



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport **NHS**
NHS Foundation Trust



Supporting Child's Medical Conditions in School Policy

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Foreword

One of the most important responsibilities both schools and Local Authorities have is to ensure the health and safety of the children in their care. Within all of our schools we have children with medical needs these may be for a short period of time through to more complex long term medical conditions and as schools you have to ensure that their needs are met and your school is as well prepared and trained to offer your children the support and help they may need during the school day and in other activities that fall either side of this so they can play a full and active role in school life.

Stockport has worked with our colleagues in the NHS and schools over many years now to ensure that we continue to develop both the policy and support for yourselves in meeting the needs of children with medical conditions. We also work closely with St Johns Ambulance who offer schools a wide variety of training support to both staff and children. It has been a joy to see children becoming confident in first aid, recognising and supporting their peers and getting their school the badge of honour school mark.

This is the fifth revision of the policy for Early Years settings and Schools. While they do not have to follow this guidance many of our independent provisions across Stockport also use this within their establishments. We hope that you will find the information contained useful and that you will personalise this to your school. We would ask that you bring this to the attention of you staff, governors and parents so all will be assured that the school is looking to meet the needs of all the children in their care alongside the school nursing service and other support from our NHS colleagues.



Director of Education Services (Interim)

School/ Early Years Setting Policy Record

School/ Early Years Setting Policy Agreed at:	Freshfield Nursery School
Reviewed:	Nov 2022
Designated Person:	Jenny Martin/Kat Walsh/Louise Williams
Governor with Remit:	Jenny Martin/Jill Jones
Emergency Contacts for Staff:	Jenny Martin Kat Walsh Jeanette Longley

Policy Statement

At Freshfield Nursery School we are an inclusive community that aims to support and welcome children with medical conditions.

We aim to provide all children with all medical conditions the same opportunities as others at schools.

We will help to ensure they can through the following:

- This school ensures all staff understand their duty of care to children and young people (CYP) in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect CYP at this school. This school allows adequate time for staff to receive training on the impact medical conditions can have on children.
- Staff receive additional training about any CYP they may be working with who have complex medical needs supported by an Individual Health Plan (IHP).
- This policy is followed and understood by our school community

1. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

- a. This school works in partnership with all interested and relevant parties including the governing board, staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Governor Responsibilities

Governors have a responsibility to:

- Ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure the school health and safety policies and risk assessments are inclusive of the needs of children with medical conditions and reviewed annually.
- Make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated through a specified Governor's Committee and/or Full Governing Board. In this school the policy is reviewed by the Teaching and Learning Committee.
- Ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see Stockport's Critical Incidents Guidelines), at any time when children are on site or on out of school activities.
- Early Years provision must comply with the EYFS Statutory Requirements.

Headteacher Responsibilities

The Headteacher has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Ensure the policy is put into action, with good communication of the policy to all teaching and non-teaching staff, parents/carers and governors.
- Ensure every aspect of the policy is maintained.
- Ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of their regular supervision/reporting meetings.
- Monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders.
- Report back to governors about implementation of the health and safety and medical conditions policy.
- Ensure through consultation with the governors that the policy is adopted and put into action.
- Ensure adequate numbers of first aiders and up to date training. All school/ early years settings must have a least one paediatric trained first aider.
- Early Years provision must comply with the EYFS Statutory Requirements.
-

All School Staff and Support Staff Responsibilities

All School/ Early Years Setting Staff and Support Staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Call an ambulance in an emergency.
- Understand the school's medical conditions policy.
- Know which children in their care have a complex medical need and be familiar with the content of the child's Individual Health Plan.
- Know the school's registered first aiders and where assistance can be sought in the event of a medical emergency.
- Know the members of the school's Critical Incident Team if there is a need to seek assistance in the event of an emergency.
- Maintain communication with parents/carers including informing them if their CYP has been unwell at school.
- Ensure children who need medication have it when they go on a school visit or out of the classroom.
- Be aware of children with medical conditions who may be experiencing bullying or need extra social support. (Please refer to the school's Positive behaviour and Anti-bullying policy)
- Understand the common medical conditions and the impact these can have on children.
- Ensure that all children with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure that children have the appropriate medication or food during any exercise and are allowed to take it when needed.
- Follow standard precautions if handling body fluids:
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf
- Ensure that children who present as unwell should be questioned about the nature of their illness:
 - if anything in their medical history has contributed to their current feeling of being unwell,
 - if they have felt unwell at any other point in the day,
 - if they have an Individual Health Plan and if they have any medication.
 - The member of staff must remember that while they can involve the child in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the CYP's health, rather than take the CYP's word that they feel better.
- Report any concerns about a child's illness to a member of SLT prior to contacting a parent/carer.

Teaching Staff Responsibilities

Have an additional responsibility to also:

- Ensure children who have been unwell have the opportunity to catch up on missed school work as appropriate.
- Be aware that medical conditions can affect a child's learning and provide extra help when children need it, in liaison with the Inclusion manager or Health visitor.
- Liaise with parents/carers, special educational needs coordinator and welfare officers if a CYP is falling behind with their work because of their condition.
- If parent/carer cannot be contacted, advise senior member of staff.

- Use opportunities such as PSHE and other areas of the curriculum to raise child awareness about medical conditions.

School Nurse or Healthcare Professional Responsibilities

Schools should be very clear in differentiating between the responsibilities of the **School Nurse/Healthcare professionals** and **First Aiders**. It is important these not be confused by children, parents/carers or other staff as liability may ensue.

*The **School Nurse** or Healthcare Professional has a responsibility to:*

- Offer annual updates for school staff in managing the most common medical conditions at school at the school's request. If a new medical condition arises over the year then the **school nurse** will provide an update or give advice on the most appropriate service to deliver it and provide information about where the school/ early years setting can access other specialist training.
- Update the Individual Health Plans when informed of a change in liaison with appropriate school staff and parents/carers.

First Aider Responsibilities

First Aiders have an additional responsibility to:

- Give immediate, appropriate help to casualties with injuries or illnesses.
- When necessary ensure that an ambulance is called.
- Ensure that their training is up to date and in line with the appropriate sector recommendations.
- It is recommended that first aiders are trained in paediatric first aid across the school/ early years setting.
- School should take note of the Early Years First Aid requirements.
- As a school, we will not be removing splinters.
- As a school, we use cool packs for head bumps.

Inclusion Manager Responsibilities

Special Educational Needs Coordinators have the additional responsibility to:

- Ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in exams or coursework.

Pastoral Support Responsibilities

Pastoral Support have the additional responsibility to:

- Know which children have a medical condition and which have special educational needs because of their condition.
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Child Responsibilities

Children have a responsibility to:

- Treat other children with and without a medical condition equally.
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another child is feeling unwell.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.

- Ensure a member of staff is called in an emergency situation.
- Do not share or use medical equipment or medicines with other children.

Parents/Carers Responsibilities

Parents/Carers have a responsibility to:

- Tell the school if their CYP has a medical condition or complex medical need particularly if there is a potential risk to their CYP and/or other children.
- Ensure the school has a complete and up-to-date Individual Health Plan if their CYP has a complex medical need.
- Inform the school about the prescribed medication their CYP requires during school/ early years setting hours and before/after school activities/clubs.
- Inform the school or provider of any medication their CYP requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their CYP's medication, what they take, when, and how much.
- Inform the school of any changes to their CYP's condition.
- Ensure their CYP's medication and medical devices are labelled with their CYP's full name.
- Ensure that the school has full emergency contact details for them.
- Provide the school with appropriate spare medication labelled with their CYP's name.
- Ensure that their CYP's medication is within expiry dates.
- Keep their CYP at home if they are not well enough to attend school/ early years setting (refer to Public Health England guidelines and/or other specialist healthcare professionals).
- If there is an outbreak or specific risk of outbreak, then parents/carers must follow the guidance issued by the school (provided by professional bodies).
- Ensure their CYP catches up on any relevant school work they have missed.
- Ensure their CYP has regular reviews about their condition with their doctor or specialist healthcare professional.
- If the CYP has complex medical needs, ensure their CYP has a written Individual Health Plan for school.
- Have completed/signed all relevant documentation including form 3a and the Individual Health Plan if appropriate.
- Ensure that their CYP is as up to date as possible with immunisations to ensure that both the school and its children are as safe as possible. If parents/carers do not wish to have their CYP vaccinated then the school/ early years setting need to be made aware of this and a risk assessment of activities to be undertaken needs to be completed.

In circumstances where children have suffered from asthma previously, parents will be asked to complete a permission form to allow staff to be able to administer our spare inhaler in the event of an asthma attack.

Policy Example and Guidelines

2. This school is an inclusive community that aims to support and welcome children with medical conditions. It recognises its duty under the equality regulations to care for all children.

