

WOODLANDS PRIMARY SCHOOL



SUPPORTING PUPILS WITH A MEDICAL CONDITION POLICY INCLUDING ASTHMA & DIABETES

Updated: February 2024
Review Date: February 2025

"Some changes to our practice may need to be put in place to accommodate any Covid working guidance & restrictions issued by PHE"

WOODLANDS PRIMARY SCHOOL

SUPPORTING PUPILS WITH A MEDICAL CONDITION POLICY (including Asthma & Diabetes)

This policy is to be applied when a caregiver, or medical practitioner, of a child has informed the school of any medically diagnosed illness or injury which requires awareness or additional support during the normal school day. The requirement for this support should be determined by an individual risk assessment and /or Healthcare plan for the child and medical condition in question.

This policy may also apply when a child is undergoing medical investigation and/or awaiting a medical diagnosis.

This policy is to be applied concurrently to any other school policy that relates to any specific medical condition (e.g. Special Educational Needs & Disability Policy)

AIMS

- Woodlands Primary School is an inclusive community that aims to support and welcome students with medical conditions.
- Woodlands Primary School aims to provide all students with all medical conditions the same opportunities as others at school.

POLICY STATEMENTS

- Woodlands Primary School recognises Section 100 of the Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting students at their school with medical conditions.
- Woodlands Primary School's 'Supporting Students with Medical Conditions' Policy has been drawn up in consultation with a wide range of key stakeholders both within the school and health settings.
- All staff understand that many of the medical conditions affecting our students will affect quality of life and may be life threatening, particularly if poorly managed or misunderstood.
- This policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.
- All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.
- All staff understand and are trained in the school's general emergency procedures.
- Woodlands Primary School has clear guidance on the administration and storage of medication.

- Woodlands Primary School has clear guidance about record keeping.
- All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on students.
- Woodlands Primary School ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as educational, social and sporting activities.
- All staff show an understanding of how medical conditions impact on a student's ability to learn and seek to enhance their confidence and promote self-care.
- Woodlands Primary School understands the importance of all students taking part in sports, games and activities. Teachers and coaches will make appropriate adjustments to make physical activity accessible to all.
- The school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks.

RESPONSIBILITIES

Collaborative working arrangements are in place to enable the stakeholders below to work in partnership to ensure that students' needs are met effectively.

GOVERNING BODY MUST:

- Ensure arrangements are made to support students with medical conditions in school; including making sure that this policy is fully implemented.

HEADTEACHER MUST:

- Ensure that school's policy is developed and implemented with all stakeholders.
- Ensure that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all appropriate staff are aware of a pupil's condition.
- Ensure that appropriate staff are trained to implement the policy and deliver against Individual Healthcare Plans and risk assessments, including in emergency situations.
- Ensure that school staff are appropriately insured to support pupils.
- Devolve responsibility for implementation of the policy to the DHT in charge of Safeguarding.

- Ensure that all educational visits are appropriately risk assessed and that the medical needs of students participating have been identified and provision is in place.

SLT MUST:

- Take responsibility for ensuring individual healthcare plans are devised in partnership with the school's SENCO, parents and, where appropriate, pupils.
- Consult the pupil, parents and the pupil's healthcare professional to ensure the effect of the student's medical condition on their schoolwork is properly considered.

SCHOOL STAFF MUST:

- Be prepared to be asked to support students with medical conditions, including administering medicines.
- Engage with training to achieve the necessary level of competency before taking responsibility to support pupils with medical conditions.
- Know what to do and respond accordingly when aware that a student with a medical condition needs help.
- Be aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies to be referred to the SENDCo/SEND Team in school.

YEAR GROUP COLLEAGUES:

- Brief supply teachers on a student's medical needs.

SCHOOL FIRST AIDER/CLASS TEACHER MUST:

- Ensure medicines are kept securely with clear access.
- Log medical emergencies.
- Log medicines administered and follow the school 'Administration of Medicines' policy
- Inform SLT, pupils, parents and, where appropriate, the School Nurse, of any relevant information leading to the development of Individual Healthcare Plans and reviewing of plans as required.

OTHER HEALTHCARE PROFESSIONALS, INCLUDING GENERAL PRACTITIONERS AND PAEDIATRICIANS MUST:

- Notify School when a child has been identified as having a medical condition that will require school support.
- Provide advice on developing Individual Healthcare Plans and support schools with particular conditions.

PARENTS MUST:

- Notify school on enrolment and provide sufficient and up to date information about their child's medical needs.
- Notify the school on any new diagnosis of a medical need
- Engage in the development and review of their child's Individual Healthcare Plan.
- Carry out actions agreed in Individual Healthcare Plan, such as provide medicines and ensure they, or another nominated adult, are contactable at all times.

PUPILS MUST:

- 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 (age appropriate only)
- Endeavour to develop independence in managing their own medical needs where appropriate

PROCEDURES AND PROCESSES

STAFF TRAINING AND SUPPORT

- All staff are aware of the most common serious medical conditions and what to do in an emergency. They are provided with training to support a student with medical needs:
 - During induction to the school
 - Through access to Individual Healthcare Plans
 - Via annual refresher updates from healthcare professionals
- Additionally, the school First Aiders are appropriately trained and can provide advice and guidance to staff, parents and students.
- In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

- If a pupil needs to be taken to hospital, a member of staff will always accompany him/her and will stay with him/her until a parent or carer arrives. (As far as possible, the accompanying member of staff will be well known to the pupil). Staff should not personally drive children to seek medical help. A copy of the student's Individual Healthcare Plan will be sent to the emergency care setting with the pupil.
- Training on certain medical conditions occurs when required for relevant staff. CPD/training logs are kept by school.

THE ROLE OF THE PUPIL IN MANAGING HIS/HER MEDICAL NEEDS

- Where appropriate, the school actively seeks that pupils take responsibility for managing/administering their own medicines (mainly inhalers for KS2 children). Inhalers are kept in the classroom and are readily available for children to use when they need to. Children should, however, always be supervised when taking other medication.
- Where this is not possible, the First Aider will help administer medicines and manage procedures, and aid the pupil to develop greater independence.
- Whilst on school visits / trips, the protocol in the Individual Healthcare Plan will be adhered to alongside the policy for administering medicines on an educational visit.

MANAGING MEDICINES ON SCHOOL PREMISES

ADMINISTRATION OF EMERGENCY MEDICATION

- All use of medication defined as a controlled drug, even if the pupil can administer the medication him/herself, is done under the supervision of staff
- There is no legal duty for any member of staff to administer medication unless they have been specifically contracted to do so, though many are happy to take on the role. Staff may administer prescribed medication to pupils under the age of 16 with the written consent of the pupil's parent
- Generally school will not administer creams, drops, suncreams, unless in extreme circumstances or agreed by SLT or stated on a child's care plan.
- School will not administer any medication that is not prescribed, or does not have the child's name clearly marked on a prescription label
- Training is given to all staff members who agree to administer medication to students, where specific training is needed. When suitably risk assessed, the school insurance provides full indemnity. Ideally, these members of staff should have a first aid qualification.
- All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation.
- If a child's medication changes or is discontinued, or the dose or administration method changes, parents should notify the school immediately.

- If a pupil at this school refuses their medication, staff will record this and follow procedures. Parents are informed as soon as possible.
- Off-site visits are fully risk assessed and staff are made aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

STORAGE OF MEDICATION

EMERGENCY MEDICATION

- Pupils at this school have easy access to their medication, in the case of Asthma Inhalers the teacher's cupboard, or they carry their own. Other prescribed medication is kept in the school office or staffroom fridge (KS2) or in the teachers cupboard or staffroom fridge (KS1, for ease of administering). Epipens are kept in a clear plastic box at the front of the teachers stock cupboard. Back-up and emergency medication is available in School Office (Epipens/Inhalers).

NON-EMERGENCY MEDICATION

- All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.

GENERAL

- The First Aider ensures the correct storage of medication at school.
- All controlled drugs are kept in a secure cupboard, out of children's reach, paying particular note to temperature, and only named staff have access.
- Once a year the first aider checks and logs the expiry dates for all medication stored at school.
- All emergency and non-emergency medication brought in to school must be clearly labelled wherever possible, in its original containers, with the pupil's name on a dispensing label, the name and dose of the medication and the frequency of dose, expiry date and the prescriber's instructions.
- All refrigerated medication is stored in an airtight container and is clearly labelled
- All medication (long term and/or emergency medicines) that are stored in school will be sent home at the end of the summer term. Parents will be asked to collect the medication from the office and will be asked to sign it out of school. It is the

parents' responsibility to check that the medication is in date and returned to school ready for use at the start of the new term and a new medication form must be completed at the start of term.

- An accurate record of each occasion an individual student is given or supervised taking medication is kept. Details of the supervising staff member (x 2), pupil, dose, date and time are recorded.

SAFE DISPOSAL

- School will dispose of out-of-date medication once parents have been informed
- Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- If a sharps box is required for an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the student's parent.

RECORD KEEPING

ENROLMENT

- Parents are asked if their child has any health conditions/issues on the enrolment form.

INDIVIDUAL HEALTH CARE PLANS (APPENDIX 3)

- The Individual Healthcare Plan records important details about individual student's medical needs at school, their triggers, signs, symptoms, medication and other treatment.
- An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of students with a long-term medical condition. This is sent:
 - At the start of the school year
 - At admission (if this is not the start of the school year)
 - When a diagnosis is first communicated to the school
- Parents, healthcare professionals and students with a medical condition are asked to fill out the student's Individual Healthcare Plan together with the class teacher. Parents then return the completed forms to the school. The HCPs are stored on CPOMs (school system) to inform key adults supporting the child.
- This school ensures that a relevant member of school staff is also present, if required, to help draw up an Individual Healthcare Plan for pupils with complex healthcare or educational needs. A copy is sent to parents.

SCHOOL HEALTHCARE PLAN REGISTER

- Individual Healthcare Plans are used to create a centralised register of students with medical needs and are kept in a secure central location at school files on staff-share and logged on CPOMs
- Parents are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency, if there have been changes to their symptoms (getting better or worse), or when their medication and treatments change.
- Every pupil with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- All staff have access to the Individual Healthcare Plans of students in their care.
- All staff are responsible for the protection of student confidentiality.

EDUCATIONAL VISITS/EDUCATION OFF-SITE

- Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- Before any visit/residential visit, parents are requested to provide up-to-date information about the pupil's current medical condition and how it is to be managed whilst away.
- Staff on educational visits and out-of-school hours activities are fully briefed on students' individual medical needs. They will have access to the Individual Healthcare Plan and any necessary medication/medical equipment for the duration of the visit.
- For all educational visits, a member of staff is appointed as the designated first aid and the appropriate first aid equipment will be taken on the trip. A 2nd staff member will be designated to observe medicine being administered alongside the nominated 1st aider.

COMPLAINTS

- Should parents/students/stakeholders be dissatisfied with the support provided, they should discuss their concerns directly with school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure (see Complaints Policy).

GLOSSARY OF TERMS

Controlled Drug: Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled

drugs; for example, morphine. Stricter legal controls apply to controlled drugs to prevent them being misused, obtained illegally or causing harm.

APPENDICES

- Asthma Policy
- Diabetes Policy

APPENDIX 1 **SUPPORTING PUPILS/STAFF WITH ASTHMA**

Background

Asthma UK (2009) states asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 10 children has asthma. This policy is designed to support, educate and train school staff to enable them to take on this role if they wish with appropriate input from the local National Health Services (NHS). This policy is designed to run alongside the risk assessments and Education, Health and Care Plans (EHC Plans) schools develop in accordance with the Department of Education (DfE) documentation.

Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute, and at times severe relapses (Asthma U.K. 2009).

The major principle underlying the policy is immediate access for all children to reliever medication.

Therefore every asthmatic child should carry their own inhaler, wherever possible, both in school, during Physical Education (PE) and on school trips. For younger children (usually those at primary age) this is not practical. There is a system within our school which allows for safe and ready access. Inhalers and spacer devices should have the children's names clearly marked and are stored at the front of the teacher's cupboard in a clearly marked plastic box. In the event of an inhaler being lost, parents/carers are asked to bring in a spare which will have the child's name clearly marked. During an educational visit offsite teachers/teaching assistants will ensure they have the inhalers for the children in their group that require them.

Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breath. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and starts to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed, medical attention must be sought (See 'Management of an Acute Asthma Attack').

Types of Treatment

There are two types of treatment for asthma:

➤ Relievers

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

➤ Preventers

Preventers are a group of treatment that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no indication for them to come to school with the child.

Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS.

- The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply
- For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in
- Children should always use a spacer device to deliver their aerosol inhaler, this maybe a volumatic or aerochamber (larger spacers are better to use, even for young children). The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds (10 breaths for every puff of the inhaler). If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic

attack. (see 'Managing an Acute Asthmatic Attack'). Irrespective of the type of device, the medicine being delivered is a reliever

- All children who need their relievers should have them in school and readily available at all times. These would normally be kept in a clearly marked box at the front of the teachers store cupboard. All children with Asthma should have a care plan in place, with input from parents, school staff and medical professions where appropriate. This ensures that parents are fully informed on the management of asthma in school for their child. By signing the care plan parents agree to an emergency inhaler being used for their child, if necessary. For children who are severely Asthmatic, it may be necessary for them to carry their reliever inhaler with them at all times.
- Infant aged children may need more help and encouragement with taking their reliever. Inhalers are kept in an easily accessible place where either child or teacher can reach it with the minimum of difficulty (teacher's cupboard on shelf low down)
- When a child needs a dose of their reliever, this is noted on the record sheet, kept in each class with the inhalers. If a child is using their inhaler more than is normal for them, the teacher should inform the parent/carer as the child's asthma care may need reviewing. It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken

The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at anytime. The main key points are:

➤ Animal Fur and Hair

Some children can have marked acute and chronic symptoms if they are exposed to animals including; mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration may be needed on trips to farms and zoos where children handle animals

➤ Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Children may require extra vigilance when the school grass is cut

➤ Sport

Children with asthma should be encouraged to participate in sports. However, teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise.

Access to Reliever Medication

- Asthmatic children must have immediate access to reliever inhalers at all times. If the child does not carry their device it must be immediately accessible if required and school staff and teachers should know where the device is. At Woodlands

these are stored in a clearly marked clear plastic box in the front of the teachers store cupboard.

- Any children diagnosed with severe Asthma, or who have been hospitalised due to Asthma may require their inhaler to be carried with them at all times. (Parents can provide an 'across the shoulder bag' for this purpose).
- At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name. **It is the responsibility of the parent/carer to ensure that medication provided in school is in date.** This device remains the property of the school for the school year. It can be returned to the child on the last day of the summer term
- In addition to the emergency reliever device held in both school offices, every child should have their own reliever accessible to them in their classroom. In the case of younger children this will be at the front of the teacher`s cupboard
- All staff (including MDAs) must know where the reliever devices are kept

What to do if a Child has an Asthma Attack

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

- Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible
- Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table
- Ensure the child has 2 puffs of their usual reliever
- Do not leave the child or ask them to go to the office, they must remain accompanied by an adult

If the pupil has forgotten their reliever inhaler or their device is out of date or empty then:

- Give 2 puffs (or child's prescribed dose) of the emergency school reliever inhaler, using their spacer or aero chamber
- **STAY WITH THE CHILD.** The reliever should work in a matter of minutes
- If the symptoms disappear, the pupil can return to class as normal
- This should be logged and parents informed at the end of the day or when appropriate of any changes in pattern

If symptoms have improved but not disappeared then:

- Give 1 to 2 puffs every 2 minutes, up to a maximum of 10 puffs

- Stay with the child
- Contact the parents

If the child has worsened...

Management of a Severe Asthma Attack

How to recognise a severe attack:

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

STAY WITH THE CHILD

- Call 999 or send someone else to call 999 immediately. Inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.
- Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aerochamber and it whistles ask the child to breath more slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives
- Contact the parents and inform them what has happened

Special Areas for Concern

- Some teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other children
- Some teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care

- Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, team games and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise
- Self-administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher and the parents/carer
- In an event of an uncertainty about a child's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

Information to Parents and Guardians and Carers

As part of the school policy all parents are made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school. The school will have a Metered Dose Inhaler reliever and spacer prescribed by the child's GP to be kept in school. If a child is identified from this as having asthma, then parents will be asked to complete a health care plan.

All opportunities should be taken to promote the policy to parents so they can participate. The school prospectus, open days and sessions for reception classes are good opportunities. The policy is uploaded on the school website.

Pupils with Special Educational Needs and Disability

Children who have an Education, Health and Care Plan (EHC Plan) may need special requirements to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an acute attack. This will be made explicit by the medical team responsible for giving the medical advice input in to the EHC Plan

Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry should be stored carefully

Training

This policy implementation will include a commitment to staff training. Training to support the policy will be provided in partnership with the Health Authority

APPENDIX 2

SUPPORTING PUPILS/STAFF WITH DIABETES

This policy describes the arrangements which will be put into place to make this school a safe and secure environment for children and adults with diabetes.

- Basic information about children with diabetes will be made available for all staff. The child's details will be with their class teacher and available to all staff on our 'medical notes' list. Information about staff will be kept in their confidential file.
- School staff will need to provide the school with a copy of their own medical plan and this will be shared with key members of staff in the area.
- The key health professional for children with diabetes is the Diabetic Special Nurse.
- When a child is first diagnosed with diabetes the Diabetic Special Nurse will contact the Headteacher to discuss arrangements for the child's care in school and when a child moves to a different area of the school the Diabetic Nurse will be invited in to talk to all staff who will come into contact with the child.
- At Woodlands we know that children handle their diabetes in different ways, as advised by their health care practitioner and, working with the diabetic specialist nurse, school will draw up an individual health care plan (appendix 3) which should include diabetes management and treatment, including:
 - Understanding of the target blood glucose levels and whether the child will need help checking his/her blood glucose levels
 - The child's specific low (hypoglycaemia) or high (hyperglycaemia) glucose symptoms and how best to treat low or high glucose
 - Whether insulin or other medication is to be used
 - Whether any adaptations to meal and snack plans are required and whether adults/pupils need to eat outside of mealtimes
- Designated staff will use technology (eg phones/i-pads linked to the Diabetes monitoring app) to support the management of a child's diabetes. The child will carry their equipment in an appropriate bag that is also linked to the app/port to ensure the app stays within range of the Omnipod or Dexacom attached to the child.
- A quiet room or place of privacy will be provided for the child / adult with diabetes to undertake their blood glucose testing and/or administration of glucose tablets or insulin injections if required
- When children transfer from one school to another their health care plan should be updated for the circumstances of the new school prior to transfer.
- The class teacher will liaise with the parents, the child and other professionals involved with the child and will keep a copy of the health care plan, original will be kept in the school office
- Where there is a child or staff member with Diabetes in an area of the school, training for staff will take place internally.

Appendix 3



WOODLANDS PRIMARY SCHOOL
HEALTH CARE PLAN

CHILD'S NAME:

To be completed by school office

Date Form Completed:	
Date for Review:	
Copies held by:	Parents, class teacher/TA, school pupil file, school office
Member of staff responsible for home-school communication:	Class Teacher/1:1 Teaching Assistant/Senco
Members of staff trained to administer medication for this pupil if required:	First Aider
School Healthcare Plan for pupil with:	Asthma

Following sections to be completed by Parent/Carers

PUPIL INFORMATION

Name of Pupil:		Class:	
Date of Birth:		Female <input type="checkbox"/>	Male <input type="checkbox"/>
Address:			
Mobile Telephone No.		Home Telephone No.	

SPECIALIST CONTACT (Name, Office Address, Contact Details)

Specialist Contact (Eg., Asthma Nurse):	
GP Name & Contact Address:	
Paediatrician Name and Contact Address:	

DETAILS OF PUPILS CONDITION

Signs & Symptoms of pupil's condition:	
Triggers or things to make this pupil's condition worse:	
Details of pupil's other medical conditions:	
Routine Healthcare requirements (for example, dietary, therapy, nursing needs or before physical activity):	During School Hours:
	Outside of School Hours:
WHAT TO DO IN AN EMERGENCY:	
Who to contact in an Emergency:	Contact 1: Contact 2:

