



# Bishop's Primary School

## Supporting Pupils with Medical Conditions Policy

### Policy Preface

Northumberland Church of England Academy Trust is a Christian learning environment at the heart of its communities. We promote care and respect, and expect high standards in all aspects of our Trust life.

As a Church of England Academy Trust, we aim to build communities clearly based on the Christian values of love, forgiveness and reconciliation, integrity and the unique value of each individual. We aim to build self-esteem, model conflict resolution, protect the weak and are committed to justice and compassion. Mutual respect and trust are central within the Academy Trust.

This policy, and its associated procedures and protocols, is based on these key principles.

<b>Lead Person:</b>	Principal
<b>Creation date:</b>	March 2021
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<b>Approved by:</b>	LGB
<b>Statutory Requirement:</b>	Yes / No



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## Statement of intent

The Local Governing Body of Bishop's Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

Bishop's Primary School believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Signed by:

\_\_\_\_\_ Principal

Date: \_\_\_\_\_

\_\_\_\_\_ Chair of governors

Date: \_\_\_\_\_

## **1. Legal framework**

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Equal Opportunities Policy: Pupils
- Attendance and Absence Policy

## **2. Roles and responsibilities**

2.1. The Local Governing Body is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The **Principal** holds overall responsibility for implementation of this policy.

2.3. The **Principal** is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHCPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHCPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse or relevant medical practitioner, where a pupil with a medical condition requires support that has not yet been identified.

2.4. Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHCP.
- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Ensuring all medication provided to school is in date and prescribed by a medical professional.

2.5. Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHCP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

2.6. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

2.7. Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

2.8. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

2.9. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

2.10. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

### **3. Admissions**

3.1. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

### **4. Notification procedure**

4.1. When the school is notified that a pupil has a medical condition that requires support in school, a medical professional or the parent/carer will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare

professionals and the pupil, with a view to discussing the necessity of an IHCP (outlined in detail in [section 8](#)).

- 4.2. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).
- 4.3. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Parents/Carers will be asked to provide evidence on any medical conditions at the initial home visit meeting.
- 4.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

## **5. Staff training and support**

- 5.1. Any staff member providing support to a pupil with medical conditions will receive suitable training.
- 5.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.
- 5.3. Training needs will be assessed by the headteacher through the development and review of IHCPs, on an annual basis for all school staff, and when a new staff member arrives.
- 5.4. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHCPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
- 5.5. Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members.
- 5.6. Training will be commissioned by the school and provided by the following bodies:
  - Commercial training provider
  - The school nurse
  - GP consultant
  - Parents of pupils with medical conditions
- 5.7. Parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 5.8. The headteacher will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

## **6. Self-management**

- 6.1. Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures, under supervision. This will be reflected in their IHCP.
- 6.2. Where necessary, pupils will be allowed to carry their own medicines and relevant devices – Epi Pen, Inhaler and Insulin.
- 6.3. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.
- 6.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHCP will be followed. Following such an event, parents will be informed so that alternative options can be considered.
- 6.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

## **7. Supply teachers**

- 7.1. Supply teachers will be:
  - Provided with access to this policy.
  - Informed of all relevant medical conditions of pupils in the class they are providing cover for.
  - Covered under the school's insurance arrangements.

## **8. IHCPs**

- 8.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHCP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.
- 8.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHCPs. Where appropriate, the pupil will also be involved in the process.
- 8.3. IHCPs will include the following information:
  - The medical condition, along with its triggers, symptoms, signs and treatments.
  - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.



- The support needed for the pupil's educational, social and emotional needs.
  - The level of support needed, including in emergencies.
  - Whether a child can self-manage their medication, under supervision.
  - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
  - Cover arrangements for when the named supporting staff member is unavailable.
  - Who needs to be made aware of the pupil's condition and the support required.
  - Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
  - Separate arrangements or procedures required during school trips and activities.
  - Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
  - What to do in an emergency, including contact details and contingency arrangements.
- 8.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHCP.
- 8.5. IHCPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 8.6. IHCPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 8.7. Where a pupil has an EHC plan, the IHCP will be linked to it or become part of it.
- 8.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHCP.
- 8.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHCP identifies the support the child will need to reintegrate.
- 8.10. Where a child has a short term injury eg. Broken bone, a Risk Assessment will be completed prior to their return to school.

