



Kew Green Preparatory School

## **Medical Conditions Policy (including the Early Years Foundation Stage)**

### **Policy Statement**

Kew Green Preparatory School is an inclusive community that aims to support and welcome pupils with medical conditions. We aim to provide pupils with medical conditions the same opportunities as others at school.

This policy has been written in conjunction with the document from the Department for Education, 'Supporting pupils at school with medical conditions' (April 2014) with the aim of providing pupils with medical conditions the same access and opportunities as any other child.

For health requirements specific to children in the Early Years Foundation Stage we refer to the section on Health in the Department for Education's document 'Statutory Framework for the Early Years Foundation: Setting the standards for learning, development and care from children from birth to five (September 2014)

Children with medical conditions will feel confident in school and will receive the support they need from us. We aim to include all children with medical conditions in all school activities. Parents of children with medical conditions will feel secure in the care their children receive at Kew Green and understand fully their responsibility and duty in keeping the school informed about the medical condition.

Kew Green Preparatory School will ensure all staff understand their duty of care to the children in the event of an emergency and all staff should feel confident in knowing what to do in an emergency.

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Also, we understand the importance of medication being taken as prescribed.

This policy should be viewed together with its appendices to ensure safe administration of medicine and support for all children with medical conditions.

### **Purpose of this Policy**

The purpose of this policy is to ensure that Kew Green Preparatory School meets the needs of children with medical needs and ensure that everyone, including parents, is clear about their respective roles. The policy ensures that we put in place effective management systems to help support individual children with medical needs. Within the policy it is indicated how medicines are handled responsibly. Also it outlines clearly to all school staff about what to do in the event of a medical emergency.

## Children with Medical Conditions

Kew Green recognises that many children may need to take medicines during their time at school.

### Short Term

To allow children to overcome a short term medical need and to minimise the time that they need to be absent Kew Green Preparatory allows the administration of medication at school. However such medicines must be taken to school only when it would be detrimental to a child's health if the medication was not administered during the school day.

### Long Term

Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well.

Kew Green clearly states that it is important all the information and care plans for a medical condition of any child with long-term medical needs must be given to the school prior to the child joining. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. At this stage the school will contact the parents and discuss alternative arrangements. Should a child develop a medical condition the parents have a duty to inform the school.

Parents must ensure that the minimal administration of medicines will occur during the school day and this procedure will be followed:

- smallest possible dose will be brought to the school
- medicine should be self-administered if possible, under the supervision of an adult

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

### Communication

The medical conditions policy is supported by a clear communication plan for staff and parents to ensure its full implementation.

Parents are informed and regularly reminded about the medical conditions policy:

- by signposting access to the policy in the parent handbook
- at the start of the school year when communication is sent out about Healthcare Plans
- at several intervals in the school year through Friday letters
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round

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

- through electronic copies sent out prior to the first staff meeting of the school year and before Healthcare Plans are distributed to parents
- at staff meetings – whole school and section meetings
- at scheduled medical conditions training
- where appropriate, all supply and temporary staff will be informed of children with particular ailments at the time the supply pack is issued.

## Emergency

In an emergency situation all staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication. In staff meetings all staff will be made aware of the likelihood of an emergency arising and what action to take if one occurs.

Action to take in the event of a medical emergency:

- contact emergency services and give information of who to contact within the school (Emergency Appendix )
- a member of staff will always accompany a child if s/he is required to go to hospital and will stay with the child until a parent arrives. This will be a staff member who the child knows.
- the child will be transported to hospital using an ambulance, not private car
- communicate the child's Healthcare Plan to the hospital as soon as possible

## Training

At Kew Green Preparatory School we recognise that some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff training for medical conditions is recorded.

The staff who work closely with the children will receive training and know what to do in an emergency for general emergency procedures and for children at the school with medical conditions. In accordance with the National Service Framework for Children, Young People and Maternity Services, all schools and educational settings have access to training provided by health professionals on all medical conditions. Training is refreshed on a biennial cycle.

## Administration of Medicine

Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with the parents before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Head of Section.

## Emergency

For all children with medical conditions emergency medication is easily accessible in the school office or in sports first aid bag or class first aid bag for off-site activities/residential visits. Several members of staff will be trained in administering the emergency medication safely.

## General

All use of medication defined as a controlled drug is administered by a member of staff.

