

# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY



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# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY



## POLICY STATEMENT

This policy is designed to clarify the School's position with staff, pupils and parents regarding supporting pupils at school with medical conditions during the normal school day and when on visits out of school. This policy includes the EYFS.

## AIMS OF THE POLICY

The aims of this policy are to:

- Provide support to pupils with medical conditions (including both physical and mental health), so that they have full access to education, they can play a full and active role in school life, remain healthy and achieve their academic potential. This must include accessibility to the full curriculum, including school trips and physical education.
- Make sure that suitable arrangements are put in place to support pupils at school with medical conditions.
- Ensure that the Pastoral Team (consisting of Heads, Deputy Heads, Head of Key Stage 1, Head of Key Stage 2 Deputy Head (Pupil Welfare & Enrichment), Head of Learning Support and Registered Nurses) consult with specialist health and social care professionals, parents and pupils to make sure that the needs of children with medical conditions are effectively met and they feel safe in school.
- Comply fully with the Equality Act 2010 and Department for Education Guidelines for pupils who have disabilities or special educational needs.
- Acknowledge the social and emotional implications associated with having a medical condition (for example anxiety or depression).
- Support the re-integration of pupils back into school after a period of absence.
- Write in association with healthcare professionals, Individual Healthcare Plans (IHCPs) where necessary.
- Keep, monitor and review appropriate records.
- Provide staff training and ensure that staff are made aware of the child's condition including temporary and supply staff.
- Ensure that risk assessments are in place for students with medical conditions (including school visits, residential trips and other activities outside the normal timetable)

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## OTHER RELEVANT POLICIES

In reading this policy you should also consider and consult the following policies and documents:

- First Aid and Medicines Policy
- Health and Safety Policy
- Educational Visits Policy
- Staff Handbook
- Employee Handbook
- Allergen Policy
- EYFS policy
- Disability Inclusion SEN and Learning Support Policy
- Mental Health Policy

## REVIEW DATES AND APPROVAL

To ensure the effectiveness of the policy, it will be closely monitored and will be formally reviewed and revised in light of any legislative or organisational changes.

This policy is reviewed by the Education Committee and then approved by the Full Board of Governors (including the Chair of Governors and the Head(s)).

**Last reviewed: Autumn 2025**

**Next review: Autumn 2026**

**Persons responsible for review: School Nurse & Deputy Head Pupil Welfare and Enrichment**

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## SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

The Grange School "Supporting Pupils at School with Medical Conditions Policy" has been formulated in accordance with The Department of Education Statutory Guidelines "**Supporting Pupils at School with Medical Conditions**" **December 2015 (last updated 2017)**. 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.

The Grange School recognizes its responsibilities under The Children & Families Act 2014 which places a duty on schools to make arrangements for supporting pupils with medical conditions. It also recognizes that pupils with long term and complex medical conditions may require ongoing support whilst at school whereas other pupils may require monitoring for a defined period of time due to short term illness. Additionally, there may also be emergency circumstances where a once only medical intervention may be required.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010, where this is the case, the school will comply with their duty under this act. **Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.**

Some children may have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). In this case the school will comply with the "Special Educational Needs and Disability (SEND) Code of Practice (2014 updated April 2020) when planning provision for these pupils.

### DEFINITION

Pupils' medical needs may be broadly summarized into two types:

- (a) Short-Term** affecting their participation in school activities, for which they are on a course of medication or treatment for a defined period of time.
- (b) Long Term** potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

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## ROLES AND RESPONSIBILITIES

### The Governing Body

Will ensure that arrangements are in place in school to support students with medical conditions. They must ensure that children with medical conditions can access & enjoy the same opportunities at school as any other child.

### The Head

To action the policy responsibility for day-to-day activities is devolved to the Head (for each school).

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Effective support will depend on a close working partnership between school staff, healthcare professionals, local authorities, parents, pupils and where appropriate social care professionals. Key individuals in care will be:

### Parents

Parents have prime responsibility for their child's health and must provide the school with up-to-date information regarding their child's medical needs and also inform school if there are any changes. Parents should, where possible, be involved in the drafting of Individual Health Care Plans for their child. They should provide any medicines or equipment necessary to enable staff to care for their child during the school day and make sure that a nominated adult is always contactable in the event of an emergency.

### Pupils

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

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## Head/Deputy Head (Welfare and Enrichment)

The Head must ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should make sure that all staff who need to know are aware of the child's condition. They are responsible for making sure that sufficient numbers of trained staff are available to implement the policy and deliver care according to the individual Health Care Plan including in contingency and emergency situations. This may include recruiting a member of staff specifically to care for a child with medical needs. They should make sure that school staff are appropriately insured to support pupils.

## Registered Nurse

The Registered Nurse(s) will liaise with parents, pupils, the Pupil Support department and other members of the Pastoral Support team as well as outside professionals in order to devise and implement the pupil's Individual Health Care Plan (IHCP). The Registered Nurse will ensure that staff members are made aware of pupils' medical needs on a "need to know basis" whilst respecting the code of confidentiality and that medical information is regularly updated and recorded in iSAMS. Whenever practicable the Registered Nurse will administer medication, first aid and carry out any medical procedures required, however, in their absence this may be delegated to another suitably trained member of staff.

