



Medical Conditions Policy

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1. Introduction

This document is a statement of the aims, principles and strategies for ensuring the health and safety of students with medical needs at Cox Green School.

This policy is drawn up in line with the DfE statutory guidance Supporting pupils at school with medical conditions April 2014 and the Department of health guidance on the use of emergency salbutamol inhalers in schools September 2014 in line with the Human Medicines (Amendment)(No.2) Regulations 2014.

Aims

Our aims for Health are to:

- Provide a safe environment for students, teaching and non-teaching staff and all other people who come onto the premises of our school who have medical needs;
- Ensure that all members of the school community understand their own responsibilities in maintaining a healthy and safe environment for those with medical needs.

Principles

The establishment of a healthy and safe environment is an essential prerequisite for the work of the school. It is also a statutory requirement. It depends upon sound management, vigilant supervision and the co-operation of all personnel (students and adults).

2. Responsibilities

All members of the school community (teaching and non-teaching staff, parents, students and Trustees) work towards the school's aims by following the guidance below.

The Headteacher will ensure that staff have adequate training and that practices are monitored regularly.

Training will be run regularly by a health care professional on the following health care needs:

- Asthma See Appendix 1;
- Anaphylaxis See Appendix 2;
- Diabetes See Appendix 3;
- Epilepsy See Appendix 4.

The medical conditions policy is regularly reviewed, evaluated and updated.

3. Communication

The Medical Conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

Students are informed and regularly reminded about the Medical Conditions Policy:

- Through interventions with the SAFE Team, the Inclusion Lead, and the Student Welfare Officer.



Parents are informed and regularly reminded about the Medical Conditions Policy:

- By including the policy statement on the school website;
- At the start of the school year when communication is sent out about Medical conditions;
- When their son/daughter is enrolled as a new student.

School staff are informed and regularly reminded about the Medical Conditions Policy:

- Through publication on the staff Information drive and the school website;
- At scheduled medical conditions updates by the Inclusion Lead and/or Student Welfare Officer in staff briefings;
- Through school-wide communications such as Staff weekly bulletin and safeguarding briefings;
- All supply and temporary staff are informed of the policy and their responsibilities.

Relevant local health staff are made aware of the school's Medical Conditions Policy:

- Via the school/community nurse
- Through communication about individual students

All other external stakeholders are informed and reminded about the school's Medical Conditions Policy:

- through publication of the policy on the school website.

4. Emergency Procedures

All staff are aware of the most common serious medical conditions at this school.

Staff understand their duty of care to students in the event of an emergency.

In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

Training is arranged for the First Aid Team and re-training upon expiry of the qualification. Services of the school nurse, Inclusion Lead and Lead First Aider are used to keep staff trained on specific medical needs for example auto-injectors.

Action for staff to take in an emergency for the common serious conditions at this school is displayed in the staffroom.

This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help. These are kept with the student medication.

This school has procedures in place so that a copy of the student's Healthcare Plan is sent to the emergency care setting with the student. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

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

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;
- Who to contact within the school.

If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.



Generally, staff should not take students to hospital in their own car.

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

5. Administration of Emergency Medication

All students with medical conditions should have easy access to their emergency medication. All students are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All students carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

Parents of students who are auto-injector users or users of other emergency medication such as Buccolam MUST provide two auto-injectors or supplies. One that must be carried by the student at all times and a second one that is stored by the school in the medication cabinet. It is parents responsibility to provide these and to ensure that they are within date.

Students who do not carry and administer their own emergency medication understand the arrangements for a member of staff to assist in helping them take their medication safely.

6. Administration of Medication – General

It is helpful, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Medication is only given when parents have completed the medication authorisation form.

All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is done under the supervision of a member of staff at this school.

This school understands the importance of medication being taken as prescribed.

For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent on the correct medication authorisation form. Verbal consent is not accepted.

Training is given to all staff members who agree to administer medication to students, where specific training is needed.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.



Parents need to 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.

If a student refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

All staff attending off-site visits are aware of any students with medical conditions on the visit. They receive information about the type of condition, medication, and other additional support necessary, including any additional medication or equipment needed. The trip leader will meet with the parents to discuss what to do in an emergency and to carry out a risk assessment. Residential visits and activities medical information forms are provided to ensure the trip leader is aware of student's medical conditions.

If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

Medication that has been authorised by parents is stored in an individual plastic bag with the student's details and photograph attached to it.

The medication authorisation form is kept with a medication record for each individual student in the medicines file.

The member of staff will check the photographs to identify the correct student, dosage, time of last dose, and regularity of dose before administering the medication.

The member of staff will then update the medication record.

Any unused medication is returned to the student at the end of the trip unless the parent indicates it is not to be returned to the student on the Residential Trips medication form.

7. Safe Storage of Medication

Emergency medication is readily available to students who require it at all times during the school day or at off-site activities.

All medication kept by the school is stored in the locked medicine cabinet in the reception office. Any medication that requires refrigeration is kept in the reception fridge. The keys are readily available in the reception office and not held personally by members of staff.

Most students carry their emergency medication on them at all times. Students keep their own emergency medication securely.

Students are reminded to carry their emergency medication with them and Parents are informed that this is required.

Students, whose healthcare professionals and parents advise the school that they are not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.

Three times a year, a member of staff will check the expiry dates for all medication stored at school. All the expiry dates of medication are stored on a spreadsheet.



The reception staff receiving medication along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.

All medication is supplied and must be stored in its original containers as dispensed by the pharmacist.

All medication is labelled with the student's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication for students may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Medication that is refrigerated is kept in a secure refrigerator or lockable compartment.

All medication is to be collected by parents at the end of the school year. Medication is not stored in summer holidays. Any medication not collected will be disposed of safely by returning to a local pharmacy.

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.

8. Safe Disposal

Parents are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

A member of the office staff 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 and is always documented on the student medication record.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, school, or the student's parent.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

9. Record Keeping

Parents are asked if their son/daughter has any health conditions or health issues on the OA4 form which is filled out when students join the school. Parents of new students starting at other times during the year are also asked to provide this information on admission forms. The administrator will alert the Inclusion Lead to any students with medical conditions who will then decide which require a Healthcare plan to be sent out.



10. Healthcare Plans

Individual healthcare plans can help to ensure that schools effectively support students with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all students will require one. The Inclusion Lead and/or Student Welfare Officer and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix 5.

NB Students with an Allergy (Autoinjector users), Asthma or Epilepsy will have an NHS Allergy Action Plan completed in place of a Healthcare plan.

11. Drawing Up Healthcare Plans

Healthcare Plans record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required (See Appendix 6).

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of students 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.

If a student has a short-term medical condition that requires medication during school hours, a medication consent form (Over the Counter) must be completed by the parent in person. See Appendix 8.

The parents, healthcare professional and student with a medical condition are asked to fill out the student's Healthcare Plan together. Parents then return these completed forms to the school.

A relevant member of school staff is also present, if required, to help draw up a Healthcare Plan for students with complex healthcare or educational needs. This member of staff may be the SAFE Manager, Head of Year or the Inclusion Leader.

NB Students with an Allergy will have an NHS Allergy Action Plan completed in place of a Healthcare plan

12. School Healthcare Plan register

Healthcare Plans/Allergy Action Plans are used to create a centralised register of students with medical needs. The Inclusion Leader has responsibility for the register at this school.

The Inclusion Leader follows up with the parents any further details on a student's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.



13. Ongoing Communication and Review of Healthcare Plans

Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff use opportunities such as teacher–parent meetings to check that information held by the school on a student's condition is accurate and up to date.

Student's Health Care Plans are reviewed as and when needed: these reviews will sometimes include the School Nurse and/or medical professionals involved based on the students need.

14. Storage and Access to Healthcare Plans

Parents and students are provided with a copy of the student's current agreed Healthcare Plan.

Healthcare Plans are filed in the students electronic student file and all Health Care Plans are stored on the student's SIMS profile. The Healthcare Plans of students are also held electronically on SIMS so staff can access them.

When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of students in their care.

School ensures that all staff protect student confidentiality.

School will seek permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

School will seek permission from the student and parents before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

NB Students with an Allergy (Autoinjector users), Asthma or Epilepsy will have an NHS Allergy Action Plan completed in place of a Healthcare plan

15. Use of Healthcare Plans

Healthcare Plans are used by this school to:

- Inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care;
- Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times;
- Identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers;
- Ensure that all medication stored at school is within the expiry date;
- Ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency;
- Remind parents of students with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.



NB Students with an Allergy(Autoinjector users), Asthma or Epilepsy will have an NHS Allergy Action Plan completed in place of a Healthcare plan

16. Consent to Administer Medicines

If a student requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the student's Healthcare Plan. The school and parents keep a copy of this agreement.

Parents of students with medical conditions are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

17. Residential Visits

All parents of any student who is going on a residential trip are sent a residential visit medical information form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit.

This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours. See Appendix 10

All residential visit medical information forms and the medication record sheet are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the student's Healthcare Plan or Allergy Action Plan

All parents of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication as required.

The residential visit form also details what medication and what dose the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.

18. Other Record Keeping

School keeps an accurate record of each occasion an individual student is given or supervised taking medication. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

See Appendix 9 - Medicine Consent Form – Prescribed medicine.

School holds training on common medical conditions once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

The school keeps a register of staff who have had the relevant training.



19. Physical Environment and Accessibility

This school is committed to providing a physical environment that is accessible to students with medical conditions.

Students with medical conditions have Occupational Therapy environmental assessments where needed to obtain recommendations for adaptations.

The school has a separate Accessibility Audit.

School's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

20. Social Interactions

Cox Green School ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

Cox Green School ensures the needs of students with medical conditions are adequately considered to ensure they have full access to extended school activities such as school social events, school productions, after school clubs and residential visits.

All staff at this school are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as Personal, Social and Health Education (PSHE) lessons to raise awareness of medical conditions amongst students and to help create a positive social environment.

21. Exercise and Physical Activity

This school understands the importance of all students taking part in sports, games and activities.

This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.

Teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.

This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for a student's medical conditions when exercising and how to minimize these triggers.

This school ensures all students have the appropriate medication or food with them during physical activity and that students take them when needed.

This school ensures all students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.



22. Education and Learning

This school ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

If a student is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

Teachers at Cox Green School are aware of the potential for students with medical conditions to have special educational needs.

Students with medical conditions who are finding it difficult to keep up with their studies are referred to the Inclusion Leader. The school's Inclusion Leader consults the student, parents and the student's healthcare professional to ensure the effect of the student's condition on their learning is properly considered.

Students learn about what to do in the event of a medical emergency.

23. Risk Assessments

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process.

Factors this school considers include:

- How all students will be able to access the activities proposed;
- How routine and emergency medication will be stored and administered;
- Where help can be obtained in an emergency.

This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

Risk assessments are carried out before students start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents before any medical information is shared with an employer or other education provider.

24. Emergency Triggers

The school is aware of reducing or eliminating triggers for students that are health and safety risks wherever possible.

- This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits wherever possible.
- School staff have been given training on medical conditions.
- Written information about how to avoid common triggers for medical conditions via the Healthcare plans is available to staff.

Asthma	See Appendix 1
Anaphylaxis	See Appendix 2
Diabetes	See Appendix 3
Epilepsy	See Appendix 4



This school uses Healthcare Plans to identify individual students who are sensitive to particular triggers.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of students with medical conditions.

The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

25. Communication of Policy

This policy will be published on the Cox Green School Website and on the staff intranet.

26. Review of Policy

This policy shall be reviewed every three years by the People and External Relations Committee.



Appendix 1.

ASTHMA

Asthma is a long-term medical condition which affects the airways. Triggers can irritate the lining of the airways causing them to become inflamed and the muscles around the airways to tighten. This leads to difficulty in breathing.

Cox Green School recognises that Asthma is an important medical condition affecting many students and staff within the school but it can be managed successfully with the co-operation of the parents/guardians, the teaching staff and the School First Aid staff.

Children and young people can usually control their asthma by taking the appropriate medication (using the correct technique) and avoiding or managing known triggers.

The School encourages students with asthma to participate in all aspects of school life.

The School recognises the possible triggers and where possible reduces or manages the risks.

Known triggers are:

- Tobacco Smoke- No smoking policy is adopted within the school;
- Colds and Flu;
- Stress and emotion- Support (educational and emotional) is offered to all students;
- Scented Deodorants and perfumes. Staff and students to be encouraged not to wear strong perfumes;
- No aerosol products are encouraged. Changing rooms to be well ventilated;
- Latex gloves - The school is to use latex free gloves in first aid kits;
- Dust from flour and grain- Kitchens are well ventilated;
- Chemicals and fumes - where possible avoid chemicals and fumes in science and art that may trigger students' asthma. Store such items in a fume cupboard;
- Wood dust - masks to be used by asthma sufferers during D/T lessons and extractors fans. Avoid working with hard woods.
- Weather and air quality - avoid leaving windows open during thunderstorms as this can increase the pollen in the air. Give students who suffer from asthma the option of staying indoors during high pollen days, very hot or cold days.

All staff should be aware of who suffers from asthma. A list is available and updated information is kept on SIMS.

All staff should ensure they are aware of any student who has asthma whilst under their care (sporting fixtures/school trips).



All staff have been given advice on the signs and symptoms of asthma, how to deal with an asthma attack and how and when to contact the school first aid staff.

SPORT & EXERCISE

Although exercise can be an asthma trigger, taking part in sport is an essential part of school life and promotes healthy living, therefore it is a trigger that should be managed rather than avoided. Cox Green school encourages students with asthma to participate fully in all sports and activity-based lessons.

Sport coaches should always make sure they are aware of students who have asthma and their potential triggers. A list of all students with asthma should be provided for visiting sports coordinators or coaches.

Students with asthma, especially those whose triggers include exercise and pollen should always carry their own inhalers and manage their own treatment.

If a student needs to sit out for a short while, they should be encouraged to still participate for example by taking notes, doing ball work or line duty if they are able to do so.

All inhalers brought on to the pitch, field or gym should be named and held in the plastic container provided by the teacher or first aid kit. It is the student's responsibility to retrieve this at the end of games/PE.

MEDICATION AND TREATMENT

Every child and young person with asthma should have a reliever inhaler, these are essential in treating asthma attacks. Reliever inhalers are usually blue but come in various shapes/sizes.

Reliever medication can be taken immediately when asthma symptoms start.

Immediate access to a reliever inhaler is vital.

Asthmatics at Cox Green School are expected to carry their own inhalers with them and a spare one should be kept in reception. It is recommended that one should also be kept in student's sports bags.

When a student has an asthma attack or difficulty breathing reception are contacted and will raise a first aider to attend to the student in situ. If possible, the student can be sent to reception for treatment but always with an escort.



ASTHMA EMERGENCY PROCEDURES

Common signs of an asthma attack:

- Persistent Cough;
- Shortness of breath or difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body);
- Wheezing sound coming from the chest (when at rest);
- Nasal flaring;
- Feeling tight in the chest;
- Being unusually quiet;
- Difficulty speaking in full sentences;
- Younger children may express feeling tight in the chest as tummy ache;
- Pale skin, possible blue tinge around the lips.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted;
- Has a blue/white tinge around lips;
- Is going blue;
- Has collapsed;
- You are in any doubt.

ASTHMA ATTACK - WHAT TO DO:

- Keep calm and reassure the child;
- Encourage the child to sit up and slightly forward –do not let them lie down;
- Loosen tight clothing;
- Use the child's own inhaler;
- Remain with the child while the inhaler is obtained;
- Do not leave the child alone;
- Immediately help the child to take two puffs of salbutamol;
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs;
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better;
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE;
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Inform the Parents and the first aid staff. Never leave a student alone or unattended. It is not necessary to accompany the student to hospital if a parent can arrive promptly. However, if there may be a delay a member of staff should attend the hospital to "handover" to a parent when she/he arrives.



Appendix 2.

ANAPHYLAXIS

Anaphylaxis is a condition that can be life threatening. The whole body is affected, usually within minutes/seconds of exposure and the symptoms can vary in severity, including some of the following:

- Rapid onset;
- Itching or a strange metallic smell;
- Swelling of the throat and tongue;
- Difficulty swallowing and breathing;
- 'Hives' anywhere on the body;
- 'Flushing' of the skin;
- Abdominal cramps;
- Increased heart rate;
- Sudden feeling of weakness;
- Collapse and loss of consciousness.

In the event of a student having a reaction :

1. Administer an Auto-injector if the student carries an Auto-injector;
2. Never leave the student unattended;
3. Contact Reception to call an ambulance;
4. Ask Reception to bring the students 2nd Auto-injector to the location;
5. Continue checking pulse.

The school will:

- Place students with allergies on the school's Medical Register;
- Review health records submitted by parents;
- Provide INSET and information on what to do if a student has a reaction;
- Ensure all medications are appropriately stored and easily accessible;
- Review policies after a reaction has occurred;
- Ensure that wherever possible substances that cause anaphylaxis are not used in school without adequate supervision, e.g. during food technology lessons;
- Ensure food on sale in school is clearly labelled with allergy information.



Appendix 3.

DIABETES

Students identified with diabetes are placed on the school's Medical Records.

All students administer their own insulin each day and monitor their level of food intake. Students may feel unwell due to changes of insulin or sugar levels in their bodies resulting in a 'hypo'.

Trigger Factors:

- Student unwell
- Exertion
- Extreme weather conditions
- Not eating regularly
- Not managing insulin intake

Symptoms of a hypo:

- Students becomes pale and the skin feels cold and clammy;
- Student becomes very thirsty;
- Student becomes quiet;
- Student becomes incoherent;
- Student becomes weak or faints.

In the event of a student having a hypo:

1. Student should immediately be allowed to either have a sugary drink, sweets, crisps (diabetic students are advised to carry these);
2. Medical help is immediately requested via Reception;
3. If a student has medication such as Hypo Stop Jell this should be take;
4. If the student is not responding then an Ambulance will be called.

The school will:

- Place students with diabetes on the school's Medical Records;
- Review health records submitted by parents;
- Provide INSET and information on what to do if a student has a hypo;
- Ensure all medications are appropriately stored and easily accessible;
- Review policies after a reaction has occurred.



Appendix 4.

EPILEPSY

‘Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain’s messages becoming halted or mixed up.’

‘The brain is responsible for all the functions of your body, so what you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.’ (Epilepsy UK, 2014 accessed online at <https://www.epilepsy.org.uk/info/what-is-epilepsy>).

Epilepsy is an electrical storm to the brain. There are 30+ different types of epilepsy and it affects 1 in 100 children and 1 in 130 adults. The cause of epilepsy is often unknown. ‘Petit mal’ is when very brief interruptions of consciousness occur and it can be very difficult to detect. Epileptic fit often occurs suddenly and the student loses consciousness and convulses. The student may become rigid falls to the ground and there is jerking of all four limbs. Breathing is laboured and there may be incontinence of urine. Not all these features are seen. A health care plan must be provided to the school to inform those who need to know how to respond.

Trigger Factors:

- Overheating;
- Infection;
- Tiredness;
- Fatigue;
- Excitement;
- Computers/screens flickering lights;
- Hormones;
- Not taking medication.

In the event of a student having an epileptic fit:

- Remove any danger to them;
- Immediately request medical help from Reception;
- Put something soft under the head;
- Note the length and nature of the convulsion;
- Protect from public gaze;
- DO NOT restrain;
- DO NOT put anything in their mouths;
- DO NOT give them anything to drink;
- Place in the recovery position when the seizure has finished and supervise at all times.

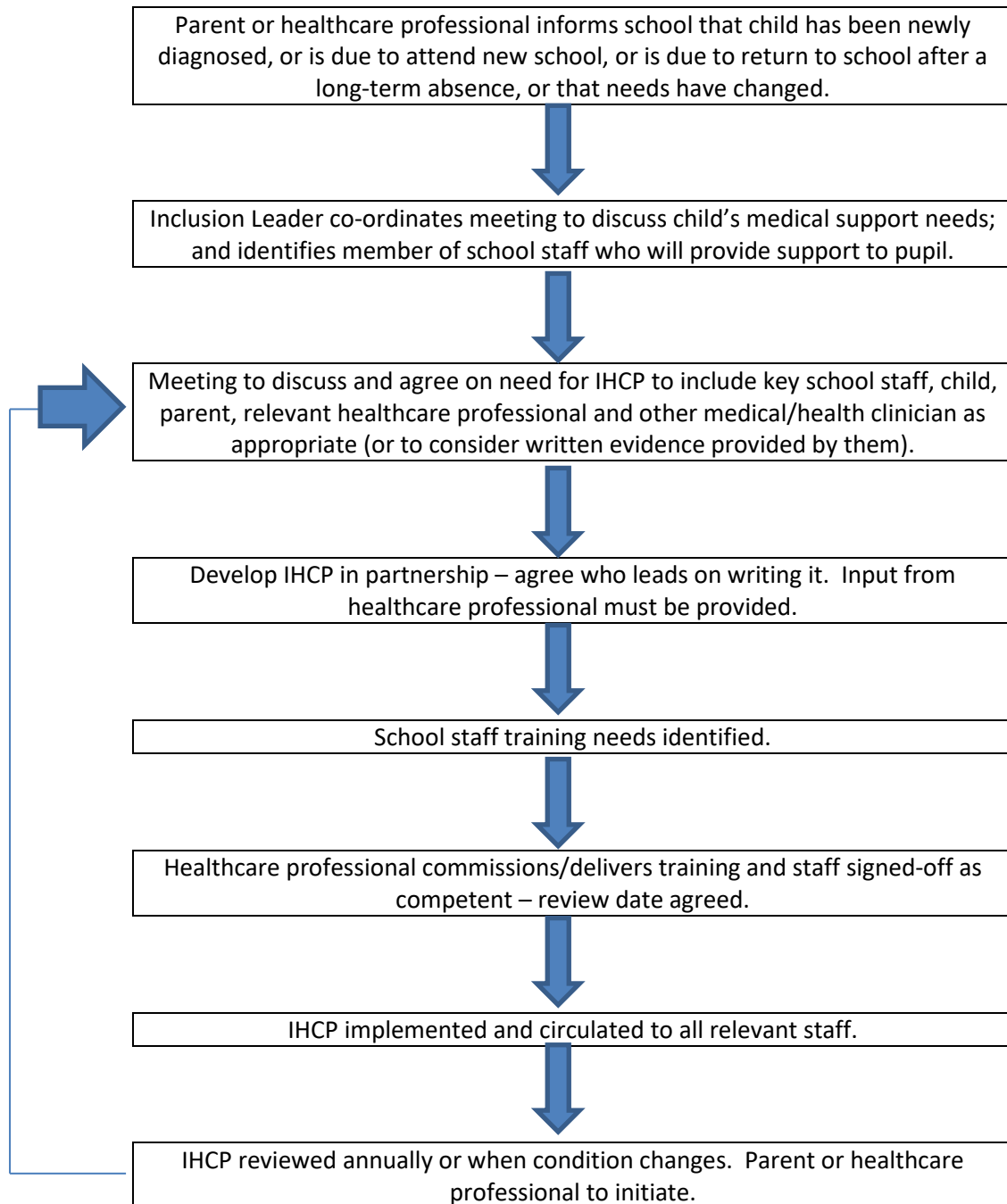
School will ensure that:

- Students with epilepsy are placed on the school’s SEN Medical Records;
- Review health records submitted by parents;
- School provides training and information on what to do if a student has an epileptic fit;
- Ensure all medications are appropriately stored and easily accessible;
- Review policies after a reaction has occurred.



Appendix 5

Model Process for Developing Individual Healthcare Plans



Appendix 6

Health Care Plan Cox Green School



**COX
GREEN
SCHOOL**

Health Care Plan for a Student with Medical Needs

Surname: _____ Forename: _____ Date of Birth: _____

Address: _____

Form Group : _____

Medical Condition:

--

Date plan drawn up: _____ Review date: _____

FAMILY CONTACT INFORMATION

	Contact 1	Contact 2
Name		
Phone No		
Work		
Home		
Mobile		
Relationship		



MEDICAL PRACTITIONER CONTACT INFORMATION

	GP	Clinic or Hospital Contact
Name		
Phone No		

Describe medical condition and give details of student's symptoms:

--

Details of prescribed medication

--

Is child able to manage, carry and administer their own medication:

--

Daily care requirements (e.g. before sport/at lunchtime):

--

Describe what constitutes an emergency for the student, and the action to be taken if this occurs:

--

If an emergency occurs what follow up care would be required?:

--



--

Who is responsible in an emergency (State if different on off-site activities)

--

I give permission for this information to be shared with medical practitioners in emergency situations:

Parent/Carer name Signature Date


FORM COMPLETED:

	Name	Signature	Date
Nurse			
Inclusion Leader			
Parent/Carer			



Appendix 7

Student Health Questionnaire

 COX GREEN SCHOOL	STUDENT HEALTH QUESTIONNAIRE (THIS MUST BE COMPLETED AND SIGNED)
Name of participant: _____ male/female _____	
Date of Birth: _____	
Address of Participant: _____ Telephone No. (Inc. STD): _____	
Post Code: _____	
Does your child now have or has ever experienced any of the following (please tick all that apply):	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Chest pains	
<input type="checkbox"/> Family history of heart disease	
<input type="checkbox"/> Muscular/joint problems	
<input type="checkbox"/> Asthma or other respiratory problems	
<input type="checkbox"/> Migraine/dizziness	
<input type="checkbox"/> Recent surgeries	
<input type="checkbox"/> Any sustained injuries/illnesses	
<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Difficulty with any form of physical exercise	
<input type="checkbox"/> Currently taking any medication	
<input type="checkbox"/> Severe allergic reaction	
<input type="checkbox"/> Other (please specify)	
Does your child require any medication during the school day? _____ YES / NO _____	
If 'yes' is it prescribed or over the counter? _____	



Please give further details of the medication and the frequency it is to be taken (you will need to come into school to complete a prescribing medication form):

.....

.....

.....

Could your child's condition ever require additional or emergency medical attention in school? YES / NO

If 'yes' please give further details:

Please note that any medication held by the school for students must be in the original container and clearly marked with the child's name. Parents must ensure medication is in date. Parents will have to sign the prescribing medication form and also need to dispose of medication after the prescribing period is complete.

It is the responsibility of the parent/guardian to inform the school of any changes to the above information whether temporary or permanent.

I, as the parent/guardian of the named student admit to the information given as true and correct and take full responsibility for any incident arising where information has been withheld.

Signed:..... Print Name:

Relationship to child: Date:

Please ensure that you discuss with the Inclusion Lead any special arrangements which need to be made for your child during school time.



Appendix 8

Medical Consent Form - Over the Counter



COX
GREEN
SCHOOL

For Office Use Only
Student Photo

'OVER THE COUNTER' MEDICINE FORM

Student Name: _____ DOB: _____ Form: _____

Address: _____

Name of Person who brought medicine in: _____

Signature _____ Relationship to Student: _____

Name of Medication - 1 (please include packaging): _____

Reason for Medication: _____

Dosage: (state quantity) _____ Time: _____ Expiry Date of Medication: _____

Storage Instructions: Please tick if medication needs to be refrigerated: ☐

Name of Medication - 2 (please include packaging): _____

Reason for Medication: _____

Dosage: (state quantity) _____ Time: _____ Expiry Date of Medication: _____

Storage Instructions: Please tick if medication needs to be refrigerated: ☐

I authorise Cox Green School to administer the medication above.

Parent Signature: _____ Date: _____



Appendix 9

Medical Consent form - Prescription Only



COX
GREEN
SCHOOL

For Office Use Only
Student Photo

PRESCRIBED MEDICINE FORM

Student Name: _____ DOB: _____ Form: _____

Address: _____

Name of Person who brought medicine in: _____

Signature _____ Relationship to Student: _____

Doctor Name/Surgery Address: _____

Any Allergies: _____

Name of Medication -1 (please include packaging): _____

Reason for Medication: _____

Dosage: (state quantity) _____ Time: _____ Expiry Date of Medication: _____

Storage Instructions: Please tick if medication needs to be refrigerated: ☐

Name of Medication - 2 (please include packaging): _____

Reason for Medication: _____

Dosage: (state quantity) _____ Time: _____ Expiry Date of Medication: _____

Storage Instructions: Please tick if medication needs to be refrigerated: ☐

I authorise Cox Green School to administer the medication above.

Parent Signature: _____ Date: _____



Appendix 10

Residential Visits and Extended Out-of-School Activities

RESIDENTIAL TRIP - MEDICINE FORM (Name and Date of trip 20__)

The school will not give your child medication unless you complete and sign this form. Please complete this form for medication that your child will need on the residential trip. For more than two types of medication repeat on a blank page and attach the page to this form. If there are any subsequent changes to the medication, then it is the parent's responsibility to inform the school.

This form will be attached to the Healthcare Plan and taken on the trip.

Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Student Name (please print in capitals)

Any remaining medication will be returned to the student at the end of the trip.

If you do not wish medication to be handed back to your child, please indicate here.

Medication to be returned to student:

Yes / No

Please delete

Medication 1:

Name/type of medication (as described on the container):

Expiry Date:

Dose and Method:

When it is taken:

Are there any contraindications:
(signs when medicine should not be given)

Are there any side effects that the school needs to know about?:

Self Administration: ☐ Yes ☐ No ☐ Yes with supervision by staff member

What to do in an emergency:

PLEASE
LEAVE BLANK
FOR PHOTO

Please provide any other information that the school needs to be aware of regarding your child's medical condition and recent health before the residential trip:

.....
.....



RESIDENTIAL TRIP - MEDICINE FORM (page 2)

Medication 2:

Name/type of medication (as described on the container):

Expiry Date:

Dose and Method:

When it is taken:

Are there any contraindications:
(signs when medicine should not be given)

PLEASE

LEAVE BLANK

Are there any side effects that the school needs to know about?:

Self Administration: ☐ Yes ☐ No ☐ Yes with supervision by staff member

What to do in an emergency:

Please provide any other information that the school needs to be aware of regarding your child's medical condition and recent health before the residential trip:

.....

.....

.....

Signed:

Print Name:

Relationship to child:

Date: