Kew Green Preparatory School

Medical Conditions Policy (including EYFS pupils)

Policy Statement

Kew Green Preparatory School (KGPS) is an inclusive community that aims to support and welcome pupils with medical conditions. This policy has been written in conjunction with the document from the Department for Education, 'Supporting pupils at school with medical conditions' (April 2014, updated 2017), 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, updated 2025).

We will help to ensure that children with a medical condition can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

It is the responsibility of parents:

- To ensure their child is well enough to attend school
- To provide full details of any medical condition affecting their child and any regular medication required by the child
- To keep the school informed of any changes to their child's health or medication

Purpose of this Policy

The purpose of this policy is to ensure that KGPS meets the needs of children with medical needs and ensures that everyone, including parents, are clear about their respective roles. The policy ensures that we put in place effective management systems to help support individual children with medical needs. The policy also aims to provide clear guidance and information on the use and storage of medication in school. Finally it clearly outlines to all school staff what to do in the event of a medical emergency.

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 on the school website and its availability for inspection in the school office
- at the start of the school year when communication is sent out about reviewing/completing Individual Healthcare Plans
- at several intervals in the school year through Thursday letters
- when their child is enrolled as a new pupil

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

- through electronic copies available on SharePoint and signposted at the beginning of each year, and regularly thereafter

- at scheduled medical conditions training
- where appropriate, supply and temporary staff are informed of the policy and their responsibilities

Medical Malpractice Liability Insurance

London Preparatory Schools Limited will, on behalf of Kew Green Preparatory School, indemnify specifically the member(s) of staff who have been selected by the Senior Leadership Team, for the purpose of administering medications to pupils, other members of staff and visitors to the premises.

Individual Healthcare Plans

A pupil with a medical condition that impacts on their day-to-day life at school will require an Individual Healthcare Plan (IHCP) which helps to ensure that KGPS effectively supports any pupil with a medical condition. An IHCP provides clarity for a child with a medical condition about what needs to be done, when and by whom. KGPS Admissions Policy clearly states that all necessary 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 the school. If a child has an IHCP this will be indicated on the School's electronic management system.

An IHCP is sent to all parents of pupils with a long-term medical condition. This is sent:

- on enrolment
- when a diagnosis is first communicated to the School.
- annually thereafter for the IHCP to be reviewed and updated accordingly or sooner if evidence is presented that the child's needs have changed.

IHCPs are used by KGPS 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 triggers for children with medical conditions at school that bring on symptoms and can cause emergencies.
- State what medication, if any, is required to be taken at school and authorise permission for emergency medicine to be administered.
- Identify what action is to be taken in the event of an emergency

The school Welfare Officer will review the IHCPs upon receiving them and may contact the parents if necessary to obtain further information. The Welfare Officer is available to discuss any part of a child's IHCP and offer advice and support where necessary.

Storage and access to Individual Healthcare Plans

IHCPs are filed digitally online, in a file in the school office and in each child's emergency medication pack (also stored in the school office). Information contained within the IHCP is confidential and must be treated as such by any member of staff accessing the IHCP. For any new member of staff or supply staff, the Head of Section will ensure that they are made aware of a child in their care with an IHCP and where they can access it if needs be. The Head of Section will agree with the parents who else should have access to records and other information about a child. Basic conditions reports are viewable to staff online, in the staff room, in the medical room, in the kitchen and in the school office.

Administration of Medicine

KGPS recognises that there may be occasions where children need to take prescribed medication for treatment of either a short term or long-term condition. If possible, the administration of any medication should be scheduled outside of school hours. Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. Parents should consult the Welfare Officer or School Office if they are unsure as to what medicines can or cannot be brought into school. Medication will only be accommodated in school if accompanied by a medicine permission form. A separate form must be completed for each medication needed. Prescription medication must be provided to the school office in the first instance where the School Secretary or Welfare Officer will collect on arrival along with the completed medicine permission form. The medication supplied must comply with the following criteria:

- The medication is in the original container in which it was dispensed
- It is clearly labelled with the child's name
- Instructions relating to administration, dosage, frequency, and storage are provided
- The expiry date is clearly displayed on the label

The school Welfare Officer will administer medication (prescription and non-prescription) during their working hours (Monday-Friday,9.30am-2.30pm) where practical. Outside of these hours, only staff that have been trained will administer prescription and emergency medications. All staff can give non-prescription medication if they choose to do so. The medicine permission form should be read prior to administering prescription and non-prescription medication and the following information checked:

- The name of the recipient
- Any medication already taken by the recipient that day and times when taken
- Any allergies or existing medical conditions of the recipient contraindicating the medication
- The circumstances under which the medication is to be administered
- The medications strength, dosage, and route of administration
- Side effects and what to do if they occur
- The expiry date of the medication

The administration of all medication by staff will always be witnessed by a second adult. This is adopting safe practice and minimises the risks of errors occurring.

When medication has been administered, the Welfare Officer, or in their absence another member of school staff, will inform the parents on the same day or as soon as possible afterwards.

Controlled Drugs

Controlled drugs are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drugs regulations (2001), must be locked away appropriately and strictly monitored and recorded in a dedicated book as it is used. The prescription will determine dosage, frequency, and method of administration. The Welfare Officer is responsible for the management and safe storage of controlled drugs. The misuse of a controlled drug, such as passing it to another child, is an offence.

Storage of Medicine

It is the responsibility of the Welfare Officer to ensure that all medication will be stored safely in a locked cabinet in the office except for the emergency medicines (see Emergency Medication). The office has a

fridge for those medicines that require refrigeration. If the medication needs to go home at the end of the school day it can be collected from the school office by the parent/carer.

It is the responsibility of the parent or guardian to note the expiry date of any medication provided to KGPS and ensure it is replaced before the expiry date has passed. The Welfare Officer will endeavour to provide termly reminders as a courtesy but this should not be relied upon as the sole means of checking expiry dates. It is the parents' responsibility to collect expired medication from the school office and dispose of it in the appropriate way.

All medicine in school for staff must be kept in a lockable cupboard in the first aid room. Medicines must not be kept in classrooms or in any area to which children have access.

There is a small stock of non-prescription medications (Calpol, Nurofen and Piriton) kept in school that goes out with residential trips. This medication is kept locked in the office and can be accessed by the School Secretaries, Welfare Officer and site manager only.

Self-Management of medicine

When making the decision for children to self-administer their medication under supervision, KGPS staff will ask the Welfare Officer to assess, with the parents and the child, the appropriate time to make this transition. An IHCP 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.

Record Keeping

Written records of any medication administered in school are signed on the medical permission form. The Welfare Officer ensures that these forms are filled out correctly and records are maintained accurately. The written record should state what, how and how much was administered, when and by whom. In some circumstances it may be necessary to inform the parent of what time the medication has been given so that subsequent doses at home can be gauged correctly. Any medication given whilst off site (see day and residential trips) must be documented on the medical permission form.

Disposal of medicines

When no longer required or expired, medicines should be returned to the parent to arrange for safe disposal. At the end of each term, the Welfare Officer will arrange for any uncollected medicines to be disposed of at the nearest Pharmacy. Sharps boxes should always be used for the disposal of needles and other sharps. A sharps box can be kept in the first aid room and school office in a locked cupboard. If a sharps box is required on a 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.

Emergency Medication

Emergency medication is medication prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. There are specific recognised circumstances when this medication must be administered. Only trained staff should administer this medication. The Head of CPD will organise this training at regular intervals and will maintain a training record. Emergency medication is kept in the school office in individually named pouches where it is accessible to staff at all times. All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the IHCP for trained staff to be able to administer medication. It is requested that for

those children who require an asthma inhaler or Epipen, parents provide two of each medication to be kept in school.

When a pupil with an emergency medication is leaving the school premises for a games lesson or day trip, it is the responsibility of the staff accompanying the pupil to ensure they have collected their pouch from the school office. The pouch must be returned to the school office when the pupil returns to school.

Emergency Salbutamol Inhaler Kit

In line with recommendations made by the Human Medicines (Amendment) Regulations 2014, KGPS keeps an emergency salbutamol inhaler kit in the school office which comprises of an asthma inhaler and a single use plastic spacer.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (e.g. because it is broken, empty or misplaced). An asthma register of those children diagnosed with asthma or who are prescribed an inhaler as reliever medication is kept with the emergency salbutamol inhaler in the school office.

