

# St Mary's Catholic Primary School



## Supporting Children in School with Medical Conditions

Date of Review: September 2017  
Date of Next Review: September 2018

## **AIMS**

To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

## **PROCEDURE**

The person responsible, named at the end of this document, is accountable for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change; the above measures are adjusted accordingly

Where children are joining St Mary's Catholic Primary at the start of a new academic year, these arrangements should be in place for the start of term.

Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan, which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

## **Individual Health Care Plans (IHCP's)**

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or selfadministered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEN, but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

## **ROLES AND RESPONSIBILITIES**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### **The Governing Body:**

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### **The Head Teacher:**

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

### **School Staff:**

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

### **School Nurses**

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

### **Other healthcare professionals**

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

### **Pupils**

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

### **Parents**

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

## Notes

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered **not acceptable**:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalising children for their attendance record if their absences are related to their medical condition that is recognized under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

## **COMPLAINTS**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

*This policy should be read in conjunction with the Administering Medicines policy and, if applicable, the SEN policy.*

*This policy is written in regard to Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions*

Appendix 1 – Individual Health care plan example – Asthma

Appendix 2 – Individual Health Care Plan example – Allergies

Appendix 3 – Individual Health Care Example - Diabetes

Appendix 4 – Individual Health Care Example - Epilepsy

Appendix 5 - Letter to Parents re; implementation of IHCP

Appendix 6 – Model plan for processing IHCP

Appendix 7- Parental Permission for School Staff to Administer Medicine

Appendix 8 – Record of Medicine administered to an individual child

**Appendix 1**  
**Individual Health Care Example- Asthma**

**St Mary's Catholic Primary School**  
**Individual Health Care Plan-ASTHMA**

This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this plan or you have any questions about the management of asthma at school. If no Asthma Action plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the school's Asthma Policy.

CHILD'S PERSONAL DETAILS	
Child's Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth ____/____/____	Reg Group _____
What other health management plan does your child have, if any? _____	
Emergency Contact (e.g parent/carer)	
Name _____	
Relationship _____	
Ph: (H) _____ (W) _____ (M) _____	
Doctor: _____ Ph: _____	
USUAL ASTHMA ACTION PLAN	
<b>Usual signs of child's asthma</b>	
<input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty talking <input type="checkbox"/> Other _____	
<b>Signs of child's asthma is getting worse</b>	
<input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty talking <input type="checkbox"/> Other _____	
<b>Child's asthma triggers</b>	
<input type="checkbox"/> Cold/flu <input type="checkbox"/> Exercise <input type="checkbox"/> Smoke <input type="checkbox"/> Pollens <input type="checkbox"/> Dust <input type="checkbox"/> Other _____	

Asthma Medication Requirements (including relievers, preventers, symptom controllers, combination)		
Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g puffer & spacer. turbuhaler)	When and how much? (e.g. 1 puff in morning and night before exercise)

Does your child need assistance taking their medication? Yes No if yes, how?

\_\_\_\_\_

### Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this child they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

**If a child gets EIA during exercise they should:**

1. Stop the exercise or activity and refer to the child's asthma first aid plan (on back page). If their symptoms reoccur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer of the incident.

### ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

**St Mary's School Asthma Policy for Asthma First Aid**

Step 1.	Sit the person upright <ul style="list-style-type: none"> <li>- be calm and reassuring</li> <li>- Do not leave them alone</li> </ul>
Step 2.	Give medication <ul style="list-style-type: none"> <li>- Shake the blue reliever puffer</li> <li>- Use spacer if you have one</li> <li>- Give 4 separate puffs into a spacer</li> <li>- Take 4 breaths from the spacer after each puff</li> </ul> <p>* You can use a Bricanyl Turbuhaler if you do not have access to puffer and spacer</p> <p>Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them</p>
Step 3.	Wait 4 minutes <ul style="list-style-type: none"> <li>- If there is no improvement, repeat steps 2.</li> </ul>
Step 4.	If there is <b>still</b> no improvement call emergency assistance (DIAL 999) <ul style="list-style-type: none"> <li>- Tell the operator the person is having an asthma attack</li> <li>- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance</li> </ul>

**Call emergency assistance immediately (DIAL 999) if the person's asthma suddenly becomes worse**

**OR**

**Child's Asthma First Aid plan** (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree for my child receiving treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I will ensure my child's medication is current and in date.

