

## Medical & Medicine Policy

### Introduction

This document is statement of the aims, principle, and strategies for ensuring the health and safety of students with medical needs at Coombe Dean School (CDS).

### Aims

Our aims for Health are to: -

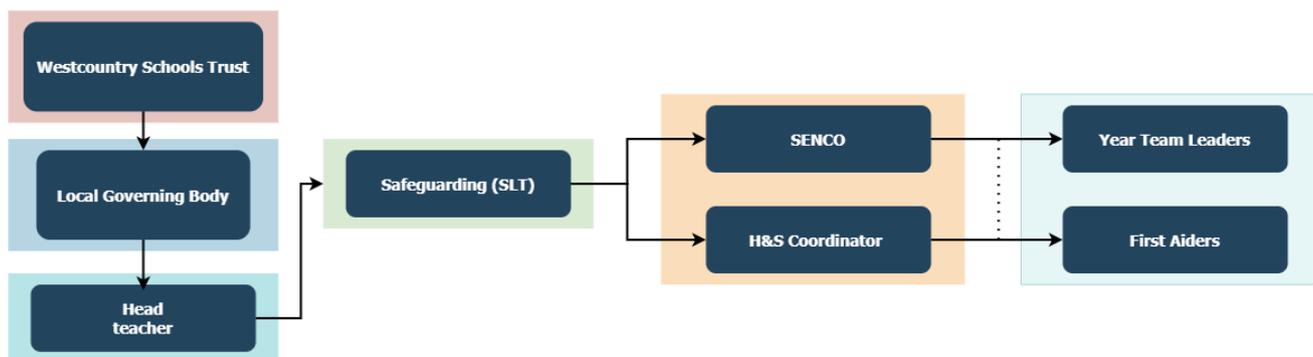
Provide a safe environment for students, staff and all other people who come onto the premises of our school who have medical needs.

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).

### Roles and Responsibilities



### Westcountry Schools Trust

The Trust Directors are ultimate responsibility for all health and safety matters.

### The Local Governing Body

The local governing board has responsibility for health and safety matters in the school, but delegates operational matters tasks to the headteacher.

### Governor

- The overall implementation and compliance of the Medical and Medicines Policy and procedures of school.
- Ensuring that all children with medical conditions can participate fully in all aspects of school life. In doing so, Governors may take into account that school procedures and facilities are such that school systems can deal with children' needs in a flexible manner, and involve for example, programmes of study that rely on part time attendance at school or alternative



programmes of study at alternative venues.

- Ensuring the level of insurance in place reflects the level of risk, and that suitable risk assessments are in place for school trips and other activities outside of the normal timetable.

### **The Head teacher is responsible for:**

- The day-to-day implementation and management of the Medical and Medicines Policy and procedures in school, but delegates operational matters and day-to-day tasks to the School Safeguarding Lead.
- Ensuring the policy is developed effectively.
- Making all staff aware of this policy and understand their role in its implementation.
- Ensure that all educational visits are appropriately risk assessed and that the medical needs of children participating have been identified and provision is in place.
- Ensure leaders and designated roles are in place which ensure effective implementation and monitoring of this policy within the school

### **Senior Leadership Team (Safeguarding):**

- Overseeing the provision of First Aid
- Liaising with the SENCO and H&S Coordinator.
- Address any health and safety issues affecting staff
- Monitoring and quality assuring first aid and emergency procedures and record keeping.
- Monitoring and quality assuring record keeping procedures and systems within First Aid.
- To advise and provide guidance on safe working practices.
- To ensure a central record of all accidents and relevant accident report forms are in place in partnership.
- To attend Health & Safety meetings and present termly statistical analysis on injuries.
- To contribute to personal and health education in schools

### **Co-ordination Level – H&S Coordinator is responsible for:**

- The day to day management of First Aid and Medical support provision in school to staff and children
- To co-ordinate, as appropriate, a back-up team to cover emergency first aid responsibilities within school in absence of any scheduled first aider.
- To monitor first aiders to ensure training for additional medical procedures relating to students IHPs is completed, recorded and renewed when required.
- Ensure a central record of all accidents is maintained.
- To ensure existing child medical records are accurate and up-to-date, advising staff of any changes as and when appropriate.

