



The Holt School

Medical Conditions Policy

November 2017

Version	DATE	DESCRIPTION
1	September 2014	Policy review
2	November 2016	New DfE guidance received December 2015
3	November 2017	Annual review

Reviewed	November 2017
Responsibility	Ms K Royle
Committee	Standards & Curriculum
Review Date	November 2018

INTRODUCTION

1	Aims, Principles & Responsibilities.....	2
2	Communication plan.....	2
3	Staff training.....	3
4	Emergency procedures.....	3
5	Administration of medicine.....	4
6	Storage of medicine.....	5
7	Record keeping.....	6
8	Inclusion.....	9
9	Common triggers.....	11
10	Policy review.....	11

LIST OF Appendices

- Appendix 1 Asthma
- Appendix 2 Anaphylaxis
- Appendix 3 Diabetes
- Appendix 4 Epilepsy
- Appendix 5 Model process for developing individual healthcare plans
- Appendix 6 Health care plan
- Appendix 7 Medical information form
- Appendix 8 Over the counter medication consent form
- Appendix 9 Residential visits and out-of-school activities form
- Appendix10 Prescription only medicine consent form

1.

This document is statement of the aims, principles and strategies for ensuring the health and safety of students with medical needs at The Holt School.

Aims

Our aims for Health are to:-

Provide a safe environment for students, teaching and non-teaching staff and all other people who come onto the premises of our school who have medical needs.

Ensure that all members of the school community understand their own responsibilities in maintaining a healthy and safe environment for those with medical needs.

Principles

The establishment of a healthy and safe environment is an essential prerequisite for the work of the school. It is also a statutory requirement. It depends upon sound management, vigilant supervision and the co-operation of all personnel (students and adults).

Responsibilities

All members of the school community (teaching and non-teaching staff, parents, students and governors) work towards the school's aims by following the guidance below.

The student support manager will ensure that staff have adequate training and that practices are monitored regularly.

Annual training will be run by a health care professional on the following health care needs:

Asthma See Appendix 1

Anaphylaxis See Appendix 2

Diabetes See Appendix 3

Epilepsy See Appendix 4

The medical conditions policy is regularly reviewed, evaluated and updated.

2. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

Students are informed and regularly reminded about the medical conditions policy:

- through assemblies and talking to the student support team.

Parents are informed and regularly reminded about the medical conditions policy:

- by including the policy statement on the school website
- at the start of the school year when communication is sent out about
- Medical conditions
- when their daughter/son is enrolled as a new student

School staff are informed and regularly reminded about the medical conditions policy:

- through reminders at the first staff meeting of the school year and before Healthcare Plans are distributed to parents
- at scheduled medical conditions training
- through the key principles of the policy being displayed in staff room
- through school-wide communication about results of the monitoring and evaluation of the policy

- all supply and temporary staff are informed of the policy and their responsibilities in their safeguarding training

Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:

- via the school/community nurse
- through communication about results of the monitoring and evaluation of the policy.

3. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

All staff are made aware of the most common serious medical conditions at this school.

Staff understand their duty of care to students in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

All staff who work with groups of students at this school receive training and know what to do in an emergency for the students in their care with medical conditions.

Training is refreshed for all staff at least once a year.

Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms and the staff rooms

This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help.

This school has procedures in place so that a copy of the student's Healthcare Plan is sent to the emergency care setting with the student. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

This school has made arrangements with the local hospital to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.

4. All staff understand and are trained in the school's general emergency procedures

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

Training is refreshed for all staff at least once a year.

Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.

If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.

Generally, staff should not take students to hospital in their own car.

5. The school has clear guidance on the administration of medication at school

Administration – emergency medication

All students with medical conditions should have **easy access to their emergency medication.**

All students are asked to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All students carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

Students who do not carry and administer their own emergency medication understand the arrangements for a member of staff to assist in helping them take their medication safely.

Administration – general

It is helpful, where possible that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. e.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is done under the supervision of a named member of staff at this school.

This school understands the importance of medication being taken as prescribed.

There are several members of staff at this school who have been specifically contracted to administer medication - the student support team.

Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent.

Training is given to all staff members who agree to administer medication to students, where specific training is needed. If staff who would normally administer medication are absent from school appropriate cover will be arranged.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

In some circumstances medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.

Parents need to understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

If a student refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

If a student needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any students in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

6. The Holt has clear guidance on the storage of medication at school

Safe storage – emergency medication

Emergency medication is readily available to students who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

Most students carry their emergency medication on them at all times. Students keep their own emergency medication securely.

Students are reminded to carry their emergency medication with them.

Students, whose healthcare professionals and parents advise the school that they are not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

Safe storage – non-emergency medication

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Students with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

The student support manager is responsible for ensuring the correct storage of medication at school.

All controlled drugs are kept in a locked cupboard and only named staff have access, even if students normally administer the medication themselves.

Three times a year the medical lead will check the expiry dates for all medication stored at school.

The identified member of staff, along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.

All medication is supplied and stored must be stored in its original containers as dispensed by the pharmacist. All medication is labelled with the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication for students may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate.

It is the parent's responsibility to ensure new and in date medication comes into school when necessary.

Safe disposal

Parents are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

The student support medical lead is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the student's parent.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

7. Record keeping

Enrolment medical forms

Parents are asked if their daughter/son has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms.

See Appendix 7

Healthcare Plans

Individual healthcare plans can help to ensure that schools effectively support students with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all students will require one. The school, healthcare professional and parent should agree, based on evidence,

when a healthcare plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix 5

Drawing up Healthcare Plans

Healthcare Plans record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

See Appendix 6

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of students with a long-term medical condition. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.

If a student has a short-term medical condition that requires medication during school hours, an Over the Counter (OTC) medication consent must be completed by the parent in person.

See Appendix 8

The parents, healthcare professional and student with a medical condition, are asked to fill out the student's Healthcare Plan together. Parents then return these completed forms to the school.

A relevant member of school staff is also present, if required to help draw up a Healthcare Plan for students with complex healthcare or educational needs.

School Healthcare Plan register

Healthcare Plans are used to create a centralised register of students with medical needs. The student support manager has responsibility for the register at this school.

The student support manager follows up with the parents any further details on a student's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff use opportunities such as teacher-parent meetings to check that information held by the school on a student's condition is accurate and up to date.

Every student with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

Storage and access to Healthcare Plans

Parents and students are provided with a copy of the student's current agreed Healthcare Plan.

Healthcare Plans are filed in student support and a copy on the student's sims record so all members of staff have access to the Healthcare Plans of students in their care.

When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of students in their care.

School ensures that all staff protects student confidentiality.

School will seek permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

School will seek permission from the student and parents before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

Use of Healthcare Plans

Healthcare Plans are used by this school to:

- inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency
- remind parents of students with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

If a student requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the student or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for students taking short courses of medication.

All parents of students with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

If a student requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the student's Healthcare Plan. The school and parents keep a copy of this agreement.

Parents of students with medical conditions are all asked at the start of the school year on the Healthcare Plan if they and their daughter/son's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

Use of crutches on school site

If a student requires crutches to travel around the school site, parents should inform Student Support immediately, who will inform the relevant parties for support and re-rooming. Crutches should only be used on the advice of a medical professional, and parents should provide the school with a clear period of time for which the student is expected to use them. If this period is in excess of two weeks; parents should provide the school with a medical certificate.

Residential visits

Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours.

See Appendix 9

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the student's Healthcare Plan.

All parents of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

The residential visit form also details what medication and what dose the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.

Other record keeping

School keeps an accurate record of each occasion an individual student is given or supervised taking medication. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

See Appendix 10 - Prescription Only Medicine Consent Form

School holds training on common medical conditions if a student holds a non-common medical condition, once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.

An up-to-date list of members of staff who have agreed to administer medication and have received the relevant training is kept and updated by the student support manager.

8. This school ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

This school is committed to providing a physical environment that is accessible to students with medical conditions.

Students with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

School's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

School ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

School ensures the needs of students with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

All staff at this school are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as Personal, Social and Health Education (PSHE) lessons to raise awareness of medical conditions amongst students and to help create a positive social environment.

Exercise and physical activity

This school understands the importance of all students taking part in sports, games and activities.

This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.

This school ensures all classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.

Teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.

This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for a student's medical conditions when exercising and how to minimize these triggers.

This school ensures all students have the appropriate medication or food with them during physical activity and that students take them when needed.

This school ensures all students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

This school ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

If a student is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

Teachers at the Holt School are aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the student, parents and the student's healthcare professional to ensure the effect of the student's condition on their learning is properly considered.

This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

Students learn about what to do in the event of a medical emergency.

Residential visits

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

Risk assessments are carried out before students start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents before any medical information is shared with an employer or other education provider.

9. Common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this

- This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.
- The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks.
- Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

Asthma See Appendix 1

Anaphylaxis See Appendix 2

Diabetes See Appendix 3

Epilepsy See Appendix 4

This school uses Healthcare Plans to identify individual students who are sensitive to particular triggers.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of students with medical conditions.

The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

10. The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year

a. This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

Appendix 1. ASTHMA

Asthma is a long term medical condition which affects the airways. Triggers can irritate the lining of the airways causing them to become inflamed and the muscles around the airways to tighten. This leads to difficulty in breathing.

The Holt School recognises that Asthma is an important medical condition affecting many students and staff within the school but it can be managed successfully with the co-operation of the parents/guardians, the teaching staff and the School First Aid staff. Children and young people can usually control their asthma by taking the appropriate medication (using the correct technique) and avoiding or managing known triggers.

The School encourages girls with asthma to participate in all aspects of school life.

The School recognises the possible triggers and where possible reduces or manages the risks.

Known triggers are:

Tobacco Smoke- No smoking policy is adopted within the school.

Colds and Flu

Stress and emotion- Support (educational and emotional) is offered to all students.

Scented Deodorants and perfumes. Staff and students to be encouraged not to wear strong perfumes. No air fresheners or room deodorisers to be used and unscented /no aerosol products to be encouraged. Changing rooms to be well ventilated.

Latex gloves- The school is to use latex free gloves.

Dust from flour and grain- Kitchens are well ventilated.

Chemicals and fumes- where possible avoid chemicals and fumes in science and art that may trigger students' asthma. Store such items in a fumes cupboard.

Wood dust- masks to be used by asthma sufferers during D/T lessons and extractors fans. Avoid working with hard woods.

Weather and air quality-avoid leaving windows open during thunderstorms as this can increase the pollen in the air. Give students who suffer from asthma the option of staying indoors during high pollen days, very hot or cold days.

All staff should be aware of who suffers from asthma. An updated list is kept on the school medical register. All staff should ensure they are aware of any student who has asthma whilst under their care (sporting fixtures/school trips). All staff have been given advice on the signs and symptoms of asthma, how to deal with an asthma attack and how and when to contact the school first aid staff.

SPORT & EXERCISE

Although exercise can be an asthma trigger, taking part in sport is an essential part of school life and promotes healthy living, therefore it is a trigger that should be managed rather than avoided. The Holt encourages girls with asthma to participate fully in all sports and activity based lessons. Sport coaches should always make sure they are aware of students who have asthma and their potential triggers. A list of all students with asthma should be provided for visiting sports coordinators or coaches.

Students with asthma, especially those whose triggers include exercise and pollen should always carry their own inhalers and manage their own treatment.

If a student needs to sit out for a short while, they should be encouraged to still participate for example by taking notes, doing ball work or line duty if they are able to do so.

All inhalers brought on to the pitch, field or gym should be named and held in the plastic container provided by the teacher or first aid kit. It is the student's responsibility to retrieve this at the end of games/PE.

MEDICATION AND TREATMENT

Every child and young person with asthma should have a reliever inhaler- these are essential in treating asthma attacks. Reliever inhalers are usually blue but come in various shapes/sizes.

Reliever medication can be taken immediately when asthma symptoms start

Immediate access to reliever inhaler is vital.

Asthmatics at The Holt are expected to carry their own inhalers with them and a spare one should be kept in student support.. It is recommended that one should also be kept in student's sports bags.

When a girl has an asthma attack or difficulty breathing student support are contacted and will attend to the girl in situ. If possible the student can be sent to student support for treatment but always with an escort.

EMERGENCY PROCEDURES

Common signs of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Younger children may express feeling tight in the chest as tummy ache.
- Pale skin, possible blue tinge around the lips.

ASTHMA ATTACK - WHAT TO DO:

- Keep calm
- If possible escort the student to the Student Support. Otherwise let the student sit up and slightly forward- do not let them lie down. Never leave the student alone.
- Make sure the student takes two puffs of their reliever inhaler (usually blue) immediately. If possible use a spacer. It is very safe so you should not worry about overdosing.
- Loosen tight clothing.
- Reassure the student.
- If there is no immediate improvement, continue to make sure the student takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.
- If they have forgotten their inhaler, contact the school Student Support immediately.

