



# Medical Policy

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Agreed:

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Signed:

Chair of Governors:

Headteacher:

**CHASE BRIDGE PRIMARY SCHOOL**

## **Introduction, aims, purpose of policy**

At Chase Bridge we aim to welcome and support all pupils with medical conditions. We will ensure we make reasonable adjustments so these pupils can access and enjoy the same education and opportunities as others at our school, including school trips and sporting activities. We aim to work in partnership with parents/carers and the child where appropriate for them to achieve their full potential. We recognise that there are medical conditions that may be serious and can potentially be life threatening so it is vital to have robust systems in place to support these children. Medical conditions can also have an impact on a child's ability to learn, their attendance and their emotional and social wellbeing; this will all be taken into account when supporting these children.

The purpose of the policy is to ensure parents/carers and staff have a clear understanding of their mutual responsibilities towards the health and care of the children at school. It also ensures that healthcare professionals, the child concerned, social care professionals and the local authority are consulted and involved where appropriate. Each pupil's medical condition will be considered on the basis of the individual needs of that child and how it impacts their school life. We also recognise that supporting a child with a medical condition is not the sole responsibility of one person.

## **Policy summary**

The medical care of children at Chase Bridge is a shared responsibility and as such individual roles are outlined. Staff are provided with appropriate and relevant training and all understand that they have a duty of care to the children we are collectively responsible for. Parents/carers also have the responsibility of liaising with the school about the child's medical conditions, helping develop and monitor individual healthcare plans ( IHP's) by giving permission and providing adequately labelled medication. The policy makes clear that both prescription and in exceptional circumstances non-prescription medication will only be administered if it affects the child's ability to access learning or their attendance. Records of medication given or if it was refused will be kept.

## **Please also refer to the following policies and documents**

- Accident and Injury Policy
- Children and Families Act 2014 (section 100)
- Equality Act 2010
- Inclusion Policy
- Health & Safety Policy
- Safeguarding & Child Protection Policy
- Supporting pupils at school with medical conditions April 2014
- Education Act 2002
- DFE statutory guidance on Supporting pupils with medical conditions in schools

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## Roles and Responsibilities

### Role of the Governing Body

The Governing Body has:

- nominated a member of staff to take charge of medical conditions
- delegated powers and responsibilities to the Headteacher to ensure all school staff and visitors to the school are aware of and comply with this policy
- responsibility for ensuring that the school complies with all equalities legislation
- responsibility for ensuring all policies are made available to parents
- ensure that appropriate level of insurance is in place and appropriately reflects the level of risk
- ensure that arrangements are in place to support children with medical needs
- nominated a link governor to visit the school regularly, to liaise with the Headteacher and to report back to the Governing Body
- responsibility for the effective implementation, monitoring and evaluation of this policy.

### Role of the Headteacher

The Headteacher will:

- make sure that all staff are aware of this policy and understand their role in its implementation.
- ensure all staff who need to know are aware of a child's medical condition
- ensure that there are sufficient numbers of trained staff available to implement this policy and individual healthcare plans, including in contingency and emergency situations.
- make sure staff are appropriately insured and aware that they are insured to support pupils in this way

- ensure that the nominated person is suitably trained, has sufficient time to undertake their role and an adequate budget to purchase medical equipment
- have overall responsibility for development of individual healthcare plans
- ensure all school staff, pupils and parents/carers are aware of and comply with this policy
- work closely with the link governor, deputy head, inclusion manager and welfare officer
- provide guidance, support and training to all staff.
- ensure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **Role of the Pastoral Support Manager**

The Pastoral Support Manager will:

- arrange cover to ensure someone is always available
- monitor individual healthcare plans
- help coordinate emergency procedures

### **Role of the Welfare Officer**

The welfare officer will:

- contact the school nurse if there is a child with a medical condition who needs support in school who also has special educational needs and/or a disability
- ensure all relevant staff will be made aware of a child's condition
- monitor individual healthcare plans, reviewing Health Care Plans at least annually, or earlier if there is evidence that the pupil's medical needs have changed.
- ensure staff room 'Medical Needs' display board is updated when necessary
- organise and maintain the medical room
- ensure that there are adequate stocks of medical equipment
- ensure the appropriate medical resources (asthma inhalers, insulin, epipens) are available
- maintain a list of medical needs, keep teachers' yellow folders and lists of those attending out of hours clubs updated
- for all educational visits and sporting activities prepare medications to give to teachers
- undertake any training deemed necessary to support a child with a medical condition
- help develop and implement of individual healthcare plans
- ensure all staff who need to know are aware of a child's condition
- liaise with school nurses and other health professionals where necessary
- support the emergency procedures
- keep up to date with new developments and resources
- inform parents/carers if their child is unwell.

## **Role of School Staff**

All school staff must:

- help support pupils with medical conditions during school hours. Any member of staff may be asked to provide support to pupils with a medical condition including administering medication.
- report any concerns they have in relation to the medical welfare of any pupil
- read relevant medical information provided e.g. medical needs outlined in class yellow folders, individual healthcare plans
- those staff who take on the responsibility to support pupils will undertake any appropriate training deemed necessary to support a child with a medical condition within their role in school e.g. administering medication/using equipment (although they cannot be required to do so)
- undertake first aid training which is updated every 3 years and signed off, if this is necessary for their role
- ensure risk assessments are completed to include information on any medical conditions, what will happen in an emergency and how that child can participate fully and safely (this may require consultation with parents/carers and/or healthcare professionals)
- ensure first aid kits are taken on educational visits or off-site sporting activities
- declare any medical conditions that may affect their safety in the workplace e.g. epilepsy.

## **Role of Parents/Carers**

Parents/carers must:

- provide the school with sufficient and up-to-date information about their child's medical needs
- tell the school of their child's current medical conditions that may affect them in school, on a residential trip, school visit and other out-of-school activities
- be involved in the development and review of their child's individual healthcare plan
- provide in date prescription medication as part of any individual healthcare or medical condition in line with the school policy (see managing medicines section) and complete the relevant forms for permission
- immediately inform the school of changes to any medication for example dosage or if it is discontinued
- make sure someone is always contactable
- keep their child at home if they are not well enough to attend school
- inform the school and provide a copy a medical appointment, if requested, e.g. at the hospital

## **Role of Pupils**

Pupils must:

- pupils with medical conditions will often be best placed to provide information about how their condition affects them
- inform a member of staff immediately if help is needed
- if appropriate, be involved in discussion about their medical condition and administer their own medication
- if appropriate, be involved in the writing of their individual healthcare plan

## **School nurses and other healthcare professionals**

- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. They may also support the welfare officer/staff to implement a child's IHP
- Healthcare professionals, such as GP's and Paediatricians, will liaise with the school's nurses and notify any pupils identified as having a medical condition. They may also provide advice on developing IHP's

## **Infection Control**

Our aim is to prevent the spread of communicable diseases whilst interfering as little as possible with the attendance of children at school. Infections can be passed on even when a person looks and feels well.

These basic precautions include:

- The use of proper handwashing procedures
- Safe treatment of soiling and spills
- The correct management of incidents involving blood or other body fluids
- The safe disposal of clinical waste and sharps (any sharp instrument like a needle)

Under normal circumstances, disposable gloves should be worn for all tasks involving blood, vomit or urine. Disposable plastic aprons may also be required in certain situations.

- First Aiders should wash their hands before (if possible) and after giving First Aid. Any cuts, wounds, must be covered with a plaster.
- Disposable gloves are available in all First Aid Boxes and Welfare Room.
- After giving First Aid, the gloved hands should be washed with soap and water to remove all traces of blood, disposed of in a yellow bag and the hands washed again.

General Hygiene: spillage of blood and vomit should be cleared up as quickly as possible by Welfare or a member of staff. A granular chemical is used that absorbs and sanitises the area allowing the spillage to be swept up and cleaned.

If paper towels are used, it is preferable to treat them as infected waste. Gloves and aprons should be discarded as infected waste (yellow bin in Welfare). Crockery and cutlery can be cleaned by hand washing with hot soapy water or in a dishwasher or dish steriliser.

Soiled waste, including protective disposable gloves or aprons should be 'double bagged' and effectively secured. Arrangements should be made with the responsible local authority for collection of this waste for incineration. Non-infected waste is discarded into bin liners or dustbins.

Good personal hygiene, including proper hand washing is essential. Facilities for washing hands with soap and warm water, and drying hands are available. Children are encouraged to use them and supervised where necessary. Hands should be thoroughly washed (using soap and water) and dried before meals, after using the toilet, after handling pets and whenever they become soiled.

From time to time children and sometimes staff may develop an infectious disease. The majority are short lived but some may be long term and the individual may be a carrier of an infectious disease. Pathogens (micro-organisms that can cause disease) can be spread via a number of routes:

- Contact – direct or indirect
- Airborne
- Arthropods

A child who has developed an infectious disease usually shows general signs of illness such as fever, headache, and sore throat before the development of a rash or other typical symptoms. They are usually infectious before a diagnosis has been made. Carriers of certain diseases may have no symptoms at all and may not be aware of their infectivity. Some parents, for whatever reasons, may choose not to disclose information about their child's health. With this in mind, all blood and body fluids should be treated as potentially infectious and the precautions stated earlier followed.

Chase Bridge School follows Public Health England guidelines on the control of infectious diseases. A copy of this guidance is kept in the Medical Room. There are specific exclusion times for specific diseases. If a member of staff suspects an infectious disease, they should contact the school welfare office for further advice.

If a parent informs the school that their child has an infectious disease, other pupils should be observed for similar symptoms. Parents with pupils returning to school after an infectious illness should be asked to see/contact Welfare.

The risk of an individual acquiring an infection is influenced by his or her susceptibility. This is determined by age (children have immature immune systems), physical wellbeing, medical interventions (certain drugs lower immunity) and natural immunity. If First Aid Procedures and Good Hygiene Practices are followed, the risk of transmission of infectious diseases is greatly reduced.

## **Toilet Training**

Starting school or nursery is a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage, there is a wide variation in the time at which children master the skills involved in being fully toilet trained.

At Chase Bridge we aim to work in partnership with the parents/carers of the children. Therefore we aim to support parents/carers in the process of toilet training; where necessary we will work on the advice of the child's health visitor and ensure appropriate provision is in place to manage the child's needs.

## **Managing Medicines**

At Chase Bridge prescription medication requires written consent by the parent/carer otherwise they cannot be administered. Prescription medication will only be accepted if the dosage is **four times a day, in date, labelled with the child's name, the original container as dispensed by the pharmacist is provided and instructions for administration, dosage and storage are included** (the exception is insulin, which must still be in date).

All medicines will be stored safely and as recommended e.g. refrigerated if necessary. All children will know where their medication is stored and is readily available and not locked away. Sharp boxes are always used for the disposal of needles.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor

**Non-prescription medicine** will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. This will also require written consent by the parent/carer.

Parents/carers must record when medication expires and provide new when necessary. All medication will be sent home at the end of the summer term and if still required be returned in September. When no longer needed, medicines will be returned to parents/carers for correct disposal.

Some children may be prescribed controlled drugs such as Ritalin and Midazolam (class B drugs). Designated/trained school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines do so in accordance with the prescriber's instructions. In the case of controlled drugs the school also records the quantity held on site.

All medication to be provided in a clear plastic box, provided by the parents.

### **Record keeping**

All medicines administered or supervised will be recorded with details of the member of staff, name of the pupil, dose, date and time, any side effects will also be noted (see Appendix D). If a child refuses medication this is also recorded and parents/carers are informed as soon as possible.

A copy of a child's IHP and 'Record of medication administered' is kept with the child medication.

### **Anaphylaxis**

All auto adrenalin injectors (AAI's) are stored in a cupboard in the Welfare Room. The amount of AAI's follows the correct dosage and quantity as per the child's GP prescription. In addition to personal AAI's, we also have general use AAI's (which are clearly labelled) that form part of the first aid kit for our apiary.

Additional AAI's are also available in both halls and the Lions hut for emergencies

Children who are at risk of anaphylaxis must be made known to our Welfare Officer who will work with the family and ensure all measures are in place within their child's individual healthcare plan.

### **Individual Healthcare Plans**

Where a child or member of staff requires medical care and support an individual healthcare plan will be devised that is agreed between the school, parents/carers, the child (if appropriate) and healthcare professionals (see appendices for template). It will include details of the child's triggers, signs, symptoms, medication and emergency procedures. All Individual Health Care Plans are kept in Welfare. Copies of these plans are shared with all relevant staff members and outside agencies such as Brentford Coaches.

The level of details in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher, Inclusion and/or Welfare Officer will consider the following when deciding what information to record on IHP's.

- The pupils' resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, access to food or drink, for example.

- Specific support for the pupils educational, social and emotional needs
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly started with appropriate arrangements for monitoring.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g risk assessments
- What to do in an emergency, including who to contact and contingency arrangements.

Individual healthcare plans will be reviewed annually at the start of a new school year and updated as and when necessary if circumstances change. If a child is off school for a significant amount of time due to their medical condition arrangements will be made to support their reintegration back into school.

### **Emergency Procedures**

School will follow the school's normal emergency procedures and welfare guidance as communicated to all staff.

The Welfare officer or Pastoral Manager should be called to the child, rather than the child being moved, the area should be cleared of other pupils/un-necessary staff and emergency medication brought to the child from the welfare room.

The Welfare officer/Pastoral Manager will assess the situation and in consultation with the Headteacher/Deputy Headteacher or Inclusion Manager will decide the next steps.

Depending on the level of illness either the parents will be called to take their child for further medical support or if part of the individual healthcare plan or if the child is unconscious or has a clear serious injury an ambulance will be called. Then the parents will be contacted. If a child needs to be taken to hospital welfare will stay with the child until parents arrive or accompany a child taken to hospital in the ambulance.

### **Transitional arrangements for pupil's medical conditions**

Within two weeks, Chase Bridge will make every effort to ensure arrangements are in place to support a newly diagnosed condition or child joining from another school.

### **Complaints**

Please see the complaints policy.

### **Unacceptable practice**

It is not generally acceptable practice to:

- prevent children accessing their inhalers and medication
- assume that every child with the same condition requires the same treatment
- ignore the views of parents/carers or the child or ignore medical evidence or opinion (although it may be challenged)
- send children with medical conditions home frequently
- penalise children for their attendance if related to their medical condition e.g. hospital appointments
- prevent children from eating, drinking and using the toilet if related to their medical condition
- ask or insist a parent attends school to support their child with a medical condition by administering medication including toileting issues
- prevent children from participating in any activity and requiring parents to accompany their child on school trips.

# Appendices

**Appendix A- Who has parental responsibility?**

**Appendix B- Consent Form for the Administration of Medicine**

**Appendix C- Chase Bridge's Record of Medication Administered**

**Appendix D- Health Care Plan Severe Allergy**

**Appendix E –Health Care Plan Diabetes**

**Appendix F –Health Care Plan Asthma**

**Appendix G- Health Care Plan Epilepsy**



## Appendix A- Who has parental responsibility?

### For children born before 31<sup>st</sup> November 2003

- **Mothers** automatically have parental responsibility for their children
- **Fathers** also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later
- **Unmarried fathers** do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them”
- **People looking after your child** like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if your wish.

\*The National Family and Parenting Institute produce a leaflet, *Is it legal? A parents guide to the law* which gives more information about parental responsibility and how to acquire it. ([www.eparents.org](http://www.eparents.org) or telephone 020 7424 3460)

Reference: [www.doh.gov.uk/consent/parentsconsent.htm](http://www.doh.gov.uk/consent/parentsconsent.htm)

A guide for parents “What you have a right to expect 2002”

### For children born after 1<sup>st</sup> December 2003

- Both of a child’s parents have parental responsibility if they are registered on the child’s birth certificate. This applies irrespective of whether the parents are married or not.
- Where the child has been formally adopted, the adoptive parents are the child’s legal parents and automatically acquire parental responsibility.
- Where the child has been born as a result of assisted reproduction, there are rules under the Human Fertilisation and Embryology Act 1990 that determine the child’s legal parentage.
- People looking after your child like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if your wish.

Reference: BMA Parental Responsibility, Guidance from the Ethics Department, June 2006

### Parental/carers consent to administer a prescribed medicine

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

|                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------|--|
| <b>Child's name</b>                                                                                 |  |
| <b>Child's date of birth</b>                                                                        |  |
| <b>Class/form</b>                                                                                   |  |
| <b>Name of medicine</b>                                                                             |  |
| <b>Strength of medicine</b>                                                                         |  |
| <b>How much (dose) to be given.</b><br>For example:<br><b>One tablet</b><br><b>One 5ml spoonful</b> |  |
| <b>At what time(s) the medication should be given</b>                                               |  |
| <b>Reason for medication</b>                                                                        |  |
| <b>Duration of medicine</b><br>Please specify how long your child needs to take the medication for. |  |
| Are there any possible side effects that the school needs to know about? If yes, please list them   |  |

|                                           |  |
|-------------------------------------------|--|
| <b>Mobile number of parent/carers</b>     |  |
| <b>Daytime landline for parent/carers</b> |  |
| <b>Alternative emergency contact name</b> |  |
| <b>Alternative emergency phone no.</b>    |  |

|                                         |  |
|-----------------------------------------|--|
| <b>Name of child's GP practice</b>      |  |
| <b>Phone no. of child's GP practice</b> |  |

- I give my permission for the Welfare Officer/staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform Chase Bridge immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

|                               |  |
|-------------------------------|--|
| <b>Parent/carer name</b>      |  |
| <b>Parent/carer signature</b> |  |
| <b>Date</b>                   |  |

**Appendix C- Chase Bridge's Record of Medication Administered**

|                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Print<br/>Nam<br/>e</b>                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Signa<br/>ture<br/>of<br/>staff</b>       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Any<br/>react<br/>ions</b>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Dose<br/>given</b>                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Nam<br/>e of<br/>medi<br/>catio<br/>n</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time</b>                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Child<br/>s<br/>Nam<br/>e</b>             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Date</b>                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Appendix D – Healthcare Plan Severe Allergy



### Individual Healthcare Plan SEVERE ALLERGY



|                                                                       |                        |
|-----------------------------------------------------------------------|------------------------|
| <b>Name of Pupil –</b><br>Name and Contact Details of Parent/Guardian | <b>Date of Birth –</b> |
|-----------------------------------------------------------------------|------------------------|

|                                                                         |
|-------------------------------------------------------------------------|
| <b>GP Name:</b><br><b>Surgery Address:</b><br><b>Surgery Phone/Fac:</b> |
|-------------------------------------------------------------------------|

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| <b>Specialist Nurse/Doctor</b><br><b>Name:</b><br><b>Hospital:</b><br><b>Phone/Fac:</b> |
|-----------------------------------------------------------------------------------------|

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian  
Print Name

Date

Health Care Plan Review Date:

**Pupil's Name –**

**DIAGNOSIS: Severe Allergy**

What Triggers My Allergy?

What Are My Usual Symptoms?

**Health Care Needs In School**

If symptoms are mild to moderate:

If symptoms are severe, refer to emergency procedure.

(Other healthcare needs can be added)

**Medication**

Name of prescribed oral antihistamine medication:

Name of prescribed emergency medication:

Carries own emergency medication

Location of medication:

Health Care Plan Completed By:

Designation:

Date:

## Treatment for Severe Allergic Reactions

**REMEMBER:** Never leave someone with severe allergic symptoms.

### Mild to Moderate Symptoms

|                            |                          |
|----------------------------|--------------------------|
| Swollen lips, face or eyes | Hives or itchy skin rash |
| Itchy or tingling mouth    | Abdominal pain, vomiting |

#### **Action**

- Sit child down
- Give antihistamine medication
- Reassure them

Return to class when feeling well again and notify parent.

### Worsening Symptoms

|                            |                           |
|----------------------------|---------------------------|
| breathing                  | Difficulty or noisy       |
| tongue/tightness of throat | Swelling of               |
| voice                      | Difficulty talking/hoarse |
| children)                  | Pale and floppy (young    |

#### **Action**

- Lay or sit child on floor with knees raised (don't move them to another area)
- Give adrenaline auto-injector
- Call "999" for an ambulance
- If no improvement in 5-10 minutes give a second adrenaline auto-injector.
- Contact parent

Note: Tell them it is an "**anaphylaxis emergency**".

#### **Additional Treatment**

May be given asthma reliever inhaler, through a spacer, to help relieve breathing difficulties.

## Appendix E – Health Care Plan Diabetes



### Individual Healthcare Plan Diabetes



|                                             |                      |
|---------------------------------------------|----------------------|
| <b>Name of Pupil-</b>                       | <b>Date of Birth</b> |
| Name and Contact Details of Parent/Guardian |                      |

|                   |
|-------------------|
| <b>GP Name:</b>   |
| Surgery Address:  |
| Surgery Phone No: |

|                                |
|--------------------------------|
| <b>Specialist Nurse/Doctor</b> |
| Name:                          |
| Hospital:                      |
| Phone No:                      |

**I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.**

Signature of Parent/Guardian  
Print Name

Date

Health Care Plan Review Date:

**Pupil's Name**

**DIAGNOSIS: Diabetes**

**Blood Glucose Levels** During the school day they should be between

☒ Needs supervision when testing

Carries own monitoring equipment-

Location of monitoring equipment:

**Insulin Injections**

Needs insulin injections during school day- No (Has Roche Insight Glucose meter and Insulin pump)

☒ Needs supervision when using meter and pump

Name of prescribed medication:

Carries own medication-

Location of medication:

Location of sharps box:

**Health Care Needs in School** (Refer to specific advice from Diabetic Specialist Team)

Carries own emergency snacks-

Preferred emergency snack/treatments for hypoglycaemia

Needs to check blood glucose level before physical activity -

Needs a lunch pass to avoid queue delays-

May need to eat or drink during lesson time-

If symptoms develop, must not be left alone-

Requires a private space with hand washing facilities when testing or injecting

**Health Care Plan Completed By:**

**Designation:**

**Date:**

## Emergency Plan - Hypoglycaemia

REMEMBER: Never leave someone with symptoms of hypoglycaemia.

|                                                                                                      |                    |              |              |
|------------------------------------------------------------------------------------------------------|--------------------|--------------|--------------|
| <b>Symptoms</b> (May not be obvious)                                                                 |                    |              |              |
| Hungry                                                                                               | Pale               | Sweating     | Shaky/wobbly |
| Grumpy/irritable                                                                                     | Headache           | Stomach ache | Mood changes |
| Tearful                                                                                              | Poor concentration |              |              |
| <b>Action</b>                                                                                        |                    |              |              |
| • Give fast acting carbohydrate (eg. sugary drink/glucose tablets)                                   |                    |              |              |
| • If no improvement in 10 minutes, repeat until blood glucose level is 4mmol/L or above.             |                    |              |              |
| • On improvement, give slow-acting carbohydrates (eg. 2 plain biscuits or next meal or snack if due) |                    |              |              |
| Return to class when <u>Blood Glucose Level Below</u>                                                |                    |              |              |
| 4mmol/L                                                                                              |                    |              |              |

|                                                           |                                                   |
|-----------------------------------------------------------|---------------------------------------------------|
| <b>Worsening Symptoms</b>                                 |                                                   |
| Symptoms get worse (fast acting carbohydrate ineffective) |                                                   |
|                                                           | May lose consciousness<br>(Can lead to a seizure) |
| <b>Action</b>                                             |                                                   |
| • Call 999 for an ambulance                               |                                                   |
| • Put into recovery position.                             |                                                   |
| • Contact parent                                          |                                                   |

## Appendix F – Health Care Plan Asthma



### Individual Healthcare Plan

**Asthma**

|                                                    |                      |
|----------------------------------------------------|----------------------|
| <b>Name of Pupil</b>                               | <b>Date of Birth</b> |
| <b>Name and Contact Details of Parent/Guardian</b> |                      |

|                          |
|--------------------------|
| <b>GP Name:</b>          |
| <b>Surgery Address:</b>  |
| <b>Surgery Phone No:</b> |

|                                |
|--------------------------------|
| <b>Specialist Nurse/Doctor</b> |
| <b>Name:</b>                   |
| <b>Hospital:</b>               |
| <b>Phone No:</b>               |

Health Care Plan Review Date: **I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.**

Signature of Parent/Guardian

Date

Print Name

**Pupil's Name**

**DIAGNOSIS: Asthma**

What Triggers My Asthma?

