


KADER ACADEMY

Medical Policy

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Medical Policy

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1. Introduction

1.1. This policy provides information on medical complaints that may be encountered in school which require continuous treatment such as asthma or diabetes.

2. Scope

2.1. This policy shall be implemented by all staff employed at Kader Academy

2.2. The Principal shall report to governors on the operation of this policy.

2.3. The document is subject to review as required.

3. Aims

3.1. The aim of this policy is to provide staff with sufficient knowledge to deal with:

3.1.1. dispensing medicines and tablets

3.1.2. children who are injured in school

3.1.3. long/medium term medical complaints in order to allow children to have as near a normal school life as is reasonably practical, when dealing with such conditions as asthma, epilepsy, diabetes and allergies which require knowledge on how to use an epi-pen.

4. Definitions of Medical Conditions

4.1. Pupils' medical needs may be broadly summarised as being two types:

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

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

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

5. The Statutory Duty of the Governing Body

5.1. The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Kader Academy fulfils this by:

5.1.1. Ensuring arrangements are in place to support pupils with medical conditions. In doing so, it ensures that such children can access and enjoy the same opportunities at school as any other child;

5.1.2. Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;

- 5.1.3. Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions. The school ensures that staff understand how medical conditions impact on a child's ability to learn. The school ensures that staff are properly trained to provide the support that pupils need, to promote self-care and build confidence;
- 5.1.4. Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, the school ensures that pupils' health is not put at risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- 5.1.5. Ensuring that the arrangement put in place are sufficient to meet statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- 5.1.6. Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- 5.1.7. Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see relevant section outlining procedure);
- 5.1.8. Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see relevant section outlining individual healthcare plans);
- 5.1.9. Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see relevant section about staff training and support);
- 5.1.10. Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see relevant section on managing medicines on school premises);
- 5.1.11. Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see relevant section on day trips, residential trips and sporting events);
- 5.1.12. Considering whether to
 - Develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home-to-school transport
 - Purchase and train staff in the use of defibrillators
- 5.1.13. Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see relevant section on Liability and Indemnity)
- 5.1.14. Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see relevant section on complaints).

6. Policy Implementation

- 6.1. The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.
- 6.2. The overall responsibility for the implementation of this policy is given to the Principal Alison Mitchinson. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff

turnover to ensure that someone is always available off and on-site with an appropriate level of training.

- 6.3. All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations and guidelines in this policy upon taking up their post.

7. Procedure to follow when notified that a pupil has a medical condition

- 7.1. This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' need change. For children being admitted to Kader Academy for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In some other cases, such as a new diagnosis or a child moving mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- 7.2. In making the arrangements, it will be taken into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening, some conditions may be more obvious than others. The focus will be on the needs of each individual child and how their medical condition impacts on their school life. The aim will be to ensure that parents/carers and pupils can have confidences in the school's ability to provide effective support for medical conditions, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.
- 7.3. Staff will be properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, the school will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. The school will therefore not accept a child in school times where it would be detrimental to the health of that child or others.
- 7.4. Kader Academy does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Higher Level Teaching Assistant/ Qualified First Aider, and following these discussions an individual healthcare plan will be written in conjunction with the parents/carers.

8. Individual Healthcare Plans

- 8.1. Individual healthcare plans will help to ensure that Kader Academy effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be appropriate or disproportionate. If consensus cannot be reached the Principal is best placed to take a final view. A flow chart for identifying

and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix A.

- 8.2. Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
- 8.3. Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Kader Academy should take to help manage their condition and overcome any potential barriers to getting the most from their education.

9. Roles and Responsibilities

- 9.1. Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff.
- 9.2. In addition the school can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.
- 9.3. Other **Healthcare Professionals, including GPs and paediatricians** should notify the community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)
- 9.4. **Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example alert staff to the deteriorating condition or emergency need of pupils with medical conditions.
- 9.5. **Parents/carers** should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involve it its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines an equipment and ensure they or another nominated adult are contactable at all times.
- 9.6. **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- 9.7. The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

10. Staff Training and Support

- 10.1. For a list of the school's qualified First Aiders and those who hold a Paediatric certificate please see Appendix B
- 10.2. All school staff are able to administer non-specialist prescription medicine (for example the fourth dose of antibiotics), although this is usually carried out by a qualified first aider.
- 10.3. The school holds regular training in the use of epipens and supporting pupils with asthma, which all staff will attend. The most recent training was on Autumn 2019 Refer to page 11 for more detail on how the school supports pupils with diabetes and how the school responds if a child were to experience anaphylactic shock.
- 10.4. All staff who are required to provide support to pupils for medical conditions (eg. Diabetes) will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.
- 10.5. Training should to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 10.6. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training) updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- 10.7. All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Principal, will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- 10.8. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

11. The Child's Role in Managing Their Own Medical Needs

- 11.1. If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so.
- 11.2. Wherever possible children will be allowed to carry their own medication (this usually refers to inhalers for KS2) in order to access it quickly and easily. If not appropriate these will be stored securely in the child's classroom or in the school office. Kader Academy also recognises that children who take their medicine may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- 11.3. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

12. Managing Medicines on School Premises

- 12.1. At Kader Academy the following procedures are to be followed:

- 12.1.1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- 12.1.2. No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see Appendix D) – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- 12.1.3. We will not routinely administer non-prescription medicines, such as paracetamol or ibuprofen, apart from on residential school trips, then permission has been given **or** if they are needed to make a child more comfortable eg. Eczema cream, eye drops. Permission will need to be given by the parent/carers (as for other medication) and records will be kept;
- 12.1.4. Aspirin will **not** be administered by staff;
Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours;
- 12.1.5. Kader Academy will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but generally be available to schools inside an insulin pen or pump, rather than its original container;
- 12.1.6. All medicines will be safely stored in the Classroom, or the School Office. Children should know where their medicines are at all times and should be able to access them immediately. Where relevant, they should know who holds the key to the storage facility;
- 12.1.7. Medicines which require refrigeration are stored in the fridge in the staffroom
- 12.1.8. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away. Asthma inhalers are marked with the child's name and kept in a box in each classroom. Diabetic medication is kept in each classroom in a special identified bag. Adrenaline pens are kept in the school office and locked cupboard in their teacher's classroom.
- 12.1.9. During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- 12.1.10. A child who has been prescribed an inhaler may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary;
- 12.1.11. Staff administering medicines should do so in accordance with the prescriber's instructions. They will keep a record (see appendix E and F) of all medicines administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- 12.1.12. When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. *Medicines must NEVER be returned to the child to take home.* Sharps boxes should always be used for the disposal of needles and other sharps.

13. Emergency Procedures

- 13.1. The Principal will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips, as part of the general risk management process.

- 13.2. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 13.3. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

14. Day Trips, Residential Visits, and Sporting Activities

- 14.1. We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that is not possible.
- 14.2. We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.
- 14.3. Procedure of administering medication on Residential Trips:
Parents to complete a consent form with instructions of dose and frequency of medication needs
Medicines to be labelled clearly with child's name and given directly to the adult attending the residential.
Medicines to be then stored in a central, secure place away from the children.
First aider to administer medication and keep a record of time and dose, signed and counter- signed by another member of staff.
On return to school medicines should be then returned to the child or adult responsible

15. Unacceptable Practice

- 15.1. Although staff at Kader Academy should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - Ignore medical evidence or opinion (although this may be challenged);
 - Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
 - Send a child to the school office or medical room unaccompanied or with someone unsuitable, if they become ill;
 - Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
 - Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
 - Require parents/carer, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;

- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

16. Liability and Indemnity

16.1. Our insurers are : Zurich

16.2. Complaints

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

17. Action to be taken when a child has sustained an injury

17.1. Minor injury (eg. cuts and grazes)

17.1.1. The child shall be brought to a first aider and their injury assessed

17.1.2. If necessary the child shall be cleaned up and a dressing used

17.1.3. If necessary the accident book will be filled in by the person dealing with the child

17.1.4. If the child has sustained a mild head injury then a letter shall be given to them to take home (Appendix G). The class teacher is informed and will speak to the parent at home time.

17.1.5. Lunch time supervisors shall deal with minor injuries and only contact a first aider if they think the injury requires a second opinion

17.2. Intermediate injury (requiring parent notification)

17.2.1. As above plus if the injury is thought to be of a more serious nature or the child is distressed then the parents must always be contacted

17.3. Major injury (requiring hospital treatment)

17.3.1. First aid staff shall make the decision to either ring 999 or take the child to hospital by car.

17.3.2. Parents shall be contacted immediately and informed of the situation

17.3.3. If an ambulance is called, a member of staff shall accompany the child to hospital and school will continue to try and contact the parents.

17.3.4. The accident book shall be filled in by the person who dealt with the child

18. Action if a child becomes ill during the school day

18.1. If feeling unwell a child may be asked to sit quietly somewhere in the classroom

18.2. The child may be given a drink of water

18.3. If the child continues to feel unwell a decision will be made as to whether the child needs to go home

18.4. If a child needs to go home a member of staff shall inform the parents by phone and arrange for the child to be collected

18.5. The staff member must inform the school administrators and class teacher of the action taken to ensure the appropriate records are kept.

19. Asthma

19.1. Condition

19.1.1. Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

19.2. Warning signs

19.2.1. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

19.3. Medicine and Control

19.3.1. There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

19.3.2. Children with asthma should have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with inhalers (if prescribed by a G.P.) and the child may need some help to do this. If required the academy has an emergency inhaler and spacer device located in the office.

19.3.3. Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

19.4. An ambulance should be called if:

19.4.1. The symptoms do not improve sufficiently in 5-10 minutes

19.4.2. The child is too breathless to speak or the child is becoming exhausted

19.4.3. The child looks blue

19.4.4. A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school. Children should have a reliever inhaler with them when they are in school.

20. Epilepsy

20.1. Condition

20.1.1. Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

20.2. Warning signs

20.2.1. What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected, a child may appear confused, wander around and be unaware of their surroundings. They could also behave in

unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

20.2.2. Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently, they could be a cause of deteriorating academic performance.

20.3. **An ambulance should be called during a convulsive seizure if:**

20.3.1. It is the child's first seizure

20.3.2. The child has injured themselves badly

20.3.3. They have problems breathing after a seizure

20.3.4. A seizure lasts longer than the period set out in the child's health care plan

20.3.5. A seizure lasts for five minutes if you do not know how long they usually last for that child

20.3.6. There are repeated seizures, unless this is usual for the child as set out in the child's health care plan

21. Diabetes

21.1. **Condition**

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

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

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

21.2. **Warning signs:**

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

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

21.3. **An ambulance should be called if:**

21.3.1. The child's recovery takes longer than 10-15 minutes

21.3.2. The child becomes unconscious

22. Anaphylaxis

22.1. **Condition**

22.1.1. Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

22.1.2. Common triggers include peanuts, tree nuts, sesame, eggs, cows' milk, fish, certain fruits such as kiwi fruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

22.2. **Warning signs**

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

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

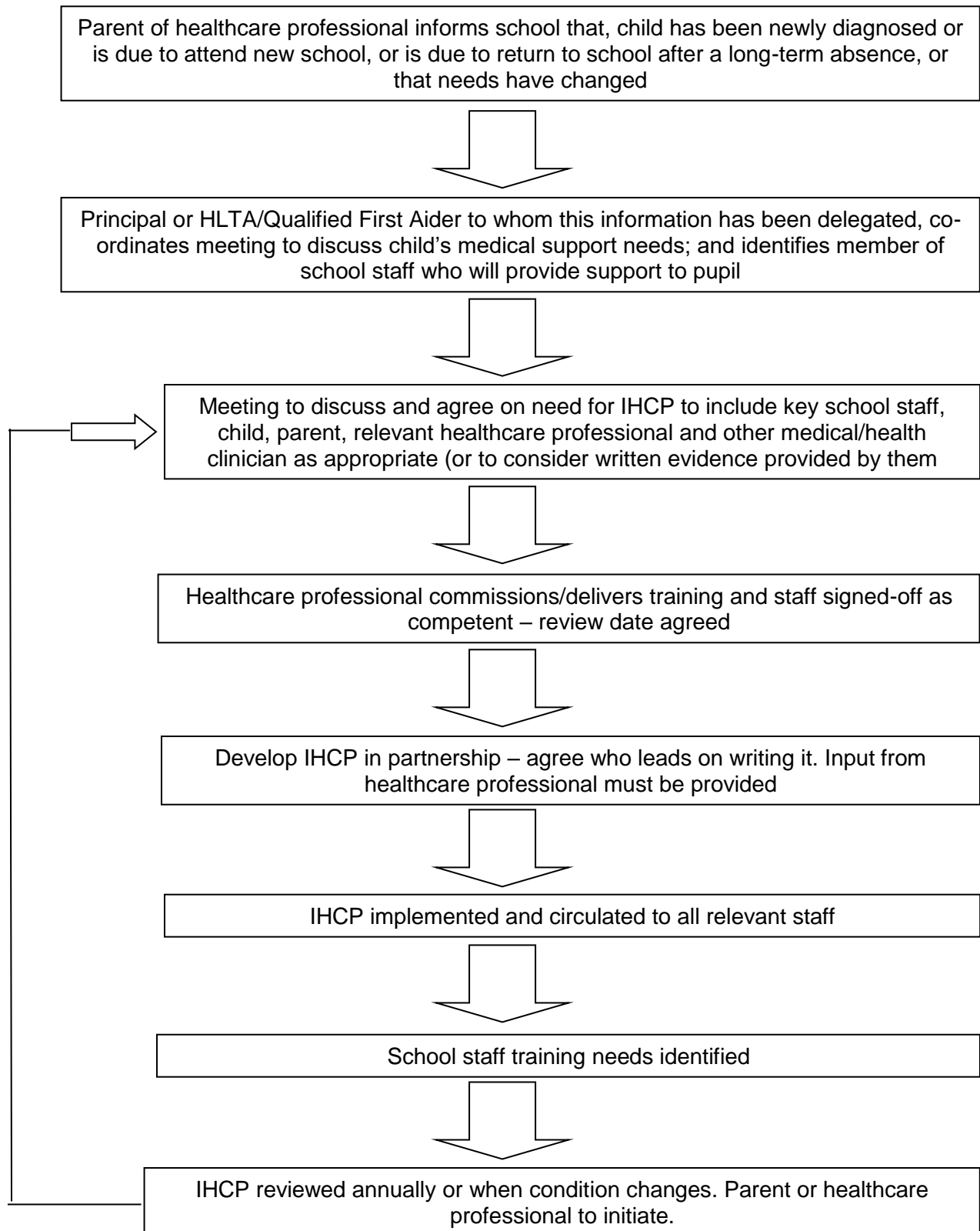
22.2.3. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

22.2.4. Staff who have agreed to administer medicine to an allergic child in an emergency will be provided with a training a training session

22.2.5. Staff will be made aware of the child's needs

Appendix A:

Model Process for developing individual healthcare plans



Appendix B: FIRST AIDER LIST

Staff Member	Date Last Done	Refresher Due	Expected Renewal Date
Gail Potter(paediatric first aid level 3)	16/01/2020	same date in 2021 and 2022	16/01/2023
Amy Proud(paediatric first aid level 3)	14/06/2018		14/06/2021
Lorraine Price(paediatric first aid level 3)	16/01/2020		16/01/2023
Michael Croft(paediatric first aid level 3)	16/01/2020		16/01/2023
Alison Mitchinson(paediatric first aid level 3)	16/01/2020		16/01/2023
Linda Rahmani (paediatric first aid level 3)	17/09/2018	17/09/2019 17/09/2020	17/09/2021
Linda Rahmani (emergency first aid at work level 3)	05/10/2018		05/10/2021
Chloe Maconachie(paediatric first aid level 3)	27/02/2020		27/02/2023
Amy Bircham(paediatric first aid level 3)	27/02/2020		27/02/2023
Luanne Woodward(paediatric first aid level 3)	16/01/2020		16/01/2023
Jack Moore(paediatric first aid level 3)	17/09/2018		17/09/2021
Laura Blackwood(paediatric first aid level 3)	17/09/2018		17/09/2021
Tracey Hasler(paediatric first aid level 3)	17/09/2018		17/09/2021
Laura Yedall(paediatric first aid level 3)	16/01/2020		16/01/2023
Jenny Minter(paediatric first aid level 3)	16/01/2020		16/01/2023
Sam Kennedy(paediatric first aid level 3)	16/01/2020		16/01/2023
Wendy Hedger(paediatric first aid level 3)	17/09/2018		17/09/2021

Sophie Laden(paediatric first aid level 3)	17/09/2018		17/09/2021
Julie Kirby (paediatric first aid level 3)	17/09/2018		17/09/2021

Appendix C: Individual Health Care Plan



Kader Academy

Staindrop Drive, Acklam, Middlesbrough, TS5 8NU

Tel: 01642 286599

Principal: Mrs A Mitchinson



Individual Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Parent/guardian signature/date

Staff signature/date

Record of Prescribed Medicine Administered to an Individual Child

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

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

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

Date			
Time given			

Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

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

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

Appendix D: Parental agreement for school/setting to administer medicine

Note: The Academy will not give your child medicine unless you complete this form	
Name of Child	
Date of Birth	
Group/Class/Form	
Medical Condition of illness	
Medicine	
Name/type of medicine (as described on container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by (name of member of staff)	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting need to know about?	
Self-Administration	Yes / No
Procedures to be taken in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing	
Date	
Signatures	

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



Kader Academy

*Staindrop Drive, Acklam, Middlesbrough, TS5 8NU
Tel: 01642 286599
Principal: Mrs A Mitchinson*



Record of Prescribed Medicine Administered to an Individual Child

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

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

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

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Name of member of staff			
Staff initials (witness)			

Appendix F – Record of Medicines Administered

FORM 6

Record of medicines administered in school/setting to all children

Name of School/Setting _____

Date	Child's Name	Time	Name of Medicine	Dose given	Any Reactions	Signature of Staff	Print Name		

Appendix G –Notification of minor injury



Kader Academy

Staindrop Drive, Acklam, Middlesbrough, TS5 8NU

Tel: 01642 286599, Fax 01642 286599

Principal: Mrs A Mitchinson



Date _____

Notification of minor injury

Whilst in school today your child _____ sustained a minor injury as indicated below. The incident was dealt with by a member of staff.

Your child has been monitored throughout the day and we suggest that you continue this for 24 hours. If you are concerned about your child's health in any way please seek medical attention.

Nature and time of injury/Treatment given

Child's full name: _____ Class _____

Staff member dealing with incident: _____

Signature: _____