REGULAR MEDICATION

Name/type of medication:	<i>(as described on the container)</i>
Dose and method of administration:	<i>(the amount taken and how the medication is taken eg., tablets, inhaler, injection)</i>
When is it taken:	<i>(time of day)</i>
Are there any side affects that could affect this pupil in school:	
Are there any contraindications <i>(signs when medication should not be given):</i>	
Self-administration – can this pupil administer the medication themselves (with supervision, only applies to inhalers):	<i>(has to be in accordance with school policy)</i>
<p>I confirm that I have provided school with relevant prescribed medication required by my child, clearly named, along with a completed request for medication form, and will review this medication each year to ensure it is kept within date.</p>	

EMERGENCY MEDICATION

Name/type of medication:	<i>(as described on the container)</i>
Dose and method of administration:	<i>(the amount taken and how the medication is taken eg., tablets, inhaler, injection)</i>
When is it taken:	<i>(time of day)</i>
Are there any side affects that could affect this pupil in school:	
Are there any contraindications <i>(signs when medication should not be given):</i>	
Self-administration – can this pupil administer the medication themselves (with supervision, only applies to inhalers):	<i>(has to be in accordance with school policy)</i>

ADDITIONAL ARRANGEMENTS

Specialist Education Arrangements:	
Any specialist arrangements required for off-site activities	
Any other information relating to the pupil's healthcare in school	
How to ensure the emotional well-being of the pupil is maintained	<i>(eg., Do they need a medical alert)</i>

PARENTAL AND PUPIL AGREEMENT

I give permission to the designated members of Woodlands Primary School to perform and carry out the care task(s) as outlined by this care plan. I also consent to the release of information contained in the care plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. If my child has a serious condition, that requires urgent, medical attention, I give my permission for their photograph and details to be displayed discreetly, where they are visible to key staff ie., first aiders, office & kitchen staff.

I also understand and give permission for my child to be given extra relief medication, using the emergency inhaler held by the school in the event of him or her suffering an asthma attack. I understand that the emergency reliever and spacer will be used if larger doses of reliever medication are deemed necessary if my child's inhaler cannot be located.

ACKNOWLEDGED AND RECEIVED BY:

Parent/Guardian:		Date:	
Class Teacher:		Date:	
1:1 Teaching Assistant (if relevant):		Date:	
SENCO/Safeguarding Lead (A. Morphet):		Date:	
Health Professional (if relevant):		Date:	

Appendix 5

Use of Inhalers during an Emergency

Introduction

Asthma is one of the commonest conditions affecting children and young people. This can result in the pupils' inability to fully access learning.

Asthma affects 1.1 million children in the UK. One in 10 children has asthma. Asthma is the commonest reason why medication will have to be given to children whilst in school.

Its severity varies considerably from mild symptoms to a severe attack and the condition can be episodic.

It is important therefore that:

- All known asthmatics have immediate access to their inhalers
- All staff are familiar with the school asthma policy
- All staff in schools are aware of the emergency procedures in case of an asthmatic attack and can recognise a severe attack and take appropriate action

Legal Perspective

Every asthmatic pupil should carry their own reliever Inhaler both in schools, at PE and out on of school visits. For young children, usually those in infants, this is not practicable. There should therefore be a system that staff, parents and children know about which allows safe ready access (front of teacher's cupboards) with the children's names and devices marked and accessible at all times.

Preventer inhalers should NOT be brought to school as these are usually taken morning and evening and will not be effective during an attack.

All diagnosed asthmatics should have an emergency inhaler and spacer in school which is stored in such a way as to ensure easy access at all times. Regular checks should be made to ensure that this inhaler is within date.

GIVING AN INHALER IN CASE OF AN EMERGENCY

- Self - administration of the inhaler is best practice
- Where a pupil is struggling to use their inhaler staff should assist
- In the extreme circumstance where a pupil does not have access to their own inhaler and there are signs of a severe attack another person's inhaler may be used to sustain life
- In the event of an uncertainty about a pupil's symptoms being due to asthma TREAT AS ASTHMA – this will not cause harm even though the final diagnosis may be different

The Local Authority offer staff full indemnity against claims for negligence provided they are acting within the scope of their employment, have received adequate training and are following appropriate guidelines.