Kew Green Preparatory School recognises that there is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the DfCSF. While teachers have a general legal duty of care to their children, this does not extend to a requirement to routinely administer medicines.

Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to the children, but only with the written consent of the pupil's parent.

The Head of Section will agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Head of Section will seek advice from advisers and, if appropriate, GSG

The administration of **all** medicine will be witnessed by a second adult.

A written record of the date and time of the administration will be made in the Medical Record Report book kept in the Medical Cupboard.

If in doubt about any procedure staff should not administer the medicines but check with the parents before taking further action.

### **Refusal of Medicine**

If a child refuses medication, it will be recorded and parents will be informed as soon as possible. If it is a child with long term medical needs the parents will be required to come to school to either administer the medicine or take the child home. If a refusal to take medicines results in an emergency, the school will contact the ambulance service then the parents.

If a child misuses medication, either their own, or another child's, their parents will be informed immediately. The child will be subject to the school's disciplinary procedures.

### **Prescription Medicines**

Kew Green will administer medicines which are essential. The school will accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

If the school feels that the frequency and dosage administered in school is excessive the Head of Section will consult the parents in the first instance and then Health Care Professionals (reference Medicines Standard of the National Service Framework (NSF) for Children)

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and the associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Misuse of a controlled drug, such as passing it to another child for use, is an offence.

### **Non Prescription Medicines**

These may include Calpol, Paracetamol, cough or throat lozenges or any herbal remedies. Travel sickness pills must be administered by the parents prior to the beginning of a trip. For Residential Trips parents are required to complete the medicine permission form. For all non prescription medicine parents are required to complete the permission form.

## Self-Management

Kew Green Preparatory School recognises it is good practice to support and encourage children, if they are able, to take responsibility to manage their own medicines from a relatively early age and encourage this. The age at which a child will be ready to take care of, and be responsible for, their own medicines, varies. Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent.

When making this decision the Heads of Sections will ask health professionals to assess, with parents and the child, the appropriate time to make this transition. If it is agreed by all bodies that a child can take their medicines independently, a member of staff will supervise administration and complete the record of administration referred to in the administration of medicine.

A Healthcare plan will be completed indicating whether the child may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

## Storage of Medicine

The Headmaster is responsible for ensuring the safe storage of medicines following the guidelines set out in Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Both prescribed and non prescription remedies, can be in school only with written parental permission.

- children must know where their own medication is stored and how to obtain it
- medicines must be stored in their original containers, clearly labeled with the name of the pupil, the name and dose of the drug, the frequency of administration, any likely side effects, and the expiry date
- medicines must - subject to the exceptions below - be stored in the School Office in the locked first aid cupboard within a labeled airtight box with restricted access
- children who are capable of carrying their own inhalers will be allowed to do so, following consultation between parents and the Head of Section
- the school will not store surplus or out-of-date medicines
- all medication is supplied and stored in its original containers.
- medication is stored in accordance with instructions, paying particular note to temperature.
- all refrigerated medication is stored in an airtight container and is clearly labeled. The refrigerator used is in a secure place in the office, inaccessible to unsupervised pupils.
- it is the parent's responsibility to ensure new and in date medication comes into school prior to the first day of the new academic year.

For further information on storing medicines the school office should contact the local pharmacists.

## 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 will be taken to a local pharmacy for safe disposal
- medication is not stored in summer holidays
- a member of the office staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired.
- checks are done three times a year and is always documented
- sharps boxes are used for the disposal of needles.
- all sharps boxes in this school are stored in a locked cupboard in the school office.
- 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 the child's parent.
- collection and disposal of sharps boxes is the responsibility of the parent.

## Staff Medication

Ideally all medicine in school must be safely locked away. It does not need to be stored in the School Office, but must not be kept in classrooms or in any area to which children have access.

Staff must seek medical advice if they are taking medication which may affect their ability to teach and care for children.

## Record Keeping

The School Office has the file for all the written records for all Healthcare Plans and permission forms for the administration of medicine.

### a. Enrolment forms

Parents at Kew Green Preparatory School are asked if their child has any health conditions or health issues on the information form, which is filled out prior to joining the school.

### b. Healthcare Plans

The Healthcare Plan records important details about a child's medical needs at school,

- signs (triggers) and symptoms
- medication and other treatments (Healthcare Plan Appendix)

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.