Full instructions on how to use and look after the emergency inhaler and spacer are kept in the emergency inhaler kit, however staff should only use the kit if they have been trained by the Welfare Officer. If used, the member of staff administering the inhaler should document on the sheet provided in the kit that it has been used and the child's parents contacted. The Welfare Officer should also be informed if they are not present.

The School Secretary will be responsible for ordering the supply, storage, care and disposal of the emergency inhaler and spacer.

Day trips and residential visits

For all children going on a residential visit, parents are asked to complete a residential visit form prior to an overnight visit. This form requests up-to-date information about the child's current condition and their overall health. A disclaimer for non-prescription medicines should be completed for all children prior to residential trips. A medicine permission form should be completed for any child requiring prescription medication on a trip.

It is essential that there is at least one member of staff accompanying the trip who has been trained on the administration of medicines and emergency medicines.

All medication for residential trips will be provided in a secure transportable container which should be kept separate from first aid kits and accessible only to staff.

For day trips, medicine is taken in a zipped pouch and is kept with the class teacher at all times. Should prescription medication be required during a school trip, the member of staff responsible for the trip should obtain a copy of the medicine permission form from the nurses.

Any medication administered on a day trip or residential trip should be signed for on the medical permission form.

Staff must ensure that pupils with emergency medication have their medication with them at all times.

The forms should be returned to school at the end of the trip.

Should controlled drugs be required during a school trip, the staff member responsible for the trip should remain in possession of the medication and ensure that it is securely kept at all times.

In the event of an emergency

In an emergency situation all staff are required under common law duty of care to act like any reasonably prudent parent.

Action to take in the event of a medical emergency:

- Provide emergency first aid following the ABC rule
- Contact emergency services and give information of who to contact within the school (Emergency Appendix)
- Refer to the pupil's IHCP if appropriate and follow any specific instructions.
- 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 (unless the parent has signed a form to allow the child to go unaccompanied.)
- Staff will not take a child to hospital in their own car
- Appropriate medication should be given as prescribed for the individual child (e.g. Epipen/inhaler)
- A written report should accompany the child including history of what happened and details of any treatment/medication given. A copy of the accident report should be sent where applicable.
- The child's IHCP should accompany the child to hospital

The Welfare Officer, supported by Head of CPD and involving external providers where appropriate, will inform and train the staff regarding specific interventions that may be required in an emergency for pupils in their care with a known medical condition. It is the responsibility of staff who teach pupils with medical conditions to ensure they are aware of the actions to be taken in the event of an emergency. Each pupil with a medical condition has an IHCP and this contains the written information about what to do in an emergency for each individual. These are kept in the office and can be accessed via the School Secretaries and Welfare Officer.

Complaints

Staff at the School will take every step to ensure that all pre-arranged medical condition treatments and the necessary care is provided to its pupils when administering medications. However, if parents do have a complaint, they can expect it to be treated by the School in accordance with our complaints procedure. The complaints procedure follows guidelines set out by the Independent Schools Inspectorate (ISI) and Early Years Foundation Stage (EYFS) statutory requirements and can be found on the school website.

Staff training and support

The Welfare Officer and external training providers give staff training on conditions such as asthma, diabetes, epilepsy and any other medical conditions pertinent to pupils at KGPS. Additionally, the Welfare Officer or an external provider will also cover what to do in the event of a child having a severe allergic reaction including the use of an EpiPen. This training is provided at induction and as required throughout the school year. A record is kept by the Head of CPD as to which staff have attended training. A record of non-teaching staff who have received training is kept by the Health and Safety Officer and Head of CPD.

Medical /Dietary Needs Record with photos

The Office staff collate all the information received from the parents pertaining to medical and dietary needs to produce this document. Parents are asked to provide the school with any changes in their child's medical condition so that records can be adjusted accordingly. The Welfare Officer is responsible for ensuring that the information is accurate and the office staff are responsible for the administrative task of updating the record and disseminating it to all staff. It is regularly updated throughout the school year as the Welfare Officer/office are made aware of changes. It is important to inform the kitchen of any new or altered allergy information that would affect what a particular child is or is not allowed to eat in the dining room. A paper copy of the dietary and medical needs record is displayed in the First Aid room, School Office, Kitchen, Staffroom, sports first aid kits, and saved in the STAFF section of the school intranet in the 'Medical Folder'.

Risk Assessments

KGPS is aware of the common triggers that can make medical conditions worse or can bring on an emergency. We are actively working towards reducing or eliminating these health and safety risks. An assessment is made of the risks to the health and safety of children, staff and others and measures are put in place to manage any identified risks. Risk assessments for trips are signed off by our Educational Visits Coordinator and risk assessments on site are signed off by the Health and Safety Committee.

Roles and Responsibilities

Employer

Gardener Schools Group (GSG) has a responsibility to:

- 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.

Headteacher

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

Head of Sections

The Head of Section has a responsibility to:

- liaise between interested parties including children, school staff, learning support, pastoral support, teaching assistants, parents, governors, the school health service, and local emergency care services
- ensure that information held by the school is accurate and up to date, and that the IHP's are shared with all relevant staff
- ensure all supply teachers know the medical conditions policy

Head of Continuing Professional Development

The Head of Continuing Professional Development has a responsibility to:

- 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 Prep. This training may come from NHS Primary Care Trusts or medical practitioners
- ensure all new staff know the medical conditions policy

Health and Safety Officer

The Health and Safety Officer has the responsibility to

- monitor and review the Medical Conditions Policy annually according to national guidance and legislation
- share the Medical Conditions Policy with all staff annually

Welfare Officer

The Welfare Officer has the responsibility to:

- ensure that an IHCP is completed by the parent/carer for any pupil with a medical condition that impacts on their day to day life at school.
- ensure all IHCPs are reviewed annually by the child's parents/carers
- treat the IHCPs as confidential information and store appropriately.
- ensure staff who teach a child with a known medical condition are aware of the IHCP, are aware of how to access information about the condition and have received information about what to do in an emergency
- ensure medicine kept in school is kept securely
- ensure medicine administration form is properly completed and signed by the parent before administering any medication
- keep a record of when medication is administered at school
- ensure medicine is disposed of according to the policy
- provide training to all staff on administering emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- communicate with staff when child in their class in unwell or has a significant accident
- restock first aid kits for off site visits and residential trips
- liaise with pastoral team and SLT if there are any concerns over the health/welfare of a pupil

School secretary/ other Office Staff

- produce photo cards with medical condition and treatment (these are displayed in the staffroom, kitchen, sports first aid bags, and appropriate classrooms if the child in that class has a major medical condition

Class Teachers

Class teachers have a responsibility to:

- ensure pupils who have been unwell catch up on missed school work

- be aware that medical conditions can affect a pupil's learning
- liaise with parents, learning support department and Head of Section if a child is falling behind with their work because of their condition

SENCo

The SENCo has the responsibility to:

- know which pupils have a medical condition and which require learning support because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork, together with class teacher
- ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in exams

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 (See Appendix).
- know what to do in an emergency
- undertake training on emergency care for common medical conditions (EY paediatric first aid training)
- understand the school's medical conditions policy
- know which children in the school that they teach have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- 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 PSHEE (PSED in EYFS) and other areas of the curriculum to raise children's awareness about medical conditions and Emergency First Aid
- 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 with the exception of the nurses
- 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

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 IHCP 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 (children should not return to school until 48 hours has elapsed following a vomiting/diarrhoea illness)
- 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 IHCP
- provide maximum support and assistance in helping the school accommodate the child
- sign a consent form for the administration of all medicines

WRITTEN BY: Senior Leadership Team
DATE: September 2022
In compliance with the following legislation: Every Child Matters

READ & APPROVED BY: GSG Directors
READ & SHARED: with all staff at Kew Green Preparatory School

This policy is made available to parents on the school website and a paper copy is available in the school office upon request.
This policy is made available to all staff through the school intranet