## **9. Managing medicines**

- 9.1. In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

- 9.2. Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.
- 9.3. Non-prescription medicines may be administered in the following situations:
  - When instructed by a medical professional
- 9.4. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.
- 9.5. Pain relief medicines will not be administered without prescription and without first checking when the previous dose was taken and the maximum dosage allowed.
- 9.6. Parents will be informed any time medication is administered that is not agreed in an IHCP, in the case of an emergency and administered by a medical professional.
- 9.7. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 9.8. All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility.
- 9.9. When medicines are no longer required, they will be returned to parents for safe disposal.
- 9.10. Sharps boxes will be used for the disposal of needles and other sharps.
- 9.11. Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered.
- 9.12. The school will hold asthma inhalers for emergency use. The inhalers will be stored in the teacher's desk/cupboard or medical room and their use will be recorded.
- 9.13. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.
- 9.14. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

## 10. Adrenaline auto-injectors (AAIs)

- 10.1. A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
  - 10.2. Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession, if agreed with the parent.
  - 10.3. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the admin or head teacher's office.
  - 10.4. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
  - 10.5. In the event of anaphylaxis, a designated staff member will be contacted immediately.
  - 10.6. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
  - 10.7. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.
  - 10.8. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the AAI on site is appropriate. (This must be agreed by the parent of all children who have an AAI on site) This will be a last resort if delay could cause fatality.
  - 10.9. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
  - 10.10. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and a replacement will be requested.
  - 10.11. Where any AAIs are used, the following information will be recorded on the Medical Record:
    - Where and when the reaction took place
    - How much medication was given and by whom
- For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.
- 10.12. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
  - 10.13. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

10.14. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them.

## **11. Record keeping**

11.1. In accordance with paragraphs 9.11, 9.12, 9.14 and 10.11, written records will be kept of all medicines administered to pupils.

11.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

11.3. Appropriate forms for record keeping can be found in appendix d and appendix e of this policy.

## **12. Emergency procedures**

12.1. Medical emergencies will be dealt with under the school's emergency procedures.

12.2. Where an IHCP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

12.3. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive.

12.4. If a pupil needs to be taken to hospital they will take with them the child's date of birth and contact details of parent/carer.

12.5. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

## **13. Day trips, residential visits and sporting activities**

13.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

13.2. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals.

13.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## **14. Unacceptable practice**

14.1. The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.

- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHCP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

