parent signature_____

Stockport NHS
NHS Foundation Trust

Form 1e - Action Plan for Allergic Reactions plus Asthma - JEXT

Name: _____

Date of Birth:_____

Allergy to: _____

_____

Medication/JEXT stored:

_____

_____

Plan designed by:

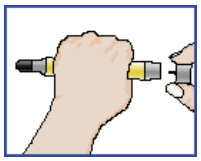
Allergy Team - Royal

Manchester Children's Hospital

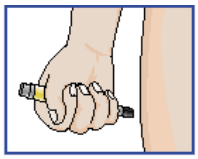
Date:

HOW TO GIVE JEXT

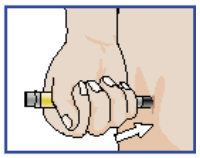
Form fist around JEXT and pull off the yellow cap.



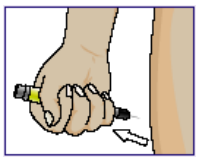
Place the black end towards outer mid-thigh.



Push firmly into thigh until a click is heard and hold in place for 10 seconds.



Remove JEXT the black tip will hide the needle



MILD TO MODERATE ALLERGIC REACTION

- Itching / tingling of lips, tongue, mouth
- Swelling of face, lips, eye lids
- Red, raised, itchy rash
- Hives or wheals
- Vomiting / tummy pain

ACTION

- Stay with _____ and send for medication
- Give antihistamine – _____
- If _____were to vomit, it is safe to give a second dose of antihistamine
- Give 2 – 4 puffs of the **blue inhaler** via a spacer and repeat every 2 minutes if required.
- Observe, allow to resume classroom activities if no further deterioration and _____ feels ok
- Notify parents

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty / noisy breathing
- Wheeze / persistent cough
- Difficulty talking / hoarse voice
- Dizziness / feeling faint

ACTION

- Call Ambulance
- Give prescribed JEXT
- Further puffs of the blue inhaler can be given if necessary
- Contact parents
- Phone number_____
- Parent signature_____

Stockport NHS
NHS Foundation Trust

Form 1f - Action Plan for Allergic Reactions with Asthma - Epipen

Name: _____

Date of Birth: _____

Allergy to: _____

_____

Medication/EpiPen stored:

_____

_____

Plan designed by:

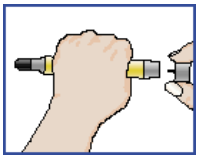
Allergy Team - Royal

Manchester Children's Hospital

Date:

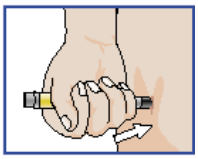
HOW TO GIVE EPIPEN

Form fist around EpiPen and pull off the grey cap.

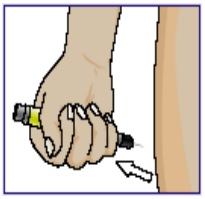


Point the black end towards outer mid-thigh.

Swing / push hard into thigh until a click is heard and hold in place for 10 seconds.



Remove EpiPen and be careful not to touch the needle.



MILD TO MODERATE ALLERGIC REACTION

- Itching / tingling of lips, tongue, mouth
- Swelling of face, lips, eye lids
- Red, raised, itchy rash
- Hives or wheals
- Vomiting / tummy pain

ACTION

- Stay with _____ and send for medication
- Give antihistamine – _____
- If _____were to vomit, it is safe to give a second dose of antihistamine
- Give 2 – 4 puffs of the blue inhaler via a spacer and repeat every 2 minutes if required.
- Observe, allow to resume classroom activities if no further deterioration and _____ feels ok
- Notify parents

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty / noisy breathing
- Wheeze / persistent cough
- Difficulty talking / hoarse voice
- Dizziness / feeling faint

ACTION

- Call Ambulance
- Give prescribed **EpiPen**
- Further puffs of the **blue inhaler** can be given if necessary
- Contact parents
- Phone number_____
- Parent signature_____

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Stockport NHS Foundation Trust

Form 1g - Individual Health Plan - Asthma

For pupils with complex health needs at school

Date form completed:	
Date for review:	

Reviewed by	**Date (dd/mm/yyyy)**	**Changes to Individual Health Plan**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Copies held by:	

1. Pupil's Information

Medical Condition:	
Name of School:	
Name of Pupil:	
Class / Form	
Date of Birth:	☐ Male ☐ Female

2. Contact Information

Pupil's Address	Postcode:

Family Contact Information

a.	Name	
	Phone (Day)	
	Phone (Evening)	
	Mobile	
	Relationship with Child	
b.	Name	
	Phone (Day)	

	Phone (Evening)	
	Mobile	
	Relationship with Child	

GP	
Name	
Phone	
Specialist Contact	
Name	
Phone	
Medical Condition Information	
3. Details of Pupil's Medical Conditions	
Signs and symptoms of this pupil's condition:	
Triggers or things that make this pupil's condition/s worse:	
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)	
During school hours:	
Outside school hours:	
5. What to do in an Emergency (Asthma UK Guidelines)	
Common signs of an Asthma attack:	˚ Coughing ˚ Shortness of Breath ˚ Being unusually quiet ˚ Wheezing ˚ Tightness in the chest ˚ Difficulty in speaking full sentences
	KEEP CALM – DO NOT PANIC **ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN** **MAKE SURE THE PUPIL TAKES TWO PUFFS OF THEIR RELIEVER INHALER (USUALLY BLUE) USING THEIR SPACER** **ENSURE TIGHT CLOTHING IS LOOSENED**

	REASSURE THE PUPIL **TWO PUFFS OF THEIR RELIEVER EVERY 2 MINUTES UP TO 5 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.** **<u>CALL 999 URGENTLY IF:</u>** **THEIR SYMPTOMS DO NOT IMPROVE AFTER 10 PUFFS** **THEY ARE TOO BREATHLESS TO TALK** **THEIR LIPS ARE BLUE OR IF IN ANY DOUBT** **CONTINUE TO GIVE 2 PUFFS EVERY 2 MINUTES OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.**

Template letter from school nurse to parent

Dear Parent

Re: The Individual Health Plan

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

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

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

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

Thank you for your help.

Yours sincerely

STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport NHS
NHS Foundation Trust

Form 3a - Medication Permission & Record – Individual Pupil

Name of School:	
Name of Pupil:	
Class / Form:	
Date medication provided by parent:	
Name of medication:	
Dose and Method: (how much and when to take)	
When is it taken (time)	
Quantity Received:	
Expiry Date:	
Date and quantity of medication returned to parent:	
Any other information:	
Staff signature:	
Print name:	
Parent Signature:	
Print name:	
Parent Contact Number:	

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METROPOLITAN BOROUGH COUNCIL

Stockport NHS
NHS Foundation Trust

Form 3b - Record of Medication

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff Member	Print Name

STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport NHS
NHS Foundation Trust

Form 4 - Staff Training Record

Name of School:	
Type of training received:	
Date training completed:	
Training provided by:	
Trainer Job Title and Profession:	

I confirm that the people listed above have received this training	
Name of people attending training	
1.	
2.	
3.	
4.	
5.	

Trainer's Signature:	
Date:	
Use a separate sheet if more than five people have received training	

I confirm that the people listed above have received this training	
Headteacher signature:	
Print Name:	
Date:	
Suggested date for update training:	

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Stockport NHS Foundation Trust

Form 5 - for Visits and Journeys

This form is to be returned by (date):	
School or Youth Centre:	
Course or Activity	
Date of Course / Activity:	

Student Details	
Surname:	
Forename(s):	
Date of Birth	

Medical Information		
	Please indicate	
Does your son/daughter suffer from any illness or physical disability?	☐ Yes ☐ No	If so, please describe:
If medical treatment is required, please describe:		
To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks?	☐ Yes ☐ No	If so, please give brief details:
Is he/she allergic to any medication:	☐ Yes ☐ No	If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?	☐ Yes ☐ No	
Please indicate any special dietary requirements due to medical, religious or moral reasons:		

* This may have been as part of the routine vaccination programme. Please check either the child's RED book or GP.

Parental Declaration	
I give permission for my daughter/son (insert name) to take part in the above activity as described, including all organised activities. I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey. I hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit. I understand the extent and limitations of the insurance cover provided.	
Contact Information	
Address:	
Home Telephone No.	
Work Telephone No.	
Emergency contact address if different from that above	
Address:	
Tel No.	
Name of Family Doctor:	
Telephone Nos.	
Address:	
Signed: Parent / Guardian	

Giving Paracetamol in Stockport Schools

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

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

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

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

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

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

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

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

Verbal Consent from Parent / Carer

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

Declaration by the person contacting the parent/carer

I have completed the above assessment questionnaire.

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

Time and date …….

Dose……..