## School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although by law they are not legally required to do so. In order to exercise a "duty of care" to pupils in their care, staff will receive suitable training to achieve the level of competency required before taking responsibility for supporting children with medical conditions.

## Other Health care Professionals

Other healthcare professionals, for example NHS school nurses, GPs and specialist nurses, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may also be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

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## STAFF TRAINING AND SUPPORT

Staff must not give prescription or non-prescription medicines or undertake healthcare procedures without appropriate training. Condition-specific and procedure-specific training must be provided and refreshed at appropriate intervals (at least annually for adrenaline auto-injector and diabetes care). A First Aid certificate alone is not sufficient.

- School staff involved in the care of children with medical needs should be fully informed of that pupil's condition and adequately trained to provide the support that they need. They should also be included in meetings where the child's medical needs are discussed.
- The Head, Deputy Head (Pupil Welfare & Enrichment) or Registered Nurse will inform staff of pupils with medical needs on a "need to know basis" after taking into consideration pupil confidentiality, the child's safety and wellbeing and parents' wishes regarding information sharing.
- At the beginning of each school year and during Induction Training the Registered Nurse will provide information to staff on pupils with medical needs. How to access this information on iSAMS & Firefly will be identified if required to maintain that pupil's safety.
- The Registered Nurse will provide training either face to face, electronically on Firefly or by pre-arranged or "drop in" sessions on subjects such as anaphylaxis, diabetes, asthma and other common childhood conditions.
- Medical information will be regularly updated and added to iSAMS by the Registered Nurse, The Head of Pupil Support and other members of staff involved in that pupil's care. This information will then be communicated to other relevant staff members respecting confidentiality and only where it is deemed necessary to support that pupil in the school environment.
- The Registered Nurse (or other outside healthcare professionals) will provide training and support for staff and can assess staff competency in medical procedures on request (for example inhaler and EpiPen use and the administration of medication).
- In certain cases, parents may be asked to come in to school to train staff in the care of their child with medical needs (for example diabetes).
- Specialist local healthcare professionals may be invited to provide support in schools for children with medical needs such as diabetes.
- The Deputy Head (Pupil Welfare & Enrichment) should be notified of any CPD training needs by staff and they will also be responsible for making staff aware of relevant training opportunities.

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## **THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

If it is deemed, after discussion with parents, that a child is competent to manage their own health needs and medicines they should be encouraged to do so. This includes carrying and administration of their own medication.

Wherever possible children responsible for managing their own medical needs will be allowed to carry their own medication or devices – except where this may cause risk for other pupils or staff members. In most cases children should be able to access their medicines for self-medication quickly and easily especially in an emergency. If it is not appropriate for a child to manage their medicines or procedures themselves (for example a child may be too young) then an identified member of staff will supervise or manage these for them.

If a child refuses to take medication or carry out a necessary procedure, then they should not be forced to do so. Parents should be informed so that alternative options can be considered.

## **IDENTIFICATION OF PUPILS WITH MEDICAL NEEDS**

It is the responsibility of parents to notify the school if their child has a medical condition. The school may also receive information prior to admission from other sources such as the GP, Community Paediatrician or Community Registered Nurse. Parents will be sent individual healthcare questionnaires prior to admission so that health care needs can be identified and planned for.

If a child is deemed to have a long-term medical condition the School will ensure that arrangements are in place to support them. Children with complex health care needs will be invited to meet with the appropriate school staff, this may include the Head, Deputy Head (Pupil Welfare & Enrichment), Head of Year, Head of Pupil Support and Registered Nurse. The Registered Nurse/Pupil Support team will formulate an Individual Health Care Plan if required liaising with parents Junior School form teachers and other staff members and health care professionals as appropriate.

It is parental responsibility to ensure that school are updated with any changes to their child's health or care plan (this can be done using the Firefly updating forms) so that medical records can be regularly reviewed & updated.

There are specific guidance notes relating to common medical conditions – anaphylaxis, asthma, epilepsy and diabetes – in the appendix of this policy.

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## **INDIVIDUAL HEALTH CARE PLANS (IHCPs)**

Individual Health Care Plans should be formulated for all pupils considered to have a complex medical condition. IHCPs and associated records will be managed in accordance with UK GDPR and the Data Protection Act 2018. The “School Pastoral Support Team” may need to discuss whether a healthcare plan may be inappropriate or disproportionate. The school does not have to wait for a formal diagnosis before providing support for a child and devising a Health Care Plan where it is felt such a plan would be supportive to the child.

IHCPs will be written and reviewed by the Registered Nurses but it will be the responsibility of all members of staff supporting the individual child to ensure that the plan is followed. IHCPs should be drawn up in partnership with the School Pastoral Support Team. Outside agencies e.g. medical consultants, community specialists, CAMHS should also be involved if relevant.