### **Co-ordination Level – SENCO:**

- Liaising with the Team Leaders.
  - Ensuring children with medical needs information is readily available in the designated area within the academy with regular updates.
  - Consult the child, parents and the child's healthcare professional to



ensure the effect of the child's medical condition on their schoolwork is properly considered

- To work, when necessary, alongside external stakeholders, e.g. PCT School Nurse.
- To lead on support for children with individual medical plans when required.
- Monitor IHP's to ensure school is providing the provision students with medical needs require to make progress.
- To ensure that all child medical plans are accurate and that this is communicated to all staff.

### **Procedural Level: All First Aid trained staff**

- Logging medicines administered.
- Ensuring the security of all medicines.
- Notifying Year Team Leaders of medication due to run out of date or in short supply.
- Referring to individual health care plan when needed when administering first aid/emergency medication.
- To liaise with the Designated Safeguarding Lead regarding any Child Protection concerns.

## **2. 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 assemblies and talking to the student Inclusion team.

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 daughter/son is enrolled as a new student.

School staff are informed and regularly reminded about the medical conditions policy:

- Through reminders at the first staff meeting of the school year and before Individual Healthcare Plan (IHP) is distributed to parents.
- At scheduled FA training sessions.
- Through the key principles of the policy being displayed on the staff Intranet.
- Through school-wide communication about results of the monitoring and evaluation of the policy

All supply and temporary staff are informed of the policy and their responsibilities in their safeguarding training during induction.

Relevant local health staff are informed and regularly reminded about the



school's medical conditions policy:

- Via the school/community nurse
- Through communication about results of the monitoring and evaluation of the policy.

### **3. Emergencies**

Staff understand and know what to do in an emergency for the most common medical conditions at this school.

All staff are made 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 school staff are required under common law duty of care to act like any reasonably prudent parent.

First Aid Trained staff are given the opportunity at least once a year to refresh their basic skills.

CDS uses IHPs to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help.

### **4. General Emergency Procedures.**

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 school First Aiders
- how to contact emergency services and what information to give

Training is refreshed for all staff at least once a year.

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.

### **5. Administration of Medication**

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

#### **Administration – emergency medication**

All students with medical conditions should have easy access to their emergency



medication.

All students are asked to carry and administer their own emergency medication, when their parents and health specialists determine they can start taking responsibility for their condition. All students always carry their emergency medication with them, 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 the procedure to access it.

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.

### **Administration – 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. 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 named member of staff at this school.

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

There are several members of staff at this school who have been specifically trained by the school nurse to give emergency medication with a syringe.

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.

Training is given to all staff members who agree to administer medication to students, where specific training is needed. If staff who would normally administer medication are absent from school appropriate cover will be arranged.

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. This may include acting such as administering medication.

In some circumstance's medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.



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.

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

If a student needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any students in their care who have specific needs. If they are expected to supervise or administer emergency medication, they are properly trained.

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, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

If a student misuses medication, either their own or another student's, their parents are informed as soon as possible.

## **6. Storage of Medication**

The CDS has clear guidance on the storage of medication at school.

### **Safe storage – emergency medication**

Emergency medication is readily available to students who always require it during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

Most students always carry their emergency medication on them. Students keep their own emergency medication securely.

Students are reminded to carry their emergency medication with them.

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 the procedure to access their emergency medication.

### **Safe storage – non-emergency medication**

All non-emergency medication is kept in a secure room, in a lockable locker.



Students with medical conditions know where their medication is stored and the procedure to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

## **Safe storage – general**

The school First Aiders are responsible for ensuring the correct storage of medication at all time in the school.

The designated First Aiders are responsible for ensuring the correct storage of medication at all time during residential visits.

All controlled drugs are kept in a locked cupboard and only named staff have access. Students who normally administer the medication themselves have it dispensed to them by the First Aider with time and dosage recorded.

Three times a year the First Aider will check the expiry dates for all medication stored at school. The First Aider, along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought into 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 stored 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 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. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised students or lockable as appropriate.

It is the parent's responsibility to ensure new and in date medication comes into school when necessary.

## **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.

The First Aider 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.



Sharps boxes are used for the disposal of needles and other items that may puncture the skin.

