

RED ROSE SCHOOL

SUPPORTING MEDICAL NEEDS

Updated: October 2017

Named person: Mrs Stacey Dee

Section 8

2

| Date Reviewed | Next Due Date | Reviewed BY |
|---------------|---------------|---------------|
| November 2014 | November 2015 | Colin Lannen |
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| November 2016 | November 2017 | Gill Makinson |
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ROLES AND RESPONSIBILITIES

The Children and Families Act 2014 requires Schools to ensure that arrangements are in place to support pupils with medical conditions. This legal duty means they must take account of the statutory guidance and carefully consider it and having done so, there would need to be a good reason to justify not complying with it.

Schools should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

If for whatever reason a school is unable to secure a willing competent person to administer medication the function will then rest with the parent or the health service. This should be made clear to the parent. They will then be responsible for providing a person to administer the medication, to competently monitor and test a fluctuating condition or administer medication in response to either a fluctuating or stable but enduring medical condition.

All schools should follow the statutory guidance produced by the Department of Education: Supporting Pupils at School with Medical Conditions 2016

MEDICATION IN RED ROSE SCHOOL

At Red Rose School we have additional requirement for medication within the school day.

WHO IS RESPONSIBLE?

PARENTS

- ✓ are child's main carers
- ✓ responsible for making sure that their child is well enough to attend school.
- ✓ provide the head with sufficient information about their child's medical condition and treatment or special care needed at school
- ✓ jointly with the head, reach agreement on the school's role in helping with their child's medical needs
- ✓ cultural and religious views should always be respected
- ✓ head should seek parents' agreement before passing on information about their child's health to other school staff
- ✓ Sharing information is important if staff and parents are to ensure the best care for a pupil

EMPLOYER

- ✓ responsible, under the Health and Safety at Work etc Act 1974, for making sure that a school has a health and safety policy
- ✓ include procedures for supporting pupils with medical needs, including managing medication
- ✓ make sure that their insurance arrangements provide full cover for staff acting within the scope of their employment.
- ✓ In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible
- ✓ responsibility to make sure that correct procedures are followed, including keeping accurate

- ✓ Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies
- ✓ In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency
- ✓ responsible for making sure that willing staff have appropriate training to support pupils with medical needs
- ✓ Training should be arranged with the schools clinic

Head Teacher

- ✓ responsible for implementing the policy in practice and for developing detailed procedures
- ✓ When teachers volunteer to give pupils help with their medical needs, the head should agree to their doing this, and must ensure that teachers receive proper support and training where necessary
- ✓ Responsible for Day to day decisions about administering medication
- ✓ Make sure that all parents are aware of the school's policy and procedures for dealing with medical needs
- ✓ This Policy document should make it clear that parents should keep children at home when they are acutely unwell and should also cover the school's approach to taking medication at school
- ✓ Agree with the parents exactly what support the school can provide
- ✓ Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, the head can seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the LEA
- ✓ Complex medical assistance is likely to mean that the staff who volunteer will need special training
- ✓ If staff follow the school's documented procedures, they will normally be fully covered by their employer's public liability insurance should a parent make a complaint
- ✓ Obtain written confirmation of the insurance cover for staff who provide specific medical support

TEACHERS AND OTHER STAFF

- ✓ Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention
- ✓ The pupil's parents and health professionals should provide this information
- ✓ Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs
- ✓ Back up cover should be arranged for when the member of staff responsible is absent or unavailable
- ✓ At different times of the school day other staff may be responsible for pupils (e.g. playground assistants). It is important that they are also provided with training and advice
- ✓ Staff training record - administration of medical treatment provides an example of confirmation that any necessary training has been completed.

STAFF GIVING MEDICATION

Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

SCHOOLS' CLINIC

The Schools' Clinic will help us to draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP

The nurse or doctor will also be able to advise on training for school staff willing to administer medication and take responsibility for other aspects of support

The school nurse or doctor may attend school open days or parents' evenings to give advice to parents and staff.