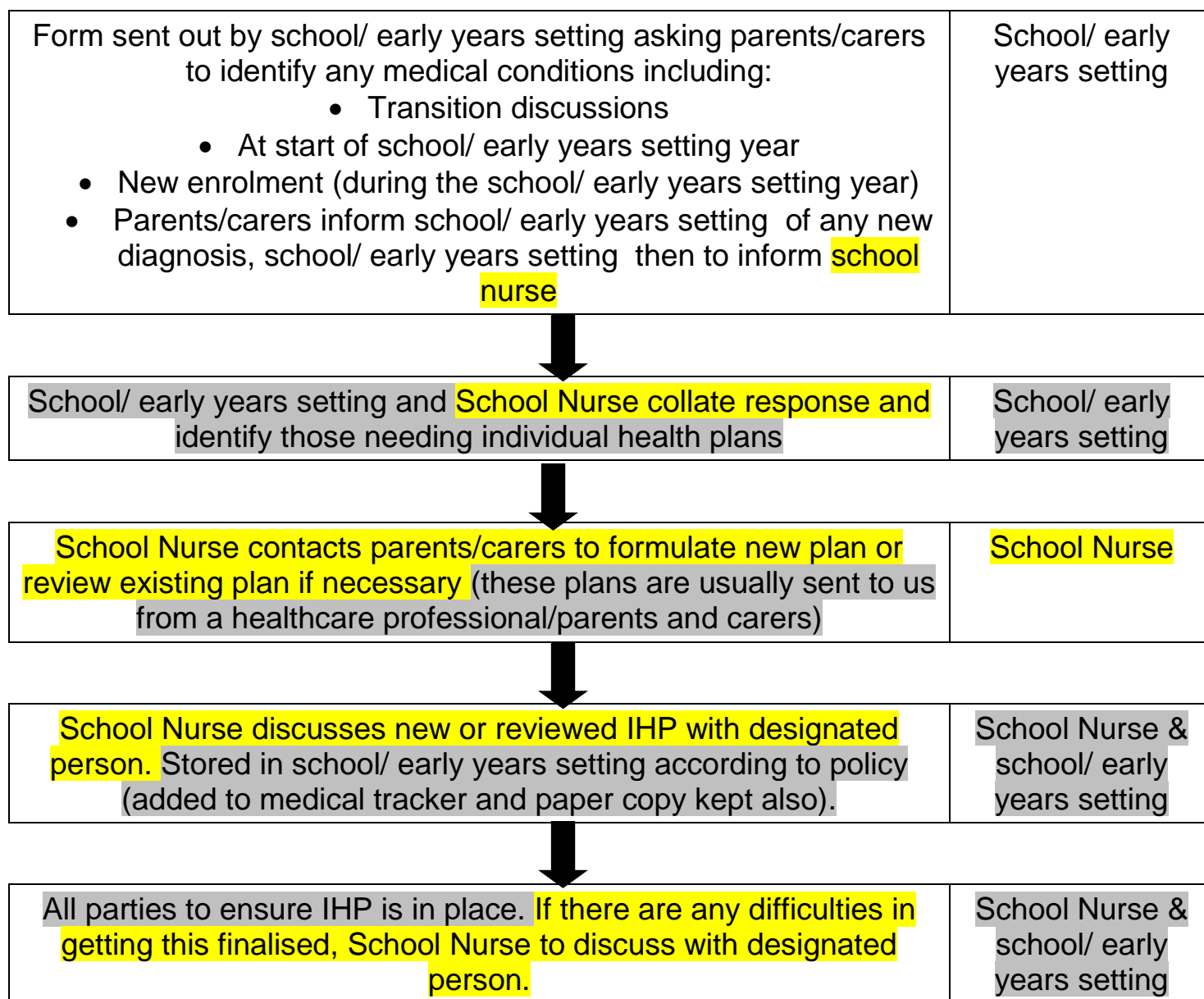
- a. This school understands that it has a responsibility to make the school welcoming and supportive to children with medical conditions who currently attend and to those who may enrol in the future. In doing so, the school will work in partnership alongside the child's parents/carers.
- b. This school aims to provide all CYP with all medical conditions 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 well-being
- c. Children with medical conditions are encouraged to manage their condition.
- d. This school aims to include all children with medical conditions in all school activities wherever possible.
- e. Parents/carers of children with medical conditions are aware of the care their CYP receive at this school.
- f. The school ensures all staff understand their duty of care to CYP in the event of a medical emergency.
- g. All staff have access to information about what to do in a medical emergency.
- h. This school understands that medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i. The school Nursing Service will offer school an annual update. If a new medical condition arises over the year then the school nurse will provide an update or give advice on the most appropriate service to deliver it. THE HEADTEACHER IS RESPONSIBLE FOR ENSURING STAFF RECEIVE ANNUAL UPDATES.
- j. The Headteacher and Governing Board are responsible for ensuring the medical conditions policy is understood and followed by the whole school.

- k. This school understands and encourages the importance of immunisation and the role this has to play in ensuring a safe and inclusive school and will work in partnership with parents/carers and health professionals to this end.

3. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation (see Medical Conditions Information Pathway below).

- a. Children are informed and reminded about the medical conditions policy:
 - in personal, social and health education (PSHE) classes
- b. Parents/carers are informed about the medical conditions policy and that information about a child's medical condition will be shared with the school nurse:
 - by including a policy statement in the schools' prospectus and signposting access to the policy
 - at the start of the school year when a communication is sent out about Individual Health Plans
 - in the school/ early years setting Newsletter at intervals in the year
 - when their CYP is enrolled as a new child
 - via the school/ early years setting's website, where it is available all year round
- c. School staff are informed and regularly reminded about the school's medical conditions policy:
 - through the staff handbook and staff meetings and by accessing the school's intranet
 - through medical conditions updates
 - through the key principles of the policy being displayed in several prominent staff areas at this school and on the school's intranet
 - all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the CYP in their care and how to respond in emergencies
 - Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.
- d. School Governors should receive updates from the Local Authority if changes are made to the policy and ensure points a-c are met by the school.

Medical Conditions Information Pathway



Children with medical conditions requiring Individual Health Plans are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, severe asthma that has required an overnight hospital admission within the last 12 months. There may be other CYP with unusual chronic conditions who need a care plan, please liaise with the School Nurse about them.

4. Relevant staff understand and are updated in what to do in a medical emergency for the most common medical conditions at this school.

- a. Relevant staff at this school are aware of the most common medical conditions at this school.
- b. Staff at this school understand their duty of care to children both during, and at either side of the school day in the event of a medical emergency. In any emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carers. This may include administering medication. In the event of the CYP attending a pre or after school activity organised by a private provider, the responsibility of sharing a CYP's medical needs is the responsibility of parents/carers.
- c. Staff should receive updates at least once a year from the school nurse for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with CYP who have specific medical conditions supported by an Individual Health Plan.
- d. The action required for staff to take in an emergency for the common conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens, in the school/ early years setting staff room and electronically.
- e. This school uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of children with complex medical needs in their care who may need emergency help.
- f. This school has procedures in place so that a copy of the child's Individual Health Plan is sent to the emergency care setting with the child. 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.
- g. If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carers arrives. This school will try to ensure that the staff member will be one the child knows. The staff member concerned must inform a member of the school's senior leadership team and/or the school's critical incidents team.

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

Administration – Emergency Medication

- a. This school will seek to ensure that children with medical conditions have **appropriate access to their emergency medication.**
- b. This school will ensure that all children understand the arrangements for a member of staff (and the reserve member of staff) to assist in supporting and/or administering their emergency medication safely.

Administration – General

Schools are not duty bound to administer medication i.e. unless specified by the doctor to be taken at certain times of the day. If a CYP has prescribed medication 3 times per day, these can easily be administered either side of the school day. If a CYP is prescribed them for 4 or more times per day, then school would be duty bound to administer at least one of these.

- c. This school understands the importance of medication being taken as prescribed.
- d. All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication.

Important Note: Should staff become aware that a CYP using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do, has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.

- e. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- f. Many 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 medication to children under the age of 16, but only with the written consent of the child's parent/carer (see form 3a).
- g. This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to children if necessary.
- h. All school staff in this school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.

- i. In some circumstances, medication is only administered by an adult of the same gender as the child, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.
- j. Parents/carers at this school understand that if their CYP's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital. School should inform the school nurse should the IHP need to be amended.
- k. If a child at this school refuses their medication, staff will record this and contact parents/SLT immediately. Staff at this school must notify a member of SLT prior to contacting a parent/carers.
- l. All staff attending off-site visits are aware of any children on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- m. The needs of all children on trips and visits should be Risk Assessed and the child's prescribed medication and spare inhaler, if necessary, should be taken and accessible.
- n. If a trained member of staff, who is usually responsible for administering medication, is not available the school explores possible alternative arrangements with parents/carers. This is always addressed in the risk assessment for off-site activities.
- o. If a child misuses medication or medical equipment, either their own or another child's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, children will be subject to the school's usual disciplinary procedures.
- p. If the school receives a request or instruction from a parent/carers which would appear to be contrary to the advice in the document and from the DFE, the school should seek clarification from the parent/carers and any advice they can provide from consultants/clinicians associated with the child's case and also contact School Support (0161 474 3917) / School Nurse (0161 835 6083) to discuss the matter before agreeing any further action.

Use of 'over the counter' i.e. non-prescription medications

Early Years providers should follow the EYFS guidance:

'Medicines must not usually be administered unless they have been prescribed for a CYP by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2017).' In this school we do not administer any medication that has not been prescribed by a doctor. **We also do not administer or allow children to take any medication that includes Macrogol e.g. Movicol when on the school premises.**

Guidelines for administering Paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

The Local Authority, in consultation with health practitioners, has carefully considered the benefits and dangers of administering this non-prescription drug in schools and settings. Administering paracetamol to children under 5 is not usually recommended.

Early Years providers should follow the EYFS guidance section 3.44-3.46:

'Prescribed medicines must not usually be administered unless they have been prescribed for a CYP by a doctor, dentist, nurse or pharmacist. (Medicines containing Aspirin should only be given if prescribed by a doctor). (EYFS Statutory Guidance 2017).'

There must be parental consent to give paracetamol (appendix 6)

Paracetamol must be stored securely and should not be kept in first aid boxes.

Infection in Childcare Settings

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

Please see link for further guidance <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

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

Safe Storage – Emergency Medication

- a. Emergency medication is readily available to children 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.
- b. If the child concerned is involved in extended school services, then specific arrangements and risk assessments should be agreed with the parent/carer and appropriate staff involved.
- c. It is appropriate for a child to carry an adrenaline auto injector on their person in school after a risk assessment has been completed.

Safe Storage – Non-Emergency Medication

- d. All non-emergency medication is kept in a secure place, in a locked cupboard in a cool dry place.
- e. It is not appropriate for a child to carry insulin on their person in school. This should be stored in a locked cupboard.
- f. Staff ensure that medication is accessible only to those for whom it is prescribed.

Safe Storage – General

- g. This school has an identified member of staff (Louise Williams) who ensures the correct storage of medication at school.
- h. All controlled drugs are kept in a locked cupboard and only named staff have access.
- i. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
- j. The identified member of staff, along with the parents/carers of children with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the child's name, the name of the medication, route of administration, dose and frequency, and expiry date of the medication.
- k. All medication is supplied and stored in its original containers. All medication is labelled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- l. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.

- m. Some medication for children at this school 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 inaccessible to children. Medication fridges **MUST** only be used for the storage of medicines and no other items.
- n. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with children at the end of the school term.
- o. It is the parents/carers' responsibility to ensure adequate supplies of new and in date medication comes into school at the start of each term with the appropriate instructions and ensures that the school receives this.

Safe Disposal

- p. Parents/carers at this school are asked to collect out-of-date medication.
- q. If parents/carers 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 with agreement from the local pharmacy.
- r. A named member of staff (Louise Williams) is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least 3 times a year and is always documented.
- s. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Each box must be signed and dated as per assembly instructions, there should be one box per child and the temporary closure **MUST** be used when the box is not in use.
- t. 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, to school or to the child's parent/carer.
- u. Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents/carers. Parents/carers then need to take the sharps bin to the GP for disposal.

7. This school has clear guidance about record keeping for children with medical conditions.

Enrolment Forms

- a. Parents/carers at this school are asked if their CYP has any medical conditions.
- b. If a child has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the child's parents/carers to complete (form 3a).

Individual Health Plans (Forms 1 – 1g)

Drawing up Individual Health Plans

- c. This school uses an Individual Health Plan for CYP with complex medical needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required (see form 1).

Examples of complex medical needs which may generate an Individual Health Plan following discussion with the school nurse and the school/ early years setting are listed below.

The CYP has:

- diabetes
 - gastrostomy feeds
 - a tracheostomy
 - anaphylaxis
 - a central line or other long term venous access
 - severe asthma that has required an overnight hospital admission within the last 12 months
 - epilepsy with rescue medication.
- d. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of children with a complex medical need. This is sent by the school nurse:
 - at the start of the school/ early years setting year
 - at enrolment
 - when a diagnosis is first communicated to the school/ early years setting
 - transition discussions
 - new diagnosis.
 - e. It is the parents/carers responsibility to fill in the Individual Health Plan and return the completed form to the school nurse. If the school nurse does not receive an Individual Health Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan has not been completed, the school nurse will contact the parents/carers and may convene a TAC meeting or consider safeguarding CYP procedures if necessary.
 - f. The finalised plan will be given to the parents/carers, school and school nurse.

- g. This school/ early years setting ensures that a relevant member of school staff is present, if required, to help draw up an Individual Health Plan for children with complex medical or educational needs.

School Individual Health Plan Register

- h. Individual Health Plans are used to create a centralised register of children with complex medical needs. An identified member of school staff has responsibility for the register at this school. School should ensure that there is a clear and accessible system for identifying children with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure should be in place to ensure that the CYPs record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school setting are updated on the school's record system.
- i. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a child's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

On-going Communication and Review of Individual Health Plans

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

Storage and Access to Individual Health Plans

- l. Parents/carers and children (where appropriate) at this school are provided with a copy of the child's current agreed Individual Health Plan.
- m. Individual Health Plans are kept in a secure central location at school.
- n. Apart from the central copy, specified members of staff (agreed by the child and parents/carers) securely hold copies of children's Individual Health Plans. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.
- o. When a member of staff is new to a child group, for example due to staff absence, the school makes sure that they are made aware of the Individual Health Plans and needs of the children in their care.
- p. This school ensures that all staff protect child confidentiality.

- q. This school informs parents/carers that the Individual Health Plan would 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 is included on the Individual Health Plan.
- r. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

Use of Individual Health Plans

Individual Health Plans are used by this school to:

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

Consent to Administer Medicines

- s. If a child requires regular prescribed medication at school, parents/carers are asked to provide consent on their CYP's medication plan (form 3a) giving the child or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for children taking short courses of medication.
- t. All parents/carers of children with a complex medical need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.

Record of Awareness Raising Updates and Training

- u. This school/ early years setting holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school request this.
- v. All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training; it is the school's responsibility to arrange this (see appendix 4).
- w. Schools should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities. It is recommended that Early Years settings should have at least one first aider who has undertaken the paediatric first aid course and must be on the premises and available at all times when CYP are present and must accompany CYP on outings. Training should be compliant with Annex A of EYFS Statutory Framework: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf
Training can be accessed through the St. John's Ambulance <http://www.sja.org.uk/sja/training-courses.aspx> or may be provided centrally.

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

Physical Environment

- a. This school is committed to providing a physical environment that is as accessible as possible to children with medical conditions.
- b. School should be encouraged to meet the needs of children with medical conditions to ensure that the physical environment at this school/ early years setting is as accessible as possible.
- c. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations, or making reasonable adjustments to these arrangements which are proportionate and are implemented to remove any disadvantage that children may otherwise be subjected to because of their disability or medical condition, if it is serious.

Social Interactions

- d. This school ensures the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- e. This school ensures the needs of children with medical conditions are adequately considered to ensure they have access to extended school activities such as breakfast clubs, school productions and after school clubs.
- f. All staff at this school are aware of the potential social problems that children with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's Positive Behaviour and Anti-Bullying Policy.

g. From September 2020 Relationships, Relationships and Sex Education and Health Education become compulsory for all schools.

- Compulsory Relationships Education for primary children
- Compulsory Relationships and Sex Education (RSE) for secondary children
- Health Education become compulsory for all children – covering both physical and mental health

Schools can begin teaching these statutory subjects in accordance with the new guidance before September 2020, if they wish. This is an ideal opportunity for staff to raise awareness of medical conditions amongst children and to help create a positive social environment through health education and personal, social and health education (PSHE) lessons.

Exercise and Physical Activity

- h. This school setting understands the importance of all children taking part in physical education, sports, games and activities.
- i. This school seeks to ensure all staff make appropriate and proportionate adjustments to sports, games and other activities to make physical activity accessible to all children.
- j. This school seeks to ensure that all staff understand that if a child reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- k. Staff are aware of children in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.
- l. This school ensures all staff are aware of the potential triggers for children's medical conditions when exercising and how to minimise these triggers.
- m. This school seeks to ensure that all children have the appropriate medication or food with them during physical activity and that children take them when needed.
- n. This school ensures all children with medical conditions are actively encouraged to take part in a wide range of physical activity.

Education and Learning

- o. This school ensures that children with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided in accordance with their needs or if there is an individual health plan (IHP) or education and health care plan (EHCP) in accordance with their agreed plan.
- p. Teachers at this school are aware of the potential for children with medical conditions to have special educational needs (SEND). Children with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator.
- q. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- r. Children at this school learn how to respond to common medical conditions.

Risk Assessments

- s. Risk assessments are carried out by this school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. This school considers: how all children will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
- t. This school understands that there may be additional medication, equipment or other factors to consider when planning off site activities. This school considers additional medication and facilities that are normally available at school. Where children medical needs require staff to attend specialist training, trained staff are available at all times and places (including evenings and weekends) where those children are participating.

Reasonable Adjustments

When considering the reasonableness or proportionality of making any adjustments this School will have regard to:

- (1)The extent to which the adjustment removes the disadvantage,
- (2)The extent to which it is practicable,
- (3)The financial and other costs of making the adjustments,
- (4)The extent to which the step would disrupt the school's activities,
- (5)The financial and other resources available to the school,
- (6)The availability of external financial and other assistance,
- (7)The nature of the school's activities and the size of the undertaking,
- (8)The level of disruption to other children and their needs or facilities.

In addition, if an adjustment is reasonable to apply then the school will not pass on the cost of making such an adjustment to the child or parents/carers.

Legislation and Guidance

Introduction

- Local authorities, school/ early years settings and governing bodies are all responsible for the health and safety of children in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Supporting Children at School with Medical Conditions
<https://www.gov.uk/government/publications/supporting-children-at-school-with-medical-conditions--3>

The main pieces of legislation are the Equality Act (2010) the Children & Families Act (2014) and EYFS Statutory Framework (2017). These acts make it unlawful for service providers, including school/ early years settings, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act etc. 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that school/ early years settings should consider when writing a medical conditions policy.

The following Stockport guidelines/policies need to be considered:-

- Department for Education and Department of Health Special Educational Needs and Disability Code of Practice 0-25 years.
- Stockport's STPD Health and Safety Policies
- Head Teachers Toolkit
- Critical Incidents Guidelines
- Visits and Journeys Guidelines
- Records Management and Retention Policies
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

This form can be downloaded at:

<http://intranet/smbcintr/new/content/directorates/bs/hr/shrfirst/documents/RIDDOR.pdf>

Managing Medicines in Schools (2005)

This provides guidance from the DFE on managing medicines in schools and early year's settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up an Individual Health Plan
- relevant forms.

Medical Conditions at School/ early years setting: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools/ early years settings.

Equality Act (2010) (EA) and The Children and Families Act 2014 (CFA).

- Many children with medical conditions are protected by the EA and CFA, even if they don't think of themselves as 'disabled'.
- The Equality and Human Rights Commission (EHRC) (previously the Disability Rights Commission) publishes a code of practice for schools/ early years settings, which sets out the duties under the EA and gives practical guidance on reasonable adjustments and accessibility. The EHRC offers information about who is protected by the EA, school/ early years settings' responsibilities and other specific issues.

School/ early years setting s' Responsibilities Include:

- Not to treat any child less favourably in any school/ early years setting activities without material and sustainable justification.
- To make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other children. Examples of reasonable adjustments can be found in the Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015 and is dealt with here on page 19. *
- To eliminate discrimination and promote equality of opportunity in accordance with the provisions of Section 149 of the Equality Act 2010, which came in to force on 5 April 2011 relating to the public sector equality duty.
- To promote disability equality in line with the guidance provided by the DFE and EHRC through the Disability Equality Scheme.

**DfES publications are available through the DFE.*

The Education Act 1996

Section 312 of the Education Act covers CYP with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act etc. 1974

This act places duties on employers for the health safety and welfare of their employees and anyone not in their employment who may be affected by the activity. This covers the head teacher and teachers, non-teaching staff, children, visitors and contractors.

Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

Additional Guidance

Other guidance resources that link to a medical conditions policy include:

- Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015.
- Equality Act 2010: Advice for Schools.
- EYFS Statutory Framework (2017).
- Reasonable Adjustments for disabled children (2012).
- Supporting children at school with medical conditions (2014).
- The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005).
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with CYP including school health teams.
- Health and Safety of Children on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits.
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs.
- Home to School Travel for Children Requiring Special Arrangements (2004) – provides guidance on the safety for children when travelling on local authority provided transport.
- Medical Conditions at School Website - <http://medicalconditionsatschool.org.uk/>
- Supporting Children at School with Medical Conditions - <https://www.gov.uk/government/publications/supporting-children-at-school-with-medical-conditions--3>

Further Advice and Resources –

The Anaphylaxis Campaign

PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK

18 Mansell Street
London E1 8AA
Helpline 0300 222 5800
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Wells Lawrence House 126 Back Church Lane
London E1 1FH
Phone 0345 123 2399*Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Diabetes UK North West

Unit C, 2nd Floor
Dallam Court
Dallam Lane
Warrington
Cheshire WA2 7LT
Phone 01925 653281
Fax 01925 653288
n.west@diabetes.org.uk

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term Conditions Alliance

202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

Department for Education

Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Text-phone/Minicom 01928 794274
Fax 01928 794248
info@dcf.gov.uk
www.dcf.gov.uk

Council for Disabled Children

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Children's Bureau

8 Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
www.ncb.org.uk

Health Protection Team, Stockport

Public Health
Upper Ground Floor
Stopford House
Stockport SK1 3XE
Phone 0161 474 2440
healthprotection@stockport.gov.uk



PHE Health Protection Team

0344 225 0562 Option 1
www.gov.uk/government/organisations/public-health-england

St. John Ambulance
Faulkner House
Faulkner Street
Manchester
M1 4DY
Phone 0844 770 4800
www.sja.org.uk

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 STOCKPORT METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
Form 1 - Individual Health Plan For children with complex medical needs at school/ early years setting			
Date form completed:			
Date for review:			
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies held by:			
1. Child's Information			
Name of school/ early years setting :			
Name of Child:			
Class/Form			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Contact Information			
Child's Address			
		Postcode:	
Family Contact Information			
a.	Name:		
	Phone (Day):		
	Phone (Evening):		
	Mobile:		
	Relationship with CYP:		

b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
GP		
Name:		
Phone:		
Specialist Contact		
Name:		
Phone:		
Medical Condition Information		
3. Details of Child's Medical Conditions		
Signs and symptoms of this child's condition:		
Triggers or things that make this child's condition/s worse:		
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)		
During school/ early years setting hours:		
Outside school/ early years setting hours:		
5. What to do in an Emergency		
Signs & Symptoms		
In an emergency, do the following:		

6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name/type of medication (as described on the container):	
How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school/ early years setting needs to know about?	
Can the child administer the medication themselves? (please tick box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP
7. Regular Medication taken during School/ Early Years Setting Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this child at school/ early years setting?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the child administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by:

	Staff member's name:
Medication expiry date:	
8. Regular Medication taken outside of School/ Early Years Setting Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container):	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
9. Members of Staff Trained to Administer Medications for this Child	
Regular medication:	
Emergency medication:	
10. Any Other Information Relating to the Child's Healthcare in School/ Early Years Setting?	
Parental and Child Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my CYP's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.	
Signed (Child)	
Print Name:	
Date:	
Signed (Parent/Carer) (If child is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	

Print Name:	
Job Title:	
Date:	

Permission for Emergency Medication

- ☐ I agree that I/my CYP **can** be administered my/their medication by a member of staff in an emergency
- ☐ I agree that my CYP **cannot** keep their medication with them and the school/ early years setting
- ☐ I agree that my CYP **cannot** keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements
- ☐ I agree that I/my CYP **can** keep my/their medication with me/them for use when necessary

Name of medication carried by child:	
Signed (Parent/Carer)	
Date	

Headteacher Agreement

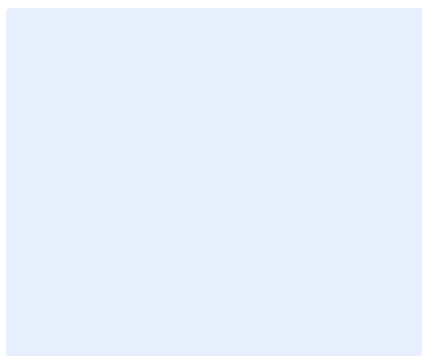
It is agreed that (name of CYP):

- ☐ will receive the above listed medication at the above listed time (see part 7).
☐ will receive the above listed medication in an emergency (see part 6).