IHCPs will ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of cases too, especially where medical conditions are long-term and complex. They should clearly define what constitutes an emergency if relevant and explain what to do in such circumstances.

Where the child has a special educational need identified in an EHCP plan, the Individual Healthcare Plan should be linked to or become part of that EHCP plan. When a child is returning to school following a period of hospital education or alternative provision the school will work with the local authority to identify the support the child will need to reintegrate effectively.

In certain cases, an Individual Welfare Plan (IWP) may be more appropriate than a medical health care plan. This will be formulated by the School Counselor/Head of Pupil Support.

Individual Health Care Plans will only be accessible/visible to staff who need to refer to them. They can either be located in iSAMS Pupil Manager>search pupil by name>Documents & Files in the case of more complex IHCPs or those provided by external professionals) or in iSAMS Medical Centre>search pupil by name>conditions>IHCP contained within.

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## INFORMATION WHICH MAY BE INCLUDED IN THE INDIVIDUAL HEALTHCARE PLAN

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs (this could include medication and other treatments, time, facilities, equipment, testing, dietary requirements and environmental issues).
- Specific support is required for the pupil's educational, social, and emotional needs as well as extra provision for exams, additional support with catch up and counselling when required.
- Level of support needed including in an emergency.
- Whether an individual "risk assessment" is required.
- Who will provide support, their training needs and provision for cover when they are unavailable.
- Written permission from parents for the administration of medication by the Registered Nurse or a suitably trained member of staff, including permission for emergency medication.
- Arrangements for school trips or other activities outside the normal school timetable that will ensure the child can participate.
- Where confidentiality issues are raised by the parent/child, the designated individual(s) who should be entrusted with information about the child's condition.
- What to do in the event of an emergency.
- Whether a Personal Emergency Evacuation Plan (PEEP) is required.

## MANAGING MEDICINES ON SCHOOL PREMISES/TRIPS

**“The Grange School First Aid and Medicines Policy” should be referred to.** In summary the following will apply:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Any staff who administer medication must complete the “Basic Medication Awareness Training” every three years; this is recorded on Firefly.
- No child under 16 should be given prescription or non-prescription medicines without their Parent's/Carer's written consent or consent by phone (iSAMS Medical Centre>search pupil by name>parental consent)
- The School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available inside an insulin pen or a pump, rather than in its original container.

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- Medicines (with the exception of some emergency medications) will be stored safely in the Medical Room. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, which will be the Registered Nurse and Head of Pupil Support. In the senior school pupils may carry and administer their own medication (required for that school day) if considered responsible enough to do so, and if given permission by a parent and the Registered Nurse.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away; In the Senior School these will normally be carried by the pupil or held in an unlocked “Emergency Medication” cupboard in the medical room. At Junior School they will be stored in a designated classroom cupboard marked with a “green cross emergency medication” sign where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is always an inhaler in school.
- During school trips, a designated first aid trained member of staff will carry all medical devices and medicines required. School trip medication must be carried in a medication bag provided by the school nurse. Staff administering medicines should do so in accordance with the prescriber’s instructions.
- The School will keep an electronic record of all medicines given to individual children, stating what was given, the route, dose administered, time given and by whom. Any side effects of the medication to be administered at school should be noted. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required or expired, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- **No pupil in the EYFS or Junior School will be allowed to administer their own medicine except in very exceptional & pre-agreed circumstances, normally this will be done by a trained member of staff.**
- **In the EYFS written permission for non-prescription medication must also be provided on the day of administration.**

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## **EMERGENCY PROCEDURES**

- The pupil's Individual Health Care Plan should be referred to for emergency procedure guidance. This will state what constitutes a "medical emergency" for that child including the signs and symptoms to look for and what action to take.
- Pupils with complex healthcare needs/mobility issues will have an individual "risk assessment" completed and a PEEP assigned if necessary
- Risk assessments will be completed by the school nurse/ a member of the School Pastoral Support Team under the guidance of The Deputy Head (Pupil Welfare & Enrichment) Care. PEEPS will be completed by the Head of Estates in consultation with other relevant professionals (fire service, Community OT and Physio) as necessary.
- If a child needs to be taken to hospital & a parent is not contactable the Registered Nurse &/or another member of staff should accompany the child & remain with them until the parent arrives.
- All staff should be aware of the procedure for alerting emergency services (see appendix)

## **DAY TRIPS, RESIDENTIAL VISITS & SPORTING ACTIVITIES**

- Pupils with medical conditions should be actively encouraged to participate in school trips, visits and sporting activities.
- Teachers will be made aware of how a child's medical condition will impact on their participation.
- Reasonable adjustments and arrangements will be made, where possible, to allow children to participate according to their own abilities and limitations.
- Risk assessments should be carried out by PE staff and trip leaders so that necessary arrangements can be made to ensure that pupils with medical conditions are included.
- There should be consultation between parents, the pupil and teachers and advice sought from relevant health care professionals to ensure pupils can participate safely.
- The "Health and safety Executive (HSE) Guidance" on school trips should be referred to for further guidance.

