Olveston CEVC Primary School

Managing Medical Needs Policy

Signed (Chair): Signed copy in school office	Name Justin Garrett	Date: November 25
Signed (Headteacher):	Name: Lee Dunn	Date: November 25
Ratified: Full Governing Body	Next Review: November 2026	

Changes in policy
Changes since V1 (July 2022) – 5.1 removal of the statement that all staff will have epi pen training from the school nurse annually – this service is no longer available. 10.1 – the school now has access to a defibrillator – this section has been updated accordingly. 11.3, 11.4 and 11.5 are new. 15.0 Adjustment to review wording – removal of date and addition of top sheet summary. Pages 12/13 letter to parents adjusted to remove previous Executive headteacher and add new headteacher Nov 2025 – No changes

Ephesians 3:17-19 *That Christ may dwell in your hearts through faith, as you are being rooted and grounded in love. I pray that you may have the power to comprehend, with all the saints, what is the breadth and length and height and depth, and to know the love of Christ that surpasses knowledge, so that you may be filled with all the fullness of God.*

The vision of the school, along with the values and attributes we seek to instil, form the foundation and the rationale behind our decisions, policies, and procedures as we strive to inspire the hearts and minds of all who work and learn in our school community in order for each individual to thrive and flourish. This policy has been developed to support our vision that all that we do is 'Rooted in Love'

Equality Impact Assessment (EqIA)

This policy has been assessed with regard to its impact on equalities issues. The equality impact assessment has been conducted by the Head teacher and focused on race, gender, disability, age, sexual orientation, gender identity and religion/belief. Community Cohesion has also formed part of the impact assessment work in order to ensure respect for diversity, alongside a commitment to common and shared bonds.

EqIA outcomes

- *The assessment found no areas of potential negative impact and actions resulting in positive impact are in place.*

1. STATEMENT

The school will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by the Finance Committee on an annual basis.
The overall responsibility for the effective implementation of this policy is held by the Headteacher.

The school will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration will be given to how children will be reintegrated back into school after periods of absence.

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

2. PROCEDURES

The following procedures are to be followed when notification is received that a pupil has a medical condition.

2.1 A parent or a healthcare professional informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

2.2 The Headteacher co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

2.3 A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

2.4 An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

2.5 School staff training needs will be identified.

2.6 Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

2.7 The IHCP will then be implemented and circulated to all relevant staff.

2.8 The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

2.9 For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

3. INDIVIDUAL HEALTHCARE PLANS

3.1. Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher will make the final decision.

3.2. The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their healthcare plan.

3.3. The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

4. ROLES AND RESPONSIBILITIES

4.1 Governing Body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.2 Headteacher

- Ensure that the school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the school nurse is aware of children with medical conditions.

4.3 School staff

- 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.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 School nurse

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- Support staff to implement IHCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

4.5 Healthcare professionals (GPs etc)

- Notify school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.

4.6 Pupils

- Full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, IHCP.

4.7 Parents

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Contribute to the development of the IHCP.
- Carry out any action they have agreed to as part of the IHCP implementation.

4.8 Local Authority

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

5. STAFF TRAINING AND SUPPORT

5.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training.

5.2 The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

5.3 School staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

5.4 All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

6. CHILD'S ROLE IN MANGING THEIR OWN MEDICAL NEEDS

6.1 Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP.

6.2 Wherever possible children will be allowed to carry their own medicines and relevant devices, and to access their medicines for self-medication quickly and easily, but with an appropriate level of supervision.

7 MANAGING MEDICINES ON SCHOOL PREMISES

7.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

7.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. There will be very few circumstances where schools will consider that non prescribed medication will be acceptable in their premises. This should be considered only in exceptional circumstances and each case will be decided by the headteacher on its individual merits.

7.3 No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

7.4 Wherever possible prescribed medicines should be taken outside school hours.

7.5 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage. These should be for dosages of more than 3 times per day as parents should be able to administer these at home before and after school.

7.6 All medicines will be safely stored in a location which is known and accessible to the child.

7.7 Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so, but passing it to another child is an offence and will be dealt with accordingly.

7.8 The school will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom.

7.9 When no longer required, medicines will be returned to parents to arrange for safe disposal.

8. EMERGENCY PROCEDURES

8.1 Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

8.2 If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

9. USE OF EMERGENCY SALBUTAMOL INHALERS

9.1 From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies. ***The school have discussed this issue and the current decision is that a salbutamol inhaler will not be held in school although this decision will be reviewed on an annual basis.***

10. DEFIBRILLATOR PROVISION

10.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school ***does have*** a defibrillator**.** There is an access defibrillator in the school office. The use of a defibrillator would, where ever possible, be under the guidance of the emergency services.

11. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

11.1 Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

11.2 School will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.

11.3 Where medication is needed as part of an extended overnight educational visit all appropriate forms must be completed by parents to enable a child to attend. Staff must be suitably trained, experienced and confident for any medication administration off site. This will considered as part of the risk assessments.

11.4 All medication must be securely stored off site and only accessed by those with suitable training and permissions.

11.5 Where medication is administered off site a second adult must check and confirm that the medication being administered is in accordance with the associated medical form.

12 UNACCEPTABLE PRACTICE

12.1 The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;

- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child including toileting issues; and
- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.

13. LIABILITY AND INDEMNITY

13.1 The school is covered for whole school and personal indemnity by Zurich Insurance Services through South Gloucestershire LA.

14. COMPLAINTS

14.1 If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue remains unresolved, they may make a formal complaint via the school's complaint procedure. Please see and refer to the Complaints Policy.

15. APPROVAL AND REVIEW

This policy will be reviewed annually – the review changes are recorded as part of the school top sheet.

INDIVIDUAL MEDICATION DETAILS

CHILD'S NAME ……

DOB ……..

ADDRESS: ……..……

……

……

PRESCRIBED MEDICATION

……

DOSAGE TO BE TAKEN

……

HOW OFTEN

……

DOES THE CHILD KNOW WHAT TO DO AND HOW TO ADMINISTER THE MEDICATION?

YES / NO

ALWAYS REMEMBER TO LABEL YOUR CHILD'S MEDICATION TO ENSURE THAT CONFUSION DOES NOT OCCUR

Signed (Parent): …….. Date: …….

RECORD OF MEDICATION

ADMINISTERED TO.....

He/she suffers from ..... This condition requires

the administration of ..... regularly/in an emergency.

Where staff administer medication, this must be noted below.

DATE & TIME	DOSE GIVEN	ANY REACTION	OBSERVATION/COMMENTS	SIGNATURE OF PERSON ADMINISTERING THE MEDICATION

REQUEST TO ADMINISTER MEDICATION FORM

Parents/guardians are advised that, unless you complete and sign this form the school will not administer medication to your son/daughter. The Headteacher and staff must still agree to administer medication as this is a purely voluntary act on their part.

DETAILS OF PUPIL

Name: .....

Home Address: ……..

.....

Date of Birth.....

Class .....

CONDITION OR ILLNESS

Type of Condition or Illness: ……

Name & Type of Medication: ……... (as described on container)

How long will your child require the medication: ……
(ongoing or specific time span)

FULL DIRECTIONS ON USE

Dosage & Method: ……

Timing: ……

CONTACT DETAILS

Name of Parent/Guardian: ……..

Address: ……
……

Daytime Telephone Number: ……

I understand that I must personally deliver the medicine to Head/Secretary/Class Teacher/First Aider and accept that this is a voluntary service provided by the school.
I understand that it is my responsibility to notify the school of any changes in the medication.

Signature of Parent/Guardian ..... Date: ……

HEALTHCARE PLAN

This Healthcare Plan has been produced for: ……..

Class .....

He/She suffers from ..... (add in name of condition)

Date Plan agreed for implementation and/or

period plan in place for: ……

Date of Review: ……..

SPACE
FOR
PHOTOGRAPH
OF
PUPIL

CONTACT INFORMATION

Family Contacts

1	Name	2	Name .....
	Relationship		Relationship .....
	Phone No (home)		Phone No (home) .....
	(work)		(work) …….

Medical Contacts

3	GP Name	4	OTHER Name .....
	Phone No		Title .....
			Phone No .....

Emergency Contact

DIAL 999, ASK FOR AMBULANCE, GIVE ADDRESS OF SCHOOL AS BELOW:

Olveston CEVC Primary School
Elberton Road
Olveston
South Gloucestershire
BS35 4DB

and inform the operator of the medical condition.

EMERGENCY ARRANGEMENTS

(Add information on what constitutes an emergency for the pupil and what to do if this occurs.)

COMPETENCE

(Add information on staff deemed to be competent to deal with the medical needs of the pupil. Staff should be indicated in priority order where appropriate.)

MEDICATION REQUIREMENTS

(Add information on the normal medication requirements if applicable.)

FOLLOW UP CARE AND RECORDING

(Include details of what to do following an incident if the child remains in school. A record of the incident, whether or not the child remains in school, needs to be added to the details of medication administered form.)

COPIES OF HEALTHCARE PLAN SENT TO

Parent/Guardian (add in name and date provided) ……

Child's Individual School File

Personnel who have agreed to administer medication (indicate number of copies)

Copy kept with Medication if not carried by the pupil

Copy to GP/Consultant

Olveston CEVC Primary School

Rooted in Love

Your roots will grow down into God's love and keep you strong.' Ephesians 3:17

Head Teacher: Lee Dunn

Elberton Road, Olveston, Bristol BS35 4DB

Email: olvestonschool@sgmail.org.uk

Telephone: (01454) 613299

TO: PARENT/GUARDIAN

Dear

Further to your request for the school to administer medication to .....

I am writing to advise you that in this case the school is able to accommodate the request.

It would be appreciated therefore, if you could arrange to meet with me/..... to discuss the arrangements in this respect which need to be included in .....'s Healthcare Plan.

OR

From the details provided on the "Request to Administer Medication Form" the attached Healthcare Plan has been produced and it would be appreciated if you would confirm that this plan is felt to be appropriate.

I trust that the above is clear and would hope that ..... will continue to participate fully in the activities of the school.

Yours sincerely

Lee Dunn
Headteacher

Olveston CEVC Primary School

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HeadTeacher: Lee Dunn

Elberton Road, Olveston, Bristol BS35 4DB

Email: olvestonschool@sgmail.org.uk

Telephone: (01454) 613299

TO: PARENT/GUARDIAN

Dear

Further to your request to administer medication to ..... I very much regret that this request is unable to be accommodated.

This is because the school does not have

a) anyone who is willing to administer the medication
b) the space to accommodate storage of short-term medication as indicated in the school policy on administration of medication/.....

If a) can I suggest therefore that we need to discuss possible alternative arrangements.

Yours sincerely

Lee Dunn
Headteacher

MEDICAL CONDITIONS

1 - ASTHMA Background Information

Asthma is a common condition that requires regular medical supervision. Approximately 1 pupil in 20 has asthma so most schools will probably have several pupils in attendance who are asthmatic.

An asthma attack occurs when an individual's airways contract as a result of a trigger. Triggers vary but include viral infections, cold air, pollen etc. Exercise and stress are also triggers or can contribute to/aggravate the results of attacks. An asthma attack is characterised by coughing, wheeziness and difficulty in breathing.

Asthma is normally effectively managed by the use of medication and pupils at a very early age learn to manage their own medication.

Emergency Arrangements

The information in the Healthcare Plan under this heading will normally indicate the following or similar:

Should (name of pupil) have difficulty breathing, or continue to cough, or appear to be wheezy he/she should be given the opportunity/encouraged to use his/her medication immediately. If it is possible to identify the trigger and remove it, ie: move indoors out of cold air or away from pollen, then this should be done. The pupil should be comforted/given support as appropriate.

If after medication is administered there is no improvement in the condition or the condition deteriorates then medical advice must be sought and/or an ambulance called.

NB the medication can take some 5 to 10 minutes to take effect but if the child is becoming distressed or unduly tired, call an ambulance.

Medication Requirements

The information in the Healthcare Plan under this heading will normally indicate the following or similar:

(Name of Pupil) will make use of his/her inhaler/nebuliser at (indicate when he/she will need to use the inhaler/nebuliser if regularly) as and when required. This may be more frequently in cold weather or prior to PE. The pupil will normally require (indicate usual number of "puffs") ..... puffs.

The inhaler/nebuliser contains (add information on chemical) and is kept in (classroom/office)/carried by the pupil. The inhaler is blue/brown and is marked with his/her name or the nebuliser is marked with his/her name.

The pupil is able to use the inhaler/nebuliser without assistance/requires assistance with the inhaler/nebuliser. This will involve reminding the pupil to use the inhaler/supervising the pupils' use of the inhaler/helping to hold the nebuliser.

Competence

All staff are able to assist in reminding pupils/supervising pupils taking the medication. The parent/guardian/school nurse/first aider will demonstrate the use of inhalers/nebulisers' as appropriate.

2 - EPILEPSY

Background Information

Epilepsy is a condition which affects around 1 pupil in 130 which means that many schools will at some point have children attending with this condition.

The symptoms of children with epilepsy are normally well controlled by medication and seizures are unlikely during the school day. In the majority of cases the trigger/s which cause an epileptic fit are unknown although certain factors, ie: tiredness or anxiety, sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games etc. can be triggers for seizures in some pupils. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Not all pupils with epilepsy will experience major seizures (commonly called fits). Where pupils do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some can exhibit unusual behaviour, eg: plucking at clothes, repetitive movements etc., experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Examples of different types of seizures are given below:

a) Tonic Clonic Seizures
During tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure these will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times will vary with some pupils requiring a few seconds to recover whilst others will need to sleep for several hours.

b) Absence Seizures
These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the pupil may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is daydreaming.

c) Partial Seizures
Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

d) Simple Partial Seizures (when consciousness is not impaired)
This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

e) Complex Partial Seizures (when consciousness is impaired)
This is the most common type of partial seizure. During a temporal lobe complex partial seizure the pupil will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Emergency Arrangements

The information in the Healthcare Plan will vary considerably but will indicate the symptoms where known, ie: in case of tonic clonic seizures whether the pupil will fall to the ground, become incontinent etc. The emergency medication required will normally be administration of rectal diazepam. The information in the Healthcare Plan under this heading will normally indicate the following or similar:

Should (Name of Pupil) suffer a seizure, which will normally involve ....., nothing is to be done to stop or alter the course of the seizure
Unless Emergency Medication is required. The pupil should not be moved unless he or she is in a dangerous place but something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be

turned on his/her side and put into the recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

or

Should (name of pupil) suffer an epileptic fit which lasts for ..... minutes or more/suffers ..... seizures then he/she will need to have rectal diazepam administered. The competent member of staff, in company with a second adult, will administer the medication. Initially ..... milligrams of rectal (add in name of drug) ..... will be administered. In the event there are difficulties administering the medication, eg: diarrhoea, call an ambulance. If the fit/seizures continue a second dose of ..... milligrams of rectal (add in name of drug) are to be administered. If the fit/seizures continue for ..... minutes call an ambulance, see Emergency Contact above, and notify family contact.

Medication Requirements

In the case of Epilepsy this section will usually be left blank. This is because in most cases involving epilepsy in schools only emergency medication will be required.

Competence

Staff who volunteer to administer the emergency medication must have received training from an approved source. This will involve information on the specific type of epilepsy, the possible triggers and instruction/demonstration on administering the medication.

3 - DIABETES

Background Information

Diabetes affects around 1 pupil in 700 so schools may not come across this condition very often. It is a condition where an individual's hormonal mechanisms do not control their blood glucose levels.

The diabetes of the majority of pupils is controlled by two injections of insulin each day. These will not normally need to be given during school hours but children with diabetes need to ensure that their blood glucose levels remain stable. This will involve using a testing machine, at regular intervals, which may need to be done during the school day.

Pupils with diabetes must be allowed to eat regularly during the day which may involve eating snacks during class time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each pupil may experience different symptoms and this should be discussed when drawing up the Healthcare Plan.

NB Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. If any such symptoms are noted these should be brought to the attention of the parent.

Emergency Arrangements

The information in the Healthcare Plan under this heading will normally indicate the following or similar:

Should (name of pupil) suffer an hypo, which will normally involve him/her appearing drowsy/starting to shake/becoming irritable/ ....., he/she should be given the opportunity/encouraged to take a glucose tablet/sugary drink/ ..... The hypo should pass within (usually 10 - 15 minutes) ..... and if it persists past this time call an ambulance, see Emergency Contact above, and notify the family contact.

If the pupil recovers within ..... minutes he/she should be encouraged to consume a slower acting starchy food, eg: glass of milk.

Medication Requirements

The information in the Healthcare Plan under this heading will normally indicate the following or similar:

(Name of pupil) will need to be reminded to check his/her blood glucose levels at lunchtime/breaktimes. Specify period ..... The pupil will need no assistance/help with the test kit but is to use the kit ....., so that he/she is not likely to be disturbed by other pupils.

Competence

All staff are able to assist in reminding pupils/supervising pupils using the test kit. The use of the test kit will be demonstrated to staff by parent/school nurse as appropriate.

4 - ANAPHYLAXIS

Background Information

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. No figures have yet been provided for the number of pupils who currently suffer from this condition but a number of schools already have pupils in attendance who have been diagnosed with the condition.

When these severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. Schools can help to ensure this by asking all parents not to provide certain foods for their children and explaining why.

The most common cause of anaphylaxis is food, eg: legumes (nuts), fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form, the condition can be lifethreatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

For some children, the timing of the injection may be crucial. This needs to be clear in the Healthcare Plan and suitable procedures put in place so that swift action can be taken in an emergency.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the Healthcare Plan.

Emergency Arrangements

The information in the Healthcare Plan under this heading will normally indicate the following or similar:

Should (name of pupil) have/thought to have consumed any food product containing legumes/..... and/or exhibits/indicates the following symptoms, wheeziness/difficulty breathing/abdominal cramps/ ..... he/she will be given the Epipen adrenaline auto injection into the fleshy part of the thigh. An ambulance will also be called, see Emergency Contact above, and the Family Contact notified.

Medication Requirements

In the case of Anaphylaxis this section will usually be left blank. This is because in most cases involving anaphylaxis only emergency medication will be required.

Competence

Staff who volunteer to administer the emergency medication must have received training from an approved source. The training will cover information on the cause of the allergic reaction and instruction/demonstration/practice on administering the medication, ie: using the Epipen. The use of the Epipen is quite simple but staff usually like refresher training from time to time as the Epipen is rarely used.

Training can be provided by GP/Consultant/School Nurse/First Aid provider.