This arrangement will continue until:

(Either end date of course of medication or until instructed by the child's parents/carers).

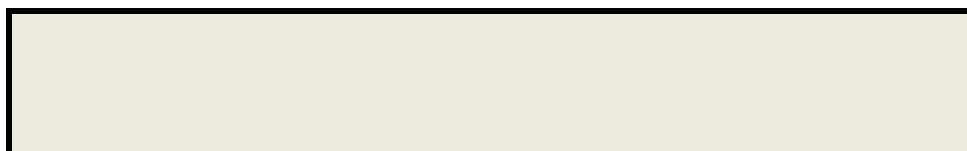
Signed (Headteacher):	
Print Name:	
Date:	



Supported by



INDIVIDUAL HEALTH CARE PLAN FOR A CHILD OR YOUNG PERSON IN THE EDUCATION SETTING WHO HAS DIABETES



Contents:

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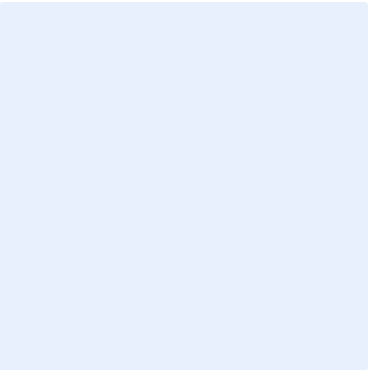
This health care plan will capture the key information and actions that are required to support this child or young person (CYP) in school/ early years setting. It will have the CYP best interests in mind and ensure that school/ early years setting assesses and manages risks to the children' education, health and social well-being and minimize disruption in the school/ early years setting day. It should be reviewed at least annually.

1 Definitions

IHCP	Individual Health Care Plan
CYP	Child or Young Person
HYPO	Hypoglycaemia
CHO	Carbohydrate
BG	Blood Glucose

2 CYP'S INFORMATION

2a. Child / Young Person Details

Child's Name:		Year group:	
Hospital/NHS number:		DoB:	
Nursery/School/ early years setting /College: Post code			
Child's Address:			
Town:			
County:			
Postcode			
Type of Diabetes:	Please select		
Other medical conditions:			
Allergies:			
Date:		Document to be Updated:	

2b. Family Contact Information

Name			
Relationship			
Telephone Number	Home Work Mobile		
Email			
Name			
Relationship			
Telephone Number	Home Work Mobile		
Email			
Name			
Relationship			
Telephone Number	Home Work Mobile		

Email	
-------	--

2c. Essential Information Concerning This Child /Young Persons Health Needs

Contacts		Contact Number
Children's Diabetes Nurses:		
Key Worker:		
Consultant Paediatrician:		
General Practitioner:		
Link Person in Education:		
School/ early years setting email contact:		
Class Teacher:		
Health Visitor/School Nurse:		
SEND Co-ordinator:		
Other Relevant Teaching Staff:		
Other Relevant Non-Teaching Staff:		
Head teacher:		

This CYP has DIABETES, requiring treatment with (check which applies):

Multi-dose regime i.e. requires insulin with all meals:	<input type="checkbox"/>
Insulin Pump Therapy:	Please select
3 injections a day (no injections in school/ early years setting):	<input type="checkbox"/>
2 injections a day (no injections in school/ early years setting):	<input type="checkbox"/>
Other - please state:	

Children with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically every 3 months, but may be more frequent. These appointments may require a full day's absence. Education authority staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.

3 MONITORING BLOOD GLUCOSE LEVELS

The CYP has a blood glucose monitor, so they can check their blood glucose (BG). BG monitoring is an essential part of daily management; where ever possible CYP should be encouraged to take responsibility for managing their own medicines and BG equipment in school/ early years setting. They should be allowed to carry their equipment with them at all times and their equipment must not be shared.

(Check which applies)

BG checks to be carried out by a trained adult, using a Fastclix / Multiclix device.	<input type="checkbox"/>
This CYP requires supervision with blood glucose monitoring.	<input type="checkbox"/>

This CYP is independent in BG monitoring.	<input type="checkbox"/>
---	--------------------------

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- Hands to be washed prior to the test.
- Blood glucose targets pre meal - mmol/L and - mmol/L 2 hours after meals
(NICE guidelines 2015 recommend BG levels of 4-7 mmol/L pre meal and 5-9 mmol/L post meals)
- Lancets and blood glucose strips should be disposed of safely.

There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.

4 INSULIN ADMINISTRATION WITH MEALS

Check if applies ☐ if not, go to section 5

(Check which applies)

Insulin to be administered by a suitably trained adult, using a pen needle that complies with national and local sharps policy	<input type="checkbox"/>
Supervision is required during insulin administration	<input type="checkbox"/>
This young person is independent, and can self-administer the insulin	<input type="checkbox"/>
This CYP is on an insulin pump (see further information below and section 8.2 page 8)	<input type="checkbox"/>

The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat.

(Check which applies)

They have a specific Insulin to carbohydrate (CHO) ratio (I:C)	<input type="checkbox"/>
They are on set doses of insulin	<input type="checkbox"/>

This procedure should be carried out:

- In class, or if preferred in a clean private area with hand washing facilities
- Should always use their own injection device; or sets.
- All used needles should be disposed of in accordance with the school/ early years setting's local policy

5 INSULIN ADMINISTRATION

Delivered via pen device: ☐ Delivered via insulin pump: ☐

Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		

Other :		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		

NOTE: See 8 ☐

6 SUGGESTED DAILY ROUTINE

	Time	Note
Arrive School/ early years setting		
Morning Break		
Lunch		
Afternoon Break		
School/ early years setting finish		
Other		

Please refer to 'Home-school' communication diary ☐Please refer to School planner ☐

7 SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

Governing bodies should ensure that risk assessments, planning and arrangements are clear to ensure this CYP has the opportunity to participate in all sporting activities. School/ early years setting should ensure reasonable adjustments as required.

Specific instructions If on Insulin Pump therapy: During contact sports the pump should be disconnected (NEVER exceed 60 minutes). Please keep safe whilst	
---	--

disconnected.	
---------------	--

Extra Snacks are required: PRE-EXERCISE	
POST-EXERCISE	



8 HYPOGLYCAEMIA

('Hypo' or 'Low Blood Glucose')

BG: Below 4 mmol/L.



INDIVIDUAL HYPO- SYMPTOMS FOR THIS CYP ARE:	Pale	<input type="checkbox"/>	Poor Concentration	<input type="checkbox"/>	Other:
	Sudden Change of personality	<input type="checkbox"/>	Sleepy	<input type="checkbox"/>	
	Crying	<input type="checkbox"/>	Shaking	<input type="checkbox"/>	
	Moody	<input type="checkbox"/>	Visual changes	<input type="checkbox"/>	
	Hungry	<input type="checkbox"/>			

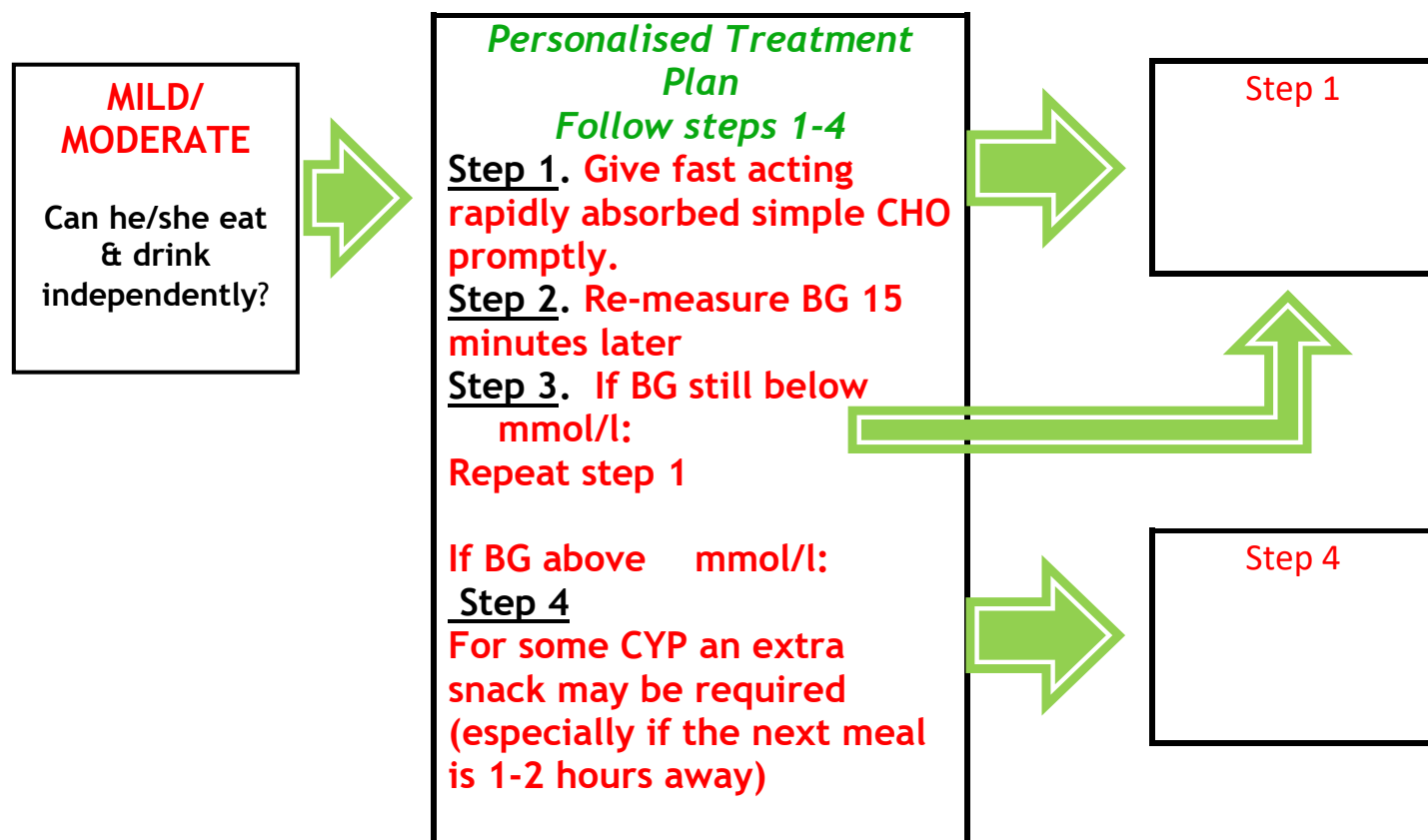
How to treat a hypo:

