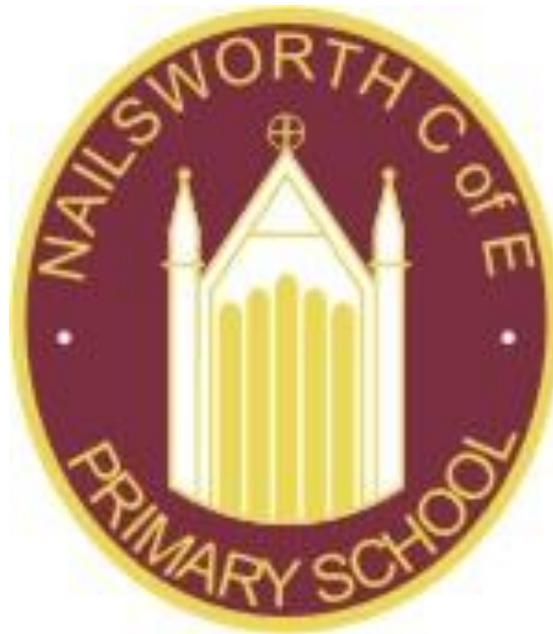


## Policy Statement for

# Supporting Children with Medical Needs



Policies to refer to and cross reference: First Aid and Medication, Intimate Care Policy, SEND Policy, Safeguarding and Child Protection Policy, Health and Safety Policy, Complaints

Change History	Summary of Key Changes
Jan 2020	Policy created

## 1. Introduction

Nailsworth Primary School is an inclusive community that welcomes and supports pupils with medical conditions. Nailsworth Primary School provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

All staff understand the medical conditions that affect pupils at this school and the importance of medication and care being taken as directed by healthcare professionals and parents/carers. The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood and staff receive training on the impact medical conditions can have on pupils.

The school makes sure all staff understand their duty of care to children and young people with medical conditions and that they feel confident in supporting their medical needs and knowing what to do in an emergency.

This policy as written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

Other Nailsworth Primary School policies that should be read alongside this policy are:

- First Aid and Medication Policy
- Intimate Care Policy
- SEND Policy
- Safeguarding and Child Protection Policy
- Health and Safety Policy

## 2. Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:-

**Short-term** affecting their participation at school because they are on a course of medication.

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**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies will comply with their duties under the Equality Act 2010. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

### **3. Supporting Children with Medical Needs Policy Implementation – roles and responsibilities**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the headteacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available off and on-site with an appropriate level of training.

The Inclusion Manager will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. He will also be responsible, in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan (IHP) for each pupil and making sure relevant staff are aware of these plans. See Appendix A for more detail about roles and responsibilities in relation to supporting children with medical needs.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

The School Secretary Cat Barnwell is a trained First Aider at Work and is responsible for overseeing first aid, managing supplies and monitoring records. First Aid is centralised and performed by the School Office staff. Staff are trained in line with the latest Government guidelines. Our current first aiders in school are:

#### **Trained paediatric first aiders:**

- Caroline Curtis (Reception based TA)
- Viki Gavel (Reception based TA)
- Liz Blick (Jigsaw)
- Mandy Curtis (Jigsaw)

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- Fran Godwin (TA & lunch supervisor)
- Gemma Wingfield (KS1 TA and Forest school)
- Heidi North (KS2 based TA)

Nailsworth Primary School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

#### **4. Procedure to be followed when notification is received that a pupil has a medical condition**

At the beginning of each academic year, parents are asked to complete a form to disclose any medical needs. These medical needs are shared with staff and a list of these children and their conditions is kept in the school office. A list of these is also kept in the class register, together with a photograph of the child concerned.

For children being admitted to Nailsworth Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In making the arrangements, it will be taken into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some conditions may be more obvious than others. The focus will be on the needs of each individual child and how their medical condition impacts on their school life. The aim will be to ensure that parents/carers and pupils can have confidence in the school's ability to provide effective support for medical conditions, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

Staff will be properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, the school will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. The school will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Nailsworth Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Inclusion Manager, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers and other stakeholders – see Appendix A.

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## 5. Individual Healthcare Plans (IHP)

The main purpose of an Individual Healthcare Plan for a pupil with medical needs is to identify the level of support that is needed at school and to ensure that:

- The school provides children with medical conditions with the same opportunities and access to activities as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- Staff listen to the views of pupils and parents, placing their views and needs at the centre of all decision making.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

Individual healthcare plans will help to ensure that Nailsworth Primary 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 in 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 other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix B.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHCP (Education, Health and Care Plan), their special educational needs will be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) will be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim is to capture the steps which Nailsworth Primary School will take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

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Nailsworth Primary School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensuring that it assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.

