



# DORMSTON SCHOOL

## Medical Policy

### (Supporting Pupils with Medical Conditions)

#### **Introduction**

On 1 September 2014 a new duty came into force for Governing Bodies to make arrangements to support pupils with medical conditions at school. The statutory guidance in this document is intended to help the Dormston School meet its legal responsibilities and sets out the arrangements we will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents with children at the Dormston School feel confident that we will provide effective support for their child's medical condition and that pupil's feel safe. In making decisions about the support we provide, The Dormston School has established relationships with relevant local health services to help us. We as a school will always fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

This policy has been drawn up to support and welcome all pupils with medical conditions. This policy defines the ways in which The Dormston School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer. The medical policy is designed to deliver a clear communication plan for staff, parents and pupils to ensure its full implementation.

We aim to provide all children with medical conditions the same opportunities as every other pupil at the school. We have a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may attend in the future.

This policy has been drawn up in accordance with the DfE guidance "Managing Medicines in Schools" and "Supporting Pupils at School with Medical Conditions statutory guidance for Governing Bodies of maintained schools and proprietors of academies in England December 2015" and "Guidance for Schools and Early years settings on the Administration of Medicines" Issued by Dudley Council in conjunction with the NHS 2015.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator.

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short term. Other pupils have a medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having "MEDICAL NEEDS".

Other guidance has been obtained from:

The Dudley Guidance for the Management of Epilepsy in Schools.

The Dudley (Shropshire Health) Guidance for the Management of Asthma in Schools (March 2016)

The Dudley (Shropshire Health) Guidance for the Management of Anaphylaxis in School (Due to be reviewed 2016)

Review Officer – Mr Eveson  
Review Date – September 2017

Guidance for the management of Children and Young People with Diabetes in School 2007 (Due to be reviewed 2017)

Supporting Pupils at school with Medical Conditions (Department of Health December 2015)

### **What legislation is this guidance issued under?**

**Section 100 of the Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014.

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

There is no legal duty which requires school staff to administer medication. The Dormston School has developed roles for support staff that builds the administration of medicines into their job description. We will ensure we have sufficient members of staff who are appropriately trained to manage administration of medicines as part of their duties. Staff who manage the administration of medicines will receive appropriate training and support from health professionals. A health and safety risk assessment will be undertaken for all procedures.

### **Liability and indemnity**

The school's insurance arrangements covers staff providing support to pupils with medical conditions. The insurance policy at The Dormston School provides liability cover relating to the administration of medication.

## **Principles**

Pupils with medical conditions are encouraged to take control of their condition, we aim to allow pupils and their parents/carers to feel confident in the support they receive from the school to do this.

Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care when supervising some activities to make sure all these pupils, and others, are not put at risk.

## **Aims**

- to ensure that children with medical needs receive proper care and support in school;
- to provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs;
- to define the areas of responsibility of all parties involved, pupils, parents, staff, head teacher and the governing body;
- all pupils are aware of where they have to attend, to administer their own medication;
- that all pupils are encouraged with parent and head teacher consent to carry their own emergency medication i.e. inhalers, epi-pens etc;
- all pupils with medical conditions have easy access to their emergency medication and where to go to obtain it.

## **Practice**

### **Administration of Medication**

It is essential for The Dormston School to have sufficient information about the medical condition of any of our pupils with health needs. This confidential health information should come directly from the pupils GP, Consultant, Specialist Nurse or School Nurse (SN) with parental consent.

The Dormston School will request medical information from parents/carers every year (see medical details form, appendix 1), it is the responsibility of the parent / carer to provide this information and any changes to previous conditions. Once this information has been received the schools health care professional will decide if the individual pupil is required to go onto a health care plan.

Pupils with serious and complex health needs will require a Health Care Plan. Once the initial information has been received from the parent/carer, the school, relevant health professionals and other agencies involved with the pupil will then work together with the pupil to draw up the individual health care plan. A second letter will be sent out from the school asking for more detailed information on these medical issues (see appendix 2 as an example of an asthma HCP) or from the school health care professional and a meeting with the school health care professional may be organised. It is the responsibility of the parent/carer to attend these meetings and to fill out these forms to give the school as much information as possible to help manage the condition.

Review Officer – Mr Eveson  
Review Date – September 2017

No pupils will be given prescription medicines without their parent's / carers written consent (see parental agreement form, appendix 3) except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

### **Individual Healthcare Plans**

All pupils with a medical condition will be issued with a health care plan if this is deemed necessary by the School medical professional (School Nurse SN). The individual Health Care plan is used for pupils with complex health needs to record important details about the individual child's medical needs at school, the triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to this plan if required.

Examples of complex health needs which may generate an individual health care plan following discussion with the school health care professional include:

- diabetes;
- gastrostomy feeds;
- a tracheostomy;
- anaphylaxis;
- severe asthma;
- epilepsy with rescue medication.

An individual health care plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils. This will be sent once the initial information or a new diagnosis has been communicated to the school and once it has been verified by the schools health care professional.

It is the parent's responsibility to fill in the Individual Health Care Plan and return the completed form to the school. If the school does not receive an Individual Health Care Plan, all school staff will follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan has not been completed, the school will contact the parents/carer and may convene a meeting or consider safeguarding children procedures if necessary.

Medical condition communicated to school via:

- initial form will sent out to parents to identify any medical conditions;
- transition details will be provided by junior schools;
- new enrolment forms will identify any issues;
- new diagnosis informed by the parent/carer.

Schools Actions

- forms collated;
- school Health Care professional indicates any further actions.

- School Health Care professional writes to parents/carer and arranges an appointment;
- school will send out a health care plan for parents to fill in and return;
- if no response from parents/carer the school will contact again;
- school nurse will review the HCP;
- all information about medical conditions will be stored on protected files which only staff have access too. The individual pupils form tutors will be made aware of any relevant information.

### **School Individual Health Care Plan register**

Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at this school. This school has ensured that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure is in place to ensure that the pupil's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school is updated on the schools record system.

### **Ongoing communication and review of Individual Health Plans**

Parents/carers at this school are regularly reminded to update their child's Individual Health Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Health Care Plan will have a review date. Parents/carers have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

### **Storage and access to Individual Health Plans**

Parents/carers and pupils (where appropriate) at this school are provided with a copy of the pupil's current agreed Individual Health Plan.

Individual Health Care Plans are kept in a secure central location at school. Apart from the central copy, specified members of staff (agreed with Head Teacher, the pupil, parents/carers) have access to secure files on the schools safe ICT system which hold copies of pupils' Individual Health Plans. These copies are updated at the same time as the central copy.

The school will ensure that there is only ever one hard copy on site and there is a robust procedure for securing files through the school ICT system.

When a member of staff is new to a pupil group, for example due to staff absence, the school will make sure that they are made aware of the Individual Health Plans and needs of the pupils in their care.

The information in the Individual Health Plan will remain confidential unless needed in an emergency

## **Use of Individual Health Plans**

Individual Health Plans are used by this school to:

- inform appropriate staff about the individual needs of a pupil with a complex health need in their care;
- identify important individual triggers for pupils with complex health needs at school that bring on symptoms that can cause emergencies;
- this school uses this information to help reduce the impact of triggers;
- to ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency.

## **Administering Medication Step by Step Guide:**

If a pupil requires regular prescribed medication at school four or more times a day or at a time subscribed by the GP, parents/carers are asked to provide consent by signing their child's medication plan and the parental medication administration request form (appendix 3), this will give the pupil or staff permission to administer medication on a regular/daily basis. This form must be completed by parents/carers for pupils taking any courses of medication.

School reception staff will make the initial checks that the medication has been prescribed by a GP and that the dosage required is four or more times a day or that there is a specific time during school hours that the medication must be taken.

If the medication meets the above requirements the receptionist will contact a trained member of staff to fill in the parental medication request form (appendix 3) with the parent/carer and for the trained member of staff to take control of the medicine and put into the secure medical storage or the medical fridge on site.

A further form (appendix 5) will then need to be signed by the Head Teacher and a copy filed in the pupils individual record of medication administration and another copy sent to the parent / carer.

(All parents/carers of pupils with a complex health need who may require medication in an emergency are asked to provide consent on the individual health care plan for staff to administer medication, this medication will then be kept in a secure and safe environment).

Where pupils refuse to take medication provided by the parent/carer it is not the role of the school to take on this responsibility.

1. The initial checks that medication is to be administered at school will be undertaken by the school reception staff.

2. If the medication is to be administered the receptionist will contact a designated person to fill in the form titled "Parental Medication Administration Request" with the parent/carer (appendix 3).
3. This form will be checked by the staff administering any medicines and signed off to agree to the request. If the medication does not have a prescription label attached with the correct details of the individual pupil, the request to administer and keep medicine on site will not be accepted.
4. If the prescription label gives the dosage as **under four times** a day the school will not accept the medication as this can be administered by the parent/carer at home, in the morning before school, again after school and then again in the evening. (This is at the Head Teacher discretion).
5. Staff administering the medicine will fill in a blank "Individual Record of Medication Administration" booklet (appendix 4) for each individual pupil.
6. The staff members administering the medicine will read the written instructions for each pupil on the prescription label prior to agreeing to or administering any medicine, once the medicine has been administered the details will be recorded correctly on the individual record of medication.
7. Dates and course length, if the medicine is out of date or after the given date of course the medicine will not be accepted or administered.
8. Two members of staff will be present and will sign the individual administration document for all times that medication is administered.
9. One member of staff can accept the medication (appendix 3) if all the above has been satisfied. This information must be filed safely in a secure location by the staff members identified to administer medication.
10. Ensure that the medication is in the original packaging / container. Any changes to the type of medication or dose should be via a letter from the child's GP, hospital or supporting health professional.
11. When pupils request painkillers, e.g. Paracetamol at school or any other form of non-prescribed medication staff must not under any circumstances comply with this request. If a parent/carer wishes their child to have these, they must make arrangements to come into school and administer themselves.
12. Ensure the pupil understands the appropriate hygiene precautions to minimise risk of cross contamination. I.e. washing hands before taking any medicines, going to a clean environment if needed.



13. Check the administration sheet before giving the medication to ensure the medication has not already been given and that it is in date.
14. School staff who administer medicine will have read the school policy on administration of medicine.
15. School staff who administer medicine will have received appropriate training from a health care professional.
16. It is the parent's responsibility to dose any other medicines out of school time, before school and after school.
17. If in doubt the school staff will speak to the school health care professional who will contact parents/carers with any concerns or questions.

If the Head Teacher agrees for a pupil to receive antibiotics or other forms of medicine in school this must not be the first dose to be administered as the school cannot be held responsible for any adverse side effects of the medicine.

The governing body of The Dormston School has determined that staff will not actively administer medication to a pupil except where a child is undergoing an emergency (e.g. anaphylactic shock, severe asthma attack). Or where a child is physically unable to self-medicate under supervision.

The governing body has determined that non-prescribed medication will NOT be given to pupils under any circumstances.

Other reminders include:

- ensure the medication is in the original packaging/container;
- check the name of the child;
- the name and strength of the medication;
- the dosage and when/how the medication should be given;
- ensure that all medications are returned for safe storage;

In the event of an accidental overdose of medication being given parents / carer should be contacted immediately. If in doubt dial 999.

Pupils should not be carrying, or self-administering medication that has not been prescribed under any circumstances i.e. Paracetamol, Ibuprofen, and Aspirin.

We ask that parents also inform us of any other medication that a child has taken (for example prior to the school day), which may have an influence on their prescribed medication that they are due to take at school.

### **Self-Administration by Pupils**

The school wishes to support and encourage pupils, who are able, to take responsibility to manage their own medical conditions, after participating in discussions and decisions with parents/carers, for example with asthma and diabetes.

Some pupils with specific medical conditions will have the capability to keep and administer their own medication. These are asthma inhalers and epi-pens. The school will support in the recording and administration of this self-administration where the medicines are kept securely by the school. However once the form "Request for Child to Carry own Medication" has been returned signed by parent / carer the pupil will be allowed to carry this on them around school (appendix 6).

### **Self-Administration Requiring Supervision**

This school understands the importance of medication being taken as prescribed. All use of medication will be undertaken under the appropriate supervision of a trained member of staff at this school unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child. All medicines administered at the Dormston School will be self-administered, however supervision will be provided along with a secure environment for medicine storage.

In the case of children with diabetes self-administering insulin, the packaging will be in the form of the insulin delivery device (insulin pen).

Access to the medication must be given at the appropriate times, as advised by the prescriber and the guidance on the packaging.

A record must be kept on the administration form noting that the medication was self-administered by the pupil and supervised by the named members of staff (appendix 4) Provision of a safe private place has been made available in the centre reception for the medication to be administered, for example insulin.

### **Administration of Controlled Drugs**

The supply, possession of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (1971, 2005) some, for example Ritalin (Methylphenidate), may be prescribed as medication for use by children. The trained members of staff will help administer a controlled drug to the pupil it has been prescribed too, in accordance with this policy. Staff assigned to this duty have been identified to undertake this role.

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

It is the responsibility of the parent / carer to supply the school with the required medication, to ensure the medication is within date and to dispose of out of date medication.

## **Administration – General**

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.

At the Dormston members of staff have taken on the voluntary role of administering medication. This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.

All school staff in this school 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. This may include taking action such as assisting in administering medication or calling an ambulance.

In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.

Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

If a pupil at this school refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.

All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will 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 trained member of staff, who is usually responsible for administering medication, is not available the school will make alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.

If the prescribed medication is to be taken three times a day, this will be the parent's responsibility to administer dosage before and after the school day and the school will not accept responsibility for administering this medicine. Unless there is a specific time to take

during the school day, in this instance the school finds it reasonable for parents/carers to administer at home before school, after school and again in the evening.

### **Record Keeping**

- all information regarding the administration of prescribed medication for an individual must come from a health professional;
- any changes to the administration of a medicine e.g. time of administration, change of dose must be given in written form from a health professional;
- when necessary in accordance with blood glucose levels, changes in activity or diet, parents /carers / pupil may alter the dose of insulin required where directed on individual health care plan;
- a written record of staff administering medication will be kept up to date and be readily available in cases of emergency;
- each individual pupil will have their own booklet recording the medication, dosage and times when administered etc;
- for pupils with diabetes, individual blood glucose recording forms will be used (appendix 7);
- written information regarding the following will be kept securely by the school:
  - parental agreement for the school to administer medication (appendix 3);
  - record of when the medication is administered and by whom (appendix 4);
  - staff training record as appropriate with dates for review of training;
  - individual Diabetes recording document (appendix 7);

Prescribed medication should only be taken into school with the:

- agreement of the Head Teacher (Appendix 5);
- required forms signed and filled in correctly for the school to take possession of the medication;
- it must always be in the original packaging which will include the pupil's name, date of birth, the dose to be given and the prescriber's instructions for administration.

### **Communication**

- new starters form to identify any medical issues;
- information received from previous schools to be added to SIMS and the information passed to school health care professional. All parents/carers ticking that their child has asthma will be sent an asthma health care plan to fill in;
- reminder letter sent out in September to identify any changes or new medical issues;
- second letter sent out to obtain health care plan information if deemed necessary by the school health care professional;

Review Officer – Mr Eveson  
Review Date – September 2017

- individual health care plans hard copies will be kept securely in the attendance officer's room
- all individual records of medication administration will be kept securely in the centre office;
- all emergency medication will be kept in the medication cabinet in the centre office;
- a meeting will be held between the parent/carer, pupil, designated staff member and school nurse for health care plans where required.

## **Roles and Responsibilities**

### **Pupils**

Have a responsibility to:

- treat other pupils with and without a medical condition equally;
- tell their parents/carers, teacher or nearest staff member when they are not feeling well;
- let a member of staff know if another pupil is feeling unwell;
- treat all medication with respect;
- know how to gain access to their medication in an emergency;
- pupils who have been prescribed a controlled drug may legally have it in their possession if they are competent to do so and it has been signed off by the Head Teacher, but passing it to another pupil for use is a legal offence.

### **Parent or Carer**

Has a responsibility to:

- fill in all the medical requests issued by the school;
- tell the school if their child has a medical condition;
- inform the school with medical evidence if their child requires medication during school hours.
- ensure the school has a complete and up to date individual health care plan if their child has complex medical needs;  
inform the school about any changes to their child's medication, what they take, when, how much etc.;
- inform the school of any changes to their child's condition;
- be aware that three times daily dosages can be spaced throughout the day and does not need to be during school hours;
- ask the prescriber if it is possible to adjust medication to avoid school time doses;
- ensure their child's medication and medical devices are labelled with their child's name;
- ensure the school has full and up to date contact details for them;
- ensure their child's medication is within expiry dates;
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

## **Staff**

Have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- call an ambulance in an emergency;
- understand the school's medical policy;  
know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan;
- know the schools registered first aiders and where assistance can be sought in the event of a medical emergency;
- maintain effective communication with parents/carers including informing them if their child has been unwell at school;
- ensure pupils who need medication have it when they go on a school visit or out of the classroom;
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support;
- understand the common medical conditions and the impact these can have on pupils;
- ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in;
- ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed;
- follow universal hygiene procedures if handling body fluids.

**Teaching Staff** have an additional responsibility to also:

- ensure pupils who have been unwell have the opportunity to catch up on missed school work;
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENCO;
- liaise with parents/carers, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition;
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

## **School Nurse**

Has a responsibility to:

- help provide regular updates for school staff in managing the most common medical conditions at school at the schools request;
- provide information about where the school can access other specialist training;
- update the Individual Health Plans in liaison with appropriate school staff and parents/carers;
- provide support and assistance to school staff communicating with parents/carers;
- arrange and supply training to school staff.

The schools health care specialists, e.g. school nurse, specialist or children's community nurse, is there to advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

### **First Aiders**

Have an additional responsibility to:

- give immediate, appropriate help to casualties with injuries or illnesses;
- when necessary ensure that an ambulance is called;
- ensure they are trained in their role as a First Aider;
- if a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### **Head Teacher**

The Head Teacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks;
- ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors;
- ensure every aspect of the policy is maintained;
- ensure that if the oversight of the policy is delegated to another senior member of staff ensure that the reporting process forms part of their regular meetings;
- monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and other stakeholders;
- report back to governors about implementation of the health and safety and medical conditions policy;
- ensure through consultation with the governors that the policy is adopted and put into action.

### **Governing Body**

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

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

The governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view.

The governing body will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in a statement, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

The governing body will ensure that written records are kept of all medicines administered to children. Records offer protection to staff and pupils and will provide evidence that agreed procedures have been followed.

The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

The governing body will ensure that the school's policy sets out what should happen in an emergency situation.

The governing body will ensure the school does not ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).

The governing body will ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details should include:

- who is responsible for ensuring sufficient staff are suitable trained;
- a commitment that all relevant staff will be made aware of the pupil's condition;
- ensure cover arrangements are in place in case of absence or staff turnover;
- supply teachers are briefed correctly on pupils with medical conditions;
- that risk assessments are undertaken for school visits and other activities outside of the normal timetable
- will ensure regular monitoring of individual health care plans.
- will check the schools data protection security to ensure records are kept securely.

The governing body will also ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.



The governing body will ensure that the schools arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

In making their arrangements, the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

### **Staff Training and Support**

No member of supply staff will administer medication without training issued by the school nurse.

Training is not usually required for the administration of general medicines the exceptions are administration of:

- diabetic medication;
- epi-pen;
- buccal midazolam;
- inhalers;

All staff who participate in the administration of insulin and emergency medication have received the appropriate training and updating. Staff training is arranged by the appropriate member of staff (Mr Eveson) who will liaise with the School Nurse or appropriate health professional.

All staff will be aware of who is designated to administer emergency medication. A list of current first aiders is located around the school at all points where there is a first aid box and on the shared area under health & safety.

The school will keep a record of all relevant and approved training that is undertaken by staff. It is the Head Teacher's responsibility to ensure a record is kept of staff trained to administer medication.

The schools healthcare professional will lead on identifying and agreeing with the school the type and level of training required, and how this can be implemented.

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out

in individual healthcare plans. Staff will have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

### **Emollients (creams)**

- children using emollients for eczema will be encouraged to do this for themselves wherever possible, although the medication will be kept securely for them in an easily accessible office;
- pupils will be advised to follow all hygiene requirements and have access to a clean and private area to administer any emollient
- emollients may need to be applied frequently, this will be communicated to teaching staff;
- time will be allowed to pupils to put on the emollient, especially after swimming and PE;
- if a pupil requires assistance to apply the emollient disposable gloves and aprons should be worn by the member of staff supporting;
- pupils with eczema should be sat away from radiators and sunny windows and encouraged not to scratch. Staff should be made aware that carpets may be an irritant so staff to provide chairs;
- care should be taken if exposing pupils with eczema to pets or irritants such as soap, detergents, paints and some foods. Risk assessments will be undertaken for any teaching activities or visits out of the normal school day;
  - emollients should be stored as other medication in the safe storage provided after the parent/carer has filled in the appropriate forms;
  - there will be a private room with hand washing facilities for the emollient to be applied;
  - sun cream can only be applied to pupils where it would be detrimental to their medical condition if not applied.
  - these procedures should be followed for all eczema treatments.

### **Storage of Medicines/Controlled Drugs**

- all medicines when not in use will be stored in a safe secure place which is locked and out of reach of the pupils, this is located in the centre office;
- medicines should be in their original packaging and be clearly marked with the pupils name and prescriber's instructions. Monitored dosage systems must be labelled by the Pharmacist in the same way and be accompanied by an information leaflet;
- the designated member of staff should record the amount of medication received by the school, the name of the child for whom it is intended and the prescriber's instructions;
- the designated member of staff and the pupil's parent or carer will both sign to confirm the medication has been handed in to school;

- out of date or unused medication will be returned to the parent / carer as a matter of routine, whether weekly, monthly or at the end of each half term;
- controlled drugs will always be stored in a locked cabinet or drawer, to which pupils do not have unsupervised access. Only designated members of staff will have access to the cupboard (staff absence will be taken into consideration);
- the key will be kept in a secure place, away from the cupboard or drawer, which is known to designated staff;
- the administration of medication document (appendix 4) which should have the name of the child and information about dosage, should be stored with the medication;
- the school should not store large volumes of medication. It is the responsibility of parents to bring medication required into school;
- when medication requires refrigeration it can be kept in a fridge containing food, in an airtight container. It should be kept on a clearly labelled shelf which is used only for the storage of medicines. Fridges containing medication should be in an area not accessed by unsupervised pupils.

### **Disposal of Medication**

- any Medication that has reached the expiry date will not be accepted or given to pupils;
- the Dormston School will not dispose of any medication but instead return it to the parent/carer
- parents/carer's will be contacted when medication has reached its expiry dates for safe disposal;
- parents/carer's will be advised that out of date medicines can be returned to pharmacies for safe disposal;
- out of date medicines will never be sent home with the pupil.

### **Disposal of Sharps (needles)**

The Dormston School has a sharps bin which is collected and replaced monthly by a professional company. All used needles MUST be placed in this bin and no others.

- parents of individual pupils with diabetes will provide sharps bins which they will dispose of;
- parents should correctly dispose of sharps bins by returning them to their child's GP for appropriate disposal.

## Emergency Medication

### **Emergency medication must be administered by a trained first aider, or trained member of staff.**

- where children have conditions which may require rapid emergency action parents/carer's should supply information from the pupil's GP/Consultant to the Head teacher, of the condition, symptoms and appropriate action to be taken following onset. To ensure continuity of the child's care there will be an individual health care plan compiled jointly with the school, parent / carer, child, school health care professional, relevant other agencies and Specialist Nurse ( when necessary);
- all school staff will be made aware of any pupil whose medical condition may require emergency aid. All staff should be able to recognise the onset of the condition and take appropriate action i.e., summon a trained member of staff or call the emergency services when required;
- the Dormston School has an emergency action plan for medical emergencies. The school has access to trained first aiders at several points around the school and access to phones to call emergency services is available;
- individual risk assessments may be undertaken for some pupils with medical conditions;
- consideration should will be given to school journeys, educational visits and other out of school activities. The action to be taken in these circumstances must be included in the pupil's health care plan;
- the school has a clear procedure for summoning an ambulance in an emergency. However, some life threatening conditions may require immediate treatment. These are generally related to four conditions that may result in:
  - prolonged epileptic seizure requiring Buccal Midazolam;
  - anaphylactic reaction requiring Adrenalin;
  - diabetic hypoglycaemia requiring Glucose or Glucogel;
  - acute asthmatic attack requiring Ventolin.

These emergencies will be attended by a trained first aider.

The school will ensure that all pupils with a medical condition have easy access to their emergency medication.

Any information given to the attending paramedic must only be taken from the pupil's individual health care plan if appropriate.

## **Contacting Emergency Services**

### Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

- your telephone number;
- give location as: The Dormston School, Mill Bank entrance;
- DY3 1SN;
- give exact location in the school, if able go to front of school (Mill Bank);
- give your name;
- give name of child and brief description of child's symptoms;
- inform ambulance control of best entrance to use and state the crew will be met and taken to the emergency.

Speak clearly and slowly and be ready to repeat information if required.

## **Asthma Awareness for Staff**

### **Emergency Asthma Procedures**

The Dormston School recognises that asthma is a widespread, serious but controllable condition affecting many of our pupils. We encourage all pupils with asthma to achieve their potential in all aspects of school life. The school ensures all the staff understand their duty of care to pupils in the event of an emergency and that they feel confident in knowing what to do. Staff are kept informed of all pupils with asthma and the procedures they are required to follow.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). At the Dormston School we have chosen to introduce emergency Asthma stations in each block of the school which will have a list of pupils who are on the asthma register, therefore are able to have the emergency salbutamol, (signed by parents/carers) (appendix 8).

### **Storage, Care and Disposal of the Inhaler**

The school will have responsibility for ensuring that:

- on a monthly basis the emergency inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs with these puffs documented. A spare inhaler will always be located in the emergency station.

### **Pupils who can use an inhaler**

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler.

**AND for whom written parental consent for use of the emergency inhaler has been given. This information should be recorded in a child's individual healthcare plan and will be in the emergency asthma box.**

### **Common Signs of an Asthma Attack**

- persistent cough (when at rest);
- a wheezing sound coming from the chest (when at rest);
- difficulty breathing (the pupil could be breathing fast and with effort, using all accessory muscles in the upper body);
- nasal flaring;
- unable to talk or complete sentences;
- may try to tell you that their chest 'feels tight'.

### **Salbutamol**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that we ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. This list will be in each emergency asthma station.

### **Emergency Situations**

Before receiving the emergency Salbutamol, staff must check that the pupil is on the current Asthma List. This will be located in each asthma station. If the pupil is not on the list, dial for an ambulance ASAP and do not administer any medication. It is the parents/carers responsibility to update the school with medical details and any changes to

their child's Asthma diagnosis or medication. Parents/carers are reminded to do this at least twice a year, as if they do not inform us, the emergency asthma prevention cannot be used.

### **What to do in the case of an asthma attack**

- keep calm and reassure the pupil.
- encourage the child to sit up and slightly forward.
- use the pupil's own inhaler – if not available, use the emergency inhaler (**only if the pupil's name is on the Asthma list, if not skip the following steps and call for an ambulance ASAP**).
- remain with the pupil while the inhaler and spacer are brought to them.
- immediately help the pupil to take two separate puffs of salbutamol via the spacer.
- if there is no immediate improvement, continue to give two separate puffs at a time every two minutes, up to a maximum of 10 puffs.
- stay calm and reassure the pupil, stay with the pupil until they feel better. The pupil can return to school activities when they feel better.
- if the pupil does not feel better or you are worried at **any time** before you have reached 10 puffs, call 999 for an ambulance.
- if an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

### **Guidelines/Responsibilities**

#### **The Dormston School has a duty to:**

- request information from parents/carers regarding medical conditions affecting their child;
- maintain accurate records of medical conditions given by parents/carers;
- distribute appropriate medical information to staff.

At the beginning of each year or when a pupil joins the school, parents/carers are asked if their child has any medical conditions, including asthma, on their Annual medical information and trips and visits form.

This information is readily available to Staff and information about how to manage an asthma attack, along with a list of pupils with Care Plans is distributed to teaching staff at the beginning of each school year.

#### **Parents/carers have a responsibility to:**

- tell the school if their child has asthma;
- inform the school about medicines their child requires during school hours or while taking part in visits, outings, field trips or other activities such as school team sports;
- tell the school about any changes to their child's condition or medication;
- ensure their child's reliever inhaler and spacer is labelled with their name;

- provide a spare reliever inhaler labelled with their child's name;
- ensure the reliever inhaler and spare are within expiry dates;
- keep their child at home if not well enough to attend school;
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to twelve months);
- ensure their child knows how to use their asthma inhaler effectively.

**Pupils have a responsibility to:**

- treat other pupils with and without asthma equally;
- let any pupil having an asthma attack take their reliever inhaler and ensure a member of staff is called;
- tell their parents/carer, teacher or other adult when they are not feeling well;
- treat asthma medicines with respect;
- know how to gain access to their medicine in an emergency;
- know how to take their own asthma medicine.

**All school staff have a responsibility to:**

- understand the Medical Policy.
- be aware that some pupils in their class may suffer from asthma;
- know what to do in the event of a pupil having an asthma attack;
- allow pupils with asthma immediate access to their reliever inhaler;
- ensure parents/carers are informed, via the front office, if their child has an asthma attack;
- ensure parents/carers are informed if they have any concerns about a pupil's asthma or medication;
- support pupils to catch up on school work missed while unwell;
- liaise with parents and relevant individuals if a child is falling behind with their work because of their asthma.

First Aiders should document all incidents where intervention has been required and ensure parents/carers are informed.

**PE teachers have a responsibility to:**

- understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in an activity if they feel unwell;
- they should not be excluded from activities that they wish to take part in if their asthma is well controlled;
- ensure pupils have their inhaler with them during activity or exercise and are allowed to take it when needed;



- if a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most should wait at least five minutes);
- ensure pupils with asthma always warm up and down thoroughly.

### **School Healthcare Professional has a responsibility to:**

- provide training if requested by school if she/he is competent to do so;
- advise the school if necessary about how to access other training providers.

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

### **Allergy and Anaphylactic Shock Awareness for Staff**

#### **Allergic Reactions and Anaphylactic Shocks**

As well as emergency asthma procedures we have put in place anaphylaxis and allergy procedures to inform parents how we as a school will deal with allergic reactions and anaphylactic shocks. Food allergies are a growing health concern in schools across the country. The incidence of the peanut allergy, the deadliest of all the food allergies tripled in the ten-year period from 1997-2008. Today, more than 2 million school-aged children in this country suffer from food allergies. Medical experts agree that this number is increasing exponentially.

Research indicates that as many as one in 70 UK children may be allergic to peanuts. Occasionally the symptoms are severe and they may even be life-threatening. Peanut is not the only food capable of triggering severe allergic reactions. Others include egg, milk, fish, shellfish, tree nuts and kiwifruit. Many more may be implicated on rare occasions.

A severe allergic reaction will affect the whole body, in susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal.

The good news is that even the most severe form of allergy (anaphylaxis) is very definitely manageable. The vast majority of the children affected are happily accommodated in mainstream schools thanks to good communication among parents, school staff, doctors and education authorities. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food such as peanuts

**At The Dormston School we will:**

- establish clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs;
- ensure the involvement of health care professionals, parents, staff and the pupil in establishing an individual health care plan when required;
- ensure effective communication of individual pupil medical needs to all relevant teachers and other relevant staff;
- ensure First Aid staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency;
- ensure that parents of pupils with packed lunches will be requested to give careful thought to eliminating food that may be of risk to those members of staff and pupils who suffer from such allergies;
- ensure all educational visits will be pre-checked that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies. Where a pupil is prescribed Epi-Pen the teacher in charge will ensure they or another supervising staff member is trained in the use of the Epi-Pen, and capable of performing any possible required medical treatment as outlined in the Pupils Health Care Plan;
- providing, as far as practicable, a safe and healthy environment in which people at risk of allergies and anaphylaxis can participate equally in all aspects of school life;
- encourage self-responsibility and learned avoidance strategies amongst pupils suffering from allergies;
- raise awareness about allergies and anaphylaxis amongst the school community;
- ensure each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures;
- liaise with parents/guardians of pupils who suffer allergies, to assess risks, develop risk minimisation strategies, and management strategies for their child.

**Recognising an anaphylactic shock or an allergic reaction**

- impaired breathing: this may range from a tight chest to severe difficulty;
- there may be a wheeze or gasping for air;
- signs of shock;
- widespread blotchy skin eruption;
- swelling of the tongue and throat;
- puffiness around the eyes;
- anxiety.

The Dormston School believes that the safety and wellbeing of those members of the school community suffering from specific allergies and who are at risk of anaphylaxis is the responsibility of the whole school community.

The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies. We will promote food allergy information (including anaphylaxis) through PSHE, and Science/Food Technology lessons in particular with classes where a pupil has severe allergies.

The Dormston School will ensure arrangements are in place to support pupils with medical conditions and in doing so ensure that such pupils can access and enjoy the same opportunities at school as any other child. The School will focus on the individual pupil and how their medical condition impacts on their school life.

Staff will be sufficiently trained to recognise and manage severe allergies in school, including any emergency situations that may arise during the school day.

Risk assessments will be undertaken for school visits outside of the normal school timetable.

The School will ensure that catering supervisors are aware of an allergic pupils requirements, whilst using the catering till system to draw attention to any product that may contain allergy specific foods which will enable the catering staff to give further advice to the individual pupil.

The school policy is that nuts should not knowingly be used in any area of the curriculum. Whilst this does not guarantee a nut free environment as traces of nuts are found in a great deal of foodstuffs it will certainly reduce the chances of exposure to pupils with allergies.

The School will review policies after a reaction has occurred and update and monitor the policy and health care plans on an ongoing basis.

The School will ensure emergency kits around the school should be checked each term to ensure they are stored correctly, are still in date, and ready for use.

**Tips on how parents/carers can help the allergic child include:**

- notify the school of the pupil's allergies. Ensure there is clear communication;
- work with the school to develop a plan that accommodates the pupil's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus. Ask your doctor, school nurse, allergy specialist or paediatrician to help;
- provide written medical documentation, instructions and medications as directed by a doctor. Replace medications after use or upon expiry.
- educate the pupil in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels;

- review policies and procedures with the school staff, school welfare officer, the pupil's doctor and the pupil (if age appropriate) after a reaction has occurred.