NON-PRESCRIPTIVE MEDICATION

- ✓ Pupils sometimes ask for pain killers (analgesics) at school, including aspirin and paracetamol. School staff should **generally not give nonprescribed** medication to pupils. They may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken

- ✓ **A child under 12** should never be given aspirin, unless **prescribed** by a doctor
- ✓ If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication
- ✓ A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken

LONG TERM MEDICAL NEEDS

- ✓ It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs
- ✓ draw up a written health care plan for such pupils, involving the parents and relevant health professionals

ADMINISTERING MEDICATION

- ✓ No pupil under 16 should be given medication without his or her parent's written consent
- ✓ Any member of staff giving medicine to a pupil should check: the pupil's name, written instructions provided by parents or doctor, prescribed dose, expiry date
- ✓ If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action
- ✓ It is good practice for staff to complete and sign record cards each time they give medication to a pupil. In some circumstances, it is good practice to have the dosage and administration witnessed by a second adult.

SELF MANAGEMENT

Self management of medication will only be permitted if agreed within the individual's Health Care Plan.

REFUSING MEDICATION

- ✓ If pupils refuse to take medication, school staff **should not force** them to do so
- ✓ The school should inform the child's parents as a matter of urgency
- ✓ If necessary, the school should call the emergency services.

RECORD KEEPING

- ✓ Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed

- ✓ Parents must complete the Form: Request for school to administer medication
- ✓ Form: Confirmation of the Head Teacher's agreement to administer medication - provides a confirmation note to parents to let them know that a member of staff will assist with medication.

Although there is no legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures.

- ✓ Form: Record of medication administered in school will be kept.

SCHOOL TRIPS

Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil.

SPORTS

Any restrictions on a pupil's ability to participate in PE should be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

SCHOOL TRANSPORT

LEAs arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but LEAs should provide appropriately trained supervisors if they consider them necessary.

DEALING WITH MEDICINES SAFELY

SAFETY MANAGEMENT

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

STORING MEDICATION

- ✓ We will not store large volumes of medication
- ✓ Principal to ensure that all medication:
 - ✓ supplied in appropriate container
 - ✓ container is labelled with:
 - ✓ the name of the pupil
 - ✓ the name and dose of the drug

- ✓ the frequency of administration.
- ✓ Where a pupil needs two or more prescribed medicines, each should be in a separate container
- ✓ Non health care staff should never transfer medicines from their original containers.
- ✓ Head Teacher responsible for making sure that medicines are stored safely
- ✓ Pupils should know where their own medication is stored and who holds the key
- ✓ A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Pupils may carry their own inhalers
- ✓ Other medicines will be kept in a secure place not accessible to pupils
- ✓ In case of an emergency, all staff will be told where to obtain keys to the medicine cabinet
- ✓ Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled.

ACCESS TO MEDICATION

- ✓ Pupils must have access to their medicine when required
 - ✓ Medicines will either be held by the Class Teacher or by the Head Teacher
 - ✓ Location to be determined in the health care plan

DRAWING UP A HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

PURPOSE OF A HEALTH CARE PLAN

- ✓ The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school
- ✓ A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive
- ✓ Schools should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year
- ✓ The school should judge each pupil's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.
- ✓ Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil

COORDINATING INFORMATION

The Principal is responsible for coordinating and disseminating information on an individual pupil with medical needs.

STAFF TRAINING

- ✓ The health care plan will reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies
- ✓ School staff should not give medication without appropriate training from health professionals
- ✓ Appropriate training will be arranged with the Schools Clinic
- ✓ Staff training record - administration of medical treatment – will be used to record all staff training

CONFIDENTIALITY

- ✓ All staff are to treat medical information confidentially
- ✓ The Principal will agree with the pupil and/or parent, who else should have access to records and other information about a pupil.
- ✓ If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

INTIMATE OR INVASIVE TREATMENT

- ✓ Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents and heads must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing.
- ✓ Each Health Authority will have a “named professional” to whom schools can refer for advice
- ✓ The Principal should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies

OTHER MEDICAL CONDITIONS

See Annex A

TEMPLATES FOR MEDICAL FORMS

See Annex B

OTHER MEDICAL CONDITIONS

ASTHMA

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes stick mucous or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

Recognition of an asthma attack:

- The airways in the chest become restricted
- The pupil may only be able to speak with difficulty
- The pupil may wheeze, unable to breathe out
- The pupil may become distressed, anxious, exhausted, have a tight chest of may even go blue around the lips and mouth.

What to do if a pupil has an asthma attack

- 1) Get immediate First Aid assistance.
- 2) Ensure that the reliever medicine is taken. The medication must belong to the pupil having the asthma attack, and will be in the pupil's emergency box.
- 3) Note that some pupils may not have spare medication stored with school.
- 4) Stay calm and reassure the pupil. Attacks can be frightening, so stay calm, the pupil has probably been through this before. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulder as this is very constrictive. Listen carefully to what the pupil is saying. Loosen any tight clothing.
- 5) Encourage the pupil to breathe deeply and slowly. Most people find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended.
- 6) Call 999 and request an ambulance urgently (Red procedure) if
 - a) The reliever has no effect after five or ten minutes
 - b) The pupil is becoming distressed or unable to talk

- c) The pupil is getting exhausted, becomes disorientated or collapses
- d) The pupil looks blue
- e) You have any doubts at all about the pupil's condition
- 7) The pupil's parents or guardian will need to be informed after an attack even if relatively brief
- 8) Minor attacks should not interrupt a pupil's involvement in the school. As soon as the pupil feels better they can return to school activities.

In developing this set of procedures, the school has regard to the guidance of the National Asthma Campaign, and Asthma UK. In recent years the incidence of childhood asthma has doubled and the school recognises its responsibility in dealing with children appropriately.

- a) The school understands the importance of ensuring the pupils feel safe and secure.
- b) The school recognises that asthma is a widespread, serious but controllable condition and welcomes pupils with asthma.
- c) The school tries to ensure that its environment is favourable to children with asthma.
- d) The school encourages, helps and supports pupils with asthma to achieve their potential and to participate fully in aspects of school life.
- e) Pupils with severe asthma will have an Individual Health Care Plan where required.
- f) All school staff, through reading of this document, should have an understanding of what it means to be asthmatic, signs and symptoms of an asthma attack and what to do in an emergency.
- g) All staff must understand that access to inhalers is vital. All pupils keep spare inhalers, labelled with the pupil's name stored in Medication.
- h) Some pupils may not have spare medication kept by the school and, instead, responsibly carry it themselves.
- i) All staff, teaching and non-teaching, have access to information on pupils with severe asthma in the Medical Information folder.
- j) A printout of pupils' medical conditions can be obtained from The First Aid Co-ordinator and Individual Health Care Plans where required are available to all staff and kept confidentially and available in The Medical Information folder.

k) Advice and further information is available from The First Aid Co-ordinator.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder.

However, its cause –especially in the young – may have no precise medical explanation.

TONIC CLONIC SEIZURES

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

COMPLEX AND PARTIAL SEIZURES

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

ABSENCE/PETIT MAL

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an ‘absence / petit mal’ seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore it is so important to be understanding, note any petit mals and inform parents. Teachers can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

Procedure for an epileptic seizure

Total seizure

- 1) KEEP CALM – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
- 2) Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.
- 3) Get First Aid assistance.
- 4) Note the time.
- 5) Refer to the pupil's Individual Health Care Plan which can be accessed in the Medical Information folder.
- 6) Administer the prescribed medication as per instruction – kept with the emergency medication – according to the pupil's Individual Health Care Plan.
- 7) Protect the pupil from harm. Only move the pupil during seizure if you have to for their protection. If possible move any objects that may hurt them, rather than move them from dangerous objects.
- 8) As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
- 9) Put something under their head to protect them from facial abrasions if at all possible.
- 10) Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
- 11) Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- 12) Do not place anything in their mouth.
- 13) Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.
- 14) Once recovered, move them to the Staff Room, checking no obvious injuries have occurred.
- 15) Call the pupil's parent/guardian and request the pupil be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning they may

even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.

16) If the seizure lasts five minutes or longer call an ambulance immediately (Level 3 procedure).

a) If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.

b) When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.

c) An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.

17) Ensure any pupils who were present at the time of the seizure have a chance to talk it over with a member of staff.