- If possible, check BG to confirm hypo, and treat promptly: [see 8a.](#)
- Do not send this child or young person out of class unaccompanied to treat a hypo.
- Hypos are described as either mild/moderate or severe depending on the individual's ability to treat him/her.
- The aim is to treat, and restore the BG level to above mmol/L. (*ISPAD guidelines recommend 5.6mmol/L*) [\(See 8a\).](#)

A Hypo box should be kept in school/ early years setting containing fast acting glucose and long acting carbohydrate. Staff, and the CYP should be aware of where this is kept and it should be taken with them around the school/ early years setting premises; if leaving the school/ early years setting site; or in the event of a school/ early years setting emergency. It is the parent's/carers responsibility to ensure this emergency box is adequately stocked; independent young people will carry hypo remedies with them.

8a. Treatment of Hypoglycaemia

BG below 4mmol/l



SEVERE

Is he/she
semi-
conscious;
unconscious;
convulsing or
unable to take
anything by
mouth?

**Personalised Treatment Plan**

- *Place the CYP in the recovery position*
- Nil by mouth
- DIAL 999
- In exceptional circumstances, in the availability of a trained and competent member of staff : they can administer the Glucagon/ GlucaGen Hypokit injection:
0.5mg (half dose) for less than 8 years old (or body weight is less than 25kg)
1mg (full dose): if over 8 years of age.
- Never leave him/her alone
- Contact parents/carers.
- When fully awake follow steps 1-4 above.
- A severe hypo may cause vomiting.
- On recovery the CYP should be taken home by parents/carers.

Additional information
regarding hypoglycaemia
for this CYP:

*** Consider what has caused the HYPO? ***

9 HYPERGLYCAEMIA

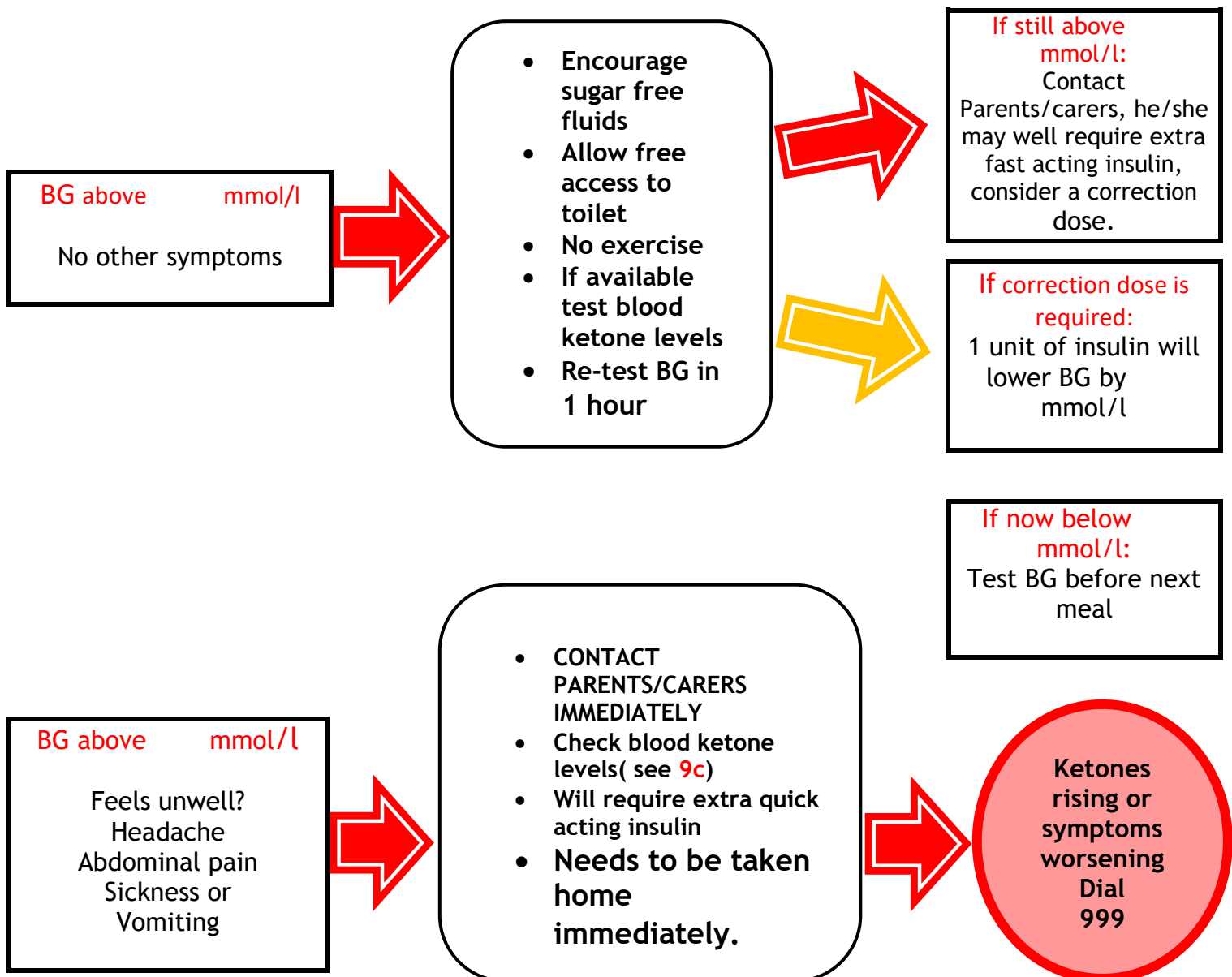
(High blood glucose)

CYP who have with diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above **mmol/L**.

*** IF THIS CYP IS ON INSULIN PUMP THERAPY PLEASE REFER DIRECTLY TO 9b ***

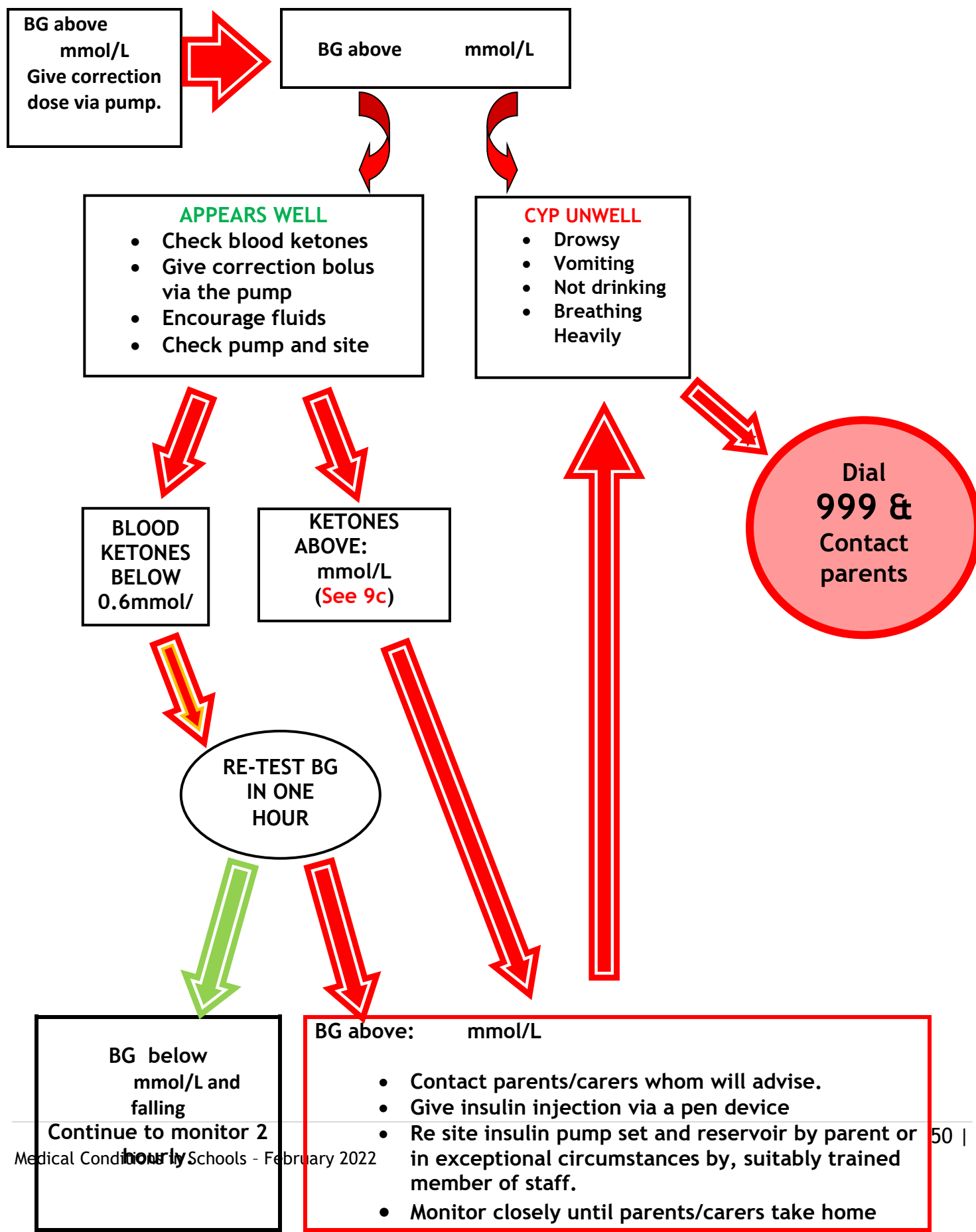
If the CYP is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the CYP has had symptoms of high blood glucose

9a. Treatment of Hyperglycaemia For A CYP On Injections



Additional information regarding hyperglycaemia for this CYP:	
---	--

9b. Treatment of Hyperglycaemia for a CYP on Pump Therapy



9c. Blood B –Ketone monitoring Guide:

- **Below 0.6mmol/L** **Normal range**
- **Between 0.6-1.5mmol/L** **Potential problems - SEEK ADVICE**
- **Above 1.5mmol/L** **High risk - SEEK URGENT ADVICE**

Additional information regarding B Blood -Ketone monitoring for this CYP:	
---	--

- School/ early years setting to be kept informed of any changes in this child or young person's management (see page 6-7).
- The CYP with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
- During EXAMS, reasonable adjustments should be made to exam and course work conditions if necessary, this should be discussed directly with this CYP.
This CYP should be allowed to take into the exam the following: blood glucose meter, extra snacks; medication and hypo treatment.
- Specific extra support may be required for the CYP who has a long term medical condition regarding educational, social and emotional needs- for example, during periods of instability, during exams, catching up with lessons after periods of absence, and counselling sessions.

Please use the box below for any additional information for this CYP, and document what is specifically important for him/her:

--

This IHCP has been initiated and updated in consultation with the CYP, family; diabetes specialist nurse and a member of staff from the educational setting.

Date	Name	Signatures	
Young person			
Parents/carers			

APPENDIX 1 - IHP

Parents/carers agreement to administration of medicine as documented on page 3 and 4			
Diabetes Nurse Specialist:			
School/ early years setting Representative:			
Health visitor/ School Nurse:			

The following should always be available in school/ early years setting, please check:

<i>Hypo treatment: fast acting glucose</i>	<input type="checkbox"/>	<i>Insulin pen and appropriate pen needles.</i>	<input type="checkbox"/>
<i>Gluco gel/ Dextrogl</i>	<input type="checkbox"/>	<i>Cannula and reservoir for pump set change</i>	<input type="checkbox"/>
<i>Finger prick device, BG monitor and strips</i>	<input type="checkbox"/>	<i>Spare battery</i>	<input type="checkbox"/>
<i>Ketone testing monitor and strips</i>	<input type="checkbox"/>	<i>Up to date care plan</i>	<input type="checkbox"/>
<i>Snacks</i>	<input type="checkbox"/>		<input type="checkbox"/>

Governing bodies are responsible to ensure adequate members of staff have received suitable training.

Training log:

Staff Name	Training Delivered	Trainer	Date

****See Training Log in school/ early years setting ****

10 References:

- *Supporting children at school with medical conditions. Department of Education. September 2014.*
- *NICE clinical guideline NG18: Diabetes (type 1 and type 2) in children and young people, diagnosis and management.. August 2015*
- *Managing Medicines in School and . Department of Health. 2005*
- *ISPAD Clinical Practice Consensus Guidelines. 2014*
- *Making Every Young Person With Diabetes Matter. Department of Health. 2007.*

THIS CARE PLAN HAS BEEN DESIGNED BY A SUB-GROUP LEAD BY

Sandra Singleton, Children and Young People's Diabetes Specialist Nurse/ Team Leader. With
Margot Carson, Children and Young People's Diabetes Network Coordinator - North West of England
Elaine McDonald, Children and Young People's Diabetes Specialist Nurse/ Team Leader.
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Daniel Hyde IT technical support

Acknowledgments:

The sub-group from the 'Children and Young People's North West Diabetes Network' would like to thank the following regional 'Children and Young People's Diabetes Network' teams for their helpful advice, support and input in the development of this document:



Birmingham Children's Hospital
Cambridge University Hospitals NHS Foundation Trust
Chelsea & Westminster NHS Foundation Trust
Glangwili General Hospital
Leeds Children's Hospital
North Somerset Community Partnership
North Tyneside General Hospital
Nottingham Teaching Hospitals NHS Trust
Oxford University Hospitals NHS Foundation Trust
Salisbury District Hospital

Review date: January 2018.

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***Winner of the Excellence in Diabetes Specialist Nursing Awards
At the Nurse Standard Nurse Awards 2015.***

 STOCKPORT METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
Form 1b - Individual Health Plan - Epilepsy For children diagnosed with Epilepsy at school/ early years setting who need rescue medication			
Date form completed:			
Date for review:			
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies held by:			
1. Child's Information			
Medical Condition:			
Name of school/ early years setting :			
Name of Child:			
Class/Form			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Contact Information			
Child's Address:			
		Postcode:	
Family Contact Information			
a.	Name:		
	Phone (Day):		
	Phone (Evening):		
	Mobile:		

	Relationship with CYP:	
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
Specialist Contact		
Name:		
Phone:		
Consultant		
Name:		
Phone:		

Medical Condition Information	
3. Details of Child's Medical Conditions - Seizure Description	
Type 1	
Type 2	
Type 3	
Triggers or things that make this child's condition/s worse:	
4. Routine Healthcare Requirements (for example, dietary, therapy, nursing needs or before physical activity)	
Routine Requirements	
Record any seizures on the daily seizure record	
5. What to do in an Emergency	
Emergency Procedures	
6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name/type of medication (as described on the container):	
Describe what signs or symptoms indicate an	

emergency for this child:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school/ early years setting needs to know about?	
Self-administration:	Can the child administer the medication themselves? (Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary?	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP
7. Regular Medication taken during School/ Early Years Setting Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this child at school/ early years setting?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the child administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:

Medication expiry date:	
8. Regular Medication Taken Outside of School/ Early Years Setting Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container)	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
9. Any other information relating to the child's healthcare in school/ early years settings	
Permission for Emergency Medication	
<input type="checkbox"/> I agree that I/my CYP can be administered my/their medication by a member of staff in an emergency <input type="checkbox"/> I agree that my CYP cannot keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements <input type="checkbox"/> I agree that I/my CYP can keep my/their medication with me/them for use when necessary.	
Name of medication carried by child:	
Signed (Parent)	
Date	
Headteacher Agreement	
It is agreed that (name of CYP): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: (Either end date of course of medication or until instructed by the child's parents/carers).	
Signed (Headteacher)	
Print Name:	
Date:	
Parental and Child Agreement	

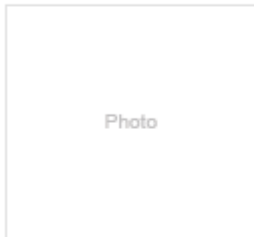
APPENDIX 1B - EPILEPSY

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.	
Signed (Child)	
Print Name:	
Date:	
Signed (Parent/Carer) If child is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's
Weight:

Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

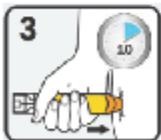
How to give EpiPen®



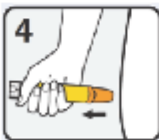
Form test around EpiPen® and PULL OFF BLUE SAFETY CAP!



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate. For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Patient support groups: <http://www.allergyuk.org> or www.anaphylaxis.org.uk

©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic:



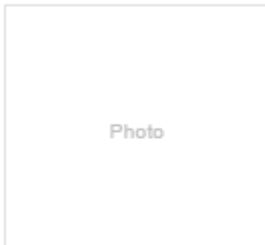
Date:

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's Weight: Kg

PARENTAL CONSENT: I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

(PRINT NAME)

Date:

How to give Jext®



1
Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2
PLACE BLACK END against outer thigh (with or without clothing)



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4
REMOVE Jext®. Massage injection site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 09/2017

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (If vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat: (If breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector (eg. Jext) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.



This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date:

 STOCKPORT METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
Form 1d - Individual Health Plan - Asthma For children with complex medical needs at school/ early years setting			
Date form completed:			
Date for review:			
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies held by:			
1. Child's Information			
Medical Condition:			
Name of school/ early years setting :			
Name of Child:			
Class/Form			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Contact Information			
Child's Address		Postcode:	
Family Contact Information			
a.	Name		
	Phone (Day)		
	Phone (Evening)		
	Mobile		
	Relationship with CYP		
b.	Name		
	Phone (Day)		
	Phone (Evening)		

	Mobile	
	Relationship with CYP	
GP		
Name		
Phone		
Specialist Contact		
Name		
Phone		
Medical Condition Information		
3. Details of Child's Medical Conditions		
Signs and symptoms of this child's condition:		
Triggers or things that make this child's condition/s worse:		
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)		
During school/ early years setting hours:		
Outside school/ early years setting hours:		
5. What to do in an Emergency (Asthma UK Guidelines)		
Common signs of an Asthma attack:	<ul style="list-style-type: none"> ° Coughing ° Shortness of Breath ° Being unusually quiet ° Wheezing ° Tightness in the chest ° Difficulty in speaking full sentences 	
	<p>KEEP CALM – DO NOT PANIC</p> <p>ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN</p> <p>MAKE SURE THE CHILD TAKES ONE PUFF OF THEIR RELIEVER INHALER (USUALLY BLUE) USING THEIR SPACER</p> <p>ENSURE TIGHT CLOTHING IS LOOSENED</p> <p>REASSURE THE CHILD</p> <p>ONE PUFF OF THEIR RELIEVER EVERY MINUTE UP</p>	

TO 10 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.

CALL 999 URGENTLY IF:
THEIR SYMPTOMS DO NOT IMPROVE AFTER 10 PUFFS
THEY ARE TOO BREATHLESS TO TALK
THEIR LIPS ARE BLUE OR IF IN ANY DOUBT

CONTINUE TO GIVE 1 PUFF EVERY MINUTE OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.

6. Emergency Medication
(Please complete even if it is the same as regular medication)

Name / type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this child:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school/ early years setting needs to know about?	
Self-administration:	<p>Can the child administer the medication themselves? <i>(Tick as appropriate)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by:</p> <p>Staff member's name:</p>
Is there any other follow-up care necessary>	
Who should be notified?	<p><input type="checkbox"/> Parents <input type="checkbox"/> Carers</p> <p><input type="checkbox"/> Specialist <input type="checkbox"/> GP</p>

7. Regular Medication taken during School/ Early Years Setting Hours

Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this child at school/ early years setting?	
Are there any contraindications (Signs when this medication should not be given)?	
Self-administration: can the child administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Medication expiry date:	
8. Regular Medication Taken Outside of School/ Early Years Setting Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container)	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
9. Any other information relating to the child's healthcare in school/ early years settings	
Permission for Emergency Medication	
<input type="checkbox"/> I agree that I/my child can be administered my/their medication by a member of staff in an emergency	
<input type="checkbox"/> I agree that my child cannot keep their medication with them and the school/	

early years setting will make the necessary medication storage arrangements <input type="checkbox"/> I agree that I/my child can keep my/their medication with me/them for use when necessary.	
Name of medication carried by child:	
Signed (Parent/Carer)	
Date	
Headteacher Agreement	
It is agreed that (name of Child): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: <i>(Either end date of course of medication or until instructed by the child's parents/carers).</i>	
Signed (Headteacher)	
Print Name:	
Date:	
Parental and Child Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.	
Signed (Child)	
Print Name:	
Date:	
Signed (Parent/Carer) <i>If child is below the age of 16)</i>	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	

APPENDIX 1D - IHP ASTHMA

Job Title:	
Date:	

Template letter from school nurse to parent/carer

Dear Parent/Carer

Re: The Individual Health Plan

Thank you for informing the school/ early years setting of your CYP's medical condition. With advice from the Department for Education and the school/ early years setting's governing bodies, we are working with school/ early years settings to follow our shared medical conditions policy.

As part of this policy, we are asking all parents/carers of CYP with a complex medical need to help us by completing an Individual Health Plan for their CYP. Please complete the plan enclosed and return it to me at If you would prefer to meet me to complete the Individual Health Plan or if you have any questions then please contact me on [insert school nurse contact number].



Your CYP's completed plan will store helpful details about your CYP's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school/ early years setting staff to better understand your CYP's individual condition.

Please make sure the plan is regularly checked and updated and the school/ early years setting and school nurse are kept informed about changes to your CYP's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.



Thank you for your help.

Yours sincerely

Form 3a – Medication Permission & Record – Individual Child

 STOCKPORT METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust
Form 3a – Medication Permission & Record – Individual Child		
Name of school/ early years setting :		
Name of Child:		
Class/Form:		
Date medication provided by parent:		
Name of medication:		
Dose and Method: (how much and when to take)		
When is it taken (time)		
Quantity Received:		
Expiry Date:		
Date and quantity of medication returned to parent:		
Any other information:		
Staff signature:		
Print name:		
Parent/Carer Signature:		
Print name:		
Parent/Carer Contact Number:		

APPENDIX 3B RECORD OF MEDICATION

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>STOCKPORT METROPOLITAN BOROUGH COUNCIL</p> </div> <div style="text-align: right;"> <p>Stockport  NHS Foundation Trust</p> </div> </div>							
Form 3b – Record of Medication							
Date	Child's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff Member	Print Name

APPENDIX 4 STAFF TRAINING RECORD



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport **NHS**
NHS Foundation Trust

Form 4 – Staff Training Record

Name of school/ early years setting :	
Type of training received:	
Date training completed:	
Training provided by:	
Trainer Job Title and Profession:	

I confirm that the people listed above have received this training



Name of people attending training	
1.	
2.	
3.	
4.	
5.	

Trainer's Signature:	
Date:	
Use a separate sheet if more than five people have received training	

I confirm that the people listed above have received this training

Headteacher signature:	
Print Name:	
Date:	
Suggested date for update training:	

APPENDIX 5 FORM FOR VISITS AND JOURNEYS

 STOCKPORT METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust
Form 5 - for Visits and Journeys		
This form is to be returned by (date):		
School/ Early Years Setting or Youth Centre:		
Course or Activity		
Date of Course/Activity:		

Student Details	
Surname:	
Forename(s):	
Date of Birth	

Medical Information		
	Please indicate	
Does your son/daughter suffer from any illness or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe:
If medical treatment is required, please describe:		
To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give brief details:
Is he/she allergic to any medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate any special dietary requirements due to medical, religious or moral reasons:		

* This may have been as part of the routine vaccination programme. Please check either the child's RED book or GP.

APPENDIX 5 FORM FOR VISITS AND JOURNEYS

Parental Declaration	
<p>I give permission for my daughter/son (insert name) to take part in the above activity as described, including all organised activities.</p> <p>I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.</p> <p>I hereby authorise any accompanying member of staff of the school/ early years setting to give consent to such medical treatment as is considered necessary for my CYP by a qualified medical practitioner during the visit.</p> <p>I understand the extent and limitations of the insurance cover provided.</p>	
Contact Information	
Address:	
Home Telephone No.	
Work Telephone No.	
Emergency contact address if different from that above	
Address:	
Tel No.	
Name of Family Doctor:	
Telephone Nos.	
Address:	
Signed: Parent/Guardian	

Giving Paracetamol in Stockport Schools/ Early Years Settings

Form 3a should be completed for each CYP for written permission to give regular paracetamol.

Verbal consent from the parent, carer or young person should be obtained prior to giving a dose of paracetamol to CYP.

School/ early years setting should seek information from parents/carers about which medicines the CYP has taken.

NB Paracetamol is an everyday drug, but it is potentially dangerous if too much is taken. Be careful to keep it out of the reach of children.

Many medicines that you can buy for colds or pain contain paracetamol (this information is given on the label). Do not give such medicines to a CYP at the same time, or four hours before or after giving paracetamol.

If the paracetamol does not seem to be helping the CYP's pain, contact the parent or carer for advice. Do not give extra doses of paracetamol.

Write down the time, date and CYP's name each time that you give paracetamol and ensure that you do not give too much.

Make sure that the medicines you have at school/ early years setting have not reached the 'best before' or 'use by' date on the packaging. Give out of date medicines to your pharmacist to dispose of.

The following questions are intended to guide your decision making and prevent paracetamol overdose.

Verbal Consent from Parent/Carer

Name of parent/carers:		
Relationship to young person:		
Telephone number contacted on: Date and Time of phone conversation:		
Questions to be read out and answered by parent/carers <i>Has the young person ever had problems with Paracetamol?</i>	YES	NO
<i>If yes, refer to GP</i>		
<i>Has the young person had any doses of Paracetamol in the last 24 hours, if so at what time and what dose was given?</i>		
<i>Leave 4 hours between doses</i>		
<i>Has the young person had any other medication that contains Paracetamol in the last 4 hours such as cold or flu remedies?(E.g. Lemsip, Beechams, Calpol).</i>		
<i>If yes - do not give any paracetamol</i>		
<i>What dose of Paracetamol does the CYP usually take?</i>		
<i>Refer to bottle or label before administering</i>		
<i>Parent/Guardian fully aware of what they are consenting to and knows why you wish to give Paracetamol, please state reason</i>		

Declaration by the person contacting the parent/carers

I have completed the above assessment questionnaire.

I have assessed there are no contraindications and have administered the Paracetamol.

Time and date

Dose.....

Signature.....

Emergency Procedures

Contacting Emergency Services

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

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school/ early years setting of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the child.
9. Do not hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the CYP, as the emergency services may give first aid instruction.
11. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Insert school/ early years setting address and postcode

Put a completed copy of this form by phones around the school/ early years setting

How to Administer BUCCOLAM

How to administer BUCCOLAM®▼ (midazolam oromucosal solution)

About BUCCOLAM® (midazolam oromucosal solution)

BUCCOLAM is used to treat prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years of age).

- BUCCOLAM must only be used by parents/carers where the patient has been diagnosed to have epilepsy.
- For infants 3–6 months of age treatment should be provided in a hospital setting where monitoring is possible and resuscitation equipment is available.

BUCCOLAM is supplied in age-specific, pre-filled, needle-free, oral syringes.

- Each syringe contains the correct dose prescribed for an individual patient and is contained within a protective plastic tube.
- Syringes are colour-coded according to the prescribed dose for a particular age range.
- Your doctor will prescribe the appropriate dose for the individual patient.



Please refer to the Patient Information Leaflet before using BUCCOLAM. This leaflet also contains full information on contraindications, precautions and all possible side effects.

Do not pass the medicine on to other people to treat their children; it may harm them.

Storage

Keep BUCCOLAM out of the sight and reach of children. Do not refrigerate or freeze. Keep the syringe in the protective plastic tube until use.

Additional information from the healthcare provider:



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BUCCOLAM is a registered trademark of ViroPharma Ltd, a wholly owned subsidiary of ViroPharma SPRL-BVBA.

12/2011

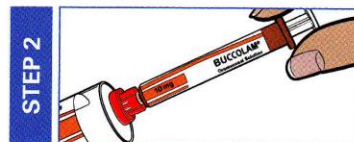
Step-by-step guide for the administration of BUCCOLAM® (midazolam oromucosal solution)

Before use, always check the expiry date stated on the carton, tube and syringe labels. BUCCOLAM should not be used if any of the protective plastic tubes containing the syringes have been opened or are damaged.

Your doctor or nurse will tell you how long to wait after the start of a seizure before you should give BUCCOLAM.



When someone is having a seizure, it is important that you allow their body to move freely; do not attempt to restrain any movement. You should only move the patient if they are close to immediate danger, e.g. deep water, an open flame or sharp objects. If other people are around, ask them to stay calm and give the patient plenty of room; explain that the patient is experiencing a seizure.



Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.



Remove and discard the red syringe cap before use to avoid choking. Do not put a needle on the syringe. BUCCOLAM must not be injected. Each syringe is pre-filled with the dose prescribed to be given for one treatment.



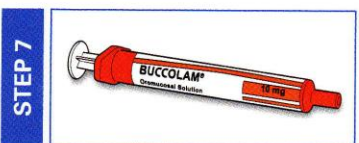
To administer BUCCOLAM, cushion the patient's head with something soft. If the patient is already seated, you may find it easier to support their head against your body, leaving your hands free to administer BUCCOLAM.



Gently pull back the patient's cheek, just enough to put the end of the syringe into the side of their mouth, between the gum and cheek (buccal cavity). Angle the syringe to ensure that the end is well within the buccal cavity.



Slowly press the syringe plunger to release the full amount of BUCCOLAM into the side of the mouth. Don't try to squirt the liquid into the mouth or release it too quickly, as this may result in spillage. It may be easier to give about half the BUCCOLAM dose into one side of the mouth, and the other half into the other side.



After giving BUCCOLAM, keep the empty syringe to give to a doctor or paramedic so that they know what dose has been given. Make a note of the time BUCCOLAM was given and the duration of the seizure. Watch out for any specific symptoms, such as a change in breathing pattern.



Keep the patient in a comfortable position; it may be helpful to loosen any tight clothing. Be calm and stay with the patient until the seizure is over and they have regained consciousness. They may be tired, confused or embarrassed. Reassure them and be understanding while they rest and regain strength.

Telephone for an ambulance immediately if:

- the seizure does not stop within 10 minutes of giving BUCCOLAM
- you cannot administer BUCCOLAM, or cannot give the full prescribed dose
- the patient's breathing slows down or stops
- you are concerned about the patient.

Never give another dose of BUCCOLAM, even if:

- the seizure does not stop
- the patient vomits or salivates.

How do I give the Rectal Diazepam?

- Take the tube out of the foil wrapping and remove the safety cap.
- Place the CYP in a suitable position, for example on their side.
- Insert the nozzle of the tube into their bottom (rectum) up to the end of the tube.
- Whilst inserted, squeeze contents of tube and keep squeezing whilst you withdraw the tube.
- Hold the CYP's buttocks together for approximately five minutes.
- If the CYP opens their bowel after you have given the Diazepam, do **not** repeat the dose straight away, as it will be difficult to know how much has already been absorbed.
- If the seizure continues, call an ambulance and explain what has happened or seek medical advice (Please see the section headed 'Contact details').

Does the Rectal Diazepam work immediately?

It can take 5 – 10 minutes for the medicine to be absorbed into the bloodstream.

Do I need to call an ambulance?

It is advisable to call an ambulance as well as giving the Rectal Diazepam if:

- Stated in the IHP.
- The CYP appears to be having difficulty breathing.
- This is the first time Rectal Diazepam has been used on the CYP.
- The seizure has not stopped 10 minutes after using Rectal Diazepam.
- If you think the CYP has been injured during their seizure.