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Actions to Relieve Asthma Symptoms

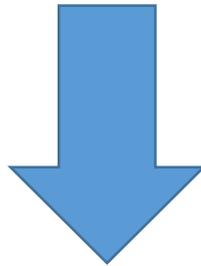
REMEMBER: Never leave someone with asthma symptoms.

### Early Symptoms Coughing Shortness

Coughing  
Tightness in chest

Shortness of Breath  
Unusually quiet

Wheezing  
Tummy ache (younger children)

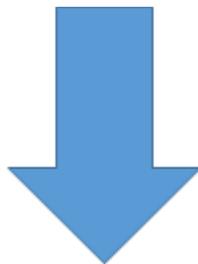


#### **Action**

- Sit up and slightly forward
- Take 2 puffs of reliever medication (usually Blue), preferably through a spacer
- Loosen clothing
- Reassure them

### Worsening Symptoms

Symptoms do not improve in 5-10 minutes  
Too breathless to talk  
Lips or fingernails grey/blue colour



#### **Action**

- Call 999 for an ambulance
- Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.
- Contact parent

**Appendix 2**  
**Individual Health Care Example- Allergy**

**St Mary's Catholic Primary School**  
**Individual Health Care Plan -ALLERGY**

You have indicated that your child is allergic to a food, plant, drug or insect, you have also indicated your child suffers from hay fever. The school needs to know how severe this allergy is so that we can help protect your child at school. Please complete the following form and return it to the school office. Thank you for your assistance.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Reg Group:** \_\_\_\_\_

**My child is allergic to (check all that apply, add more as needed)**

- |                                       |                                                      |
|---------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> bee stings   | <input type="checkbox"/> medications: specify: _____ |
| <input type="checkbox"/> tree nuts    | <input type="checkbox"/> peanuts                     |
| <input type="checkbox"/> eggs         | <input type="checkbox"/> milk/milk products          |
| <input type="checkbox"/> fish         | <input type="checkbox"/> shell fish                  |
| <input type="checkbox"/> other (list) |                                                      |
- \_\_\_\_\_
- \_\_\_\_\_

**Allergic response is as follows:**

- mild:** may have rash, itching, stomachache. Response is not life threatening
  - moderate:** hives, but no respiratory symptoms: not life threatening
  - severe:** swelling of face, tongue, or throat, difficulty breathing, loss of consciousness, respiratory arrest. This is a life-threatening response which requires medication, 911 call and emergency care.
  - other: (explain)
- \_\_\_\_\_
- 

**Treatment: what is needed to treat the student's allergy?**

- no treatment is needed
  - if a bee sting, remove stinger, and ice area. No further treatment needed.
  - medication is needed: specify
- \_\_\_\_\_

Epi-pen is required

other:  
(explain): \_\_\_\_\_

**NOTE:** If emergency medication is needed for your child's allergic response, this medication must be brought to school, along with parental authorisation. All of the above must be in place as no medications are given at school unless they are provided by the parent and appropriate authorisation form is completed for each medication needed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Treatment for Severe Allergic Reactions

REMEMBER: Never leave someone with severe allergic symptoms

### Mild to Moderate Symptoms

Swollen lips, face or eyes  
Itchy or tingling mouth

Hives or itchy skin rash  
Abdominal pain, vomiting



#### **Action**

- Sit child down
- Give antihistamine medication
- Reassure them

Return to class when feeling well again and notify parent. Worsening

### Worsening Symptoms

Difficulty or noisy breathing  
Swelling of tongue/tightness of throat  
Difficulty talking/hoarse voice  
Pale and floppy (young children)