In developing this policy, the school has regard to the guidance of Epilepsy Action. The school recognises its responsibility in dealing with children appropriately.

a) The school understands the importance of ensuring the pupils feel safe and secure.

b) The school recognises that epilepsy is a common condition affecting many children and welcomes pupils with epilepsy.

c) The school encourages, helps and supports pupils with epilepsy to achieve their potential and to participate fully in aspects of school life.

d) Pupils with epilepsy will have an Individual Health Care Plan.

e) All school staff, through reading of this document, should have a clear understanding of the condition epilepsy and what to do in the event of a pupil having an epileptic seizure.

f) Some pupils may have emergency medication – but it is NOT carried by pupils, it is vital that all staff know where this is kept.

g) The School Nurse provides training for all staff on the use of epileptic emergency medication.

h) The school allows pupils with epilepsy to provide spare clothing to be kept in school especially underwear and socks where required.

i) All staff, teaching and non-teaching will be informed of pupils with epilepsy in the Medical Information folder.

j) A printout of pupils' medical conditions is available from The Head Teacher and Individual Health Care Plans are available to all staff and kept confidentially in Medical Information folder.

k) Advice and further information is available from The First Aid Co-ordinator.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

ALLERGIES AND ANAPHYLAXIS

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody).

In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor. Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers can be:

a) Skin or airborne contact with particular materials

b) Injection of a specific drug or insect bite

c) Ingestion of a certain food e.g. nuts, fish, eggs

Recognition:

a) Anxiety

b) Widespread red blotchy skin eruption

c) Swelling of the tongue and throat

d) Puffiness around the eyes

e) Impaired breathing from tight chest to severe difficulty in breathing

Serious symptoms:

- a) Cold, clammy skin
- b) Blue-grey tinge around the lips
- c) Weakness / dizziness
- d) Feeling of impending doom

Progresses further:

- a) Restlessness
- b) Aggressiveness
- c) Gasping for air
- d) Yawning (trying to get oxygen into the body to the brain)
- e) Unconsciousness

Treatment:

- 1) Seek immediate First Aid assistance.
- 2) Administer antihistamine tablets / syrup as prescribed in the pupil's emergency box
- 3) If the pupil feels better, allow them to rest and contact the parents
- 4) If the serious symptoms appear call for an ambulance and ADMINISTER ADRENALINE VIA EPIPEN/ANAPEN IMMEDIATELY. Instructions are kept in the emergency box with the EpiPen/Anapen.
- 5) Lie the pupil down if possible, and lift the legs up slightly
- 6) Try and expose the thigh, especially if the pupil is wearing thick trousers
- 7) Remove the grey safety cap of the EpiPen
- 8) Hold the EpiPen very firmly to the outer aspect of the thigh, at right angles to the leg
- 9) Press hard into the thigh, UNTIL A CLICK IS HEARD
- 10) Hold the EpiPen in place for a count of ten seconds
- 11) Remove the EpiPen from the thigh and rub the area gently
- 12) Do NOT throw the used EpiPen away

13) Ensure the used EpiPen is taken to hospital with the pupil in the ambulance

14) If the pupil is feeling no better or appears worse after ten minutes you may need to give a second injection if available (using the other thigh)

15) Stay with the pupil until the ambulance arrives

Please contact The First Aid Co-ordinator for advice, help and support and for further information or training in the administration of emergency epileptic medication.

In developing these procedures, the school recognises the advice and guidance of the Anaphylaxis Society and Allergy UK . The school recognises its responsibility in dealing with children appropriately.

a) The school understands the importance of ensuring the pupils feel safe and secure.

b) The school recognises that allergic shock (anaphylaxis) is a common condition affecting many children and positively welcomes pupils with different types of allergies.

c) The school encourages, helps and supports pupils with allergies to achieve their potential and to participate fully in aspects of school life.

d) All school staff will have a clear understanding, through reading of this document, of what it means to be allergic to a particular substance (whether the trigger of a reaction is skin or airborne contact, injection or ingestion), signs and symptoms of a reaction, and what to do in the event of a pupil having an anaphylactic reaction, including the use of an EpiPen to administer emergency adrenaline.

