



POOL ACADEMY MEDICAL / MEDICINE MANAGEMENT POLICY

Policy Devised:

Adopted: 14th July 2016

Review: July 2017

PREAMBLE

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions.

The policy outlines the responsibilities of the school, parents/carers and students in order to ensure everyone is clear about their respective roles. It is drawn up in consultation with a range of stakeholders, with reference to 'the SEN code of practice 2014 and Managing medicines in school 2005.

- a. Pool Academy understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- b. Pool Academy aims to provide all children with all medical conditions the same opportunities as others at school.
- c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- d. Pool Academy aims to include all pupils with medical conditions in all school activities wherever possible.
- e. Pool Academy will ensure all staff understand their duty of care to children and young people in the event of an emergency.
- f. All staff should feel confident in knowing what to do in an emergency.
- g. Pool Academy understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- h. Parents/carers need to feel secure in the care their children received at school.
- i. Parents/carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition.
- j. Staff have knowledge of the common medical conditions affecting students at our school.

2. The medical conditions policy is supported by a clear communication plan for staff, parents and students to ensure its full implementation. We will ensure that...

- a. Parents are informed about the medical conditions policy :
 - At the start of the school year when communication is sent out about
 - healthcare plans
 - In the school newsletter at intervals in the school year
 - When their child is enrolled as a new pupil
 - Via the school's website, where it is available all year round (see Appendix 7 – drafted letter)
- b. School staff are informed and reminded about the medical policy
 - At the start of the school year and on induction of new staff
 - Via online school medical register
 - At scheduled medical conditions training
- c. Students are informed about the policy: through School Council, in PSHE, in Assemblies
- d. The School Nurse team is informed about the policy: via a hard copy of the policy and is consulted on care plans, guidance and implementation.

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

- a. First Aid trained staff are aware of the most common serious medical conditions at this school
- b. Training is refreshed for first aiders and PE staff at least once a year.

See appendix 1 – form 1

See appendix 1 – form 2

See appendix 1 – form 3

See appendix 1 – form 4

4. All staff understand the school's general emergency procedures

- a. All staff know what action to take in the event of a medical emergency. This includes:
 - How to contact emergency services and what information to give
 - To contact a first aid member of staff.
- b. Training is refreshed for all staff at least once a year.
- c. Action to take in a general medical emergency is displayed in prominent locations for staff, the staff room, PE department and food preparation rooms.
- d. If a pupil needs to be taken to hospital, a member of staff will accompany them if parents are unavailable or school will ask parent to meet ambulance at casualty.
- e. Staff are aware of our students' most common serious medical conditions: diabetes, epilepsy, asthma, anaphylaxis

- f. Staff understand their duty of care to students in the event of an emergency. In an emergency situation staff have a common law duty to act like any reasonably prudent parent, which may in exceptional circumstances extend to administering medication.
- g. The school uses Personal Care Plans to inform appropriate staff of the medical conditions and emergency procedures for students in their care.
- h. A copy of the student's Personal Care Plan is sent to the emergency care setting wherever possible.
- i. Action for staff to take in an emergency for asthma/epilepsy/anaphylaxis and diabetes is displayed in the staff room, PE department and food preparation rooms

Staff understand and are trained in the school's general emergency procedures.

- All staff know the school's Ambulance Request Guidelines and who to contact within school should a medical emergency occur.
- Ambulance Request Guidelines are displayed in key areas: PE, Design Technology, staffroom, school office, Faculty offices /workrooms, kitchens, and is in the Staff Handbook.
- If an ambulance is required to attend school in an emergency, the call should usually be made by the Receptionist
- The ambulance should only be called by other members of staff when it is deemed an extreme or urgent situation in which any time delay may have an adverse effect on the student's/adult's condition or if extra advice from the ambulance service is urgently required. If another member of staff makes the emergency call, they must immediately contact Reception so that they can inform the member of staff on Support and the parent/carer.
- Information needed to make the emergency call: name, age and location of casualty.
- Reception (or the member of staff making the call) will give the emergency services details of the best route by which the casualty can be reached.
- Reception will contact parent / carer and inform them of their child's condition and what action has been taken. In the case of a member of staff, a senior member of staff will contact next of kin if the casualty is unable to do so, or is medically unable to give permission.
- Parent/carer or next of kin will be asked to go to Main Reception where they will be met by a member of staff who will escort them to the casualty, unless it is more expedient for them to meet the casualty at the hospital.
- When Reception is notified of the emergency, any stored medication, the student's Healthcare Plan (if applicable) and a mobile phone (if required) will be sent to the casualty's location.
- It is advised that any student with a Personal care Plan carries a copy with them so it is easily accessible for any first aid and for emergency information.
- The Personal Care Plan may also be of use to the paramedics on their arrival.
- If a child has an abnormal ECG trace, if an ambulance is called then they need to have this to compare with the ambulance crew's trace. To be updated each year.