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 or to school or the student's parent.

Collection and disposal of sharps boxes is arranged by the premises department collection is by South West Waste Ltd.

## **7. Record keeping.**

### **Enrolment medical forms**

Parents are asked if their daughter/son has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms. See Appendix 7

### **Individual Healthcare Plans**

Individual Healthcare Plans (IHP) 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 most other cases, especially where medical conditions are long-term and complex. However, not all students will require one. The school, healthcare professional and parent should agree, based on evidence, when a IHP would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided in Appendix 5

### **Drawing up IHP**

IHP records important details about individual student medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the IHP if required See Appendix 6

An IHP, 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, an Over the Counter (OTC) medication consent must be completed by the parent in person. See Appendix 8

The parents, healthcare professional and student with a medical condition, are asked to complete the initial part of the IHP. Parents then return form to the school.

The students Year Head will organise a meeting, to draw up the full IHP to support the students with the complex healthcare needs in school. They SENCO may attend



this meeting if appropriate.

## **School IHP register**

IHPs are used to create a centralised register of students with medical needs. The Inclusion team has the responsibility for the register at this CDS and ensuring it is kept up to date. Copies are sent to all relevant staff with hard copies sent to the First Aiders.

The Year head is the point of contact for parents and any further details on a student's IHP needing clarification or editing will go through the Year Head.

## **Ongoing communication and review of IHP**

Parents are regularly reminded to update their child's IHP 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.

Every student with a **IHP** at this school has their plan discussed and reviewed at least once a year.

## **Storage and access to IHP**

Parents and students are provided with a copy of the student's agreed IHP.

IHPs are filed centrally on the school network with a copy attached to the student's sims record. In the future IHP will be accessible through Class Charts, teachers will then have instant access to details of student with IHPs in their classes.

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.

## **Use of IHP**

IHPs are used by this CDS 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 always keep their emergency medication with them.
- Identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies.
- CDS uses this information to help reduce the impact of common triggers.
- ensure that all medication stored at school is within the expiry date.
- Manage and support the medical and healthcare of the student 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.

## **Consent to administer medicines.**

If a student requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent during the IHP process. A separate form is sent to parents for students taking short courses of medication.

Parents of students with medical conditions are asked during the IHP process if they and their daughter/son's healthcare professional believe the child can manage, carry and administer their own emergency medication.

## **Use of crutches on school site.**

If a student requires crutches to travel around the school site, parents should inform their Tutor or Year Head immediately, who will inform the relevant parties for support and re-rooming. Crutches should only be used on the advice of a medical professional, and parents should provide the school with a clear period for which the student is expected to use them. If this period is more than two weeks; parents should provide the school with a medical certificate.

## **Residential visits**

Parents are sent a residential visit 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 9

All residential visit forms 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 IHP.

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 at night or in the morning if required.

The residential visit form also details what medication and the 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.

## **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 10 - Prescription Only Medicine Consent Form

Refresher training for common medical conditions for First Aiders is provided annually as recommended by the HSE. Year Team Leader will organise any specific training for staff to support a student as part of the IHP process. Training details are recorded, dates for refresher training are monitored and reviewed as part of the IHP process.

## **8. CDS environment**

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

### **Physical environment**

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

Students with medical conditions are included in the consultation process as part of the IHP to ensure the physical environment at this school is accessible.

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

### **Social interactions**

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.

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 breakfast club, 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 Life Skills Lessons (PSHE) to raise awareness of medical conditions amongst students and to help create a positive social environment.

### **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.



# Coombe Dean School



This school ensures all classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.

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

## **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 CDS are aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the Year Head and SNCO. The Year Head and SNCO 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.

## **Residential visits**

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, and 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.

## 9. Common triggers

Common triggers can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this:

- 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.
- School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.
- The school has a list of common triggers for the common medical conditions at this school.
  - Asthma See Appendix 1
  - Anaphylaxis See Appendix 2
  - Diabetes See Appendix 3
  - Epilepsy See Appendix 4

This school uses IHP to identify individual students who are sensitive to 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, considering 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.

## 10. Reviews and Updates.

This school's medical condition policy is reviewed, evaluated, and updated every year in line with the school's policy review timeline.



## 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.

Coombe Dean 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 air fresheners or room deodorisers to be used and unscented /no aerosol products to be encouraged. Changing rooms to be well ventilated.

**Latex gloves-** The school is to use latex free gloves.

**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's 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. 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.

The school encourages students with asthma to participate fully in all sports and activity-based lessons. PE teachers and sports 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 student 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 reliever inhaler is vital.

Asthmatics at the school are expected to carry their own inhalers with them and a spare one should be kept in reception held in the secure locker. It is recommended a school spare inhaler should also be kept for emergencies.

When a student has an asthma attack or difficulty breathing the teacher should support initially, encouraging the use of their inhaler. The First Aider should be contacted and will attend to the student. If possible, the student can be sent to First Aid room for treatment but always with an escort.

## **EMERGENCY PROCEDURES**

### **Common signs of an asthma attack:**

- Coughing.



- Shortness of breath.
- Wheezing.
- Feeling tight in the chest.
- Being unusually quiet.
- Difficulty speaking in full sentences.
- Younger children may express feeling tight in the chest as tummy ache.
- Pale skin, possible blue tinge around the lips.

## **ASTHMA ATTACK - WHAT TO DO:**

- Keep calm.
- If possible, escort the student to the Student Support. Otherwise let the student sit up and slightly forward- do not let them lie down. Never leave the student alone.
- Make sure the student takes two puffs of their reliever inhaler (usually blue) immediately. If possible, use a spacer. It is very safe so you should not worry about overdosing.
- Loosen tight clothing.
- Reassure the student.
- If there is no immediate improvement, continue to make sure the student takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.
- If they have forgotten their inhaler, contact the school Student Support immediately.

### **After 5-10 minutes**

- If symptoms cease, the student can return to what they were doing.
- If the symptoms improve but not completely disappeared, escort the student to the Student Support.

**If the student does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**

### **Call 999/Ambulance if**

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

Ensure the student continues to take one puff of her reliever inhaler every minute until the ambulance arrives.

First Aid informs Parents. 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 Epipen if the student carries an Epipen.
2. Never leave the student unattended.
3. Call an Ambulance then contact Student Support.
4. Continue checking pulse.

The school will:

- Place students with allergies on the school's Medical Register.
- Review health records submitted by parents.
- Ensure all medications are appropriately stored and easily accessible.
- Review policies after a reaction has occurred.
- Ensure that substances that cause anaphylaxis are not used in school without adequate supervision, e.g. during food technology lessons.
- Ensure that items that may contain 'nuts' or other ingredients that may trigger a reaction are labelled.

School Held Epipens.

Schools are now permitted to hold "spare" Auto-injectors, which are obtained without prescription and held centrally, in reception in the secure locker. Guidance states that schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided (part of the IHP). To obtain these spare epi-pens, a request in writing, signed by one of the Co-Headteachers will be submitted to the pharmacy, detailing the required epi-pen(s). It is envisaged the school will request only the most frequently prescribed epi-pens to our students.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

The school will only administer the "spare" epi-pen to a pupil at risk of anaphylaxis,



# Coombe Dean School



where written consent has been given by the parents as part of the Medical Consent Form and IHP, or by explicit instruction of medically trained professionals (in the case of an emergency call).



## Appendix 3. DIABETES

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

Student should immediately be allowed to either have a sugary drink, sweets, crisps (diabetic students are advised to carry these). First Aider are requested if student can go to Reception with escort they should.

If the student is not responding, then an BSL will be administered and emergency services called.

The school will:

- Place students with diabetes on the school's Medical Register.
- Spot checks will be carried out to ensure student is carrying their medication.
- Review health records submitted by parents.
- Ensure all medications are appropriately stored and easily accessible.
- Review policies after a reaction has occurred.

Students with diabetes require an IHP plan in school.



## Appendix 4. EPILEPSY

Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they tend to have epileptic seizures.

Anyone can have a one-off seizure, but this does not always mean they have epilepsy. Epilepsy is usually only diagnosed if a doctor thinks there is a high chance that the person could have more seizures.

Some types of epilepsy last for a limited time and the person eventually stops having seizures. But for many people epilepsy is a life-long condition.