e) The School Nurse provides training for all staff and how to administer the emergency medication where required.

f) All staff must understand that immediate access to EpiPens and/or antihistamine tablets/syrup is vital. The school has at least one EpiPen and/or two antihistamine tablets or a bottle of antihistamine syrup which are to be labelled correctly with the pupil's name and form, in a clear bag/container.

g) Allergy boxes are kept in a large box labelled 'Epi Pens' in the Staff Room.

h) Please note all pupils have spare medication in the emergency boxes. Emergency medication is taken by the class teacher/teaching assistant whenever the pupil goes on any outdoor activity.

i) All staff, teaching and non-teaching will be informed of pupils with allergies in the Medical Information folder.

j) A printout of pupils' medical conditions can be obtained from The Head Teacher and Individual Health Care Plans are available to all staff and kept confidentially and are available Medical Information folder.

k) The school will also inform catering staff of pupils with food allergies, to ensure the pupils' dietary requirements are catered for.

l) Advice and further information is available from The First Aid Co-ordinator.

The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia:

- a) Inadequate amounts of food ingested – missed or delayed
- b) Too much or too intense exercise
- c) Excessive insulin
- d) Unscheduled exercise

Recognition of Hypoglycaemia:

- a) Onset is SUDDEN
- b) Weakness, faintness or hunger
- c) Palpitations, tremors
- d) Strange behaviours or actions
- e) Sweating, cold, clammy skin

- f) Headache, blurred speech
- g) Confusion, deteriorating level of response, leading to unconsciousness
- h) Seizures

Treatment of Hypoglycaemia

- 1) Seek First Aid assistance.
- 2) Request the pupil's emergency box from the Medical Cabinet.
- 3) Ensure the pupil eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
- 4) Should a diabetic enrol at school then a 'diabetic snack box' will be put into place.
- 5) Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast
- 6) Once recovered allow the pupil to resume school activities
- 7) If the pupil becomes drowsy and unconscious then the situation is now LIFETHREATENING and call an ambulance.
- 8) Place the pupil in the recovery position and stay with the pupil until the ambulance arrives
- 9) Contact the parent / guardian immediately

Causes of Hyperglycaemia

- a) Too much food
- b) Too little insulin
- c) Decreased activity
- d) Illness
- e) Infection
- f) Stress

Recognition of Hyperglycaemia

- a) Onset is over time – hours or days
- b) Warm, dry skin, rapid breathing

- c) Fruity / sweet breath
- d) Excessive thirst and increased hunger
- e) Frequent urination
- f) Blurred vision
- g) Stomach ache, nausea, vomiting
- h) Skin flushing
- i) Lack of concentration
- j) Confusion
- k) Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia

- 1) Seek First Aid assistance.
- 2) Request the pupil's emergency box from the Medical Room at Senior site, or from the office on the Junior site (Follow pupils' individual Medical Plan)
- 3) Encourage the pupil to drink water or sugar-free drinks
- 4) Allow the pupil to administer the extra insulin required
- 5) Permit the pupil to rest before resuming school activities if able
- 6) Contact parent / guardian

Please contact the First Aid Co-ordinator for further advice, help and support and for further information. In developing these procedures, the school recognises the advice and guidance of the British Diabetic Society and Diabetes UK . The school recognises its responsibility in dealing with children appropriately.

- a) The school understands the importance of ensuring the pupils feel safe and secure.
- b) The school recognises that diabetes is a widespread condition affecting children and welcomes pupils with diabetes.
- c) All pupils with diabetes will have an Individual Health Care Plan.
- d) The school encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of school life.

- e) All staff will have a clear understanding, through reading this document, of what it means to be a diabetic and what to do in the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.
- f) All staff must understand that immediate access to insulin or diabetic snacks is vital.
- g) Pupils' emergency boxes are kept in the Medical Cabinet.
- h) Please note that pupil where required will be allowed to keep additional insulin with them.
- i) All staff, teaching and non-teaching will be informed of pupils with diabetes in Medical Information folder.
- j) A printout of pupils' medical conditions can be obtained from The Head Teacher and Individual Health Care Plans are available to all staff and kept confidentially and are available in Medical Information folder.
- k) The school will also where required inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.
- l) Advice and further information is available from The First Aid Co-ordinator.
The school is committed to working in partnership with all parties to ensure the policy is implemented and maintained and to ensure effective communication of the policy.

HEAD LICE

In developing these procedures, the school has regard to the advice and guidance of the Infection Control Nurses Association and Matron. The school recognises its responsibility in dealing with children appropriately.

- 1) Head lice infection is not primarily a school problem but one of the wider communities.
- 2) Whilst the school cannot solve the problem it can help parents to deal with it.
- 3) Head lice do cause concern and frustration for some children, parents and teachers.
- 4) School should be informed in confidence of all head lice cases.
- 5) The First Aid Co-ordinator may decide to offer information, advice and support to parents.
- 6) All reports shall remain confidential.
- 7) The school may inform parents by an 'advice' letter given to a whole year or class group but not individual parents.
- 8) Affected pupils will not be excluded from school.

9) The school will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.

10) The school will assist in reducing agitation and alarm.

11) Routine head inspections are not effective and will not be introduced to placate anxious parents.

12) It is part of the school Uniform Policy that all females should have their hair tied back at all times as this is a preventable measure against head lice.

SYMPTOMS OF SHOCK

The most common symptoms of shock include:

- 1) A fast, weak pulse
- 2) Low blood pressure.
- 3) Feeling faint, weak or nauseous.
- 4) Dizziness.
- 5) Cold, clammy skin.
- 6) Rapid, shallow breathing.
- 7) Blue lips.

Treatment and Recovery

If you're with someone who goes into shock, prompt treatment can make all the difference:

- 1) Lay the person flat and raise their legs by at least 25cm to help restore blood pressure (note that in anaphylactic shock, if the person is conscious but having trouble breathing, it's better to sit them up).
- 2) Stop any bleeding by applying direct pressure over the wound or a tourniquet on extreme limb injuries (it's harmful to stop the blood flow to a limb for more than 10-15 minutes).
- 3) Administer anaphylaxis treatment if necessary.
- 4) Loosen tight clothing.
- 5) Keep the person warm with layers of blankets (not a hot water bottle).

- 6) Don't give them anything to eat or drink because of the risk of vomiting.
- 7) Call an ambulance as soon as possible.

Causes and Risk Factors

There are various types of shock with varying causes.

Psychological Shock

This may be caused by:

- 1) Hearing bad news, such as the death of a loved one.
- 2) Being involved in a traumatic event, such as an accident.
- 3) Being the victim of crime, violent or otherwise.

While psychological shock is less likely to kill you than physiological shock, its effects can persist for years and cause immense disruption. Mild shocks leave you feeling stunned for a while, absorbed in your thoughts and unable to focus on anything else. After a while, though, the brain gets the event in perspective and normal life resumes. However, especially if the shock is more profound, some people find it harder to return to normal, and may develop post-traumatic stress disorder (PTSD). This tends to affect people in one of three ways:

- 1) Intrusion - the event is constantly replayed in the mind.
- 2) Avoidance – the person feels numb, retreats from normal emotions and activities, and may use alcohol and drugs as a form of 'self-medication'.
- 3) Increased arousal – the person is left angry, and prone to irritable behaviour.

Physiological Shock:

This type of shock can be caused by:

- 1) Severe bleeding.
- 2) Pulmonary embolus (a blood clot in the lungs).
- 3) Severe vomiting and diarrhoea.
- 4) Spinal injury.
- 5) Poisoning.

There are also specific types of physiological shock, with very particular symptoms.

Cardiogenic Shock

Cardiogenic shock occurs when the heart is severely damaged - by a major heart attack, for example - and is no longer able to pump blood around the body properly, causing very low blood pressure. This develops after about eight per cent of heart attacks. It can be difficult to treat, but drugs may be given to make the heart beat stronger. This may be enough to bring someone through the worst until the heart can mend itself, but cardiogenic shock is still fatal in as many as eight out of ten cases. New treatments to 'revascularise' or restore blood flow to the heart muscle are improving survival rates.