5. The school has clear guidance on the administration of medication at school, and must organise so that...

- All students are encouraged to administer their own medication.
- Parents of students with long term medication needs must liaise with the SENDCo if their child needs assistance or supervision in administering medication.
- No child under the age of 16 can be given medicines without their parent/carer's written consent.

- If in any doubt, staff will not administer the medication but will check with the parent/carer or a health professional before taking further action.
- If staff have concerns relating to the medication needs of a student, parent/carer will be contacted for guidance.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- Training is given to all staff members who agree to administer medication to students, where specific training is needed. The Academy provides full indemnity.
- Parents / carers must understand that if their child's medication changes or is discontinued, they should inform school immediately.
- Staff leading off- site visits are aware of any students with medical conditions through the Personal Care Plans. They carry information about the type of condition and what to do in an emergency.
- There is a consent form for parents' signature (Appendix 5). Parents must be contacted for the child to give permission to give medication. The medication must be taken in front of the first aider

Administration-general

- a. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of the school first aider.
- b. Pool Academy understands the importance of medication being taken as prescribed.
- c. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- d. The staff trained in First Aid are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written and verbal consent of the pupil's parent.
- e. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. Full indemnity is provided through the Academy's insurance scheme.
- f. Parents at Pool Academy understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- g. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. Risk assessments are always completed for visits and other activities.
- h) First Aid cover is always available in case of staff absences.

6. Pool Academy has clear guidance on the storage of medication at school Safe storage – emergency medication (epipens)

- a. Emergency medication is readily available to pupils who require it at all times in student services during the school day. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available in the key box in reception.
- b. All students carry their own epipens at all times and a spare kept in the school office.

Safe storage – non emergency medication

- a. All non-emergency medication is kept in a lockable cupboard in the school office. Pupils with medical conditions know where their medication is stored and how to access it.
- b. Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

- a. The appropriate member of staff/named first aider ensures the correct storage of medication at school
- b. Three times a year the appropriate member of staff/named first aider checks the expiry dates for all medication stored at school
- c. The appropriate member of staff/trained first aider, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupils name, the name and dose of medication and the frequency of dose. This includes all medication that pupils carry themselves
- d. Some medication at Pool Academy may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised pupils.
- e. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year

Safe disposal

- a. Parents are asked to collect out of date medication.
- b. If parents do not collect out of date medication, medication is taken to a local pharmacy for safe disposal.
- c. Mrs Ruddock is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

Please see Health and Safety Policy which covers sharps disposal.

7. Pool Academy has clear guidance about record keeping Enrolment forms

- a. Parents at Pool Academy are asked if their child has any health conditions on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

8. Healthcare Plans

- a. Pool Academy uses a healthcare plan to record important details about individual children's medical needs (formally diagnosed) at school, their triggers, signs, symptoms, side effects, medication and other treatments. These healthcare plans are held in the school nurse office. The healthcare plan where necessary links in to students Individual Education Plans and statutory assessment objectives. See Appendix 6.

