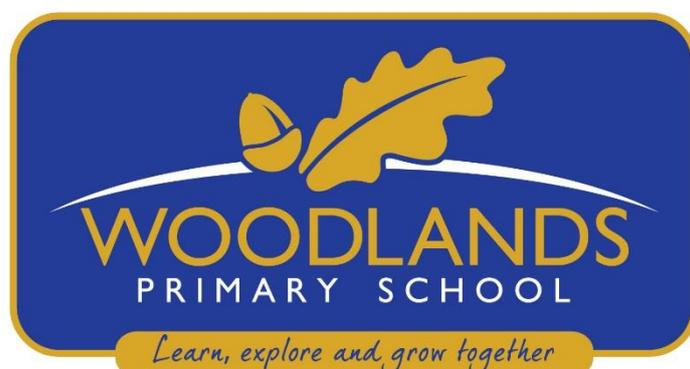


Woodlands Primary School

Supporting Children with Medical Needs Policy



Written by	Mary Priestley
Ratified by Governors	Spring 2017
Date for Review	Summer 2020
Signed – Chair of Governors	
Signed – Headteacher	

This policy has been impact assessed by Mary Priestley in order to ensure that it does not have an adverse effect on race, gender or disability equality.

This policy is written in line with the requirements of:

Children and Families Act 2014 - section 100
Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
0-25 SEND Code of Practice, DfE 2014
Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
Equalities Act 2010
Schools Admissions Code, DfE 1 Feb 2010

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Woodlands Primary School fulfils this by:

- ensuring that arrangements are in place to support pupils with medical conditions. In doing so, it ensures that such children can access and enjoy the same opportunities at school as any other child;
- taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions. The school ensures that staff understand how medical conditions impact on a child's ability to learn. The school ensures that staff are properly trained to provide the support that pupils need, to promote self-care and to build confidence;

- ensuring that no child with a medical condition is 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 safeguarding duties, the school ensures that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- ensuring that the arrangements put in place are sufficient to meet statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- considering whether to
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport

- purchase and train staff in the use of defibrillators
 - once regulations are changed consider holding asthma inhalers for emergency use;
- ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
 - ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
 - ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the headteacher, Mary Priestley. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available off and on-site with an appropriate level of training.

The Inclusion Manager, Rita Tarrant-Blick will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. She will also be responsible, in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Woodlands Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In making the arrangements, it will be taken into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some conditions may be more obvious than others. The focus will be on the needs of each individual child and how their medical condition impacts on their school life. The aim will be to ensure that parents/carers and pupils can have confidence in the school's ability to

provide effective support for medical conditions, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

Staff will be properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, the school will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. The school will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Woodlands Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Inclusion Manager, and following these discussion an individual healthcare plan will written in conjunction with the parent/carers.

Individual Healthcare Plans

Individual healthcare plans will help to ensure that Woodlands Primary School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Woodlands Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Woodlands Primary School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensuring that it assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, it will always include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from the parents/carers 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 eg, risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual 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 that could be used to inform development of their individual healthcare plan

Roles and Responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff.

In addition the school can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff Training and Support

Appendix B has a list of the school's qualified First Aiders and those who hold a Paediatric certificate.

Additionally the school has staff with specialist training for the administration of diabetic drugs (also listed in Appendix B).

All school staff are able to administer non-specialist prescription medicine (for example the fourth dose of antibiotics), although this is usually carried out by the administrative team.

The school holds regular training in the use of epipens and supporting pupils with asthma, which all staff will attend. The most recent training was on the **02.09.16**. Refer to Appendices D and E for more detail on how the school supports pupils with diabetes and how the school responds if a child were to experience anaphylactic shock.

Template E will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions (eg. Diabetes) will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their

role in implementing the policy. The Inclusion Manager, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The Child's Role in Managing their own Medical Needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored securely in the child's classroom or in the medical room depending on the condition. Woodlands Primary School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing Medicines on School Premises and Record Keeping

At Woodlands Primary School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- We will **not** routinely administer non-prescription medicines, such as paracetamol or ibuprofen, apart from on residential school trips, when permission has been given **or** if they are needed to make a child more comfortable eg. eczema cream, eye drops. Permission will need to be given by the parents/carers (as for other medication) and records will be kept.
- Aspirin will **not** be administered by school staff.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

- Woodlands Primary School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the Medical Room in Oak building or the school office in Acorn building. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility:

Acorn Building: Wendy Tubb (School Secretary), Diane Dale (Administrative Assistant), Fi Lenygon (Administrative Assistant).