#### **Action**

- Lay or sit child on floor with knees raised (don't move them to another area)
- Give adrenaline auto-injector
- Call 999 for an ambulance

Note: Tell them it is an '**anaphylaxis emergency**'

- If no improvement in 5-10 minutes give a second adrenaline auto-injector
- Contact Parent

#### **Additional Treatment**

May be given asthma reliever inhaler, through spacer, to help relieve breathing difficulties

**Appendix 3**

**Individual Health Care Example- Diabetes**

**EMERGENCY PROCEDURE FOR LOW BLOOD SUGAR (HYPOGLYCEMIA)**

<b>IDENTIFICATION</b>	<p>Name: _____ Date of birth: _____ Reg: _____</p> <p>Home address: _____</p> <p>Medical contact: _____ Phone: _____</p> <p>If student has another care plan, note here: _____</p> <p>Designated staff to provide support with diabetes care (minimum 2):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Before-school care: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ After-school care: No <input type="checkbox"/> Yes <input type="checkbox"/> _____</p>																																																							
<b>CONTACTS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 15%;">Preferred phone #</th> <th style="width: 15%;">Alternate phone #</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>1st</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>2nd</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>3rd</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Relationship	Preferred phone #	Alternate phone #	<b>1st</b>					<b>2nd</b>					<b>3rd</b>																																							
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<b>EMERGENCY KITS / SUPPLIES</b>	<p><b>SCHOOL</b> must ensure a kit is accessible at all times (class, playground fire drills, etc). Advise parents when running low on supplies. <b>PARENT</b> must maintain/refresh supplies.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">CONTENTS (check all that apply)</th> <th style="width: 10%;">With student</th> <th style="width: 10%;">Classroom</th> <th style="width: 10%;">Office</th> <th style="width: 10%;">Other location(s)</th> </tr> </thead> <tbody> <tr> <td>Blood glucose meter, test strips, lancets</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fast-acting sugar (juice, glucose tabs, candy) for low blood sugar</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Carbohydrate snack(s)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Glucagon (expiry date: __/__/__)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps disposal container</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ketone strips/meter</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Insulin pen, pen needles, insulin (in case of pump failure)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extra batteries for meter</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Parents' names and contact numbers</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CONTENTS (check all that apply)	With student	Classroom	Office	Other location(s)	Blood glucose meter, test strips, lancets					Fast-acting sugar (juice, glucose tabs, candy) for low blood sugar					Carbohydrate snack(s)					Glucagon (expiry date: __/__/__)					Sharps disposal container					Ketone strips/meter					Insulin pen, pen needles, insulin (in case of pump failure)					Extra batteries for meter					Parents' names and contact numbers					Other:				