- b. The healthcare plan may also take into account the student's condition, dietary requirements and environmental issues (such as crowded corridors, movement time between lessons).
- c. The healthcare plan may also take into account the student's educational, social and emotional needs (how absence will be managed, exam extra time, use of rest periods, counselling time etc)
- d. The healthcare plan may also take into account the level of support needed. Some children will be able to take responsibility for their own medical needs, for instance, whilst others may need substantial assistance. This will cover emergency situations (SEE APPENDICIES).
- e. The healthcare plan will lay out who specifically needs to be aware of the child's condition, and *this should be specifically agreed as part of the plan*. Some conditions may be global (ie all staff need to know), or private (only a few need know). If there are any confidentiality issues, then this should be recognised by staff as a matter of professional trust.
- f. The healthcare plan should also take into account the issues of key staff absence. It should be clear who is to be the cover for any given individual so that the child may reasonably be protected.
- h. There should be separate agreements for school trips or any other event outside of the normal school timetable. The arrangements should cover all points in the healthcare plan and this should form part of the risk assessment.
- i. If there is a likelihood of emergency situations, then parents, staff should meet to build this into the plan (SEE APPENDICIES). Clinician assistance should be sought in this at the outset.
- k. A healthcare plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a **long term medical condition**. This is sent :
 - At the start of the school year
 - At enrolment
 - When a diagnosis is first communicated to the school
 - Where a child has SEND, but does not have a statement or EHC plan, their SEN needs should be mentioned in their Individual Health Care Plan
- l. If a pupil has a **short-term medical condition** that requires medication during school hours, a medication form plus explanation is sent home for completion. This will form a short term medical plan, which should indicate an estimation of likely duration.
- m. It is the duty of the school to periodically remind parents to inform us of any health issues that may have developed or changed. It is the responsibility of parents to respond to this. Healthcare Plans should be reviewed annually. Healthcare plans will be a linked document on SIMS. Paper copies will be kept in reception.

School Medical register

- a. Healthcare plans are used to create a centralised register of pupils with medical needs. The SENDCo has responsibility for the register at Pool Academy
- b. Pool Academy ensures that the whole school environment is inclusive and favourable to pupils 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 accessible to pupils with medical conditions.

Exercise and physical activity

- a. This school understands the importance of all pupils taking part in sports, games and activities.
- b. Pool Academy ensures classroom teachers, PE staff make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- c. Teachers and PE staff are aware of pupils in their care who have been advised to avoid or take special precautions with particular activities.
- d. Pool Academy ensures PE staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

Education and learning

- a. Pool Academy ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures appropriate adjustments and extra support are provided.
- b. Staff are aware of the potential for pupils with medical conditions to have special educational needs (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator. The school's SEND coordinator consults the pupil, parents and pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

10. 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 all school staff, parents, employers and community healthcare professionals to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical policy at this school. These roles are understood and communicated regularly.

Employer

Pool Academy as an employer has a responsibility to:

- Ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Make sure the medical policy is effectively monitored and evaluated and regularly

- updated.
- Provide indemnity to staff who volunteer to administer medication to pupils with medical conditions.

Principal

Pool Academy's Principal 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.
- Liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, learning facilitators, school nurses, parents and governors.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure every aspect of the policy is maintained.
- Ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using pupil's healthcare plans.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply staff and new teachers know the protocol for seeking help.
- Update the medical policy at least once a year according to review recommendations and recent local and national guidance and legislation
- Designate a key person (Chris Challis) to oversee the overall implementation of the Policy.

All school staff

All staff at Pool Academy have a responsibility to :

- Know how to access the information about the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Key staff need to understand the medical policy.
Staff in regular contact with students with significant conditions need to know which students in their care have a medical condition.
- Allow all students to have immediate access to their emergency medication – including during examinations.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Encourage pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Encourage pupils to have the appropriate medication or food with them during any exercise and are allowed to take it when needed and ensure they are allowed to take it when needed.

Teaching staff

Teachers at this school have a responsibility to:

- Ensure students who have been unwell catch up on missed school work.

- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- Liaise with parents, the pupil's healthcare professional and special educational needs coordinator if a student is falling behind with their work because of their condition.

Health and Safety Co-ordinator oversees:-

- Update the schools medical conditions policy.
- Provide regular training for school staff in managing the most common medical conditions in school.
- The School Nurse provides information about where the school can access other specialist training.
- The School Nurse provides a weekly confidential drop-in for students/parents.
- Ensure healthcare plans are completed and reviewed annually..
- Check medication held in school termly for expiry dates and dispose of accordingly
- Administer medication to students as prescribed.

First aiders

- First aiders at this school have a responsibility to:
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- When necessary ensure that an ambulance or other professional medical help is called.

SENDCO at this school has a responsibility to:

- Help update the school's medical condition policy.
- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework. Students should be encouraged to test glucose levels pre and post examination and where necessary, during.
- Liaise with local doctors and specialist healthcare professionals

Individual doctors and specialist healthcare professionals caring for students who attend this school, have a responsibility to:

- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- Ensure the child or young person knows how to take their medication effectively.
- Ensure children and young people have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents).

Pupils

The pupils at this school have a responsibility to:

- Treat other students with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil 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.

Parents*

The parents of a student at this school have a responsibility to:

- Give the school copies of key medical information, eg Health Care Plan written by consultants or medical evidence during absence (see Attendance Policy).
- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Healthcare plan for their child.
- Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate spare medication labelled with their child's name.
- Ensure medication is within expiry dates.
- Keep child at home if they are not well enough to attend school.
- Ensure their child catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

*The term 'parent' implies any person or body with parental responsibility such as foster parent or carer.

APPENDIX 1 ASTHMA

Asthma awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward .
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring or radio Reception and ask for a first aider to come to the student.

If there is no immediate improvement

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

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

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

After a minor asthma attack

Minor attacks should not interrupt the involvement of a pupil with asthma in school.

When the pupil feels better they can return to school activities.

The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school 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 pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

APPENDIX 2 EPILEPSY

Epilepsy awareness for school staff

Complex partial seizures

Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Ring or radio Reception and ask for a first aider to come to the student
Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention
- In doubt of any kind

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

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
- Explain anything that they may have missed

Tonic-clonic seizures

Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment
- You are in any doubt whatsoever: the child's safety is paramount

APPENDIX 3 ANAPHYLAXIS

Anaphylaxis awareness for staff

ANAPHYLAXIS

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye - Symptoms:

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:

wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:

- swollen lips or tongue
- itchy tongue
- stomach ache
- feeling sick
- vomiting
- constipation
- diarrhoea.

Skin:

- Urticaria -wheals or hives-bumpy, itchy raised areas and or rashes.
- Eczema -cracked, dry, weepy or broken skin. Red cheeks.
- Angiodema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

TREATMENT

- Ring or radio Reception to ring 999 and ask for first aider to come to student
- Send a student or member of staff to student services to collect spare epipen and to ask them to ring for an ambulance and parents.
- If student conscious student should lay flat with legs raised but head must be lowest part. They need to remain like this until ambulance arrives. If unconscious then place in recovery position.
- If student is conscious and alert ask them to self administer their epipen.
- If student is unconscious, trained member of staff to administer epipen as per training.
- Record time of giving epipen
- If no improvement within 5 minutes then spare epipen to be administered.
- Keep used epipens and give to paramedics when they arrive.
- Encourage parents to provide school with a spare epipen.

APPENDIX 4 TYPE 1 DIABETES

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - **hyperglycaemia** (high blood sugar) and **hypoglycaemia** (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing
- Headaches
- Blurred vision
- Disorientation
- Lack of concentration
- Tiredness
- Mood can be affected (aggressive or passive)

Action to be taken

- Blood test
- Raise blood sugar level as quickly as possible (with use of accepted products such as Glycogel if prescribed)
- Get casualty to hospital, if necessary (dial 999)
- Contact parents

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

First aid aims

Action to be taken

Get casualty to hospital as soon as possible

Treatment

Hypoglycaemia:

- Glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia:

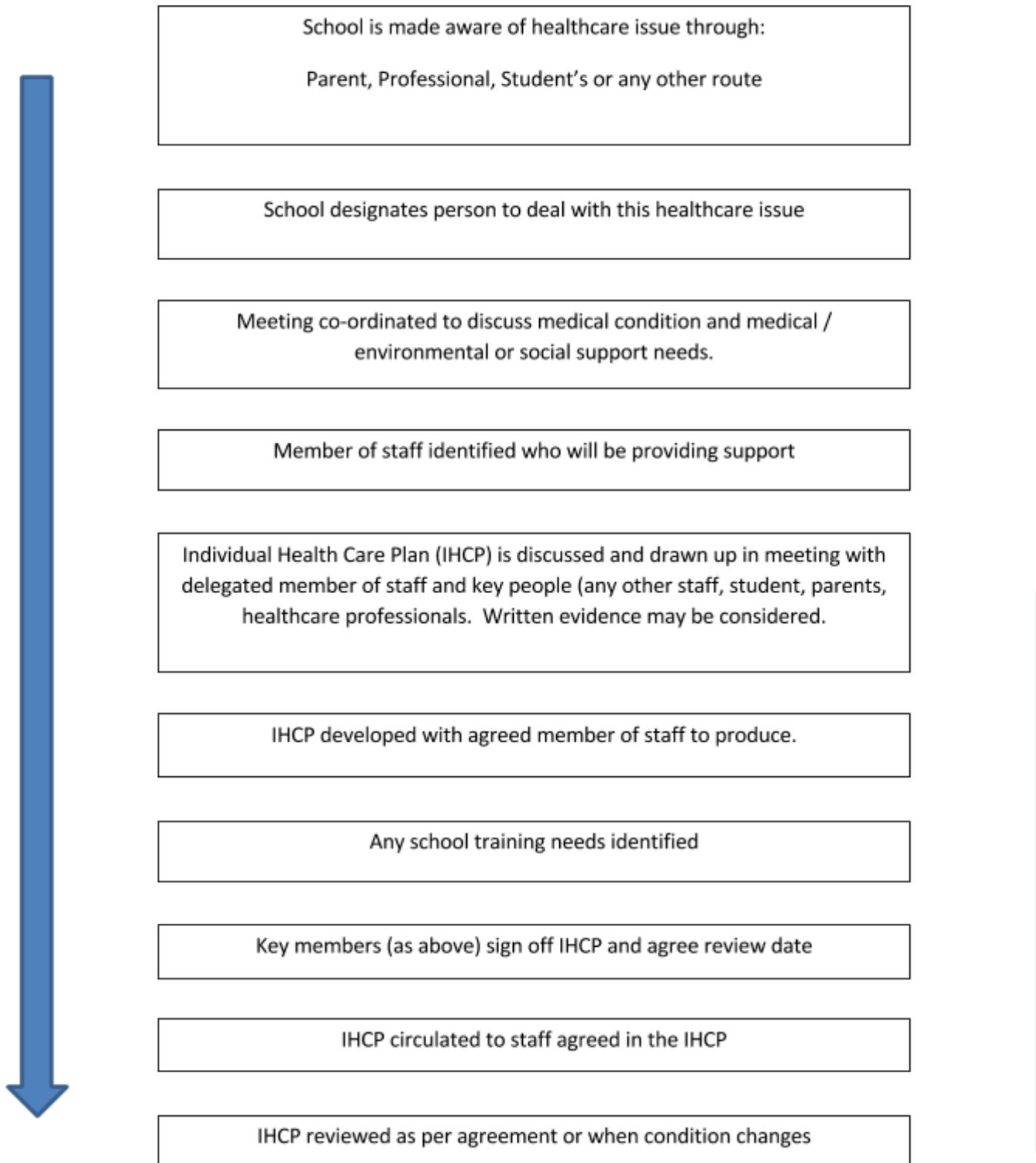
- Call 999 immediately

Further actions

If the casualty loses consciousness test

- Dial 999
- Blood test
- Open airway and check breathing
- Place them in recovery position

APPENDIX 5 FLOWCHART FOR GENERATING HEALTHCARE PLANS



APPENDIX 6 HEALTH CARE PLAN:

In designing and signing this HCP, it is recognised that Plans will be reviewed annually but this will be superseded if there are any changes to the condition

the School understands that:

- the medical issues raised in the plan will be put into place and acted upon
- any actions taken place as a part of the plan are communicated to the parents / carers
- any changes that the school thinks should be taking place are communicated to the parents / carers
- to keep to the time frame for HCPs:
 - at the start of the academic year
 - at enrolment
 - when a diagnosis is first communicated to the school
 - where a child has SEND but does not have a statement or EHC plan plan, their needs should be met in the individual HCP

the parents / carers understand that:

- they communicate the child's needs to the school
- they communicate any changes to the child's condition or needs to the school as soon as possible
- they will be available to meet the school to discuss medical issues at reasonable times, notice etc as soon as possible

This plan will be administered by (please indicate all members of staff who are actively part of this plan and cover arrangement if crucial members are absent)?:

School rep (s):

School rep in absence:

is this plan for a long term medical condition or a short term medical condition?

If short term, how will the HCP be terminated (indicate who will decide and on what grounds, in consultation with whom)

Is this plan confidential (private) or agreed to be openly discussed (global)?:

What are the emergency procedures for this plan, if so where are they and who is responsible?

This plan will be stored in:

If the adminstree is away, this plan will be covered by who?:

Medical Condition (formally diagnosed):

Triggers, signs and symptoms:

Medication:

Is medication to be administered by staff or by the student?:

Any side effects from medication?:

Any links to IEP?:

School environmental issues (crowded corridors, movement time required) for this condition?:

Any dietary issues?:

Any educational issues?:

Any social and emotional needs (exam extra time, rest periods, counselling, management of absence etc)?:

What arrangements are there in place for school trips?:

Agreement to be made between (please sign):

Student's representatives:

School's representatives:

APPENDIX 7 :

Traffic lighting for emergencies:-

Red: Immediate risk to life

Amber: Risk of harm

Green: Precautionary

APPENDIX 8 AMBULANCE REQUEST GUIDELINES:

Ringling 999 for an ambulance, a guide for education

It is always better if someone who is with the patient can ring 999, so you will need to get a telephone to the patient or get the patient to a telephone.

This is important for a variety of reasons, if the call is about an illness the call handler may want to know if there is a rash, what their breathing sounds like, any rapid swelling of the lips, face throat or tongue, does their skin feel a normal temperature etc.. If the call is about an injury the call handler may ask questions like, is the limb cold, pale or blue, can the patient weigh-bear, are there pins and needles in the limb, any bleeding etc.

When you first ring 999 you will go through to an emergency operator who will ask you what service you require (Police, Fire, Ambulance or Coastguard)

The South Western Ambulance Service uses a triage tool called NHS Pathways. NHS Pathways is a Department of Health approved computer based operating system that provides a suite of clinical assessments for triaging 999 calls based on the symptoms reported when calling. Calls are prioritised so that patients with life threatening conditions receive the fastest response. The ambulances are only sent on lights and sirens to the most serious conditions, thus minimizing the risk to other road users and the public.

When you are connected to the ambulance service you will initially be asked if the patient is conscious (awake), you will then be asked if the patient is breathing. If the answer is yes to both of these questions you will be asked what the problem is, at this point we only want to know a brief summary of what is happening, i.e. "they have injured their ankle", "they have breathing difficulties" etc.

You will then be asked to confirm the address of the emergency.

The call will then be triaged; in order to do this effectively we need to speak to either the patient or someone with the patient and we will also want to know the age of the child.

The call handler will carry out a safe effective assessment of the symptoms reported, as the clinical assessment progresses; each answer determines the next question to be asked.

Obviously these questions will vary depending on the symptoms and condition of the patient so it really requires the patient or someone with the patient to answer these questions.

By answering these questions it enables us to prioritise the call response. We also might ask you if the school or the parents are able to transport the patient to hospital, Doctors surgery or Minor injuries unit following the assessment.

Instructions on how to manage the patient will be given to manage the symptoms presented.

If, when asked is the patient conscious and breathing, you answer no to either then this could potentially be life threatening, and an ambulance will be dispatched immediately or diverted from a lower priority call.

If someone is not breathing the call handler will talk you through what you can do to help, this will include instructions on how to commence Cardio Pulmonary Resuscitation (CPR), and will require you and the phone to be next to the patient. You

will be asked to put the phone on loudspeaker and will be asked to shout out the chest compressions as you give them, so the call handler knows what is happening.

Do not stop CPR as soon as the Paramedics arrive as they will require a few seconds to assemble any equipment required.