Septic Shock

This occurs when an overwhelming bacterial infection causes blood pressure to drop. It is fatal in more than 50 per cent of cases. Although it is caused by bacterial infection, treating septic shock with antibiotics is far from simple, because the bacteria release massive amounts of toxin when they are killed off, which initially makes the shock worse. It must always be treated in hospital where the correct drugs and fluid support can be given.

One type of septic shock is toxic shock syndrome - a rare but severe illness caused by certain strains of the bacteria *Staphylococcus aureus*.

Anaphylactic Shock

Anaphylactic shock is a severe allergic reaction. Common triggers include bee and wasp stings, nuts, shellfish, eggs, latex and certain medications, including penicillin.

Symptoms include:

- 1) Burning and swelling of the lips and tongue.
- 2) Difficulty breathing (like in an asthma attack).
- 3) Red, itchy or blistered skin, sneezing.
- 4) Watery eyes.
- 5) Nausea.
- 6) Anxiety.

Anaphylaxis requires urgent treatment in hospital. People at risk should always carry an emergency anaphylaxis treatment kit that includes adrenaline.

SICKNESS AND DIARRHOEA

In developing these procedures the school has regard to the advice and guidance of Ofsted and the HSE. The school recognises its responsibility in dealing with pupils appropriately and Ofsted are notified if there are two cases of food poisoning at any one time. In order to minimise the spread of a gastro-intestinal infection in the school environment we ask that parents adhere to the following guidelines:

a) If your child has been unwell at home with sickness and/or diarrhoea please keep your child off school for minimum of 48 hours following the last episode of illness.

b) If your child is sick and/or has diarrhoea at school we will contact you to collect your child as soon as possible. Your child should then remain off school for a minimum 48 hour period following the last episode of illness.

c) When your child returns to school we do ask that they are well enough to be eating their normal diet. We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

TEMPLATES FOR MEDICAL FORMS

Red Rose School
Lytham St Annes, Lancs, FY8 2NQ 01253720570
redroseschool@btconnect.com

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form.

Child's Name _____

Class _____ Date of Birth _____

Medical condition or illness _____

Medicine

Name/type of medicine (as described on the container)

Date dispensed _____ Expiry date _____

Agreed review date to be initiated by Mrs Stacey Dee

Dosage and method _____ Timing _____

Special precautions _____

Are there any side effects that school need to know about?

Self administration YES/NO (delete as appropriate).

If no, to be given by (school to name of member of staff)

Procedures to take in an emergency _____

Contact Details

Name _____

Tel No. _____ Relationship to the child _____

Address _____

I understand that I must deliver the medicine personally to the Principal/Head Teacher/Assistant Head Teacher or Mrs Stacey Dee

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing immediately.

Date _____ Signed _____

REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE

This form must be completed by parents/carers.

If staff have any concerns discuss this request with healthcare professionals.

Name of Child _____ **Class** _____

Address _____

Name of medicine _____

Procedures to be taken in an emergency _____

Contact Information

Name _____

Daytime telephone no. _____

Relationship to child _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed _____

Date _____

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redroseschool@btconnect.com

HEADTEACHER AGREEMENT TO ADMINISTER MEDICINE

It is agreed that (name of child) _____ will

Receive (quantity and name of medicine)

Everyday at (time medicine to be administered e.g. lunchtime or afternoon break)

(Name of child) _____ will be given/supervised whilst
he/she takes their medication by (name of member of staff)

This arrangement will continue until (either end date of course of medicine or
until instructed by parents)

Date _____

Signed _____

Headteacher

INDIVIDUAL HEALTH CARE PLAN

Name of school/setting

Red Rose School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

Template D: record of medicine administered to all children

Red Rose School - create spreadsheet with following headings along top

Date
Child's name
Time
Name of medicine
Dose given
Any reactions
Signature of staff
Print name

Template E: staff training record – administration of medicines

| | |
|-----------------------------------|-----------------|
| Name of school/setting | Red Rose School |
| Name | |
| Type of training received | |
| Date of training completed | |
| Training provided by | |
| Profession and title | |

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely