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Company Registration Number: 10745840 (England and Wales)

# Elements Academy Supporting Pupils with Medical needs and conditions policy

DATE July 23



Nurturing inclusive learning communities





1	Summary	Supporting Pupils with Medical Needs and Conditions			
2	Responsible person	SENDCO			
3	Accountable ELT member	Vicky Woodrow			
4	Applies to	All Staff			
5	Trustees and/or individuals who have overseen development of this policy	SENDCOs ac	cross EA	АТ	
6	Headteachers/Service Heads who were consulted and have given approval (if applicable)	N/A			
7	Equality impact analysis completed	Policy Screened	Y/N	Template completed	Y/N
8	Ratifying committee(s) and date of final approval	Learning and Achievement Committee 14/6/23			
9	Version	1.0			
10	Available on	Every	Y	Trust Website Academy Website Staff Portal	N Y N
11	Related documents (if applicable)				
12	Disseminated to	All directly employed Ethos Academy Trust staff			
13	Date of implementation (when shared)				
14	Date of next formal review	July 25			
15	Consulted with Recognised Trade Unions	N/A			
16	Adopted by Ethos Academy Trust following consultation				



Date	Version	Action	Summary of changes
July 23	1.0	New Policy	

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## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how Elements Academy will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including Elements Academy trips and sporting activities

The governing board (APRC) will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

## The named person with responsibility for implementing this policy is Vicky Woodrow (Headteacher).

## 2. Legislation and statutory responsibilities

This policy meets the requirements under <u>Section 100 of the Children and</u> <u>Families Act 2014</u>, which places a duty on governing boards to make arrangements for supporting pupils at their Academy with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on <u>supporting pupils with medical conditions at Academy</u>.

## 3. Roles and responsibilities

#### 3.1 The CEO

The CEO has a responsibility to:

- Ensure that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Ensure that the policy is reviewed by the Trust annually

#### 3.2 The Headteacher

The Headteacher will:

• Make sure all staff are aware of this policy and understand their role in its implementation



• Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations

- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that Elements Academy staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the nursing service in the case of any pupil who has a medical condition that may require support at the Academy, but who has not yet been brought to the attention of the Academy nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### 3.3 Staff

Supporting pupils with medical conditions during academy hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **3.4 Parents**

Parents will:

- Provide the academy with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g., provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

#### 3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

#### 3.6 Academy nurses and other healthcare professionals

Our academy nursing service will notify the academy when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts at the academy, wherever possible. They may also support staff to implement a child's IHP.



Healthcare professionals, such as GPs and paediatricians, will liaise with the academy's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## 4. Equal opportunities

Elements Academy is clear about the need to actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.

Elements Academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## 5. Being notified that a child has a medical condition

When Elements Academy is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

Elements Academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our academy.

## 6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This will be overseen by the Executive SENDCO Debbie Gamwell.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When

•

• By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with Elements Academy, parents and a relevant healthcare professional, such as the Elements Academy nurse, specialist or



paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trust and the headteacher will consider the following when deciding what information to record on IHPs:

• The medical condition, its triggers, signs, symptoms and treatments

• The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g., crowded corridors, travel time between lessons

• Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions

• The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

• Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

• Who in Elements Academy needs to be aware of the pupil's condition and the support required

• Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during Elements Academy hours

• Separate arrangements or procedures required for trips or other activities outside of the normal Elements Academy timetable that will ensure the pupil can participate, e.g., risk assessments

• Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

• What to do in an emergency, including who to contact, and contingency arrangements

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at Elements Academy:

• When it would be detrimental to the pupil's health or academy attendance not to do so **and** 

• Where we have parents' written consent



## The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

Elements Academy will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Elements Academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

#### 7.1 Controlled drugs

<u>Controlled drugs</u> are prescription medicines that are controlled under the <u>Misuse of</u> <u>Drugs Regulations 2001</u> and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the Elements Academy office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

#### 7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

#### 7.3 Unacceptable practice

Elements Academy staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:



• Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

• Assume that every pupil with the same condition requires the same treatment

• Ignore the views of the pupil or their parents

• Ignore medical evidence or opinion (although this may be challenged)

• Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHPs

• If the pupil becomes ill, send them to the Elements Academy office or medical room unaccompanied or with someone unsuitable

• Penalise pupils for their attendance record if their absences are related to their medical condition, e.g., hospital appointments

• Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

• Require parents, or otherwise make them feel obliged, to attend Elements Academy to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because Elements Academy is failing to support their child's medical needs

• Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of academy life, including academy trips, e.g., by requiring parents to accompany their child

• Administer, or ask pupils to administer, medicine in academy toilets

### 8. Emergency procedures

Staff will follow the academy's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance

## 9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.



The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / role of individual. Training will be kept up to date.

Training will:

• Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

Fulfil the requirements in the IHPs

• Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record Keeping**

Elements Academy will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the academy. Parents will be informed if their pupil has been unwell at Elements Academy. IHPs are kept in a readily accessible place which all staff are aware of.

## **11. Liability and indemnity**

Elements Academy will ensure appropriate insurance and indemnity is in place for all staff involved in the care of young people with medical conditions and those volunteers who administer medication to pupils with medical conditions.

## 12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the Elements Academy complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the Trust annually.



## 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
  - Complaints
  - Equality information and objectives
  - First aid
  - Health and safety
  - Safeguarding
  - SEND Information Report
  - SEND Policy

## Appendix A Forms

- Form la **Contacting Emergency Services** Form 1b Individual Healthcare Plan Agreement to Administer Medication Form 1c Form 2 Request for additional information from medical practitioner Form 3 Record of medicine administered to an individual child Form 4 Record of medicines administered to all pupils Form 5 Request for child to carry their own medication Form 6 Staff training record - administration of medicines Form 7a Allergy Action Plan Form 7b Medical Consent & Information Form 8 School Asthma Card Medical Information for all Off-Site Visits Form 9 Medication Form for Residential Visits Form 10
  - Form 11a Use of Emergency AAI Consent Form



Request for an ambulance Dial 999, ask for ambulance and be ready with the following information				
	Please speak slowly and clearly and be ready to repeat information, if asked.			
Ou	r telephone number:			
Giv	e your location:			
Sta	te what the postcode is:			
1	Note the time of the call			
2	Exact location of the incident on site			
3	Name of person requesting the call			
4	Name of person calling the emergency services			
5	Name of pupil / person			
6	Date of Birth			



	Brief description of
	symptoms
	(does the individual have a
	life-threatening condition
	e.g., is having an
	anaphylactic attack tell
7	the operator the pupil has
	ANAPHYLAXISIS. This will
	prioritise the response
	from the
	emergency services)



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Form la Contacting Emergency

Services

•

8	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty	
9	Inform a First Aider that an ambulance has been called Name of SLT member who has been informed Time	
10	Which first aider is involved in the incident	
11	Arrival time of first responder or ambulance crew	



_					
-	12	Is further emergency support required from the hospital or have any other professionals attended?			
-	13	Did anyone cover reception during the incident?			
	14	Parents/Carers contacted? Name of person contacting parents/carers Time		No	
	<ul> <li>Return this form to a First Aider as soon as possible after the incident. Please ensure that all information has been completed. Thank you.</li> <li>Form 1b- Individual Healthcare Plan</li> </ul>				
	<b>ONLY REQUIRED IF THERE IS A MEDICAL CONDITION</b> <i>i.e., Asthma, Epilepsy, Diabetes, Allergies</i>				
Nar	Name of Academy:				
Nar	Name of Pupil:		Date of Birth:	-	
Gro	Group/Class:		Year:	_	

Home Address:

Medical Diagnosis condition/symptoms/triggers/signs.



Review Date:

Daily Care Requirements:

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

GP Name:

GP Address:

Postcode:

GP Telephone no:

Clinic/Hospital Contact:		
Clinic/Hospital Address:	Postcode:	
	Telephone no:	
Responsible staff providing support in the acade	emy:	
Staff training needed/undertaken: <i>Who/What/M</i>	Vhen	
Other Information: Insert/attach any specialist healthcare plans		
Name of medication: (as described on the conta	iner)	
Dose:		



Method of administration (self-administered):

When to be taken:

Arrangements for academy visits/trips/work experience, etc.:

 Family Contact Information 1

 Name:
 Relationship to Child:

 Home No:
 Mobile No:

 Work No:
 Vork No:

Parent/Carer	Print	Name:

Parent/Carer Signature:\_ Date:\_

EAT Staff Name:

EAT Staff Signature: Date:



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Form 1C Agreement to Administer Medication

THE ACADEMY WILL ONLY GIVE YOUR CHILD MEDICINE WHEN YOU COMPLETE AND SIGN THIS FORM. THE ACADEMY HAS A POLICY THAT STATES STAFF CAN ADMINISTER MEDICINE.

Name of Academy:

Name of Pupil:

Date of Birth:



Group/Class:	Year:			
Date for review to be initiated by:				
Condition/Illness:				
Medicine				
Name/Type of medicine: (as described on the container)				
Expiry date:				
Dosage and method:				
Timing:				
Special precautions/other instructions:				
Self-administered: Yes / No				
Are there any side effects that the academy/setting needs to	know about?			
<i>NB: Medicines must be in the original container as dispensed /purchased Non-Prescription Medicines (Does NOT include aspirin)</i>	1			
Asthma – Inhalers				
The academy is allowed to buy spare salbutamol inhalers, wit prescription, for use in emergencies. These are not shared.	hout a			
I give permission for my child to use one in an emergency:	Yes / No			
Non-Prescription Medicines – Paracetamol (Does NOT inclu	ide aspirin)			
I give permission for my child to take paracetamol provided by the academy	Yes / No			
I confirm that my child has used this medication before and did not suffer any allergic or other adverse reaction.	Yes / No			



Ethos Academy Trust confirm that the maximum dosage will not be exceeded if they are administered.

Family Contact Information	
Name:	Relationship to Child:
Home No:	Mobile No:
Work No:	
l understand that I must deliver the medicine personally to:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the academy's policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I am aware that if my child refuses to take their medication, staff cannot force them to and I will be informed as soon as possible. Signed:\_Parent/Carer

#### Print Name:\_Parent/Carer

Date:\_\_\_\_\_



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Form 2 Request for information from	n Child's GP, Hospital Consultant or Dietitian
Parents / Carers are requested to take or se	end this form to either their child's GP,
hospital consultant or dietician. The inf	
academy to make appropriate arrangeme	
welfare of children with chronic / acute o	
conditions, including administering med	
provided by the parents / carers who ha	ave responsibility for sharing it with
the academy.	
Child's name	
Date of birth	
Home address	
Medical condition	
List any triggers / causes e.g.	
allergens (be specific)	
What to do if the child i	is experiencing or has the following
symptoms?	
List mild to moderate	List severe symptoms
symptoms	
This is a mild	
reaction	(List action, order of action and any medication
(List action, order of action and any medication including	
dosage to be taken)	1.
].	2.
2.	3.
2. 3. 4.	4.
Can the child self-administer	• Yes
their own emergency	<ul> <li>Yes, with</li> </ul>
medication?	supervision
	• No
Any training requirements for the	
academy?	
(Please specify what is required and who should	
provide it) also consider training / support for the parents / guardians and child)	
Name of person providing this	
information	
Signature	
Date	
Review date	
Please return to:	
riease letuilitu.	





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Form 3 Record of medicine administered to an individual child



Name of pupil	
Group / Year	/
Date medication received	
Quantity received	
Name and strength of medication	
Expiry Date	
Dose and frequency of medication	

Staff signature \_\_\_\_\_\_ Staff name \_\_\_\_\_

Person responsible for medication \_\_\_\_\_

DATE	TIME GIVEN	DOSE GIVEN	STAFF NAME	2 <sup>nd</sup> STAFF INITIALS



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## **Form 4** Record of medicines administered to all pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Any reactions	Print name of staff



Form 5 Request for child to carry their own medicine

#### Parents/Carers must complete this form.

If staff have any concerns discuss this request with healthcare professionals

Child's name	
Group	
Address	
Name of medicine	
Procedures to be taken in an emergency	
Contact Information	
Name	
Daytime phone no.	
Relationship to child	

I would like my child to keep their medicine on them for use as necessary.

Signed (Parent/Carer) \_\_\_\_\_

Name (Parent/Carer) \_\_\_\_\_



Date

## Please note that if more than one medicine is given, a separate form should be completed for each one.

Form 6 Staff training record – administration of medicines

Name	
name	
Type of training received	
Date of training completed	
<b>3 1</b>	
Training provided by	
ranning provided by	
Profession and title	

I confirm that ...... (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated every \_\_\_\_\_\_ (please state how often).

Trainer's name/signature

Date -----

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date



RCPCH

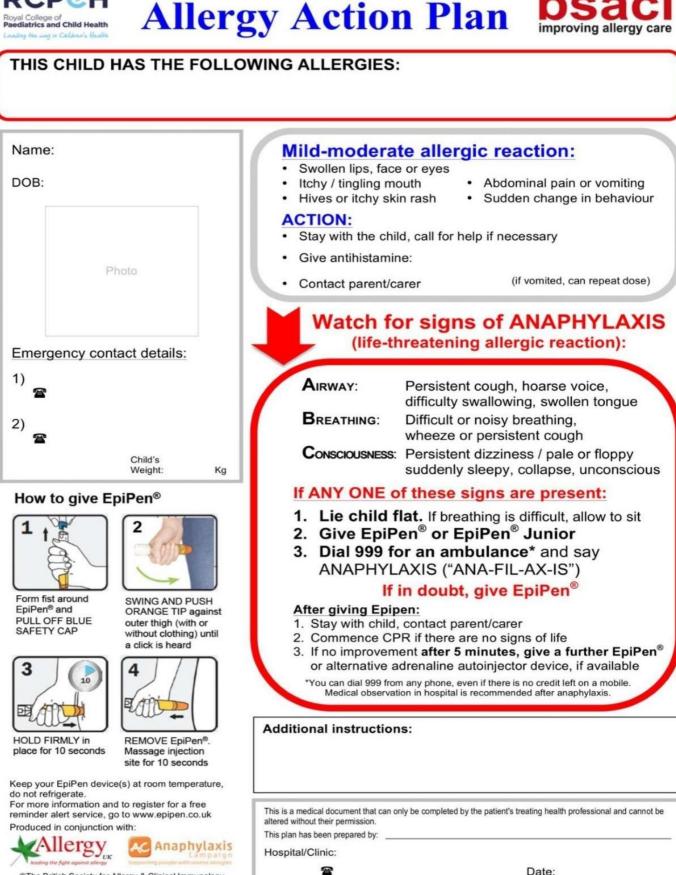
l College of liatrics and Child Health

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Approved Oct 2013

www.bsaci.org

improving allergy



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#### Form 7a – Allergy Action Plan

Name of Academy:	
Name of Pupil:	
Does your child suffer from any conditions requiring medical treatment? (i.e., asthma, epilepsy, diabetes) Complete an Individual Healthcare Plan if medication is required in the academy	Yes/No
Condition or Illness:	
Treatment:	
Does your child have any identified allergies? Please note that school dinners may contain traces of nuts Complete an Individual Healthcare Plan if medication is required in the academy	Yes/No
Allergy:	
Medicine/Treatment:	



Does your child have any special dietary requirements?	Yes / No
If yes please specify:	

#### Form 7b Medical Consent/Information

Glasses	
Does your child need to wear glasses? If yes, we have discussed making sure that they always have a pair in the academy?	Yes/No
Medical Consent	
I consent to my child taking paracetamol (which I have provided and is in the original packaging, with clear directions)	Yes/No
Non-Prescription Medicines ONLY (Does not include Aspirin) Paracetamol/Calpol I consent to EAT supplying Paracetamol/Capol sachets and administering it by a first aid trained member of staff to my child if they become unwell at the academy. My child has used this medication before and did not suffer any allergic or other adverse reaction.	Yes/No
I consent to EAT staff administering additional medication (which I have provided) to my child and understand that I am responsible for providing the academy with up-to-date information about dosage and possible side effects etc.	Yes/No
I consent for EAT to allow my child (who is diagnosed with asthma) to use the academy's spare inhaler cases of emergencies. This is not shared.	Yes/No



I consent for my child to receive immediate treatment	
by a doctor and/or a hospital because of a serious	
accident or serious illness.	Yes/No

Parent/Carer Signature:\_ Date:\_

Parent/Carer Print Name:



#### Form 8 School Asthma Card

## School Asthma Card

To be filled to be able			Yes	No		
To be filled in by the parent/carer Child's name		What are you asthma worse		(things that make	their	
			astrima worse	y:		
Date of birth		V V				
Address						
Parent/carer's				1	medicines before	exercise or play?
name			Yes	No		
Telephone - home				describe below		
Telephone			Medicine		How much a	nd when taken
Email						
Doctor/nurse's			Does your chi while in the so		any other asthma	medicines
telephone	1.1.1.		Yes	No		
No Commence and a second second second		ol. Review the card at least pdate or exchange it for	If yes please d	lescribe below		
a new one if your	child's treatm	ent changes during the	Medicine		How much a	nd when taken
		y labelled with your child's h the school's policy.				
Reliever treatm	ent when nee	eded	Dates card o	hecked by doo	ctor or nurse	
		tightness in the chest,	Date	Name	Job title	Signature
	•	ny child to take the It and as soon as they feel				
better they can re		1 Comparison of the second state of the sec				
Medicine	P	arent/carer's signature				
						7.55
Expiry dates of med	licines checked		63.53		do if a chil	
	Date checked	d Brookforeide dansk me			asthma at	tack
Medicine	Date checke	ed Parent/carer's signature		n sit up straight a	and the second sec	naler (usually blue)
			every 30-	60 seconds, up t	o a maximum of 1	
				or an ambulance		sing their inhaler –
			this coul	ld be a cough, br		eeze, tight chest or
What signs can indi	cate that your ch	nild is having an asthma attack?	<ul> <li>they dor</li> </ul>	n't feel better aff	ter 10 puffs	any dene
			-	vorried at any tir		king longer than
			15 minute		ne ambulance is ta	king longer than
				asthma	Any asthr	na questions
Parent/carer's signa	ature	Date			Call our frien	dly helpline nurse
						222 5800
		D D M M Y Y		Health & care information you can trust		n – 5pm; Mon – Fr <b>thma.org.uk</b>
L				The Information Standard Contemport	www.as	.mna.org.uk

Does your child tell you when he/she needs medicine?

Does your child need help taking his/her asthma medicines?

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Yes No



#### Form 9 Medical Information for all off-site visits during 2022/23

#### It is essential that the information provided on this form is up to date and accurate. Please notify the academy in writing of any changes to your child's health or medication.

Child's Full Name & Date of Birth	
Group	

Does your child suffer from any conditions requiring medical treatment,	YES / NO
including medication	If YES please give details:
Does your child have an Individual Healthcare Plan	YES / NO
To the best of your knowledge has your child been in contact with any contagious	YES/NO
or infectious diseases (within the last 4 weeks)?	If YES please give details
Does your child have	YES / NO
any allergies? I.e., Hayfever, food allergies etc	If YES please give details:
Has your child received a tetanus injection in the last three years?	YES / NO
In an emergency if a doctor advises an anti-tetanus injection following an injury, do you agree to this?	YES / NO
Are there any additional health concerns that may make taking full part in any trip difficult in anyway? Please outline here:	

• Please ensure your child carries any emergency medication they need with them at all times.

• Failure to do so may prevent them from attending the trip. (This includes inhalers, epi-pens etc).

• This form will be kept for the whole academic year. You must inform the academy as soon as possible of any changes to your child's medical condition or medication.



Signed
Name of Parent/carer
Date

#### Form 10 Medication Form for Residential Visits

## Please hand this form to the person responsible for the trip before your child departs

Child's Name		
Group		
Visit or Activity		
Date from	Date to	
Name, address and telephone number of your doctor		

Please label medicine clearly and put into a labelled plastic bag with your child's name and specific instructions. This should include any travel sickness medication you give.

Day	Date	Time to be given	Name of Medication	Amount to be administered	Administered by (member of staff on site)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Staff should initial this sheet each time they administer any medication to the child named on this form. Please record any occurrences or problems relating to medication on the rear of this form and let the parents know when you return. A copy of the form should be retained by the group leader and Business Manager for future reference.

I agree that my child can be given the medication above.

Signed: ..... Name: .....

Date: .....



**Form 11a** Use of Emergency Adrenaline Auto Injector Consent Form for Pupils Prescribed an AAI

#### For children who are showing signs of a severe allergy or anaphylaxis

I can confirm that my child has been diagnosed with an allergy and has been prescribed an adrenaline auto injector (AAI).

My child has two working, in-date adrenaline auto injector, clearly labelled with their name, which they will bring with them to the academy every day and keep with them. A spare is also kept in the main academy office.

In the event of my child displaying symptoms of a severe allergy and if their adrenaline auto injector is not available or is unusable, I consent for my child to receive the academy's adrenaline auto injector which is kept for any emergencies.

Adrenaline Auto Injector Strength:	0.30mg	/	0.15mg
Signed			
Name (print)			
Date			
Child's name			
Group			
Parent / Carer address			
Telephone Home/Work			
Mobile			



## **Appendix B Guidance**

Types of Asthma Inhalers

## **ASTHMA DRUG THERAPY**





#### Common signs of an asthma attack include any one or more of the following:

- Coughing.
- Shortness of breath.
- Wheezing.
- Tightness in the chest.
- Being unusually quiet.
- Difficulty speaking in full sentences.
- Lips are blue.

#### What to do if someone is having an Asthma attack





#### **Common Food Allergies**





## Recognition and management of an allergic reaction/anaphylaxis

#### Signs and symptoms include:

#### 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 according to the child's allergy treatment plan
- Phone parent/emergency contact

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

#### AIRWAY:

BREATHING:

Persistent cough Hoarse voice Difficulty swallowing, swollen tongue Difficult or noisy breathing Wheeze or persistent cough **C**ONSCIOUSNESS: Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

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

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)





- 2. Use Adrenaline autoinjector\* without delay
- 3. Dial 999 to request ambulance and say ANAPHYLAXIS

#### \*\*\* 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 further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) - even if no skin symptoms are present.



#### Epilepsy - What to do when someone has a seizure

#### Tonic-clonic (convulsive) seizures

Tonic-clonic seizures are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.

Here's how to help if you see someone having a tonic-clonic seizure.

DO:	<ul> <li>Protect them from injury (remove harmful objects from nearby)         <ul> <li>Cushion their head</li> <li>Look for an epilepsy identity card or identity jewellery – it may give you information about their seizures and what to do             <ul></ul></li></ul></li></ul>
DO NOT:	<ul> <li>Restrain their movements</li> <li>Put anything in their mouth</li> <li>Try to move them unless they are in danger</li> <li>Give them anything to eat or drink until they are fully recovered</li> <li>Attempt to bring them round</li> </ul>
Call for an ambulance if:	<ul> <li>You know it is their first seizure or</li> <li>The jerking continues for more than five minutes or</li> <li>They have one tonic-clonic seizure after another without regaining consciousness between seizures or</li> <li>They are injured during the seizure or</li> <li>You believe they need urgent medical attention</li> </ul>



## Diabetes – How to treat Hypoglycaemia (low blood sugar) or Hyperglycaemia (high blood sugar)

#### Treating severe hypos: seizures

When a seizure is occurring, it will not be possible for a person to take sugar. It is also not advised to feed someone when they are having a seizure as this could lead to choking.

Where possible try to ensure the person having the seizure will not hit anything and cause themselves injury.

If they are on the floor, place something soft like a pillow or article of clothing to cushion their head.

Often a seizure will pass after a few minutes and this may allow the person having the seizure to take some sugar. If the seizure persists for more than 5 minutes, call for an ambulance.

#### How to Treat a Hypo (low blood sugar)

Hypos are periods of low blood sugar. Although common for diabetics, a hypo can be unnerving.

With appropriate treatment the effects and length of hypos can be reduced.

with appropriate treat	the cheets and length of hypos can be reduced.		
Noticing you're	Before you can treat the hypo, you need to notice that you are low on		
having a hypo	blood sugar. The sooner you notice hypoglycaemia, the less disruptive it's		
	likely to be.		
	Typical signs of <u>hypoglycaemia</u> include:		
	Feeling suddenly tired or weak		
	Having difficulty concentrating		
	Exaggerated mood changes		
	Feeling dizzy		
	Hypos can occur at any time, pay close attention to your blood sugar		
	levels when exercising, playing sports or during physical activity.		
Check it is a hypo by	Where possible, <u>test your blood sugar</u> to ensure it is low blood sugar as		
blood glucose	some of the signs of low blood sugar may also represent higher blood		
testing	sugar (such as tiredness or mood changes).		
	If you cannot test and are unsure if you have low or high blood glucose,		
	it may be best to treat it as a hypo as hypoglycaemia can quickly become		
	dangerous if left untreated.		
Act quickly	It is important that as soon as you notice or confirm you are hypo you		
· · · · · · · · · · · · · · · · · · ·	treat the hypo immediately.		
	Immediate hypo treatment helps by:		
	Preventing a severe hypo occurring		
	Speeding up recovery		
	Reducing the chances of losing hypo		
	awareness		
Treatment	Treating a hypo involves taking quick acting carbohydrate, such as a		
	sugary drink or glucose tablets. This should be followed by a longer-		
	acting carbohydrate, such as a cereal bar, sandwich or piece of fruit and		
	the individual testing their blood glucose.		