**Medication**

Name of prescribed medication:

Carries own reliever medication:

Yes

No

Location of medication:

In an emergency I give consent for my child to receive a generic reliever inhaler

Yes

No

Signature of parent/guardian

Date:

Print Name

**Health Care Needs in School**

Uses a spacer device with the reliever inhaler

Yes

No

May need to take reliever inhaler before physical activity

Yes

No

May need to take reliever inhaler during physical activity

Yes

No

Health Care Plan Completed By:

Designation:

Date:

## Actions to Relieve Asthma Symptoms

REMEMBER: Never leave someone with asthma symptoms.

### Early Symptoms

|                    |                     |                               |
|--------------------|---------------------|-------------------------------|
| Coughing           | Shortness of Breath | Wheezing                      |
| Tightness in chest | unusually quiet     | Tummy ache (younger children) |

### **Action**

- Sit up and slightly forward
- Take 2 puffs of reliever medication (usually Blue), preferably through a spacer
- Loosen clothing
- Reassure them

Return to class when feeling well again and notify parent.

### Worsening Symptoms

improve in 5-10 minutes

Symptoms do not

Too breathless to talk

grey/blue colour

Lips or fingernails

### **Action**

- Call 999 for an ambulance
- Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.
- Contact parent

## Appendix G – Health Care Plan Epilepsy



### Individual Healthcare Plan Epilepsy

|                                                                      |                       |
|----------------------------------------------------------------------|-----------------------|
| <b>Name of Pupil-</b><br>Name and Contact Details of Parent/Guardian | <b>Date of Birth-</b> |
|----------------------------------------------------------------------|-----------------------|

|                   |
|-------------------|
| <b>GP Name:</b>   |
| Surgery Phone No: |

|                                 |
|---------------------------------|
| <b>Specialist Nurse/Doctor:</b> |
| Name:                           |
| Phone No:                       |

**I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.**

Signature of Parent/Guardian  
Print Name

Date

Health Care Plan Review Date:

**Pupil's Name-**

**DIAGNOSIS: Epilepsy**

Seizure Triggers/Warnings/Auras

**Care Needs during Seizure**

- Protect the child from injury although don't restrain them.
- Call for help.
- Make a note of how long the seizure lasts.
- When seizure stops, put child into recovery position.
- Stay with them throughout, reassure them.

**DO NOT** restrain the child and **DO NOT** put anything in their mouth

NOTE: Call 999 for an ambulance if seizure persists or if child is injured during seizure.

**Medication**

Requires medication in school

Name of prescribed medication:

Location of medication:

**Health Care Needs In School**

Wears a medical alert bracelet -

Carries a medical pass in school -

## Care for Someone Having a Seizure

REMEMBER: Never leave someone who is having a seizure.

### DO

- Keep calm.
- Prevent physical injury by moving hazards out of the way.
- If they have a warning (aura), encourage them to sit or lie down to reduce injury risk.
- Maintain their dignity and privacy as much as possible.
- Put something soft under their head to protect it from banging on a hard surface.
- Keep a record of the seizure (how long it started and finished).
- Loosen tight clothes around the neck.
- Stay with them until the seizure stops.
- Let the seizure run its course.
- When the jerking has stopped, roll them onto their side.
- Write a brief description of the seizure.
- Contact parent/guardian

### EMERGENCY:

Call an ambulance if:

|                            |                                |
|----------------------------|--------------------------------|
| it is their first seizure  | there are any injuries or      |
| breathing difficulties     | if the seizure lasts more than |
| 5 minutes                  | if it's 2 minutes longer than  |
| their usual seizure length |                                |

### Don't

- DO NOT move the person unless absolutely necessary.
- DO NOT restrain their movements.
- DO NOT put anything in their mouth.