### **Pupil responsibilities**

- be sure not to exchange food with others;
- avoid eating anything with unknown ingredients;
- be proactive in the care and management of your food allergies and reactions (based on the age level);
- notify an adult immediately if you eat something you believe may contain the food to which you are allergic;
- notify an adult immediately if you believe you are having a reaction, even if the cause is unknown. Always wear your medical alert bracelet or some other form of medical identification;
- developing a relationship with the school first-aider or trusted adult e.g. form tutor or welfare officer;
- Head of House, Form tutor and welfare officer to assist in identifying issues related to the management of the allergy in school;
- taking responsibility for avoiding food allergens, including informing staff of his/her allergy at times of potential risk;
- learning to recognise personal symptoms;
- notify an adult if they are being picked on or threatened by other pupils as it relates to their food allergy;
- knowing the overall Pupil Health Care Plan and understand the responsibilities of the plan;
- develop greater independence to keep themselves safe from anaphylactic reactions.

### **Given that anaphylaxis can be triggered by miniscule amounts of allergen, food anaphylactic pupils must be encouraged to follow these additional guidelines:**

- proper hand washing before and after eating and throughout the school day;
- avoiding sharing or trading of foods or eating utensils with others;
- avoiding eating anything with unknown ingredients or known to contain any allergen;
- eating only food which brought from home unless it is packaged, clearly labelled and approved by their parents;
- placing food on a napkin rather than in direct contact with a desk or table.

### **Teachers are responsible for:**

- acquiring knowledge of the signs and symptoms of severe allergic reaction;
- being familiar with information provided in the pupil health care plans, be aware of and implement the emergency plan if a reaction is suspected;

Review Officer – Mr Eveson  
Review Date – September 2017

- participate in in-service training about pupils with life-threatening allergies including demonstration on how to use the Epi-pen;
- determining suitable protocols regarding the management of food in the classroom (particularly in high-risk subjects);
- reinforcing appropriate classroom hygiene practices e.g. Hand washing before and after eating or tasks potentially leading to contamination;
- responding immediately to reports of pupils being teased or bullied about their food allergies;
- follow Allergy Action Plan and call 999 when life-threatening allergy related symptoms occur.

**Catering Staff are responsible for:**

- ensuring suppliers of all foods and catering are aware of the school minimisation policy;
- ensuring supplies of food stuffs are nut free or labelled “may contain nuts” as far as possible;
- being aware of pupils and staff who have severe food allergies;
- Clear labelling of items of food stuffs that may contain nuts.

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

**Diabetes Awareness for Staff**

**What is Diabetes?**

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)

**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 the blood level as quickly as possible (all pupils will have an emergency pack within school to achieve this);
- get pupil to hospital as soon as possible if no change.

### Hyperglycaemia

- get casualty to hospital as soon as possible.

### Treatment for Hypoglycaemia

- sit casualty down;
- if conscious, give them a sugary drink, chocolate or other food. (Allow access to their emergency pack);
- if there is improvement, offer more to eat or drink. Help the pupil to find their glucose testing kit to check their levels. Advise them to rest and inform parents/carer as soon as possible.

### Treatment for Hyperglycaemia

- call 999 immediately;
- inform parents/carer immediately.

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

### Off Site Activities

- any member of staff organising out of school activities must be aware of the medical needs of all pupils entitled to access the activity;
- all members of staff must obtain the medical needs of the pupils attending the offsite activities as the accessibility of medication and training, particularly for use in an emergency must be taken into consideration;
- with regard to offsite activities parents/carers must complete the appropriate consent form if the child requires medication to be given whilst out of school.
- where a request to carry own medicine request form has been filled in correctly (appendix 6), this should continue to be the case for offsite activities;
- risk assessment needs to be completed;
- a member of staff will be required to take responsibility to take care of the medication where required, and oversee the administration of the medication;
- storage of medication should be taken into consideration for all off site activities;
- the emergency inhaler should never be taken out of school for any off site activity.

Review Officer – Mr Eveson  
Review Date – September 2017

## **Key Points/Reminders**

- pupils at school with a medical condition will be fully supported so they have access to education, including school trips and physical education;
- the Dormston School governing will ensure arrangements are in place for the school to support pupils with medical conditions;
- the governing body will ensure the school consult health care professionals, pupils and parents / carers to ensure the needs of the child with medical conditions is supported;
- an Individual Health Care Plan can be different to a medication request form. NOT ALL PUPILS will have to be on an individual health care plan for the school to support administer medicines to them.

Overall responsibility for individual health care plans is with the Head Teacher, this will be administered and monitored by N Eveson.

Individual plans are stored in the attendance officer's room and on a secure area in the schools shared area, with access given to relevant staff.

Individual pupil details will be updated on the system via L Dawes and her staff.

The schools Health Care Professional is Mrs Tracey Smith.

Staff trained to administer medication are: K Otton, H Richards and A Edwards.

Current Trained First Aiders are:

Miss K Whitehouse

Mr P Amos

Mr P Bhardwaj

Mr L Green

Mr D Robinson

Mrs G Fletcher

Miss J Jones

Mrs J Blewitt

Mrs A Jones

Mrs K Horton

Staff Contacts:

Mrs Otton – 6400

Mrs Edwards & Mrs Richards - 6388

Mr Eveson - 6381

Review Officer – Mr Eveson  
Review Date – September 2017

Mrs Tracey Smith - 8423

Responsibility for policy implementation is with N Eveson.

Review Officer – Mr Eveson  
Review Date – September 2017