Signature……

Emergency Procedures

Contacting Emergency Services

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

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

Speak clearly and slowly

Insert school address and postcode

Form 7

Put a completed copy of this form by phones around the school

How to Administer BUCCOLAM

How to administer BUCCOLAM®▼ (midazolam oromucosal solution)

About BUCCOLAM® (midazolam oromucosal solution)

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

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

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

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

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

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

Storage

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

Additional information from the healthcare provider:

VIROPHARMA™

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BUCCOLAM is a registered trademark of Auralis Ltd, a wholly owned subsidiary of ViroPharma SPRL-BVBA

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

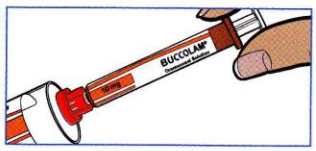
Before use, always check the expiry date stated on the carton, tube and syringe labels. BUCCOLAM should not be used if any of the protective plastic tubes containing the syringes have been opened or are damaged.

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

STEP 1

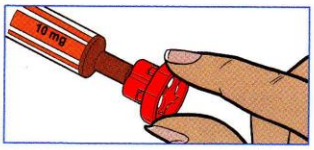
When someone is having a seizure, it is important that you allow their body to move freely; do not attempt to restrain any movement. You should only move the patient if they are close to immediate danger, e.g. deep water, an open flame or sharp objects. If other people are around, ask them to stay calm and give the patient plenty of room; explain that the patient is experiencing a seizure.

STEP 2



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

STEP 3



Remove and discard the red syringe cap before use to avoid choking. Do not put a needle on the syringe. BUCCOLAM must not be injected. Each syringe is pre-filled with the dose prescribed to be given for *one* treatment.

STEP 4

To administer BUCCOLAM, cushion the patient's head with something soft. If the patient is already seated, you may find it easier to support their head against your body, leaving your hands free to administer BUCCOLAM.

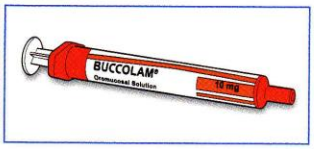
STEP 5

Gently pull back the patient's cheek, just enough to put the end of the syringe into the side of their mouth, between the gum and cheek (buccal cavity). Angle the syringe to ensure that the end is well within the buccal cavity.

STEP 6

Slowly press the syringe plunger to release the full amount of BUCCOLAM into the side of the mouth. Don't try to squirt the liquid into the mouth or release it too quickly, as this may result in spillage. It may be easier to give about half the BUCCOLAM dose into one side of the mouth, and the other half into the other side.

STEP 7



After giving BUCCOLAM, keep the empty syringe to give to a doctor or paramedic so that they know what dose has been given. Make a note of the time BUCCOLAM was given and the duration of the seizure. Watch out for any specific symptoms, such as a change in breathing pattern.

STEP 8

Keep the patient in a comfortable position; it may be helpful to loosen any tight clothing. Be calm and stay with the patient until the seizure is over and they have regained consciousness. They may be tired, confused or embarrassed. Reassure them and be understanding while they rest and regain strength.

Telephone for an ambulance immediately if:

- the seizure does not stop within 10 minutes of giving BUCCOLAM
- you cannot administer BUCCOLAM, or cannot give the full prescribed dose
- the patient's breathing slows down or stops
- you are concerned about the patient.

Never give another dose of BUCCOLAM, even if:

- the seizure does not stop
- the patient vomits or salivates.

Asthma Emergency Procedures

Common signs of an asthma attack:

+ coughing
+ shortness of breath
+ wheezing
+ feeling tight in the chest
+ being unusually quiet
+ difficulty speaking in full sentences
+ sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

+ keep calm
+ encourage the pupil to sit up and slightly forward – do not hug them or lie them down
+ make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer
+ ensure tight clothing is loosened
+ reassure the pupil.