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## **UNACCEPTABLE PRACTICE**

School staff should use their professional discretion in supporting individual pupils with reference to their IHCP, however, it is generally unacceptable to:

- prevent children from easily accessing their medication/inhalers/devices and administering their medication when and where necessary.
- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their parents; or ignore medical evidence or opinion.
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP.
- to send a pupil to the school office or medical room unaccompanied or with someone unsuitable if they are ill or injured.
- penalise children for their attendance record if their absences are related to their medical condition, for example to attend hospital appointments.
- prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition.
- require parents to attend school to administer medication or provide medical support to their child (including toileting) interrupting their working day.
- prevent children from participating in any aspect of school life including school trips, for example by requiring a parent to accompany their child on a school trip as a condition of that child taking part.

## **RECORD KEEPING**

Electronic records will be kept of all IHCPs and all medicines administered to children.

## **LIABILITY AND INDEMNITY**

The School has made insurance arrangements which fully cover staff providing support to pupils with medical conditions with Marsh. Further details can be obtained from the Bursary Department, if required.

## **COMPLAINTS PROCEDURE**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does

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not resolve the issue, they should make a formal complaint via the School's Complaints Policy.

## **Appendix 1**

### **Asthma**

The school recognises that asthma is a widespread, serious but controllable condition and welcomes all pupils with asthma. We aim to ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

The school recognises that pupils with asthma need immediate access to reliever inhalers at all times and keeps a record of all pupils with asthma and the medicines they take.

### **Identification of Children with Asthma**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions, including asthma, on their enrolment medical form. All parents/carers of children with asthma will be asked to provide details of their treatment & medication & to include any healthcare plan from their asthma doctor/nurse. They will also be asked to consent for emergency medication allowing them to use the school's emergency inhaler. All children with asthma are added to the school "asthma register" which is circulated to relevant staff, uploaded to Firefly and added to emergency asthma kits.

### **Education of School Staff**

Information should be available on what asthma is and how to help the child to lead a normal life. (Advice can be sought from the School Nurses and is available on firefly in school information > medical > staff information & training information can also be found in the emergency asthma kits).

### **Training will be offered to Staff to include:**

- Recognising the symptoms of an asthma attack, how to distinguish them from other conditions with similar symptoms.
- How to check if the child is on the asthma register and parental consent.
- Individual Health Care Plans.
- Awareness of how to access an inhaler.

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- Responding appropriately to a request for help.
- Managing an acute asthma attack (see attached asthma attack plan).
- Recognising when emergency action is needed.
- Administering salbutamol/Ventolin inhaler through a spacer.
- Cleaning, storing, checking expiry and disposal of equipment.
- Informing parents /carers of asthma attacks.
- Making appropriate records of asthma attacks and inhaler use.

## **Asthma medicines**

Immediate access to reliever medicines (normally a blue inhaler) is essential. Pupils with asthma must carry their own reliever inhaler (and a spacer if required) at ALL times & parents are responsible for making sure that they have one available in school. The reliever inhalers of children considered too young to manage their own should be handed to the class teacher to be kept in the classroom in an unlocked cupboard.

All inhalers should be clearly labelled with the child's name and class. Expiry dates are the responsibility of the parent, and they must ensure medication is kept in date; the school can monitor and send reminders out to parents to replace this medication when required.

## **Administering medication**

- Staff should ensure that the parents have provided instructions on how to use the inhaler, and a spacer device should be easily accessible and used if needed.
- Medication should be administered by the School Nurse/a suitably trained person.
- Medication should be given as prescribed.
- The instruction leaflet as dispensed by the pharmacist should be included.
- Medication should be given prior to sport if necessary.
- Medication must accompany the child on ALL school trips/visits etc.
- A record must be kept of all medication given during the school day.
- Parents must be informed of any medication given so that they can monitor their child's asthma. Problems with tiredness, inability to concentrate, coughing or wheezing should also be reported.

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## Emergency Asthma Kit

In accordance with DofH Guidance on the use of Emergency salbutamol Inhalers in Schools March 2015 the school will keep several salbutamol/Ventolin inhalers for emergency use in “Emergency Asthma Kits”. Emergency kits are located in areas easily accessible to staff and are not to be locked away.

### **Senior School**

Medical room

Sports Centre Foyer

Sports hall medical room

Theatre Foyer

### Junior School

Medical Room

Triage area

Sports Hall

Art room corridor

### Pavilion

### Boathouse

The Emergency salbutamol inhaler should only be used by children:

**Who have been diagnosed with asthma and prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.**

Children diagnosed as asthmatic will be recorded on the school “asthma register”. Written parental consent for use of the emergency inhaler will be included as part of the child’s enrolment medical form. Consents can be found on iSAMS> Medical Centre> search pupil by name >Parental consent.

It is the responsibility of the School Nurse and first aiders to ensure the allocated emergency asthma kit is checked monthly and replacement inhalers

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are obtained from the school nurse when expiry dates approach. This is recorded by the Medical Staff on a spreadsheet.

## **Contents of the Emergency Asthma Kit.**

- A salbutamol metered dose inhaler.
- A single use plastic spacer compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers identified by their batch number and expiry date.
- The asthma register.
- A record of when the inhaler has been used.
- A copy of the school's asthma attack plan.
- A copy of how to recognize an asthma attack.

## **What to do if a pupil has an asthma attack**

A copy of the schools "Asthma Attack Plan" and "How to Recognise an Asthma Attack" is available in the emergency asthma kits and within this policy. All staff should refer to these for guidance.

- Stay calm (find a first aider or school nurse)
- Do not over crowd the pupil
- Sit pupil upright and loosen clothing
- Do not expose to a sudden change of temperature (e.g. do not take them outside from a warm building)
- Give one to two puffs of reliever inhaler immediately (usually blue inhalers are also known as salbutamol/Ventolin) either carried on pupil or available in emergency asthma kits. If pupil has a spacer device, use with the inhaler.
- Sit them down and encourage them to take slow, steady breaths.
- If no improvement, give two puffs of reliever inhaler (one puff at a time) every two minutes. They can take up to ten puffs.
- If no improvement, or if you are worried at any time, call 999/112.
- If an ambulance does not arrive within 10 minutes and they are still feeling unwell, give a further one to two puffs of reliever inhaler (one puff at a time) every two minutes.

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No real improvement is recognised by:

- Having extreme difficulty in breathing and coughing with wheezing
- Unable to speak in full sentences
- Lips turn blue
- Becomes exhausted

If asthma is successfully treated in school parents still need to be advised.

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## Appendix 2

### **Diabetes**

The Grange School acknowledges the advice and guidance of Clinical Specialist Nurses for Diabetes and

<https://diabetesinschools.org/>

<https://www.nhs.uk/conditions/diabetes/>

<https://www.diabetes.org.uk/>

<https://jdrf.org.uk/>

The School recognises that Diabetes is a common condition affecting children and welcomes all children with Diabetes to the school.

The Grange supports children with Diabetes in all aspects of school life and encourages them to achieve their full potential. This policy ensures all relevant staff receive training about Diabetes and administering emergency medicines.

### **Identification of Children with Diabetes**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including Diabetes on their electronic enrolment form. All parents/carers of children with Diabetes will be invited to meet with the Registered Nurse and other staff members involved in their child's care. They are also asked to provide school with an Individual Health Care Plan formulated by their diabetic nurse specialist. This is to obtain details of treatment, to establish whether the child's diabetes is well controlled and to identify what medication they are taking & how this is delivered (for example by injection, pump or oral medication).

### **Education of School Staff**

Information should be available on what Diabetes is and how to help the child to lead a normal life. (Advice can be sought from the School Nurses and is also available on firefly- medical- information & training).

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The Diabetes Specialist Team recommend that all school staff complete the digibete diabetes in schools training:

<https://diabetesinschools.org/>

## **Training will be offered to Staff to include:**

- having a clear understanding of what it means to have diabetes.
- an understanding of the pupils' diabetic equipment for measuring blood glucose, ketones & for the delivery of insulin.
- recognising the symptoms and what to do in the event of an emergency - a pupil having a hypoglycaemic or hyperglycaemic episode.
- Individual Health Care Plans (IHCPs) and where to find them.
- responding appropriately to a request for help.
- All pupils with diabetes will be added to the "Diabetic Register" and circulated to staff members involved in their day to day care.
- Cleaning, storing, checking, expiry and disposal of equipment.
- making appropriate records and informing parents /carers of hypoglycaemic or hyperglycaemic episodes.
- the importance of informing the catering staff of pupils with diabetes in case these pupils have no snacks with them, and they urgently need something to eat.

## **Responsibility of Parents**

- It is the parents' responsibility to inform school of their child's condition, symptoms and treatment.
- They should keep school informed of changes to treatment and provide school with relevant snacks, drinks & any other emergency "rescue" medication required.
- Parents should ensure that all medical equipment is maintained in working order and medication is provided and kept in date.

## **Blood Sugar Testing**

The introduction of continuous glucose monitors (CGMs), now worn by the majority of diabetic pupils, mean that blood glucose readings are relayed quickly & simply to a hand held device and individuals may only need to do a more accurate "finger prick" blood test if their blood glucose is either low or very high. Most students are self-caring with finger prick testing & only need a place where they can wash their hands, so this should be allowed at classroom level with the minimum of fuss. Any sharps used should be disposed of in the

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pupil's own portable sharps container & taken home. Some students might choose to use the medical room for blood testing & disposal of sharps which they should be allowed to do.

Parents may wish to negotiate a system for reporting back results to them which may be via the use of a mobile phone. All diabetic pupils are allowed to carry a mobile phone in school.

Younger or less able students may need the assistance of an identified member of staff to help with blood glucose testing (to be added to the pupil's IHCP).

## **Administering medications**

Medications should be administered in accordance with the Grange School "First Aid and Medicines Policy".

**Safe storage of insulin:** Most students will be responsible for their own insulin pen or pump these should be clearly labelled with the student's name and directions as appropriate. It is good practice to keep spare insulin cartridges/vials in the medical room fridge.

On admission to the school parents are asked to consent to the "Administration of emergency medication" (This is recorded on iSAMS medical consents) which would allow staff to administer rescue medication (including insulin and Glucagen) if a child becomes unwell.

## **School Trips**

These should not present a problem provided the following principles are followed

- Regular meals and snacks should be ensured.
- Extra food should be taken in case of unforeseen delays.
- Extra snacks or glucose for vigorous or sustained physical activity.
- Prompt treatment of hypos & hyperglycaemia should they occur.
- Staff have had training in diabetes management.
- Changes in treatment should be discussed well in advance of a trip especially if there is an overnight stay. The degree of supervision required by the child should be discussed with parents and the registered nurse.

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## Management of an Emergency

Special instructions for the management of an emergency will be added to the pupil's IHCP

## Possible Complications at School

Complications at school may include **HYPOGLYCAEMIA** or “hypos” which is a low blood sugar or **HYPERGLYCAEMIA** which is a high blood sugar

## Treatment of Hypoglycaemia (Low Blood Sugar)/Blood Glucose below 3.9mmols

### **Precipitating Factors:**

- Too much insulin has been taken.
- A meal or snack has been missed or delayed.
- Not enough carbohydrate foods.
- Unplanned or strenuous exercise.

### **Symptoms**

- Hunger
- Shakiness and feeling faint
- Sweating
- Tiredness
- Going pale
- Lack of concentration/looking dazed
- Headache
- Blurred vision
- Change of behaviour (tearful, moody, irritable)
- cold

### **Treatment**

- If possible, check blood glucose level, if not possible assume the child is hypo and treat as no harm will be done and a hypo is potentially a serious medical emergency.
- Refer to child's IHCP for specific advice regarding the child's treatment for hypos

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- If a hypo is suspected and the pupil is using an insulin pump the pump can be suspended or stopped if necessary.
- Give something sugary if the child is able to swallow. The pupil will normally be carrying their own “rescue box” otherwise glucose snacks can be obtained from the medical room (For example 3 glucose tablets, sweets 5 jelly babies or 10 jellybeans, 100mls Lucozade, coke or other non- diet drink or glucogel).
- If possible, check blood sugar after 10-15 minutes, if it remains below 3.9 or the child is still feeling unwell then repeat the step above.
- Treatment can be given in class. If a student feels unwell, they should not leave the class unless accompanied by a responsible person.
- If left untreated a hypo can cause loss of consciousness. If this happens the child should be put in the recovery position and an ambulance called immediately. If they are prescribed a “glucagen” rescue injection this should be administered by a suitably trained person.
- Do not put anything in the mouth of an unconscious person.
- Once the blood sugar has returned to normal (above 4) for pupils using an insulin pump this should be restarted if it has been suspended.
- The child may need a “follow on” snack if a meal is not due for example a piece of fruit, a biscuit, a cereal bar, a small sandwich or roll.
- Parents should always be notified if a child has a hypo attack.

## Treatment of Hyperglycaemia (High Blood Sugar)/Blood Glucose above 14mmols

### **Precipitating Factors**

- Illness or infection
- Stress or anxiety
- Too much food or carbohydrate eaten
- Not enough insulin
- Growth
- Less exercise than usual
- Equipment failure

### **Symptoms**

- Change in behaviour, sleepy, tearful, irritable, angry
- Generally feeling unwell
- Lethargy/tiredness
- Rapid breathing

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- Flushed red cheeks, hot dry skin.
- Abdominal pain, headache.
- Sweet acetone smell to breath.
- Nausea and vomiting, diarrhoea
- Dehydration

## Treatment

- Refer to pupil's IHCP to establish what constitutes a high blood sugar for each individual child and action to be taken.
- Check pupil's blood sugar level and if above 14mmols check for ketones (if advised on their IHCP).
- Contact parents immediately for advice on correction dose of insulin to be given (for pupils on insulin pumps the pump will indicate if a correction dose should be administered).
- Give insulin bolus correction dose.
- If child is using an insulin pen recheck blood sugar and if necessary, ketones after 1 hour. If pupil is using an insulin pump recheck blood glucose after 2 hours.
- If child is using an insulin pump and blood sugar levels do not decrease after correction, consider whether child's insulin delivery device needs changing. A Parent or suitably qualified member of staff should be contacted to do this or supervise the child.
- If ketone levels are very high or do not decrease the child's parent or diabetic nurse specialist should be contacted for advice and the child taken to hospital for assessment if necessary.