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<b>ACTION</b>	<p style="text-align: center;"><b>Never leave a child with a low blood sugar alone. Treat the low blood sugar ON THE SPOT. Do not send the student somewhere else.</b></p> <p>First, check blood sugar (BG). Even students who do their own checks may need help when their blood sugar is low. Then follow these steps:</p> <div style="border: 1px solid blue; padding: 5px; margin-bottom: 5px;"> <p><b>Check</b></p> <ul style="list-style-type: none"> <li>• If BG is under 4 mmol/L OR</li> <li>• If BG is under 5 mmol/L with symptoms</li> </ul> </div> <div style="border: 1px solid blue; padding: 5px; margin-bottom: 5px;"> <p><b>Treat</b></p> <ul style="list-style-type: none"> <li>• Immediately give _____ grams of fast-acting sugar (See below for student preferences and amounts)</li> </ul> </div> <div style="border: 1px solid blue; padding: 5px;"> <p><b>Repeat</b></p> <ul style="list-style-type: none"> <li>• After 15 minutes, check BG again:             <ul style="list-style-type: none"> <li>• If still under 4 mmol/L, treat again as above.</li> <li>• Repeat cycle every 10 to 15 minutes until BG is above 4 mmol/L</li> </ul> </li> </ul> </div> <p><b>When BG is over 4 mmol/L:</b></p> <ul style="list-style-type: none"> <li>• If meal or snack is more than 1 hour away, give snack now</li> <li>• If meals or snack less than 1 hour away, no action needed. Student can eat at regular time</li> </ul> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="4">How much fast-acting sugar to give</th> </tr> <tr> <th>√</th> <th></th> <th>10 g</th> <th>15 g</th> </tr> </thead> <tbody> <tr> <td></td> <td>Glucose tablets (4 g each)</td> <td>2 tabs (8 g)</td> <td>4 tabs (16 g)</td> </tr> <tr> <td></td> <td>Juice or regular soft drink</td> <td>½ cup</td> <td>¾ cup</td> </tr> <tr> <td></td> <td>Skittles</td> <td>10 pieces</td> <td>15 pieces</td> </tr> <tr> <td></td> <td>Rockets (roll candy)</td> <td>1 roll (7 g)</td> <td>2 rolls (14 g)</td> </tr> <tr> <td></td> <td>Table sugar</td> <td>2 tsp / 2 pkgs</td> <td>1 Tbsp / 3 pkgs</td> </tr> </tbody> </table>	How much fast-acting sugar to give				√		10 g	15 g		Glucose tablets (4 g each)	2 tabs (8 g)	4 tabs (16 g)		Juice or regular soft drink	½ cup	¾ cup		Skittles	10 pieces	15 pieces		Rockets (roll candy)	1 roll (7 g)	2 rolls (14 g)		Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs	<p><b>HOW TO USE GLUCAGON</b></p> <p><b>Dose</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child <b>5 years old</b> and younger: 0.5 mg = 0.5 mL</li> <li><input type="checkbox"/> Child <b>6 years and older:</b> 1.0 mg = 1.0 mL</li> </ul> <p><b>Directions</b></p> <ol style="list-style-type: none"> <li>1. Remove cap</li> <li>2. Inject liquid from syringe into dry powder bottle</li> <li>3. Roll bottle gently to dissolve powder</li> <li>4. Draw fluid dose back into the syringe</li> <li>5. Inject into outer mid-thigh (may go through clothing)</li> <li>6. Once student is alert, give juice or fast-acting sugar</li> </ol>
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**When BG is under \_\_\_\_\_ mmol/L, call parent**