If there is no immediate improvement

+ Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

999

Call an ambulance urgently if any of the following:

+ the pupil's symptoms do not improve after 10 puffs
+ the pupil is too breathless or exhausted to talk
+ the pupil's lips are blue
+ you are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack

+ Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
+ The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

+ Never leave a pupil having an asthma attack.
+ If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
+ In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
+ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
+ Send a pupil to get another teacher/adult if an ambulance needs to be called.
+ Contact the pupil's parents/carers immediately after calling the ambulance.
+ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
+ Generally staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms

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

+ generalised flushing of the skin anywhere on the body
+ nettle rash (hives) anywhere on the body
+ difficulty in swallowing or speaking
+ swelling of throat and mouth
+ alterations in heart rate
+ signs of breathlessness and/or severe asthma symptoms (see asthma section for more details)
+ abdominal pain, nausea and vomiting
+ sense of impending doom
+ sudden feeling of weakness (due to a drop in blood pressure)
+ collapse and unconsciousness

Do

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should:

+ assess the situation
+ follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil's doctor
+ administer appropriate medication in line with perceived symptoms

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If they consider that the pupil's symptoms are cause for concern, **call for an ambulance**

State:

+ the name and age of the pupil.
+ that you believe them to be suffering from anaphylaxis
+ the cause or trigger (if known)
+ the name, address and telephone number of the school

+ call the pupil's parents/carers.
While awaiting medical assistance the designated trained staff should:
+ continue to assess the pupil's condition
+ position the pupil in the most suitable position according to their symptoms.

Symptoms and the position of pupil

+ If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
+ If there are also signs of vomiting, lay them on their side to avoid choking.
+ If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Do

+ **If symptoms are potentially life-threatening**, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
+ **Make a note of the time the adrenaline** is given in case a second dose is required and also to notify the ambulance crew.
+ **On the arrival of the paramedics or ambulance crew** the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

+ After the incident carry out a debriefing session with all members of staff involved.
+ Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Diabetes Emergency Procedures

Hyperglycaemia

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

Common symptoms:
+ thirst
+ frequent urination
+ tiredness
+ dry skin
+ nausea
+ blurred vision.

Do . . .

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

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If the following symptoms are present, then call the emergency services:

+ deep and rapid breathing (over-breathing)
+ vomiting
+ breath smelling of nail polish remover.

Hypoglycaemia

What causes a hypo?
+ too much insulin
+ a delayed or missed meal or snack
+ not enough food, especially carbohydrate
+ unplanned or strenuous exercise
+ drinking large quantities of alcohol or alcohol without food
+ no obvious cause

Watch out for:
+ hunger
+ trembling or shakiness
+ sweating
+ anxiety or irritability
+ fast pulse or palpitations
+ tingling
+ glazed eyes
+ pallor
+ mood change, especially angry or aggressive behaviour
+ lack of concentration
+ vagueness
+ drowsiness.

Do

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

+ a glass of Lucozade, coke or other non-diet drink
+ three or more glucose tablets
+ a glass of fruit juice
+ five sweets, e.g. jelly babies
+ GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

+ roll/sandwich
+ portion of fruit
+ one individual mini pack of dried fruit
+ cereal bar
+ two biscuits, e.g. garibaldi, ginger nuts
+ or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

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If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Epilepsy Emergency Procedures

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:
+ the person loses consciousness, the body stiffens, then falls to the ground
+ this is followed by jerking movements
+ a blue tinge around the mouth is likely, due to irregular breathing
+ loss of bladder and/or bowel control may occur
+ after a minute or two the jerking movements should stop and consciousness slowly returns

Do . . .
+ protect the person from injury – (remove harmful objects from nearby)
+ cushion their head
+ look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help
+ once the seizure has finished, gently place them in the recovery position to aid breathing
+ keep calm and reassure the person
+ stay with the person until recovery is complete

Don't . . .
+ restrain the pupil
+ put anything in the pupil's mouth
+ try to move the pupil unless they are in danger
+ give the pupil anything to eat or drink until they are fully recovered.
+ attempt to bring them round

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Call for an ambulance if . . .
+ you believe it to be the pupil's first seizure
+ the seizure continues for more than five minutes

+ one tonic-clonic seizure follows another without the person regaining consciousness between seizures
+ the pupil is injured during the seizure
+ you believe the pupil needs urgent medical attention

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:
+ twitching
+ numbness
+ sweating
+ dizziness or nausea
+ disturbances to hearing, vision, smell or taste
+ a strong sense of deja-vu.

Complex partial seizures

Symptoms:
+ plucking at clothes
+ smacking lips, swallowing repeatedly or wandering around
+ the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:
+ sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:
+ brief forceful jerks which can affect the whole body or just part of it
+ the jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:
+ the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

+ guide the person away from danger
+ look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
+ stay with the person until recovery is complete
+ keep calm and reassure the person

+ explain anything that they may have missed

Don't . . .

+ restrain the person
+ act in a way that could frighten them, such as making abrupt movements or shouting at them
+ assume the person is aware of what is happening, or what has happened
+ give the person anything to eat or drink until they are fully recovered
+ attempt to bring them round

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Call for an ambulance if . . .

+ one seizure follows another without the person regaining awareness between them
+ the person is injured during the seizure
+ you believe the person needs urgent medical attention

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Emergency Contacts – School Incident Management Team

CONTACTS - SCHOOL INCIDENT MANAGEMENT TEAM			
Name	Role(s)	Home Telephone	Mobile Telephone
Katherine Muncaster	Headteacher		+44 (0)7792545100
Alistair Blackburn	Deputy Headteacher		+44 (0)7801 984626
Faye Bridgehouse	EYFS/KS1 Leader	+44 (0)161 431 6691	+44 (0)7770 916827
Edmund Tonge	Caretaker		+44 (0)7473 151908

CONTACTS – INFORMATION CASCADE TEAM			
Name	Role(s)	Home Telephone	Mobile Telephone
Ceri Barrett	School Business Manager	+44 (0)161 975 5182	+44 (0)7905 332111

CONTACTS - SCHOOL SUPPORT			
Name	Role(s)	Home Telephone	Mobile Telephone
Trudy McLindon	Gov – Chair of Governors	+44 (0)161 432 7076	+44 (0)7913 996092
Steve Inch	Vice Chair of Governors	+44 (0)161 442 0543	+44 (0) 7948 330030
Mike Fitzjohn	Gov – H&S	+44 (0)161 442 6356	+44 (0)7765 385483
Stuart Radcliffe	Religious Leader United Church, Heaton Moor		+44 (0)7729 447017

Emergency Contacts – Services to People Directorate Incident Management Team & Other Council Contacts

CONTACTS - StPD INCIDENT MANAGEMENT TEAM (for out of hours see control room below)			
Contact	**Office**	**Mobile**	**Contact Colours**
Donna Sager	0161 474 3928	07891 949407	Red
Chris McLoughlin	0161 474 4624	07800 618855	Red
Phil Beswick	0161 474 3832	07891 949198	Red
Andrew Webb	0161 474 3808	07800 618800	Red
Pat Morgan	0161 474 3917	07800 617942	Red/Amber/Green
Barry Kirkman	0161 474 3842	07800 617943	Amber/Green
Lisa Wilton	0161 474 2958	07527 387389	Amber/Green

CONTACTS – COUNCIL 24 HOUR CONTROL ROOM		
Control Room	**0161 474 5555**	Red/Amber
The 24 hour control room holds out-of-hours contacts for all departments and the on-call Forward Incident Officer		

CONTACTS – INFORMATION & COMMUNICATION				
Contact	**Office**	**Mobile**	**Home**	**Contact Colours**
Paul James	0161 474 5430	Via 24 hour control room – out of office hours only		Red/Amber/Green
Alison North	0161 474 3068	Office hours only		Red/Amber/Green
Paul Kendal	0161 474 3114	Office hours only		Red/Amber/Green

CONTACTS – OTHER COUNCIL BUSINESS AREAS			
Contact	**Office**	**Mobile**	**Contact Colours**
Solutions SK School Scene Cleaning Service	0161 474 5577	07800 618496	All
Martin Powell StPD Psychology Service	0161 474 3867	07800 617917	All
Ann-Marie McCullough Corporate H&S	0161 474 4290	07800 618131	All

Emergency Contacts – Emergency/Medical Services/Public Services

EMERGENCY / MEDICAL SERVICES	
Service	**Telephone**
Police	**999/0161 872 5050**
Fire Station	**999/0161 609 1627**
Ambulance	**999/0845 112 0999**
Stepping Hill Hospital	**0161 483 1010 (Switchboard)**
Stepping Hill Hospital	**0161 419 4110 (Emergency Department Main Number)**
Stepping Hill Hospital	**0161 419 4812 / 4813 (Paediatric Emergency Department)**
Master Call Out-of-Hours GP	**0161 476 2299**
NHS Direct	**111** **www.nhsdirect.nhs.uk**
Health Protection & Control of Infection Unit: **David Baxter/Jennifer Kilheeney**	**0161 474 2440**

Emergency Contacts – School Suppliers, Services and Contractors

SCHOOL SUPPLIERS / SERVICES / CONTRACTORS		
Intruder Alarm	Solutions SK Security Systems	+44 (0)161 474 5555
Catering	Dolce	+44 (0)1942707709
Year 6 Residential Provider	Great Tower (Scout Adventure Camp)	+44 (0)1539531279