The parents, healthcare professional and relevant member of staffs will complete the child's Healthcare Plan together. If a child has a Health Care Plan this will be indicated on the school electronic management system for example red cross symbol on the School Manager (CJM).

## 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, or their medication and treatments change. Staff will use opportunities such as teacher–parent interviews and home–school diaries to check that information held by the school on a child's condition is accurate and up to date.

Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year, this usually occurs in September.

## **Storage and access to Healthcare Plans**

- Plans are kept in the school office and on the school management system.
- all members of staff who work with the child will have access to the Healthcare Plan
- new member of staff for example supply staff, the Head of Section will ensure that they are made aware of (and have access to) the Healthcare Plans of children in their care
- all Health Care Plan information will be communicated to the emergency staff

## **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 child with a medical condition in their care
- identify common or important individual triggers for children with medical conditions at school that bring on symptoms and can cause emergencies.
- reduce the impact of common triggers ensure that all medication stored at school
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication. When relevant with parental permission all the information is shared and made accessible to all staff

## **Consent to administer medicines**

If a child requires medication during school hours, a medication form plus explanation must be completed by the parent. The member staff who administers the medicine must complete and sign the record each time they give medicine to a child. All administration of medicine will be witnessed by another member of staff

## **Residential Visits Form**

All parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight visit. This form requests up-to-date information about the child's current condition and their overall Health.

## **Other record keeping**

We keep an accurate record of each occasion a child is given medication.

## **Medical Condition Training Log**

- Is centrally recorded
- Is reviewed annually to ensure all new staff receive training

## **Medical /Dietary Needs Record**

Each term a medical and dietary need record is produced and displayed in the kitchen; it is emailed to all staff and is available on the school management system.

## **Confidentiality**

The school will always treat medical information confidentially. The Head of Section will agree with the parents, who else should have access to records and other information about a child.

### **School Bus**

Kew Green recognises that children must be safe during their journey. The escort on the bus will have all the appropriate training and support so they know what to do in the case of a medical emergency.

### **Physical Environment**

Kew Green Preparatory School is committed to providing a physical environment that is accessible to children with medical conditions this includes out-of-school visits.

### **Social Interactions**

We ensure the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school. All staff are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the promoting positive behavior and anti-bullying policy. We use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst children and to help create a positive social environment.

### **Exercise and Physical Activity**

Kew Green Preparatory School understands the importance of all children taking part in sports, games and activities. We ensure all PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils. They are aware of children in their care who have been advised to avoid or to take special precautions with particular activities. In addition they are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers. The PE staff ensure that all the appropriate medication or food is taken off site. All children at Kew Green with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

### **Education and Learning**

At Kew Green children with medical conditions can participate fully in all aspects of the curriculum and we ensure that appropriate adjustments and extra support are provided. Teachers at this school are aware of the potential for children with medical conditions to have special educational needs (SEN). Children with medical conditions who are finding it difficult to keep up with the curriculum are referred to the SEN coordinator. The SENCo will consult the parents and the child's healthcare professional to ensure the effect of the child's condition on their schoolwork is properly considered.

Year 6 children learn about what to do in the event of a medical emergency through First Aid Training.

## Risks Assessments

Kew Green is aware of the common triggers that can make medical conditions worse or can bring on an emergency, as indicated in the appendix. We are actively working towards reducing or eliminating these health and safety risks. An assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks will be completed by a member of the Health & Safety Committee.

## Roles and Responsibilities

### ◆ Employer

Gardener School Group (GSG) has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- provide indemnity for staff who volunteer to administer medication to children with medical conditions.

### ◆ Head Teacher

The Head has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure pupil confidentiality
- decide whether the school can assist a child who needs medication during the schoolday.

### ◆ Head of Sections

The Head of Section has a responsibility to:

- ensure that information held by the school is accurate and up to date and that the Healthcare Plans are shared with all staff
- ensure all supply teachers are aware of the children

### ◆ Deputy Head

- assess the training and development needs of staff and arrange for them to be met
- arrange for regular training for school staff in managing the most common medical conditions at Kew Green this may come from NHS Primary Care Trusts
- ensure all new staff know the medical conditions policy
- monitor and review the Medical Condition Policy annually according to national guidance and legislation
- share the Medical Condition Policy with all staff annually

### ◆ Office Staff

- check the expiry date of medicines kept at school
- maintain the school medical conditions register
- collate all the information sent by new parents regarding medical conditions and inform the Heads of Section