After 5-10 minutes

If symptoms cease, the student can return to what they were doing.

If the symptoms improve but not completely disappeared, escort the student to the Student Support

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

Call 999/Ambulance if

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

Ensure the student continues to take one puff of her reliever inhaler every minute until the ambulance arrives.

Inform the Parents and the first aid staff via Student Support. Never leave a student alone or unattended. It is not necessary to accompany the student to hospital if a parent can arrive promptly. However, if there may be a delay a member of staff should attend the hospital to "handover" to a parent when she/he arrives.

Appendix 2. ANAPHYLAXIS

Anaphylaxis is a condition that can be life threatening. The whole body is affected, usually within minutes/seconds of exposure and the symptoms can vary in severity, including some of the following

- Rapid onset
- Itching or a strange metallic smell
- Swelling of the throat and tongue
- Difficulty swallowing and breathing
- 'Hives' anywhere on the body
- 'Flushing' of the skin
- Abdominal cramps
- Increased heart rate
- Sudden feeling of weakness
- Collapse and loss of consciousness

In the event of a student having a reaction

1. Administer an Epipen if the student carries an Epipen.
2. Never leave the student unattended.
3. Call an Ambulance then contact Student Support
4. Continue checking pulse

The school will:

- Place students with allergies on the school's Medical Register.
- Review health records submitted by parents
- Provide INSET and information on what to do if a student has a reaction
- Ensure all medications are appropriately stored and easily accessible.
- Review policies after a reaction has occurred
- Ensure that substances that cause anaphylaxis are not used in school without adequate supervision, e.g. during food technology lessons.
- Ensure that items that may contain 'nuts' are clearly marked in the Holt Café.

School Held Epipens.

Schools are now permitted to hold "spare" Auto-injectors, which are obtained without prescription and held centrally, in student support. Guidance states that schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. In order to obtain these spare epi-pens, a request in writing, signed by one of the Co-Headteachers will be submitted to the pharmacy, detailing the required epi-pen(s). It is envisaged the school will request only the most frequently prescribed epi-pens to our students.

- The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

The school will only administer the “spare” epi-pen to a pupil at risk of anaphylaxis, where written consent has been given by the parents as part of the Medical Consent Form, or by explicit instruction of medically trained professionals (in the case of an emergency call). **Appendix 3.**

DIABETES

Students identified with diabetes are placed on the school’s Medical Register.

All students administer their own insulin each day and monitor their level of food intake. Students may feel unwell due to changes of insulin or sugar levels in their bodies resulting in a ‘hypo’.

Trigger Factors

- Student unwell
- Exertion
- Extreme weather conditions
- Not eating regularly
- Not managing insulin intake

Symptoms of a hypo

- Students becomes pale and the skin feels cold and clammy
- Student becomes very thirsty
- Student becomes quiet
- Student becomes incoherent
- Student becomes weak or faints

In the event of a student having a hypo

1. Student should immediately be allowed to either have a sugary drink, sweets, crisps (diabetic students are advised to carry these). The school keeps a Diabetic Emergency Box containing dextrose.
2. Medical help is immediately requested via Student Support.
3. If a student is unable to swallow Hypo Stop Jell will be administered as prescribed
4. If the student is not responding then an Ambulance will be called.

The school will:

- Place students with diabetes on the school’s Medical Register.
- Review health records submitted by parents
- Provides INSET and information on what to do if a student has a hypo
- Ensure all medications are appropriately stored and easily accessible
- Review policies after a reaction has occurred

Students with diabetes require a health care plan in school

Appendix 4. EPILEPSY

'Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up.'

'The brain is responsible for all the functions of your body, so what you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.' (Epilepsy UK, 2014 accessed online at <https://www.epilepsy.org.uk/info/what-is-epilepsy>)

Epilepsy is an electrical storm to the brain. There are 30+ different types of epilepsy and it affects 1 in 100 children and 1 in 130 adults. The cause of epilepsy is often unknown. 'Petit mal' is when very brief interruptions of consciousness occur and it can be very difficult to detect. Epileptic fit often occurs suddenly and the student loses consciousness and convulses. The student may become rigid falls to the ground and there is jerking of all four limbs. Breathing is laboured and there may be incontinence of urine. Not all these features are seen.

Trigger Factors

- Overheating
- Infection
- Tiredness
- Fatigue
- Excitement
- Computers/screens flickering lights
- Hormones
- Not taking medication

In the event of a student having an epileptic fit

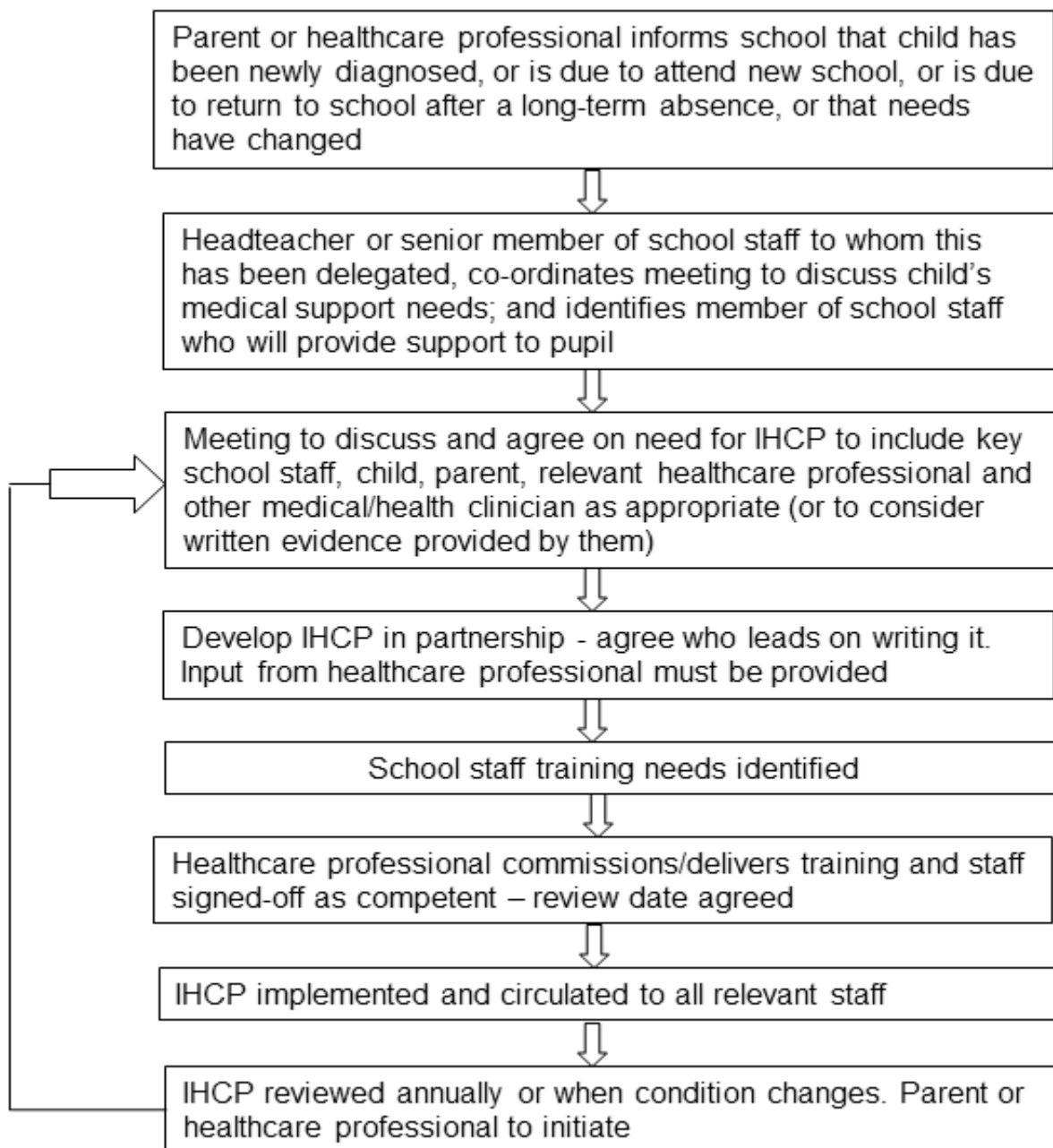
- Remove any danger to them
- Immediately request medical help from Student Support
- Put something soft under the head
- Note the length and nature of the convulsion
- Protect from public gaze
- DO NOT restrain
- DO NOT put anything in their mouths
- DO NOT give them anything to drink
- Place in the recovery position when the seizure has finished and supervise at all times.

School will ensure that:

- Students with epilepsy are placed on the school's SEN Medical Register.
- Review health records submitted by parents
- School provides INSET and information on what to do if a student has an epileptic fit
- Ensure all medications are appropriately stored and easily accessible
- Review policies after a reaction has occurred

A health care plan is required in school to inform those who need to know how to respond.

Appendix 5 – Model process for developing individual healthcare plans



The Holt School Health Care Plan for a Student with Medical Needs

Name:

Address:

Date of Birth:

Name of School:

Form:

Medical Condition:

Date plan drawn up:

Review date:

CONTACT INFORMATION

Family Contact 1

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

Family Contact 2

Name:

Phone No:

(work):

(home):

(mobile):

Relationship:

GP

Name:

Phone No:

Clinic/Hospital Contact

Name:

Phone No:

Describe medical condition and give details of student's symptoms:

Daily care requirements (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the student, and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (State if different on off-site activities)

Signed:

Nurse Date.....

Parent/carer..... Date.....

School..... Date.....

SENCo..... Date.....

Contacting the Emergency Services

Request for an Ambulance

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

- 1. Your telephone number**
- 2. Give your location as follows (insert school/setting address)**
- 3. State that the post code is**
- 4. Give exact location in the school/setting (insert brief description)**
- 5. Give your name**
- 6. Give name of child and a brief description of the child's symptoms**
- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to.....**

Appendix 7- Medical Information Form

This information will only be shared as appropriate and on a need to know basis.



Medical Information Form

For students with medical conditions at school

THE HOLT SCHOOL		
Medical Details Form		
1	PARTICIPANT'S DETAILS	
Surname:	First Name:	Date of Birth:
Address:		
2	NEXT OF KIN NAME AND ADDRESS DETAILS	
Contact 1:		
	Telephone Number:	Alternative Tel No:
Contact 2:		
	Telephone Number:	Alternative Tel No:
3	MEDICAL AND DIETARY DETAILS	
Doctor's Name:	Doctor's Tel No:	
Doctor's Address:		
<i>Current medical treatment including medication:</i>		
<i>How is your son/daughter's medication managed?(please circle)</i>		
<i>At Home</i>	<i>At home and school</i>	
<i>Preferred method of administration (if student is needing medication during the school day)</i>	Student to administer	Staff member to administer
	Student to administer with staff supervision	
<i>Any additional comments regarding administration:</i>		

Details of any special dietary needs:

Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc

Would you consider your son/daughter's condition to be life threatening? Yes/ No

4 STATEMENT

I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform The Holt School of any changes. I am happy for the school to contact me to discuss any of the above.

Signed:

Date:

(Parent/Guardian/Participant over 18)

--	--	--	--	--	--	--



Residential visits and Out-of-school activities

For students with medical conditions at school

THE HOLT SCHOOL

Medical Details Form

1 PARTICIPANT'S DETAILS

Surname: _____ First Name: _____ Date of Birth: _____

Address: _____

2 NEXT OF KIN NAME AND ADDRESS DETAILS

Contact 1: _____

Telephone Number: _____

Alternative Tel No: _____

Contact 2: _____

Telephone Number: _____

Alternative Tel No: _____

3 MEDICAL AND DIETARY DETAILS

Doctor's Name: _____ Doctor's Tel No: _____

Doctor's Address: _____

Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc

Would you consider your son/daughter's condition to be life threatening? Yes/ No

Current medical treatment including medication:

Details of medication administration, including timings & dosage:

Preferred method of administration (please circle)

Student to administer

Staff member to administer

Student to administer with staff supervision

Any additional comments regarding administration:

Details of any special dietary needs:

4 Ibuprofen/ Paracetamol Consent

I would like to confirm I give my consent for my child to be administered ibuprofen/paracetamol by the trip leader if the need arises. (The staff will use the age appropriate guidance given in the instructions that comes with the medication for you child.)

Signed:

Date:

(Parent/Guardian/Participant over 18)

5 STATEMENT

I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform The Holt School of any changes. I am happy for the school to contact me to discuss any of the above.

Signed:

Date:

(Parent/Guardian/Participant over 18)