A seizure happens when there is a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way the brain normally works, so the brain's messages become mixed up. The result is an epileptic seizure.

There are many different types of seizure. What happens to someone during a seizure depends on which part of their brain is affected, and how far the seizure activity spreads. During some types of seizure, the person may remain alert and aware of what's going on around them, and with other types they may lose awareness. They may have unusual sensations, feelings or movements or they may go stiff, fall to the floor and jerk. Not all these features are seen.

(Epilepsy UK, 2021 accessed online at <https://www.epilepsy.org.uk/info/what-is-epilepsy>)

### 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 FA support
- 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 always supervise.

### School will ensure that:

- Students with epilepsy are placed on the school's Medical Register.
- Review health records submitted by parents.
- Ensure all medications are appropriately stored and easily accessible if taken.
- Review policies after a reaction has occurred.

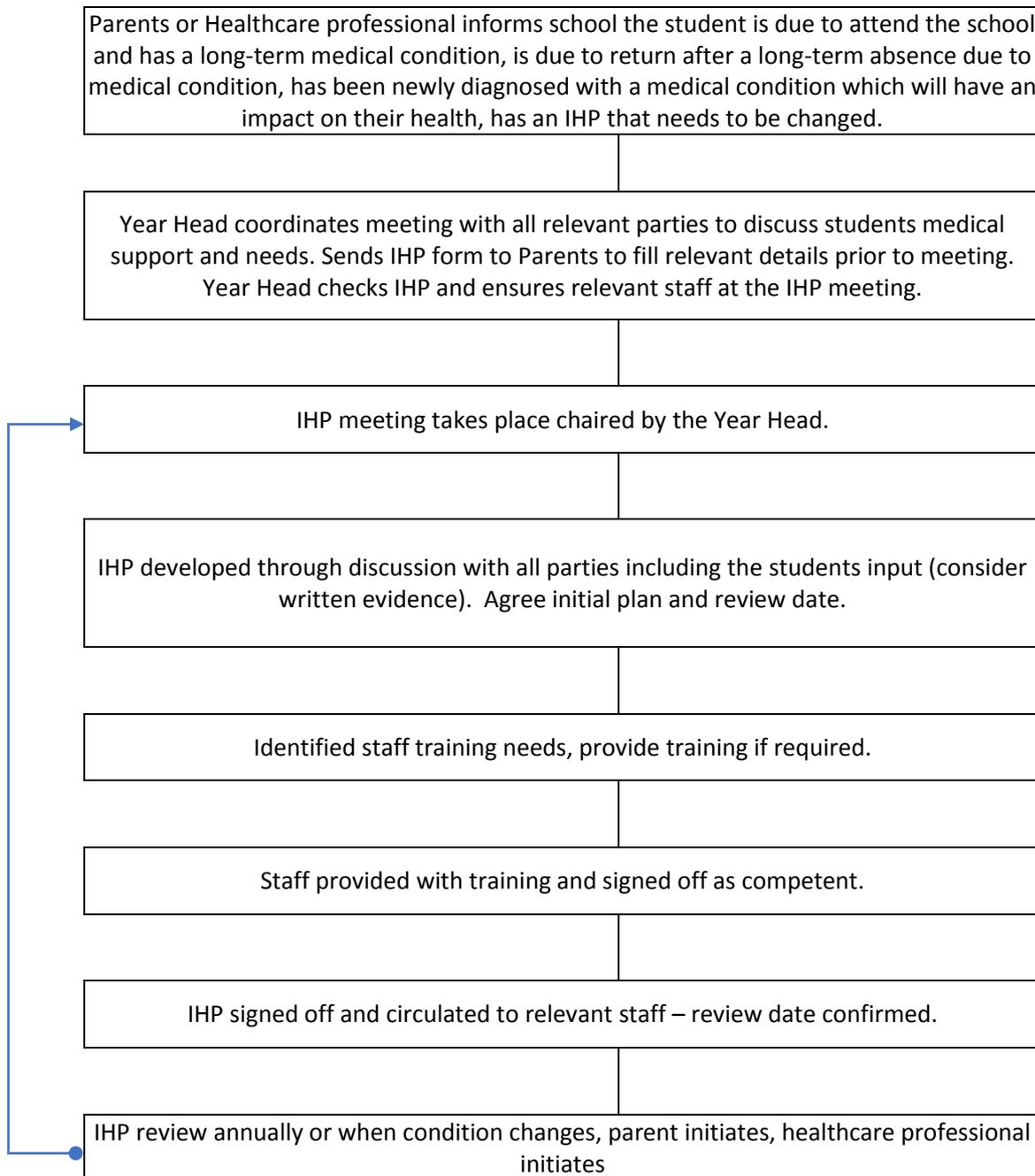


# Coombe Dean School



A health care plan is required in school to inform those who need to know how to respond.

## Appendix 5 – Model process for developing IHP





## Appendix 6

### Individual Healthcare Plan (IHP) Dean School

Coombe

Name of school/setting

Student's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Coombe Dean School

#### Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


Link Healthcare professional (School or paediatric nurse) name and contact details.

--



# Coombe Dean School



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 with/without supervision.

Daily care requirements

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



# Coombe Dean School



Arrangements for school visits/trips etc.

Arrangements for intimate care (if required)

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)

In school  
In the first instance the classroom teacher.  
Duty First Aider.

Offsite  
Staff member organising trip/visit  
Designated first aider (may be the organiser)

Plan developed with



# Coombe Dean School



Staff training needed/undertaken – who, what, when

Form copied to

Hard Copy

Information notice:  
General Staff email  
SIMS medical records  
Email teachers of

Signature of Parent: ..... Date: .....

Signature of School Staff:..... Date: .....

Position:



## **Contacting the Emergency Services**

### **Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information.**

- 1. Your telephone number.**
- 2. Give your location as follows (insert school/setting address)**
- 3. State that the post code is.**
- 4. Give exact location in the school/setting (insert brief description)**
- 5. Give your name**
- 6. Give name of child and a brief description of the child's symptoms**
- 7. Inform Ambulance Control of the best entrance**



## Appendix 7- Medical Information Form

This information will only be shared as appropriate and on a need-to-know basis.

### Medical Information Form

For students with medical conditions at school

#### Coombe Dean School Medical Details

Students Forename	
Students Surname	
Group/class/form	
Date of birth	
Child's address	

#### Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

#### MEDICAL AND DIETARY DETAILS

Doctor's Name: Doctor's Tel No: Doctor's Address:
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Current medical treatment including medication:

--



# Coombe Dean School



How is your son/daughter's medication managed?)

(please circle)

At Home

At home and school

Preferred method of administration (if student is needing medication during the school day)

Student to administer.

Staff member to administer.

Any additional comments regarding administration:

Details of any special dietary needs:

Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc

Would you consider your son/daughter's condition to be life threatening?

(please circle)

Yes

No

## STATEMENT

I confirm that the information above is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform Coombe Dean School of any changes. I am happy for the school to contact me to discuss any of the above.

Signed:

Date

(Parent/Guardian/Participant over 18)



## Appendix 8 Medication Consent Form.

*IF YOUR CHILD IS PRESCRIBED MORE THAN ONE MEDICINE, PLEASE COMPLETE A SEPARATE FORM FOR EACH.*

### Parental agreement for school/setting to administer medicine.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year Group/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

### Medicine

Name/Type of Medicine (as described on the container): \_\_\_\_\_

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

Expiry date: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Frequency of Administration/Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Are there any side effects that the school/setting needs to know about? \_\_\_\_\_

Self- Administration (under staff supervision): Yes/No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_

### Contact Details

Name: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

I understand that I must deliver the medicine personally to the reception at Coombe Dean and 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: \_\_\_\_\_

Signature: \_\_\_\_\_



## Appendix 9- Residential visits and Out-of-school activities

### Medical Information Form

For students with medical conditions at school

#### Coombe Dean School Medical Details (Residential)

Students Forename	
Students Surname	
Group/class/form	
Date of birth	
Child's address	

#### Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

#### MEDICAL AND DIETARY DETAILS

Doctor's Name:
Doctor's Tel No:
Doctor's Address:

Please give details of any medical conditions/disabilities eg diabetes, epilepsy, allergic to plasters etc

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Would you consider your son/daughter's condition to be life threatening?

(please circle) Yes No
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How is your son/daughter's medication managed?)