Appendix C provides a template for the individual healthcare plan.

## 6. Managing Medicines on School Premises and Record Keeping

Staff only administer medication that has been prescribed by a GP. We only accept prescribed medicines if these 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.

An agreement must be signed by the child's parent or carer [see Appendix D] and countersigned by the Head teacher and a record kept of the medicines administered by the designated member of staff (normally an Office staff member) [Appendix E]. For any other medication, we ask parents to arrange for someone to come in and administer this.

Prescribed creams are kept in the office and administered as with other prescribed medications. Other creams, such as sun block should be administered before coming to school. Any additional applications that are needed during the day should be self-applied, from a named bottle/tube, under the direction of the class teacher.

No medicines will be kept in the class or in the child's possession (except inhalers). All medicines are kept in the school office or the staff room fridge. Where children require an EpiPen to treat the symptoms of anaphylactic shock, the EpiPen will be kept in the school office and relevant staff will have received training.

Children have access to their inhalers at all times. Key Stage 2 children are expected to take their inhalers with them whenever they do rigorous activity. Key Stage 1 children will keep their inhalers with their class teacher for safety. We request that parents provide the school with a spare inhaler for each child.

In the event of a child having an asthma attack, who has no inhaler (or spare), the emergency services will be contacted for advice and/or action, and the child's parents or guardians notified immediately.

Further information on common medical needs – anaphylaxis, diabetes and asthma can be found in Appendices F, G and H.

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## 7. The Child's Role in Managing their own Medical Needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or will be able to access their medication for self-medication quickly and easily; these will be stored securely in the child's classroom or in the school office depending on the condition. Nailsworth Primary School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## 8. Emergency Procedures

The headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Please refer to the First Aid and Medication Policy for the procedures concerning contacting the emergency services.

## 9. Day Trips, Residential Visits, and Sporting Activities

We actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

## 10. Liability and Indemnity

Our Insurers are Maven Public Sector – policy no: P19CASLFG00042.  
Public Liability cover is £50,000.00. Employers Liability cover is £50,000.00.

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## 11. Complaints

Should parents/carers be unhappy with any aspect of their child's care at Nailsworth Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Complaints Procedure.

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## Appendix A: Roles and responsibilities – supporting children with medical needs

**Governing bodies** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Headteacher** – should ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child’s condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School nursing service** – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should work jointly with the school when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

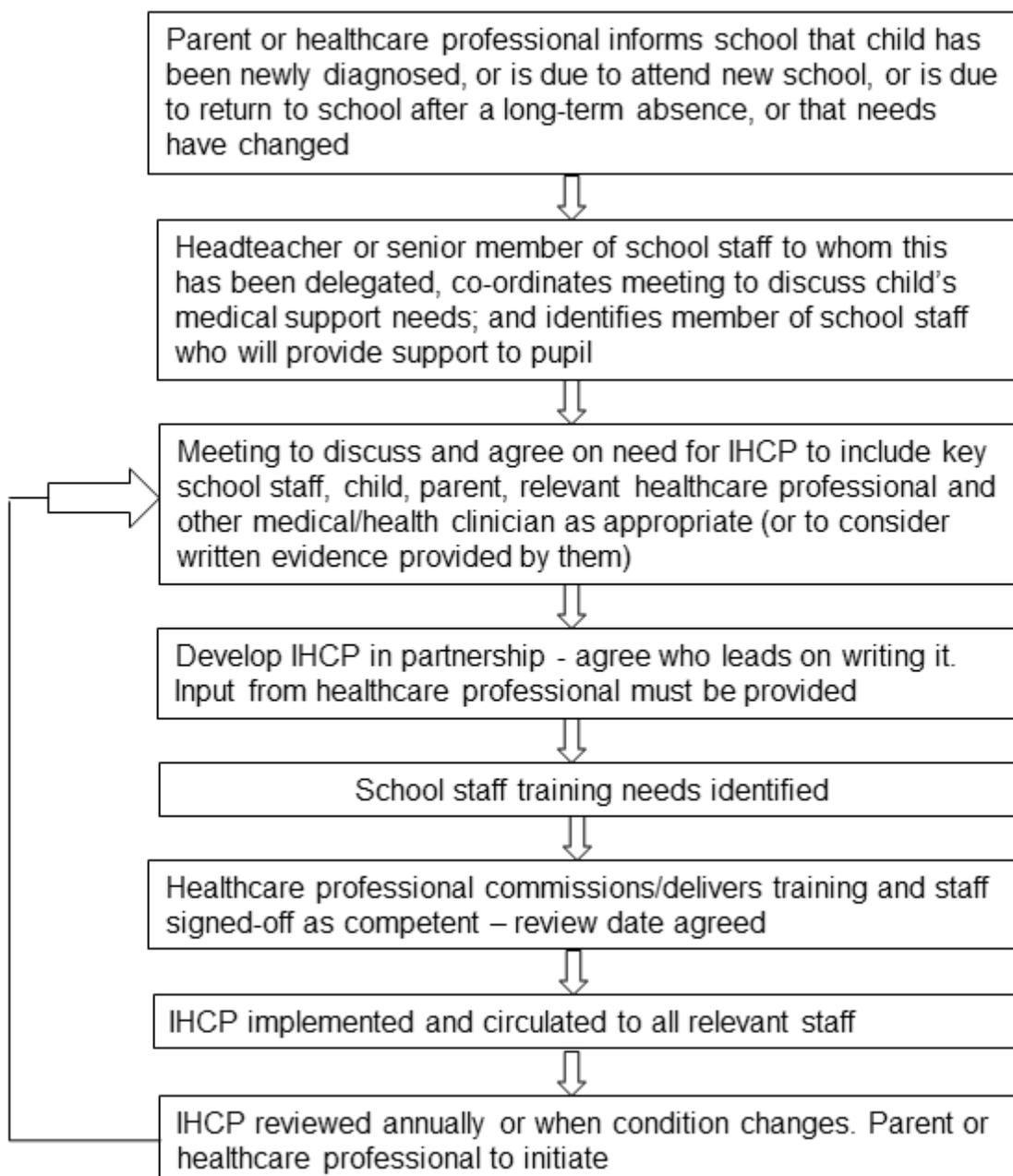
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**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development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

**Parents/carers** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

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## Appendix B: Model process for developing individual healthcare plans



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## Appendix C – Individual Healthcare Plan template

### Individual healthcare plan

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix D – Parental permission form for the administration of prescribed medicine



Gloucestershire Care Services

**AGREEMENT FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION**

Name: -----

DOB: ----- Year: : -----

Address: -----

-----

Parent / Carer Telephone: ----- GP: -----

Known Allergies: -----

-----

Name and Dose of Prescribed Medication:

-----

-----

I give my approval for staff at Nailsworth CofE Primary School to administer the above named medication (and, if applicable, act as laid out in the Health Care Plan in the event of an emergency).

**Parent/Carer**

Signed: ----- Name: ----- Date: -----

I give my approval for staff to administer the above named medication (and, if applicable, act as laid out in the Health Care Plan in the event of an emergency).

**Head Teacher**

Signed: ----- Name: ----- Date: -----

Date	Time	Administered by Whom	Dose Given

## Appendix E: Record of medicine administered to an individual child



Nailsworth Primary school

### Record of medicine administered to an individual child

Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

## Appendix F: What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

### Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. We recognise it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Staff that are susceptible to severe anaphylaxis should ensure they carry their own EpiPen.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management

- precautionary measures

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices. At Nailsworth Primary School we aim to update staff annually.

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. Children have been asked not to bring in peanut butter as part of their packed lunch and the kitchen is able to provide meals that do not contain nuts if required.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. At Nailsworth Primary School we aim to ensure children are not stigmatised or made to feel different. We also recognise that it is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Charity Stall items should be free from nuts. Any edible product being sold should have a list of ingredients attached and pupils should always ask prior to purchasing.

## Appendix G: What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.

Each person may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Staff with diabetes should make their condition known and their treatment plan available. Children and staff should be made aware of what to do if the member of staff is unwell.

### Medicine and Control for children

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent. Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions

should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if recovery takes longer than 10-15 minutes or if the person becomes unconscious

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Information and photographs of children with diabetes will be kept in the school office.

## Appendix H: What is asthma?

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood. Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow. It may occur randomly or after exposure to a trigger.

Common asthma triggers include:

- allergies (to house dust mites, animal fur or pollen, for example)
- smoke, pollution and cold air
- exercise
- infections like colds or flu

The main symptoms of asthma are:

- a whistling sound when breathing (wheezing)
- breathlessness
- a tight chest, which may feel like a band is tightening around it
- coughing

### Medicine and control

Inhalers are the main treatment for childhood asthma. Inhalers can help:

- relieve symptoms when they occur (reliever inhalers – usually blue)
- stop symptoms developing (preventer inhalers)

Some children need an inhaler that does both (combination inhalers).

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If you think a child is having an asthma attack, you should:

1. Sit them upright and encourage them to take slow, steady breaths. Try to keep them calm, as panicking will make things worse.
2. Help them to take 1 puff of their reliever inhaler (usually blue) every 30 to 60 seconds, up to a maximum of 10 puffs.
3. Call 999 for an ambulance if the child doesn't have an inhaler, they feel worse despite using it or if the child has a blue / white tinge around the lips or has collapsed.