Guidance for school/ early years settings on the use of emergency Salbutamol inhalers

Primary and secondary school/ early years settings now have the option of keeping a Salbutamol (Ventolin) inhaler for emergency use.

This is not a formal requirement; school/ early years settings can decide whether they wish to implement this option and should establish a process for the storage and use of the emergency inhaler (See Medical Conditions in School policy on Office on Line on the link below).

<https://scwd.stockport.gov.uk/cypd/content/Forms/forms.aspx?bid=95>

School/ early years setting processes should be based on the guidance which can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_school_October_2014.pdf

Parental responsibility

It is important to note that existing policies and procedures are not affected by this additional option. The provision of a full and in date inhaler and spacer is still the parents/carers responsibility.

Use of the emergency inhaler

The emergency Salbutamol inhaler should only be used by CYP who have either been diagnosed with asthma and prescribed a Salbutamol inhaler or who have been prescribed a Salbutamol inhaler as reliever medication.

The inhaler can be used if the child's prescribed inhaler is not available (for example because it is broken or empty).

Important - new guidance on overuse of reliever inhalers from Asthma UK

Staff should be made aware that a CYP using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.

Benefits of an emergency inhaler

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a CYP and potentially save their life. Parents/carers are likely to have greater peace of mind about sending their CYP to school/ early years setting. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a CYP having an asthma attack.

Purchasing inhalers and spacers

We recommend you contact your local pharmacist to discuss your requirements; staff may also be required to present formal identification at the point of purchase.

Further support and training

Asthma awareness training is available free of charge from your school nurse.

Asthma 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
- + sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- + keep calm
- + encourage the child to sit up and slightly forward – do not hug them or lie them down
- + make sure the child takes one puff of their reliever inhaler (usually blue) immediately – preferably through a spacer
- + ensure tight clothing is loosened
- + reassure the child.

If there is no immediate improvement

- + Continue with reliever inhaler one puff every minute for 10 minutes.

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Call an ambulance urgently if any of the following:

- + the child's symptoms do not improve after 10 puffs
- + the child is too breathless or exhausted to talk
- + the child's lips are blue
- + you are in any doubt.

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance arrives.

After a minor asthma attack

- + Minor attacks should not interrupt the involvement of a child with asthma in school/ early years setting.
- When the child feels better they can return to school/ early years setting activities.
- + The parents/carers must always be told if their CYP has had an asthma attack.

Important things to remember in an asthma attack

- + Never leave a child having an asthma attack.
- + If the child does not have their inhaler and/or spacer with them, send another teacher or child to their classroom or assigned room to get their spare inhaler and/or spacer.
- + In an emergency situation school/ early years setting staff are required under common law, duty of care, to act like any reasonably prudent parent.
- + Reliever medicine is very safe. During an asthma attack do not worry about a child overdosing.
- + Send a child to get another teacher/adult if an ambulance needs to be called.
- + Contact the child's parents/carers immediately after calling the ambulance.
- + A member of staff should always accompany a child taken to hospital by ambulance and stay with them until their parent arrives.
- + Generally staff should not take children to hospital in their own car.

Do not cancel an ambulance once called, even if the child's condition appears to have improved.

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most children with anaphylaxis would not necessarily experience all of these:

- + generalised flushing of the skin anywhere on the body
- + nettle rash (hives) anywhere on the body
- + difficulty in swallowing or speaking
- + swelling of throat and mouth
- + alterations in heart rate
- + signs of breathlessness and/or severe asthma symptoms (see asthma section for more details)
- + abdominal pain, nausea and vomiting
- + sense of impending doom
- + sudden feeling of weakness (due to a drop in blood pressure)
- + collapse and unconsciousness.

Do

If a child with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should:

- + assess the situation
- + follow the child's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the child's doctor
- + administer appropriate medication in line with perceived symptoms.

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If they consider that the child's symptoms are cause for concern, **call for an ambulance**

State:

- + the name and age of the child
- + that you believe them to be suffering from anaphylaxis
- + the cause or trigger (if known)
- + the name, address and telephone number of the school/ early years setting
- + **call the child's parents/carers.**

While awaiting medical assistance the designated trained staff should:

- + continue to assess the child's condition
- + position the child in the most suitable position according to their symptoms.

Symptoms and the position of child

- + If the child is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- + If there are also signs of vomiting, lay them on their side to avoid choking.
- + If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Do

- + **If symptoms are potentially life-threatening**, give the child their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
- + **Make a note of the time the adrenaline** is given in case a second dose is required and also to notify the ambulance crew.
- + **On the arrival of the paramedics or ambulance crew** the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- + After the incident carry out a debriefing session with all members of staff involved.
- + Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the child's condition appears to have improved.

Diabetes Emergency Procedures

Hyperglycaemia

If a child's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- + thirst
- + frequent urination
- + tiredness
- + dry skin
- + nausea
- + blurred vision.

Do . . .

Call the child's parents/carers who may request that extra insulin be given.
The child may feel confident to give extra insulin.

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If the following symptoms are present, then call the emergency services:

- + deep and rapid breathing (over-breathing)
- + vomiting
- + breath smelling of nail polish remover.

Hypoglycaemia

What causes a hypo?

- + too much insulin
- + a delayed or missed meal or snack
- + not enough food, especially carbohydrate
- + unplanned or strenuous exercise
- + drinking large quantities of alcohol or alcohol without food
- + no obvious cause.

Watch out for:

- | | |
|------------------------------|---|
| + hunger | + glazed eyes |
| + trembling or shakiness | + pallor |
| + sweating | + mood change, especially angry or aggressive behaviour |
| + anxiety or irritability | + lack of concentration |
| + fast pulse or palpitations | + vagueness |
| + tingling | + drowsiness. |

Do

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- + a glass of Lucozade, coke or other non-diet drink
- + three or more glucose tablets
- + a glass of fruit juice
- + five sweets, e.g. jelly babies
- + GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

This will be sufficient for a pump user but for children who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- + roll/sandwich
- + portion of fruit
- + one individual mini pack of dried fruit
- + cereal bar
- + two biscuits, e.g. garibaldi, ginger nuts
- + or a meal if it is due.

If the child still feels hypo after 15 minutes, something sugary should again be given. When the CYP has recovered, give them some starchy food, as above.

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If the child is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Epilepsy Emergency Procedures

First aid for seizures is quite simple, and can help prevent a CYP from being harmed by a seizure. First aid will depend on the individual CYP's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

- + the person loses consciousness, the body stiffens, then falls to the ground
- + this is followed by jerking movements
- + a blue tinge around the mouth is likely, due to irregular breathing
- + loss of bladder and/or bowel control may occur
- + after a minute or two the jerking movements should stop and consciousness slowly returns.

Do . . .

- + protect the person from injury – (remove harmful objects from nearby)
- + cushion their head
- + look for an epilepsy identity card or identity jewellery. These may give more information about a child's condition, what to do in an emergency, or a phone number for advice on how to help
- + once the seizure has finished, gently place them in the recovery position to aid breathing
- + keep calm and reassure the person
- + stay with the person until recovery is complete.

Don't . . .

- + restrain the child
- + put anything in the child's mouth
- + try to move the child unless they are in danger
- + give the child anything to eat or drink until they are fully recovered.
- + attempt to bring them round.

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Call for an ambulance if . . .

- + you believe it to be the child's first seizure
- + the seizure continues for more than five minutes
- + one tonic-clonic seizure follows another without the person regaining consciousness between seizures

- + the child is injured during the seizure
- + you believe the child needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

- + twitching
- + numbness
- + sweating
- + dizziness or nausea
- + disturbances to hearing, vision, smell or taste
- + a strong sense of déjà-vu.

Complex partial seizures

Symptoms:

- + plucking at clothes
- + smacking lips, swallowing repeatedly or wandering around
- + the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:

- + sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:

- + brief forceful jerks which can affect the whole body or just part of it
- + the jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:

- + the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- + guide the person away from danger
- + look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- + stay with the person until recovery is complete
- + keep calm and reassure the person
- + explain anything that they may have missed.

Don't . . .

- + restrain the person
- + act in a way that could frighten them, such as making abrupt movements or shouting at them
- + assume the person is aware of what is happening, or what has happened
- + give the person anything to eat or drink until they are fully recovered
- + attempt to bring them round.

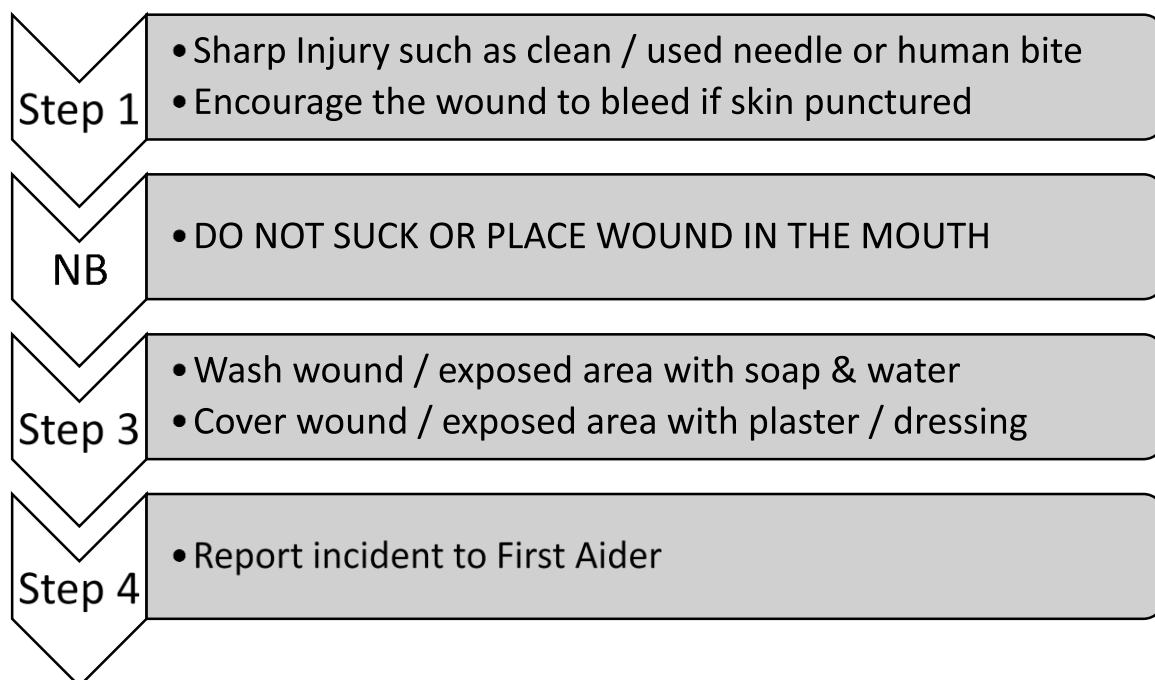
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Call for an ambulance if . . .

- + one seizure follows another without the person regaining awareness between them
- + the person is injured during the seizure
- + you believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the child's condition appears to have improved.

Management of Needlestick / Sharp Injuries



First Aider / Headteacher Actions