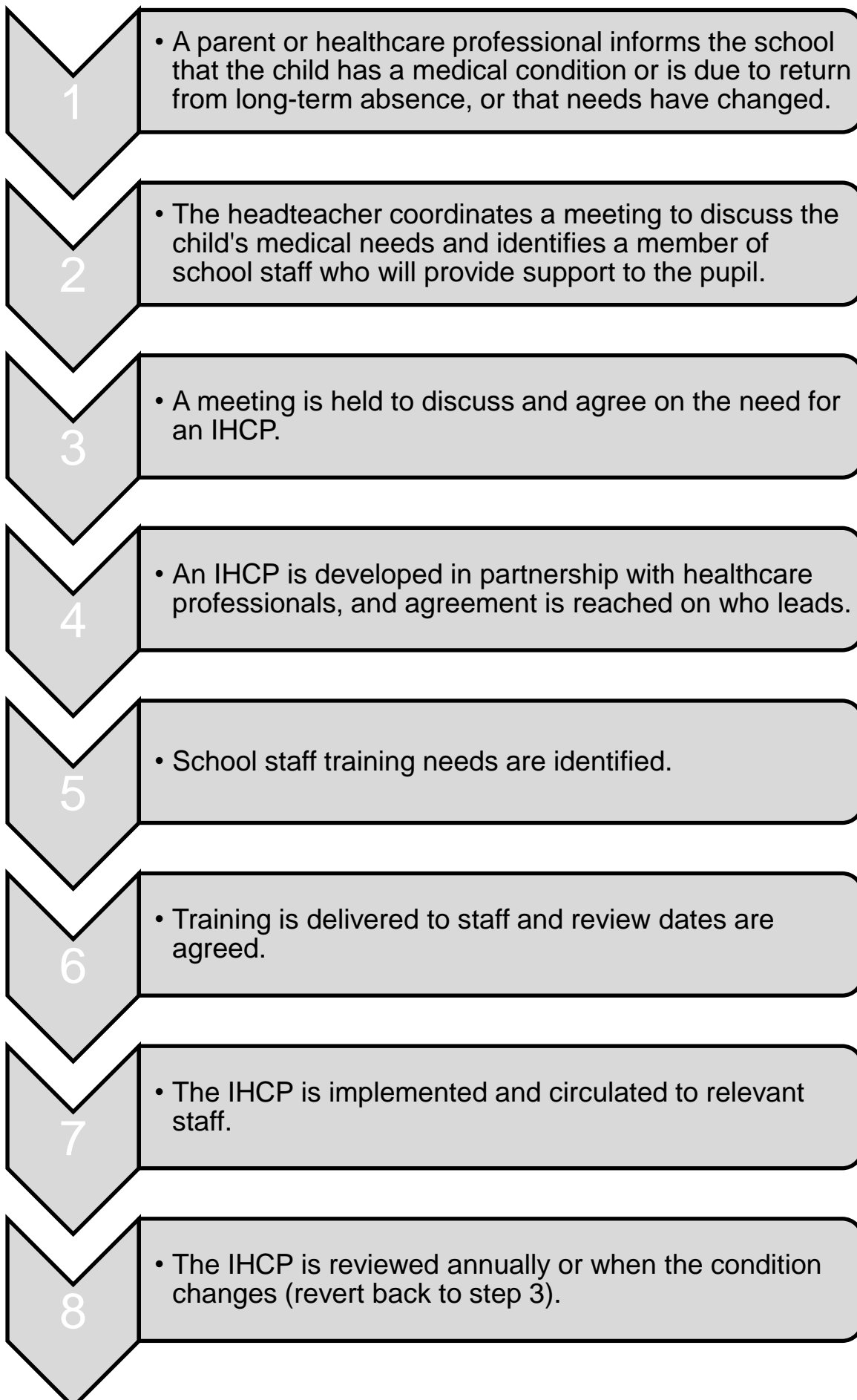
## **15. Monitoring and review**

15.1. This policy is reviewed on an annual basis by the Local Governing Body and Principal, any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

15.2. The next scheduled review date for this policy is **April 2022**.

## Appendices:

### A. Individual Healthcare Plan Implementation Procedure



## B. Individual Healthcare Plan

Date form completed:	Date for review:
Copies held by:	

Reviewed by:	Date:
Changes to Individual Health Plan Y/N	
Reviewed by:	Date:
Changes to Individual Health Plan Y/N	
Reviewed by:	Date:
Changes to Individual Health Plan Y/N	

### **1 Learners Information**

Name:	DOB:	Class:	SEN Status:
Address:			

### **2 Contact Information**

#### Contact 1

Name:
Contact numbers: (home) (mobile)
Relationship to child:

#### Contact 2

Name:
Contact numbers: (home) (mobile)
Relationship to child:

### **3 GP Information**

GP Name:
GP Practice Address:
Contact Number:

Specialist Name & Profession:
Contact Number:

### **4 Medical condition information**

Details of learners medical condition:
Signs and symptoms of this condition:
Triggers/conditions which can make this condition worse for the learner:

### **5 Routine healthcare requirements**

(For example, dietary, therapy, nursing needs or before physical activity)  
During school hours:



In School hours:
Outside school hours: As above

**6 What to do in an emergency**

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**7 Regular medication taken during school hours**

<u>Medication 1</u>			
Name/type of medication (as described on the container):			
Expiry date of medication:			
Dose:	When it is taken (time of day):	Supervised Self-administration? Staff member's name who	Y/N
Are there any side effects that could affect this learner at school?			
Are there are any contraindications (signs when this medication should not be given)?			