### ◆ All school staff

All staff at this school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions (Common conditions information Appendix).
- know what to do in an emergency
- accept training on emergency care for common medical conditions
- understand the school's medical conditions policy
- know which children in the school have a medical condition and be familiar with the content of the

#### pupil's Healthcare Plan

- allow all children to have immediate access to emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on children
- ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- use opportunities such as PSCHE and other areas of the curriculum to raise children's awareness about medical conditions.
- follow the controlled guidelines and instructions whilst administering medicine taking every reasonable precaution
- ensure two members of staff are involved during the administration of medicine – one to administer, one to witness
- as the member of staff is regarded as acting in the interests of the employer s/he is effectively indemnified against personal liability by the rules of 'vicarious liability'
- in cases of accident and emergency be prepared to take the appropriate action to relieve extreme distress or prevent further and otherwise irreparable harm
- To secure qualified medical treatment in emergencies at the earliest opportunity

#### ◆ Class Teachers

Class teachers responsibility to:

- ensure pupils who have been unwell catch up on missed school work in liaison with parents
- be aware that medical conditions can affect a pupil's learning
- liaise with parents, Learning Support Leader and Head of Section if a child is falling behind with their work because of their condition

#### First aider

First aider has a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called

#### ◆ Special Educational Needs Coordinator

SENCo has the responsibility to:

- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in exams

#### ◆ Parents/carers

Parents of a child have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, or residential trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school

- support the school in ensuring their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child's doctor or specialist healthcare profession contributes to their child's healthcare plan
- provide maximum support and assistance in helping the school accommodate the child
- sign a consent form for the administration of all medicines

*Written by: Deputy Head*

*Read & approved by: Senior Leadership Team, LPS Ltd Directors*

*Review Date: April 2018*

*Date to be Reviewed: April 2020*

## **Appendices**

### **1. Common Conditions**

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

### **2. Healthcare Plan**

## **Documents**

Managing Medicines in Schools and Early Years Settings March 2005 (Department of Health Reference: 1448-2005DCL-EN)

Code of Practice for Schools – Disability Discrimination Act 1995: Part 4 (Disability Rights Commission, 2002)

Implementing the Disability Discrimination Act in Schools and Early Years settings  
Every Child Matters; Change for Children  
Me (DFES & Council for Disabled Children)

Procedure for managing non & prescription medicines on school trips, Trips Policy Health and Safety of Pupils on Educational Visits: a good practice guide (DCSF previously known as DfES, 1998) paragraphs 100-106. 12

Drugs: Guidance for Schools (DfES, 2004)

Drug Misuse Policy

Access to the school's emergency procedures

Risk assessment and management procedures

School Bus Policy

Child Protection Policy

Early Year Policy

Health & Safety

Severe Food Allergies Policy

Insurance – A guide for schools (DfES, 2003)

Employers Liability Insurance

Control of Substances Hazardous to Health Regulations 2002 (COSHH)

First Aid and Provision Policy

Guidance on First Aid for Schools: a good practice guide (DfES, 1998)

Medical Conditions at School Guidelines (DCSF)

Health and Safety: Responsibilities and Powers (DfES, 2001) Ref: DfES/0803/2001 (DfES, 1998)

Home to school travel for pupils requiring special arrangements (DfES, 2004)

School Admissions Code of Practice (DfES, 2003)

Special Educational Needs Code of Practice (DfES, 2001)

Standards for School Premises (DfEE, 2000)

Work Related Learning and the Law (DfES, 2004)

## **Useful Contacts**

Allergy UK [www.allergyfoundation.com](http://www.allergyfoundation.com)

The Anaphylaxis Campaign [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) & [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

Association for Spina Bifida and Hydrocephalus [www.asbah.org](http://www.asbah.org)

Asthma UK [www.asthma.org.uk](http://www.asthma.org.uk)

Council for Disabled Children [www.ncb.org.uk/cdc/](http://www.ncb.org.uk/cdc/)

Contact a Family [www.cafamily.org.uk](http://www.cafamily.org.uk)

Cystic Fibrosis Trust [www.cftrust.org.uk](http://www.cftrust.org.uk)

Diabetes UK [www.diabetes.org.uk](http://www.diabetes.org.uk)

Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)

Disability Rights Commission (DRC) [www.drc-gb.org](http://www.drc-gb.org)

Epilepsy Action [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

Health and Safety Executive (HSE) [www.hse.gov.uk](http://www.hse.gov.uk)

Health Education Trust [www.healthedtrust.com](http://www.healthedtrust.com)

Hyperactive Children's Support Group [www.hacsg.org.uk](http://www.hacsg.org.uk)

MENCAP [www.mencap.org.uk](http://www.mencap.org.uk)

National Eczema Society [www.eczema.org](http://www.eczema.org)

National Society for Epilepsy [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

## **Common Conditions**

### **ASTHMA**

Asthma is common and appears to be increasingly prevalent in children and young people.

### Triggers:

- tobacco smoke
- cold and flu
- chalk dust
- stress and emotions
- house dust mites
- animal fur/feathers
- mould
- scented products such as perfume
- pollen and grass cuttings
- latex gloves
- dust for flour and grains
- chemicals and fumes
- dust from wood work
- weather
- aerosol sprays – cleaning and gardening products

### The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest.

Children with asthma should have asthma plans agreed by the parents of children with asthma. This will indicate on how staff can recognise when their child's asthma gets worse and what action will be taken.

### Medicine and Control

- Relievers (blue inhalers) usually a child will only need a reliever during the school day and are taken during an asthma attack, sometimes taken before exercise

Children will have immediate access to these and they must be taken to all sporting activities including clubs.

- Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours
- Spacers are used for children under the age of 12
- Nebulisers
- Steroid Tablets

When a child has an attack they should be treated according to their individual healthcare plan or asthma card as previously agreed.

An ambulance should be called if:

- symptoms do not improve sufficiently in 5-10 minutes
- child is too breathless to speak
- child is becoming exhausted
- child looks blue

A child should have a regular asthma review with their GP. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms.

All staff, particularly PE teachers, should have training or be provided with information.

### Organisations

[www.asthma.org.uk](http://www.asthma.org.uk)  
[www.kickasthma.org.uk](http://www.kickasthma.org.uk)  
Asthma UK Adviceline 08457 01 02 03  
NHS Direct Phone 0845 4647 & [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## EPILEPSY

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time.

Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

If a child does experience a seizure at school, details will be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual 'feelings' reported by the child prior to the seizure
  - parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
  - whether the child lost consciousness
  - whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

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

## Medicine and Control

### anti-epileptic medicines

#### Triggers

- anxiety
- stress
- tiredness
- being unwell
- flashing or flickering lights
- some geometric shapes or patterns – photosensitivity, is very rare.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

#### Organisations

Epilepsy Action

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

NHS Direct Phone 0845 4647 www.nhsdirect.co.uk

## DIABETES

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

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

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

### Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day.

Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection.

Some children may require insulin with breakfast, lunch and the evening meal, and before substantial snacks. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low.

Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- child's recovery takes longer than 10-15 minutes
- child becomes unconscious

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

### **Organisations**

[www.diabetes.org.uk](http://www.diabetes.org.uk)

[careline@diabetes.org.uk](mailto:careline@diabetes.org.uk)

[www.childrenwithdiabetes.com/uk/](http://www.childrenwithdiabetes.com/uk/)

INPUT (promoting INSulin PUmp Therapy)

[www.input.me.uk](http://www.input.me.uk)

Juvenile Diabetes Research Foundation

[www.jdrf.org.uk](http://www.jdrf.org.uk)

NHS Direct Phone 0845 4647 [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## ANAPHYLAXIS

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

### Triggers

- peanuts
- tree nuts
- sesame
- eggs
- cow's milk
- fish
- shellfish
- certain fruits such as kiwifruit
- penicillin
- latex
- venom of stinging insects (such as bees, wasps or hornets)
- exercise

Anaphylaxis (nut allergy) is a condition which appears to be on the increase. It is difficult to diagnose in advance and is often discovered only when a child eats a nut for the first time. We ask all parents to observe strictly the following rule:

**NO NUTS OR NUT PRODUCTS ON THE SCHOOL PREMISES**

This is stated in the Parent Handbooks and all Curriculum Evening Meetings at the beginning of the year.