**PROCEDURE FOR HIGH BLOOD SUGAR (HYPERGLYCEMIA)**

<b>DEFINITION</b>	<p>Hyperglycemia = high blood glucose/sugar (BG). Levels may vary by individual.</p> <p>High blood sugar is usually the result of extra food or inadequate insulin, but not always. BG also rises during illness or stress, and can be due to technical problems (pump failure, missed meal bolus, etc).</p>												
<b>SYMPTOMS</b>	<p><b>The student may use these words to describe a high blood sugar:</b> _____</p> <p><b>Usual symptoms of high blood sugar for this student are:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Extreme thirst</td> <td><input type="checkbox"/> Frequent urination</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Hunger</td> <td><input type="checkbox"/> Abdominal pain</td> <td><input type="checkbox"/> Blurred vision</td> </tr> <tr> <td><input type="checkbox"/> Warm, flushed skin</td> <td><input type="checkbox"/> Irritability</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p><b>Usual symptoms of SEVERE high blood sugar</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Rapid, shallow breathing</td> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Fruity-smelling breath</td> </tr> </table>	<input type="checkbox"/> Extreme thirst	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hunger	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Warm, flushed skin	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Rapid, shallow breathing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Fruity-smelling breath
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<b>ACTION</b>	<p>Check BG. Even students who do their own checks may need help if they are unwell.</p> <ul style="list-style-type: none"> <li>• <b>If child has symptoms of illness:</b> Call parent <b>immediately</b> if child is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. A parent should pick up the child from school if blood sugar is high and they feel unwell, regardless of how old or independent they are.</li> <li>• <b>No symptoms of illness:</b> If the child feels well and the BG is under _____, no immediate treatment is needed. Note the blood sugar reading using the typical home-school communication method. In the meantime:             <ul style="list-style-type: none"> <li>• Allow free access to the toilet and encourage them to drink water/sugar-free fluids.</li> <li>• Allow child to eat usual meal or snack (they may chose carbohydrate-free snacks).</li> <li>• Allow child to resume activity as normal.</li> </ul> </li> <li>• <b>Insulin corrections by pump:</b> If the child is on an insulin pump, a correction may be given (see <b>insulin</b> section of this plan). If BG has not decreased 2 hours <b>after</b> the correction, call parent.</li> </ul>												
<p><b>When BG is above _____ mmol/L, call parent</b></p>													
<b>KETONES</b>	<p><input type="checkbox"/> This child does not check for ketones at school.</p> <p><input type="checkbox"/> If BG is above _____, check ketones using urine sticks <input type="checkbox"/> OR ketone blood meter <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ffffcc;"> <th style="width: 15%;"></th> <th style="width: 25%;">Urine stick</th> <th style="width: 25%;">Blood meter</th> <th style="width: 35%;">Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">If ketones are</td> <td>Negative to small</td> <td>Less than 0.6</td> <td>Proceed as for hyperglycemia above</td> </tr> <tr> <td></td> <td>Moderate to large</td> <td>At or above 0.6</td> <td>May indicate pump failure or extra insulin needed. Call parents for instructions.</td> </tr> </tbody> </table>		Urine stick	Blood meter	Action	If ketones are	Negative to small	Less than 0.6	Proceed as for hyperglycemia above		Moderate to large	At or above 0.6	May indicate pump failure or extra insulin needed. Call parents for instructions.
	Urine stick	Blood meter	Action										
If ketones are	Negative to small	Less than 0.6	Proceed as for hyperglycemia above										
	Moderate to large	At or above 0.6	May indicate pump failure or extra insulin needed. Call parents for instructions.										

**Appendix 4**  
**Individual Health Care Plan- Epilepsy**

**PERSONAL DETAILS**

Name of Child/Young Person:	Child/Young Person's Photo
Date of Birth	
Name of School/Setting:	
NHS No:	
Date Care Plan Completed:	
Date Care Plan to be Reviewed:	

**CONTACT INFORMATION**

Family Contact 1 Name:	Family Contact 2 Name:
Phone No: (Home)	Phone No: (Home)
(Work):	(Work):
(Mobile):	(Mobile):
Relationship:	Relationship:

GP Name: Telephone Number:	
Consultant Name: Telephone Number:	
Community Nurse: Telephone Number:	

Note for parents:

- Parents/carers are reminded of the importance of informing schools/respice carers of any changes in treatment/medication or ongoing concerns/changes in episode patterns;
- CONFIDENTIALITY: For reasons of safety and rapid access, this form may be displayed on a notice board in the staff room;

Copies held by: Parents/Community records/School/Consultant/Specialist Epilepsy Nurse/Other\*

\*Delete as applicable

<p><u>Episode Information:</u> (i) <u>Episode Type</u></p> <ul style="list-style-type: none"> <li>• Known triggers if any:</li> <li>• Description of episode:</li> <li>• Usual duration:</li> <li>• Recovery Time:</li> <li>• Action:</li> </ul>	<p>Refer to First Aid sheet at the end of the care plan Monitor and record episode and duration Contact parents/carers or as agreed</p>
<p>(ii) <u>Episode Type:</u> (delete this box if not needed)</p> <ul style="list-style-type: none"> <li>• Known triggers if any:</li> <li>• Description of episode:</li> <li>• Usual duration:</li> <li>• Recovery time:</li> <li>• Action:</li> </ul>	<p>Refer to First Aid sheet at the end of the care plan Monitor and record episode and duration Contact parent/carers or as agreed</p>

1. WHAT CONSTITUTES AN EMERGENCY?

- If an episode lasts longer than ..... minutes
- If a non-convulsive episode lasts longer than 5 minutes
- If several non-convulsive episodes occur within 10 minutes
- If one episode follows another without regaining consciousness
- If there is difficulty in breathing
- If injury occurs

2. ACTION TO BE TAKEN IN AN EMERGENCY

- Dial 999 and ask for a paramedic/ambulance
- Inform parents/carers immediately or as agreed

3. ARE NON-CONVULSIVE EPISODES AN EMERGENCY?

- If the non-convulsive episode is very prolonged and/or appears in clusters i.e one after the other without a break in between
- It is not usually necessary for an ambulance to be called unless you are concerned about the child's colour or their breathing.
- Parents/carers need to be informed, as the child may need to see their GP to be examined.

SPECIAL CONSIDERATIONS: (discuss with parents and record below)

- Swimming:
- Physical Education:
- Other concerns:

Health Care Plan Agreed by:

PARENT/GUARDIAN/CHILD:

Signature

Date

HEAD TEACHER/HEAD OF RECEIVING ORGANISATION:

Signature

Date

HEALTHCARE PROFESSIONAL/OTHER

Signature

Date

## FIRST AID FOR EPISODES

### CONVULSIVE EPISODES

- Do not move child/young person during the episode, unless in danger
- Do not put anything between the teeth
- Do not restrict their movement
- Do not give anything to eat or drink until fully conscious
- Do protect head from injury by carefully placing something soft under head
- Do turn them onto their side into the recovery position as soon as jerking stops or earlier if breathing is difficult, or he/she has vomited
- Do stay with the child/young person until fully recovered
- Do talk to the child/young person, even though you think they may be unable to hear you
- Note length of episode, follow Care Plan and Record

### NON- CONVULSIVE EPISODE

- Do not try to stop the episode
- Guide away from danger
- Be understanding and talk reassuringly throughout the episode
- Repeat any instructions/information which may have been missed
- Note length of episode, follow Care Plan and Record

## **Appendix 5**

### **Letter to Parents re: Implementation of IHCP**

Dear Parent/Carer,

#### **RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR CHILDREN WITH MEDICAL CONDITIONS**

In line with our policy 'Supporting Pupils with Medical Conditions' we are asking you to confirm with/inform us of any medical condition your child may have that the school would need to be aware of. This includes medical conditions such as asthma, epilepsy, diabetes or allergies that require medication or specialist knowledge/intervention.

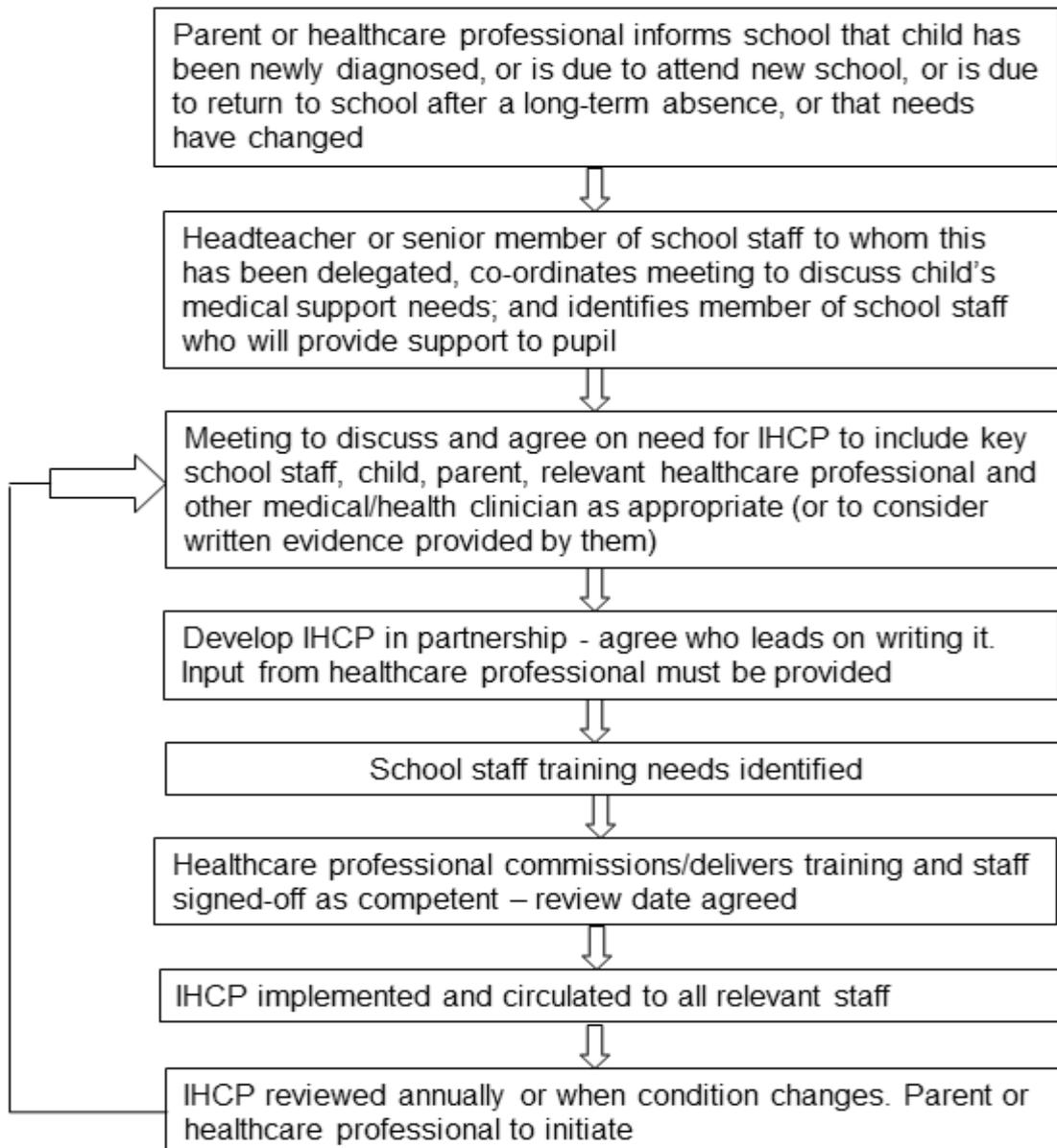
A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

We would like to invite parents of those children who have a medical condition to meet with the class teacher and school nurse in the New Year. To do this, please book an appointment with them by signing up for a time at the school office for xxx to begin the process of developing your child's individual health care plan (IHCP).

I hope that this is convenient for you and would be grateful if you could sign up as soon as possible. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible. We look forward to working with you to ensure your child's Individual Health Care Plan is effective and that you are fully involved in the process.

Yours sincerely,

**Appendix 6**  
**Model Process for developing an IHCP**



## Appendix 7

### Parental Permission for school staff to Administer Medicine

#### **Request by parent for school to administer medication as prescribed by GP ONLY**

The School is unable to administer medication unless your signed agreement has been received

#### **Details of Pupil**

Surname:	
Forename (s):	
Address:	
Date of Birth:	
Registration Group:	M/F: _____

#### **Medical Needs**

Condition of Illness:	
Name/Type or medication (as described on the container) Prescribed: _____	Date
For how long will your child take this medication? _____	
Full Directions of use:	
Dosage: _____	Method: _____
Timing: _____	
Known side effects:	
Procedures to take in an emergency:	
I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing	
Parent Signature: _____	Date : _____

**Appendix 8**

**Record of medicine administered to an individual child**

Name of school	<b>St Mary's Catholic Primary School</b>
Name of child	
Date medicine provided by parent	
Class Group	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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

Staff initials			
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