Oak Building: Heather Fitzpatrick (Clerical Assistant), Sally Martin (Bursar), Sharon Chalklin (Personnel Manager).

Medicines which require refrigeration are stored in the fridge in the staffrooms in a sealed, labelled box.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away. Asthma inhalers are marked with the child's name and kept in a box in each classroom. Diabetic medication is kept in each classroom in a special, identified bag. Adrenaline pens are kept in the hall cupboard in Acorn building and the medical room cupboard in Oak building.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. They will keep a record (see template C and D) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency Procedures

The headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Trips, Residential Visits, and Sporting Activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Appendix C contains the school procedures for medication on residential school trips.

Other Issues for Consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

There is a defibrillator positioned outside the main school gate. Staff are in the process of being trained on its use.

Once regulations have changed the governing body will consider whether to hold asthma inhalers on site for emergency use.

Unacceptable Practice

Although staff at Woodlands Primary School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and Indemnity

Our Insurers are Zurich Municipal – policy no QLA-17AD01-0013

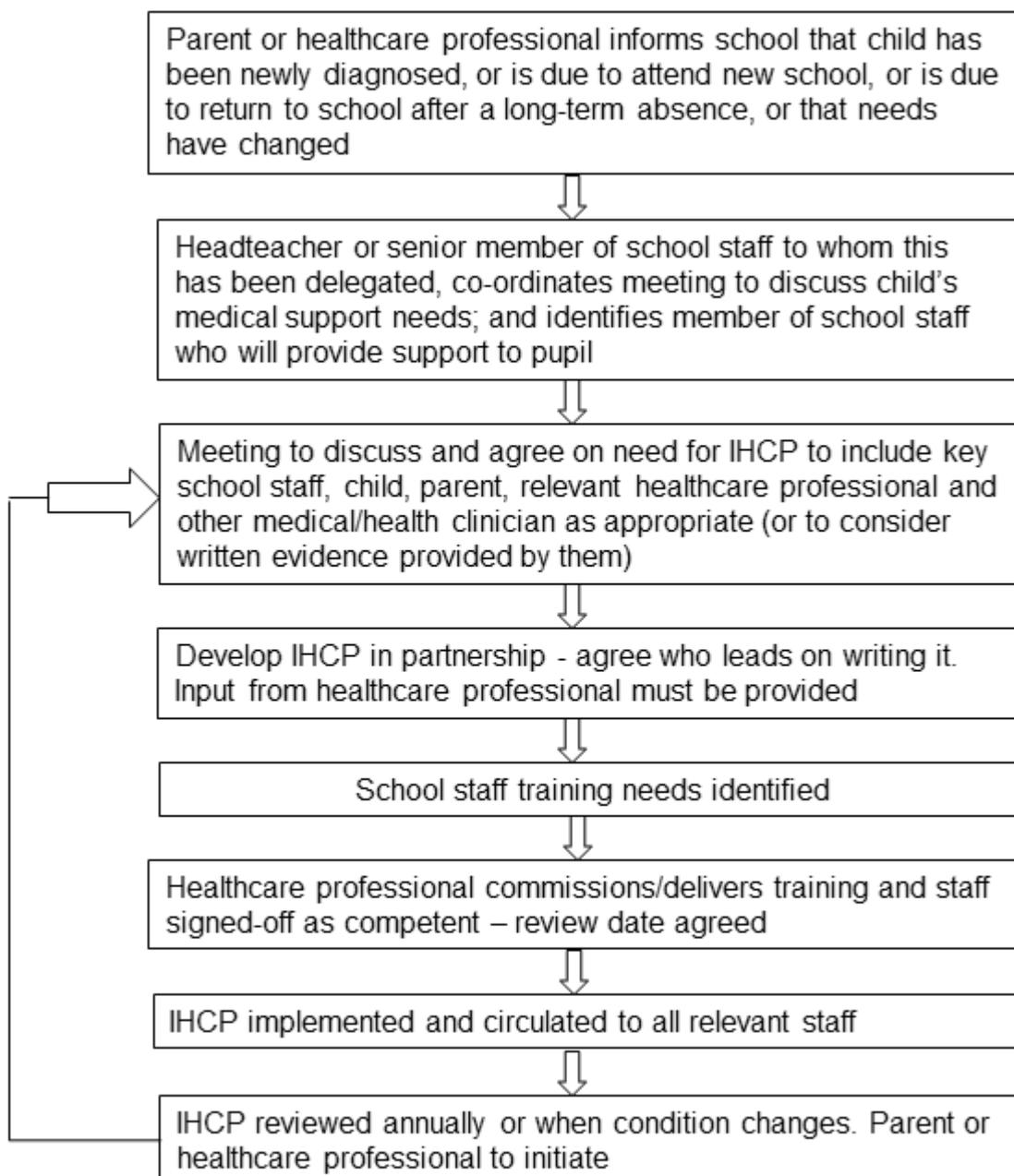
Public Liability cover of £50,000,000

Employers Liability £50,000,000

Complaints

Should parents/carers be unhappy with any aspect of their child's care at Woodlands Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Complaints Procedure.

Appendix A: Model process for developing individual healthcare plans



Template A: individual healthcare plan

Name of school/setting	
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 B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines and/or medical procedures

Name of school/setting	
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 _____

Appendix B

FIRST AIDERS AT WOODLANDS PRIMARY SCHOOL



Acorns

Amanda Abbott	Paediatric First Aid	Exp 10.02.19