### Symptoms

- unconsciousness
- swelling in the throat
- severe asthma
- tingling or itching in the mouth
- hives anywhere on the body
- generalised flushing of the skin
- abdominal cramps, nausea and vomiting
- sudden feeling of weakness
- sense of impending doom



Nettle Rash (Hives)



Swelling of mouth

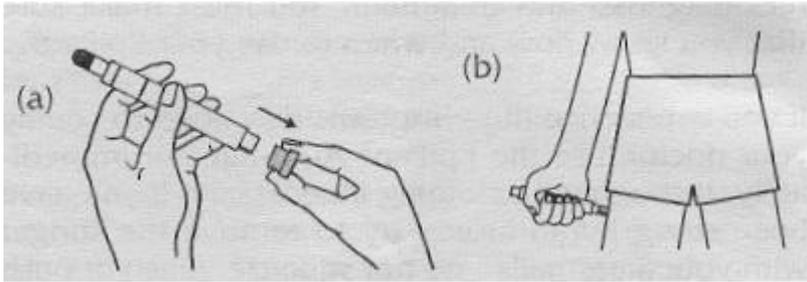
Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

### Medicine and Control

- anti histamine
- epipen or anapen – injectable adrenaline

These should only be administered by trained staff:

1. Pull the end off e.g. grey cap
2. Hold onto the muscle at the top of the leg i.e. thigh
3. Aim the pen. It must be placed OUTSIDE THE THIGH AND LEFT:



4. Press down on the top of the pen: this will click which in turn will push the needle into the leg
5. Count slowly to ten: this allows the adrenaline to be absorbed.
6. Withdraw needle i.e. pull the EpiPen away.
7. Look for a positive response.
8. INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED.

An ambulance should be called if:

- an epipen or anapen has been administered
- a child goes into anaphylactic shock

### Food Management

This is the day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. A 'kitchen code of practice' could be put in place. All appropriate steps to minimise any risks to allergic children will be taken.

### Organisations

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

[www.allergyinschools.org.uk](http://www.allergyinschools.org.uk)

[www.cateringforallergy.org](http://www.cateringforallergy.org)

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

[www.epipen.co.uk](http://www.epipen.co.uk)

NHS Direct Phone 0845 4647 [www.nhsdirect.co.uk](http://www.nhsdirect.co.uk)



## KEW GREEN PREPARATORY SCHOOL HEALTHCARE PLAN

For children with medical conditions at school

Date form completed \_\_\_\_\_

Date for review \_\_\_\_\_

Copies held by \_\_\_\_\_

### 1. Pupil's information

Name of child \_\_\_\_\_

Class \_\_\_\_\_ Date of birth \_\_\_\_\_

Member of staff responsible for home-school communication – class teacher

\_\_\_\_\_

### 2. Contact information

Child's address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

#### Family contact 1

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_

Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

#### Family contact 2

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_

Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Relationship with child \_\_\_\_\_

#### GP

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_

Mobile \_\_\_\_\_

#### Specialist/Hospital Contact

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_

Mobile \_\_\_\_\_

Medical condition information

**3. Details of pupil's medical conditions**

Signs and symptoms of this pupil's condition:

---

Triggers or things that make this pupil's condition/s worse:

---

**4. Routine healthcare requirements**

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

---

---

---

---

Outside school hours:

---

---

---

---

**5. What to do in an emergency**

---

---

---

---

## 6. Regular medication taken during school hours

|  |  |
|--|--|
| <p><b>Medication 1</b><br/>Name/type of medication<br/>(as described on the container):</p> <hr/> <p>Dose and method of administration<br/>(the amount taken and how the medication is taken, eg tablets, inhaler, injection)</p> <hr/> <hr/> <hr/> <p>When it is taken (time of day)?</p> <hr/> <p>Are there any side effects that could affect this pupil at school?</p> <hr/> <hr/> <hr/> <p>Are there are any contraindications (signs when this medication should not be given)?</p> <hr/> <hr/> <hr/> <p>Self-administration: can the pupil administer the medication themselves?<br/>yes    no    yes, with supervision by:<br/>Staff member's name</p> <hr/> <p>Medication expiry date</p> | <p><b>Medication 1</b><br/>Name/type of medication<br/>(as described on the container):</p> <hr/> <p>Dose and method of administration<br/>(the amount taken and how the medication is taken, eg tablets, inhaler, injection)</p> <hr/> <hr/> <hr/> <p>When it is taken (time of day)?</p> <hr/> <p>Are there any side effects that could affect this pupil at school?</p> <hr/> <hr/> <hr/> <p>Are there are any contraindications (signs when this medication should not be given)?</p> <hr/> <hr/> <hr/> <p>Self-administration: can the pupil administer the medication themselves?<br/>yes    no    yes, with supervision by: Staff member's name</p> <hr/> <p>Medication expiry date</p> |
|--|--|

## 7. Emergency medication

(please complete even if it is the same as regular medication)

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

---

---

---

Describe what signs or symptoms indicate an emergency for this pupil

---

---

---

Dose and method of administration (how the medication is taken and the amount)

---

Are there any contraindications (signs when medication should not be given)?