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## Appendix 3

### Allergies/Anaphylaxis

**The Grange School “Allergy and Anaphylaxis Management Policy” should also be referred to for further guidance.**

Most allergic reactions are not life threatening. Anaphylaxis is a term that describes an acute severe life-threatening reaction. The Grange School is an “allergy aware” school & understands the importance of ensuring that pupils feel safe and secure and positively welcomes all pupils with different types of allergies. The school aim is to ensure that pupils with an allergy can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities and recognises that pupils with allergies need immediate access to medication at all times. Children who have had severe allergic reactions will be prescribed Adrenaline in pre-measured doses, in the form of an AAI (Automatic Adrenalin Injector).

### Identification of Children

At the beginning of each school year or when a child joins the school, parents/carers are asked as part of the enrolment process to identify any allergies their child has including its severity, the risk of anaphylaxis, triggers, symptoms & emergency treatment they require to manage their allergy. If they are at risk of anaphylaxis, they will be asked to provide school with an “Allergy Action Plan” (usually formulated by their allergy specialist) which is filed on iSAMS Pupil Manager>search pupil by name>Documents & Files & also added to their emergency treatment box/bag. These pupils will also be added to an “anaphylaxis register” so that they can be easily identified by staff in an emergency.

Staff must be aware that not all children at risk of anaphylaxis will be prescribed an AAI but may require immediate emergency care in the case of a severe allergic reaction.

### Education of School Staff

It is the School Nurse’s responsibility to ensure that staff are made aware of children with allergies. Identified staff will be trained in the administration of emergency medication for anaphylaxis. Information and training can also be found on firefly. Training should be updated yearly.

# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY



## **Training will be offered to staff to include:**

- Identification of children with allergies. The “anaphylaxis register” which will be regularly updated and circulated by the Registered Nurse (& can also be found on firefly)
- Identification of pupils IHCPs and “Allergy Action Plans”
- Awareness of “triggers” for allergies.
- Signs and symptoms of an anaphylactic reaction.
- Management of an anaphylactic episode
- Administration of emergency medication
- Extra training will be provided for staff before school trips or at any time as requested.

## **Responsibilities**

- It is the parents’ responsibility to inform the school if their child has an allergy.
- Parents should keep the school informed of any changes in their child’s treatment.
- Parents are responsible for providing medication and for ensuring that it is kept in date.

## **Administration of Medication/Emergency Action**

For children suffering from potentially life-threatening allergies immediate access to emergency medication (an AAI) is essential.

- Pupils with allergies are encouraged to carry their own medication and must have 2 AAI devices in school at **ALL** times, extra medication can also be stored in an unlocked “Emergency Medication” cupboard at the senior school. The medication/ AAI of children considered too young to manage their own should be handed to the class teacher to be kept in the classroom

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in an unlocked cupboard identified with an “Emergency Medication “green sticker.

- All medication/ AAls kept in the medical room or Junior School classrooms should be placed in a plastic lidded box or dedicated emergency medication bag. The lid of the box or bag should have a sticker with the child’s emergency contacts and a photo for identification. Inside the box/bag medication should be provided in the original containers with accompanying manufacturer’s instructions and be clearly labelled with the child’s name and class.
- An individual emergency “Allergy Action Plan” should also be placed inside the box/bag giving instructions of action to take in the event of an emergency.
- Further recommendations for emergency action may be found in the pupil’s medical notes in iSAMS Medical Centre>Manage Records>search pupil by name>conditions
- Emergency medication must accompany the pupil on ALL school trips. In the Junior school this should be carried by the class teacher or other responsible adult. The child may also carry their own emergency medication if written consent is obtained from a parent deeming them responsible enough to do so.

## **EMERGENCY “SPARE” ADRENALINE AUTO INJECTORS IN SCHOOL**

From October 1<sup>st</sup> 2017 The Human Medicines (Amendment) Regulations allowed for schools to buy adrenaline auto injector devices (AAI’s) without a prescription to be used in the following circumstances

- For emergency use when the child is at risk of anaphylaxis.
- If the child’s own device is not available or not working (for example because it is broken or out of date).
- When medical authorisation has been given as well as written parental consent for use of the spare AAI.
- If a child’s own adrenaline injector is found to be malfunctioning for example due to a bent needle or it misfires.
- In the event of a possible severe allergic reaction in an individual who **does not** meet the normal criteria for administration of the emergency

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AAI (as listed above) for example they have not previously had a severe allergic reaction, emergency services (999/112) should be contacted immediately for advice as they may authorise administration of the “spare” emergency AAI if appropriate.

**AAI’s held by school should be considered a “back up “device and not a replacement for the child’s own AAI. They must have 2 in school at all times.**

**In the Junior School the emergency AAI is located: In the Medical Room**

**In The Senior School the Emergency AAI’s are located: In the Theatre Foyer outside the schoo office and in the medical room (kitchen area).**

**Further guidance on the use of emergency AAI’s in school can be found in the Grange School Allergy and anaphylaxis Management Policy.**

# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY



## Appendix 4

### Epilepsy

In developing this policy, The Grange School acknowledges the advice and guidance of:

<https://epilepsysociety.org.uk/>

<https://www.epilepsy.org.uk/>

<https://www.nhs.uk/conditions/epilepsy/>

The Grange School recognises that epilepsy is a common condition affecting children and welcomes all children with Epilepsy to the school.