Wendy Bradford	First Aid at Work.	Exp 03.11.19
Caren Broad	Emergency First Aid at Work	Exp 16.11.19
Diane Dale	Paediatric First Aid	Exp 30.01.18
Katrina Dye	First Aid at Work	Exp 03.11.19
Jacqueline Gardiner	Emergency First Aid at Work	Exp 07.07.17
Caron Hobden	First Aid at Work	Exp 03.11.19
Katie Jennings	Paediatric First Aid	Exp 10.02.19
Beverley Lee	Paediatric First Aid	Exp 30.01.18
Catherine Makey	First Aid at Work	Exp 03.11.19
Amanda Marshall	First Aid at Work	Exp 03.11.19
Kim Martin	Emergency First Aid at Work	Exp 25.11.17
Nicola Mulley	Paediatric First Aid	Exp 30.01.18
Lorna Osborne	First Aid at Work	Exp 03.11.19
Mel Saunders	Emergency First aid at Work	Exp 16.11.19
Jayne Shimell	Paediatric First Aid	Exp 30.01.18
Jo Stone	Emergency First Aid at Work	Exp 06.10.17

Oaks

Alice Baer	Emergency First Aid at Work	Exp 01.11.18
Claire Brooks	Emergency First Aid at Work	Exp 01.11.18

Natalie Burrows	Paediatric First Aid	Exp 04.01.20
Lesley Butcher	First Aid at Work	Exp 27.09.18
Libby Cole	Paediatric First Aid	Exp 16.12.19
Holly Hearn Collins	Emergency First Aid at Work	Exp 16.11.19
Ann Charters	Emergency First Aid at Work	Exp 01.11.18
Rachel Cook	Emergency First Aid at Work	Exp 01.11.18
Karen Corbett	First Aid at Work	Exp 17.01.18
Helen Coulstock	Emergency First Aid at Work	Exp 01.11.18
Sharon Chalklin	Emergency First Aid at Work	Exp 01.11.18
Clair Cemm	Emergency First Aid at Work	Exp 01.11.18
Gemma Gould	First Aid at Work	Exp 24.04.19
Mick Heath	First Aid at Work	Exp 01.11.18
Jo Jesson	Emergency First Aid at Work	Exp 01.11.18
Diane Lewis	Emergency First Aid at Work	Exp 01.11.18
Fiona Lenygon	Emergency First Aid at Work	Exp 01.11.18
Jane Minster	Emergency First Aid at Work	Exp 01.11.18
Carolyne Morford	Emergency First Aid at Work	Exp 01.11.18
Ken Newsome	Emergency First Aid at Work	Exp 16.11.19
Margaret Simmonds	Emergency First Aid at Work	Exp 01.11.18
Diane Smith	Emergency First Aid at Work	Exp 16.11.19
Joshua Stokes	Emergency First Aid at Work	Exp 16.11.19
Sonia Spurle	Emergency First Aid at Work	Exp 15.07.18
Fiona Taylor	Emergency First Aid at Work	Exp 01.11.18
Victoria Timms	Emergency First Aid at Work	Exp 01.11.18
Sarah Walsh	Emergency First Aid at Work	Exp 01.11.18

STAFF MEMBERS WITH SPECIALIST DIABETIC TRAINING

Diane Dale	Date of Training: 07.09.16
Josie Hughes	Date of Training: 07.09.16
Elaine Rusling	Date of Training: 07.09.16
Alison Baker	Date of Training: 07.09.16
Holly Hearn-Collins	Date of Training: 20.06.16
Melanie Pope	Date of Training: 20.06.16

Appendix C

Procedure for Administering Medication on Residential Trips

Prior to the trip each child's parent/carer will be issued with three forms relating to medication:

1. Pupil Medication Form (usually orange) **MUST BE ADMINISTERED** * - giving permission for first aider to administer essential medication;
2. Pupil Medication Form (usually green) **TO BE ADMINISTERED WHEN NECESSARY** * giving permission for first aider to administer medication if certain conditions arise;
3. Medication consent form (usually blue) – giving permission for the first aider to administer certain general medications if deemed appropriate

*separate forms to be completed for each different medication

The completed forms are returned to the school's first aider, together with the relevant medication in its original container or packaging, named and sealed in a clear, plastic bag. The designated first aider will then complete a register of all medication requirements highlighting those that **MUST BE ADMINISTERED** and those that **MAY** be required.

Where children are travelling with the school and more than one coach is required the medications and logs will be split into coach groups. If medical needs have to be addressed during travel the child and first aider will be allocated to the same coach.

The register will then be checked and completed throughout the day (and night if appropriate) to ensure all children receive their medication as instructed. This will also be checked over by the trip leader at least once a day.

Each individual administration of medication will be logged on the relevant medication instruction sheet to show what was given, how much, by whom and who witnessed. These forms are then passed to the parent together with any remaining medication on return from the trip.

If a child requires travel sickness medication this should be detailed on a green form. This medication should be the type that does not need to be taken two hours before travel. This will be logged and administered as all other medication.

Appendix D

What is anaphylaxis?

1. Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.
2. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
3. The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.
4. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

5. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.
6. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.
7. Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.
8. The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved.
9. Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. We recognise it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Staff that are susceptible to severe anaphylaxis should ensure they carry their own epipen and remind children to use the GREEN CIRCLE SYSTEM in an emergency.

10. Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor.

11. Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

12. Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices. At Woodlands we aim to update staff annually.

13. Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. Children have been asked not to bring in peanut butter as part of their packed lunch and the kitchen is able to provide meals that do not contain nuts if required.

14. Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. At Woodlands we aim to ensure children are not stigmatised or made to feel different. We also recognise that it is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

15. Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

16. Charity Stall items should be free from nuts. Any edible product being sold should have a list of ingredients attached and pupils should always ask prior to purchasing.

Appendix E

What is Diabetes?

1. Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).
2. About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.
3. Each person may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Staff with diabetes should make their condition known and their treatment plan available. Children and staff should be made aware of what to do if the member of staff is unwell and how to use the GREEN CIRCLE SYSTEM.

Medicine and Control for children

4. The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.
5. Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.
6. Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

7. When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.

8. Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

9. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- **hunger**
- **sweating**
- **drowsiness**
- **pallor**
- **glazed eyes**
- **shaking or trembling**
- **lack of concentration**
- **irritability**
- **headache**
- **mood changes, especially angry or aggressive behaviour**

10. Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

11. If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

12. An ambulance should be called if: recovery takes longer than 10-15 minutes or if the person becomes unconscious

13. Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

14. Information and photographs of children with diabetes are in the medical room