---

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

---

---

---

Self-administration: can the pupil administer the medication themselves?

yes                                  no                                  yes, with supervision by:

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

Is there any other follow-up care necessary?

---

---

## 8. Regular medication taken outside of school hours

(for background information and to inform planning for residential trips)

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

---

---

---

Are there any side effects that the school needs to know about that could affect school activities?

---

---

## 9. Members of staff trained to administer medications for this pupil

Regular medication

---

---

Emergency medication

---

---

## 10. Specialist education arrangements required

(e.g. activities to be avoided, special educational needs)

---

---

## 11. Any specialist arrangements required for off-site activities

(please note the school will send parents a separate form prior to each residential visit/off-site activity)

---

---

## 12. Any other information relating to the pupil's healthcare in school?

---

---

### Parental agreement

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during education visits and other out of school activities, as well as on the school premises.

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the Kew Green Preparatory School of any changes in writing.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

### Permission for emergency medication

I accept that whilst my child is in the care of Kew Green Preparatory School, the staff stand in the position of the parent, therefore, need to arrange any emergency medical aid, but I will be told of any such action as soon as possible.

I understand that whilst school staff will use their best endeavours to carry out these arrangements, no legal liability can be accepted by the staff or Headmaster or London Preparatory School Limited company in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian





## KEW GREEN PREPARATORY SCHOOL MEDICAL PERMISSION FORM

To be completed by the parents/guardian of any child to whom drugs maybe administered under the supervision of school staff . We will not give your child medicine unless you complete and sign this form. The school has a policy that staff are allowed to administer medicine.

|   |   |
|---|---|
| Name of child<br>_____                                    | Date medication provided by parent<br>_____                 |
| Class<br>_____  | Dose (how much)<br>_____                                    |
| Any other information<br>_____<br>_____<br>_____<br>_____ | Method (how taken)<br>_____<br>_____                        |
| Doctor's Name<br>_____                                    | When is it taken (time of day)<br>_____                     |
| Doctor's Tel No: _____                                    | Quantity received<br>_____                                  |
| The Doctor has prescribed<br>Name of medication<br>_____  | Expiry date<br>_____  |
| Staff signature<br>_____                                  | Are there any side effects?<br>_____<br>_____               |
| Print name _____  | Date and quantity of medication returned to parent<br>_____ |
|   | Parent contact number<br>_____<br>_____                     |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Kew Green Preparatory staff to administer medicine in accordance with the Medical Condition policy. I will notify the school immediately, by completing a new form, if there is any change in dosage or frequency of the medication or if the medicine is stopped. The medicine is in its original container and clearly labelled with the child's name and instructions for administration. I am responsible for keeping medicines up-to-date and removal of out of date medicines and return to dispensing pharmacy . If my child requires more than one medicine I will complete a separate form for each medicine.

Parent signature

Print name

\_\_\_\_\_

Date \_\_\_\_\_



Kew Green Preparatory School  
**RECORD OF MEDICATION ADMINISTRATION**

|   |  |  |  |
|---|--|--|--|
| Date<br>Time given<br>Dose given<br>Member of staff<br>Staff signature<br>Witness name<br>Witness signature |  |  |  |
| Date<br>Time given<br>Dose given<br>Member of staff<br>Staff signature<br>Witness name<br>Witness signature |  |  |  |
| Date<br>Time given<br>Dose given<br>Member of staff<br>Staff signature<br>Witness name<br>Witness signature |  |  |  |
| Date<br>Time given<br>Dose given<br>Member of staff<br>Staff signature<br>Witness name<br>Witness signature |  |  |  |
| Date<br>Time given<br>Dose given<br>Member of staff<br>Staff signature<br>Witness name<br>Witness signature |  |  |  |
| Date<br>Time given<br>Dose given<br>Member of staff<br>Staff signature<br>Witness name<br>Witness signature |  |  |  |