The school supports children with Epilepsy in all aspects of school life and encourages them to achieve their full potential. This policy ensures all staff receive training about Epilepsy and administering emergency medicines.

### Identification of Children

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including Epilepsy on their enrolment form. All parents/carers of children with epilepsy will be invited into school to discuss their child's care & to complete an IHCP including treatment, how well controlled their epilepsy is & any special instructions for an emergency.

### Education of School Staff

#### **Training will be offered to relevant staff to include:**

- Recognising the signs and symptoms of epilepsy and what to do if a pupil has a seizure (epileptic fit).
- Individual Health Care Plans (IHCP's) and how to access these.
- Recognising when emergency action is needed.
- Access to "emergency medication". Emergency medication for epilepsy is often in the form of a "controlled drug". Although pupils may be permitted to carry their own medication written parental consent must be obtained stating that the child is responsible enough to do so. Otherwise, medication must always remain in the possession of a responsible adult.

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- Training in the administration of emergency medication.
- All pupils with epilepsy will be identified by the “red heart “system on iSAMS & key staff involved in their care will be notified by the school nurse.
- Making appropriate records of seizures.
- All new and temporary staff to be made aware of the epilepsy policy during their induction period.

## Administering medication

- The IHCP will contain information on medications required and their administration.
- The School Nurse will ensure that parents have signed a “consent to administer emergency medication”
- Medications must be administered in accordance with the pupils’ IHCP or by following the manufacturers guidelines (for example buccal midazolam)
- Training for administration of buccal midazolam can be found on Firefly -Medical-staff information & training.
- Medications should be administered and recorded in accordance with the “Grange School “First Aid and Medicines Policy”.

## Emergency First Aid for a Seizure

**(A seizure can be distinguished from a fainting episode by jerking or twitching of the victim)**

- Stay calm.
- Lower the child to the floor.
- Clear area around them making sure any dangerous objects are removed.
- Note the time the seizure starts.
- Cushion their head with something soft to prevent a head injury.
- **DO NOT** hold them down.
- **DO NOT** put anything in their mouth.
- When shaking/twitching has stopped check the time again.
- After the seizure has stopped put them in the recovery position (see below) and check that their breathing is returning to normal.
- **Dial 999 or 112 for emergency medical assistance.**
- Stay with them and provide reassurance until an ambulance has arrived.  
Ensure parents have been contacted

# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

## HOW TO PUT SOMEONE IN THE RECOVERY POSITION: (Appendix 5)



Kneel on the floor to one side of the person



Place the person's arm that is nearest you at a right angle to their body, so it is bent at the elbow with the hand pointing upwards. This will keep it out of the way when you roll them over.



Gently pick up their other hand with your palm against theirs (palm to palm). Now place the back of their hand onto their opposite cheek (for example, against their left cheek if it is their right hand). Keep your hand there to guide and support their head as you roll them.



Now use your other arm to reach across to the person's knee that is furthest from you and pull it up so that their leg is bent and their foot is flat on the floor. Gently pull their knee towards you so they roll over onto their side, facing you. Their body weight should help them to roll over quite easily.

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Move the bent leg that is nearest to you, in front of their body so that it is resting on the floor.



Bend their knee so that it is at a right angle to their body. This position will help to balance them.



Gently raise their chin to tilt their head back slightly, as this will open up their airway and help them to breathe. Check that nothing is blocking their airway. If there is an obstruction, such as food in their mouth, remove this if you can do so safely. Stay with them, giving reassurance, until they have fully recovered.

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## CONTACTING EMERGENCY SERVICES

Dial **999** OR **112** ask for an ambulance: state if it's a life threatening emergency "Anaphylaxis", "cardiac arrest", "unconscious".

BE READY WITH THE FOLLOWING INFORMATION:

**1. Your telephone number:**

01606 539039

**2. Your Location:**

The Grange Senior School,

Bradburn's Lane

Hartford

CW8 1LU

The Grange Junior School

Beechwood Avenue,

Hartford

CW8 3AU

**3. Location where ambulance should come & where they will be taken to:**

eg. A member of staff will be waiting for you at main reception. You will then be shown to the playing fields.

**4. Give your name and relationship to victim.**

**5. Give the name of the child & an outline of what's happened**

**SPEAK CLEARLY & SLOWLY & BE READY TO REPEAT INFORMATION**

OTHER USEFUL INFORMATION:

The Pavilion : The Grange School, New Fields , Northwich Road ,Hartford

CW8 3AL

Leighton Hospital: CW1 4QJ 01270 255141

Victoria Infirmary (Northwich): 01606 564000

Emergency Dentist (out of Hours): 0161 4769651 Mon-Fri 01270 275678