Members of staff trained to administer medications for this learner;
Regular medication:
Emergency medication:

**8 Emergency medication** (please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil:	
Dose:	Method of administration:
Self-administration: can the pupil administer the medication themselves? (Delete as appropriate) yes/no, with supervision by:	
Are there are any contraindications (signs when medication should not be given)?	
Are there any side effects that the Academy needs to know about?	
Is there any other follow-up care necessary?	

Who should be notified? e.g Parents or carers / Specialist / GP or other (please state)

**9 Regular medication taken outside of school hours**

(for background information and to inform planning for residential trips)

Name/type of medication (as described on the container):

Are there any side effects that the Academy needs to know about that could affect school activities?

Specialist education arrangements required (e.g. activities to be avoided, special educational needs)

Any specialist arrangements required for off-site activities  
(please note the Academy will send parents/carers a separate form prior to each residential visit/off-site activity):

Any other information relating to the learners healthcare in school?

**Parental and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services).

I understand that I must notify the Academy of any changes in writing.

Signed (Parent/Carer)

Date:

Print name

### Healthcare professional agreement (when appropriate)

I agree that the information is accurate and up to date.

Signed

Date:

Print name

Job title:

### Permission for emergency medication

- I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- I agree that my child **cannot** keep their medication with them and the Academy will make the necessary medication storage arrangements
- I agree that I/my child **can** keep my/their medication with me/them for use when necessary

Name of medication carried by pupil

Signed (Parent)

Date:

### Principal Director agreement

It is agreed that (name of child)

- will receive the above listed medication at the above listed time (see part 6).
- will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until

(either end date of course of medication or until instructed by the pupil's parents/carers).

Signed (Principal Director)

Date:

## C. Parental Agreement for the School to Administer Medicine

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

### Administration of medication form

Date for review to be initiated by:

--

Name of child:

--

Date of birth:

--

Group/class/form:

--

Medical condition or illness:

--

### Medicine

Name and/or type of medicine  
*(as described on the container):*

--

Expiry date:

--

Dosage and method:

--

Timing:

--

Special precautions and/or other instructions:

--

Any side effects that the school needs to know about:

--

Self-administration – Yes/No:

--

Procedures to take in an emergency:

--

**NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.**

### Contact details

Name:

--

Daytime telephone number:

--

Relationship to child:

--

Address:

--

I will personally deliver the medicine to:

<u>Name and position of staff member</u>
--

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## D. Record of Medicine Administered to an Individual Pupil

Name of pupil:  
 Group/class/form:  
 Date medicine provided by parents:  
 Quantity received:  
 Name and strength of medicine:  
 Expiry date:  
 Quantity returned:  
 Dose and frequency of medicine:


Staff signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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:






## F. Staff Training Record – Administration of Medication

Name of school:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:


I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type.

Trainer's signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_



Was the student doing something authorised or permitted?		<b>Y / N</b>
Was First Aid given? <b>Y / N</b>	Was the Student taken to hospital?	<b>Y / N</b>
Did the student receive treatment at hospital? <i>(Please outline treatment given)</i>		<b>Y / N</b>
I give my consent to the Academy to disclose my personal information and details of the accident which appear on this form to safety representatives for them to carry out the health and safety functions given to them by law.		
Signature	Date	/ /
Signature of Witness	Date	/ /
Signature of Principal	Date	/ /
Action taken to prevent a recurrence of the accident		
Is the accident reportable to the HSE? <b>Y / N</b>	Reference number:-	
Date reported	/	/
Signature		

**On completion please send to: Campus Service Manager, Robert Stephenson  
Campus**

## **H. Contacting Emergency Services**

### **To be stored by the phone in the school office**

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

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

- The telephone number: **school phone number**.
- Your name.
- Your location as follows: **full address of school**.
- The postcode: **school postcode**.
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

## **I. ADVICE FOR STAFF for particular medical conditions**

### **Asthma awareness for Academy staff**

#### **What to do in an asthma attack**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward .
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately - preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring reception/admin office and ask for a first aider to come to the student.

#### **If there is no immediate improvement**

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

#### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5-10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

#### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.

- The parents/carers must always be told if their child has had an asthma attack.

#### Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation Academy staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

## Epilepsy awareness for Academy staff

### **Complex partial seizures**

#### Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

#### Ring reception/admin office and ask for a first aider to come to the student

#### Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

#### Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

#### Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed



## **Tonic-clonic seizures**

### Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

### Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

### Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **Anaphylaxis awareness for staff**

### **Symptoms of allergic reactions:**

#### *Ear/Nose/Throat - Symptoms:*

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

#### *Eye - Symptoms:*

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

#### *Airway - Symptoms:*

wheezy breathing, difficulty in breathing and or coughing (especially at night time).

#### *Digestion:*

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

#### *Skin:*

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin.

Angiodema - painful swelling of the deep layers of the skin. Red cheeks.

### **Symptoms of Severe Reaction/ Anaphylaxis:**

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

### **Treatment**

Ring reception/admin office and ask for first aider to come to student

Send a student or member of staff to First Aid room/admin office to collect 2<sup>nd</sup> epipen and to ask them to ring for an ambulance and parents.

If student conscious keep them in an upright position to aid breathing. If, unconscious then place in recovery position.

If student is conscious and alert ask them to self administer their epipen. If the student is unconscious, then the trained member of staff to administer epipen as per training. Record the time of giving.

If no improvement within 5 minutes, then 2<sup>nd</sup> epipen to be administered. Keep used epipens and give to paramedics when they arrive.

## Diabetes awareness and treatment for staff

### **What is it?**

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

### **Signs and symptoms:**

#### **Hypoglycaemia:**

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

#### **Hyperglycaemia:**

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

### **First aid aims**

#### **Hypoglycaemia:**

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

#### **Hyperglycaemia:**

- Get casualty to hospital as soon as possible

### **Treatment**

#### **Hypoglycaemia:**

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

#### **Hyperglycaemia: Call 999 immediately**

### **Further actions**

If the casualty loses consciousness

- Open airway and check breathing

Appendix C Further advice and resources

The Anaphylaxis Campaign

**PO Box 275**

**Farnborough**

**Hampshire GU14 6SX**

**Phone 01252 546100**

**Fax 01252 377140**

**info@anaphylaxis.org.uk**

**www.anaphylaxis.org.uk**

**info@diabetes.org.uk**

**www.diabetes.org.uk**

Asthma UK

**Summit House**

**70 Wilson Street**

**London EC2A 2DB**

**Phone 020 7786 4900**

**Fax 020 7256 6075**

**info@asthma.org.uk**

**www.asthma.org.uk**

Epilepsy Action

**New Anstey House**

**Gate Way Drive**

**Yeadon**

**Leeds LS19 7XY**

**Phone 0113 210 8800**

**Fax 0113 391 0300**

**epilepsy@epilepsy.org.uk**

**www.epilepsy.org.uk**

Diabetes UK

**Macleod House**

**10 Parkway**

**London NW1 7AA**

**Phone 020 7424 1000**

**Fax 020 7424 1001**

Long-Term Conditions Alliance

**202 Hatton Square**

**16 Baldwins Gardens**

**London EC1N 7RJ**

**Phone 020 7813 3637**

**Fax 020 7813 3640**

**info@ltca.org.uk**

**www.ltca.org.uk**

Council for Disabled Children

**National Children's Bureau**

**8 Wakley Street**

**London EC1V 7QE**

**Phone 020 7843 1900**

**Fax 020 7843 6313**

**cdc@ncb.org.uk**

**www.ncb.org.uk/cdc**

National Children's Bureau

**National Children's Bureau**

**8 Wakley Street**

**London EC1V 7QE**

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