REVIEWED September 2025
NEXT REVIEW September 2026

Appendices

1. Common Conditions
    1. Asthma
    b. Epilepsy
    c. Diabetes
    d. Anaphylaxis

2. Individual Healthcare Plan

3. Template Healthcare Plan Letter

4. Medical Permission Form

5. Contacting Emergency Services

6. Record of Medical Administration

7. Also please see 'Medical Folder' in the STAFF drive with information about other infections and illnesses 'advice on illnesses'

Documents

Supporting pupils at school with medical conditions. Department of Education 2014
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
The Anaphylaxis Campaign www.anaphylaxis.org.uk & www.allergyinschools.co.uk
Association for Spina Bifida and Hydrocephalus www.asbah.org
Asthma UK www.asthma.org.uk
Council for Disabled Children www.ncb.org.uk/cdc/
Contact a Family www.cafamily.org.uk
Cystic Fibrosis Trust www.cftrust.org.uk
Diabetes UK www.diabetes.org.uk
Department of Health www.dh.gov.uk
Disability Rights Commission (DRC) www.drc-gb.org
Epilepsy Action www.epilepsy.org.uk
Health and Safety Executive (HSE) www.hse.gov.uk
Health Education Trust www.healthedtrust.com
Hyperactive Children's Support Group www.hacsg.org.uk
MENCAP www.mencap.org.uk
National Eczema Society www.eczema.org
National Society for Epilepsy www.epilepsynse.org.uk

APPENDIX 1

1a ASTHMA (page 1 of 2)

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 agree with parents of children with asthma how to 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 the 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

APPENDIX 1

1a ASTHMA (page 2 of 2)

Children who are able to use their inhalers themselves should be allowed to carry them with them. This will be decided with the class teacher, parent and Head of Section.

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 and 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
www.kickasthma.org.uk
Asthma UK Adviceline 08457 01 02 03
NHS Direct Phone 0845 4647 & www.nhsdirect.nhs.uk

APPENDIX 1

1b EPILEPSY (page 1 of 2)

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.

APPENDIX 1

1b EPILEPSY (page 2 of 2)

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

APPENDIX 1

1c DIABETES (page 1 of 2)

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

APPENDIX 1

1c DIABETES (page 2 of 2)

- 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
careline@diabetes.org.uk
www.childrenwithdiabetes.com/uk/
INPUT (promoting INsulin PUmp Therapy)
www.input.me.uk
Juvenile Diabetes Research Foundation
www.jdrf.org.uk
NHS Direct Phone 0845 4647 www.nhsdirect.nhs/uk

APPENDIX 1

1d ANAPHYLAXIS (page 1 of 3)

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

APPENDIX 1

1d ANAPHYLAXIS (page 2 of 3)

Nettle Rash (Hives)

Swelling of mouth

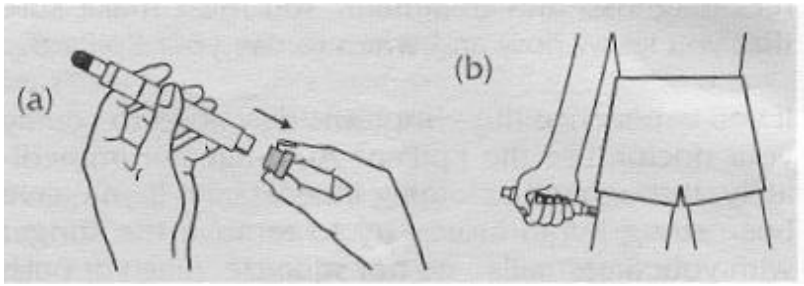
Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

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

APPENDIX 1

1d ANAPHYLAXIS (page 3 of 3)

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
www.allergyinschools.org.uk
www.cateringforallergy.org
www.anaphylaxis.org.uk
www.epipen.co.uk
NHS Direct Phone 0845 4647 www.nhsdirect.co.uk

APPENDIX 2

KEW GREEN PREPARATORY SCHOOL HEALTHCARE PLAN

For children with medical conditions at school

Date form completed:
Date for review:

1. Pupil's information

Name of child:

Class: Date of birth: male/ female

Member of staff responsible for home-school communication:

GP

Name _____

Phone (day) _____ Mobile _____

Specialist/Hospital Contact

Name _____

Phone (day) _____ Mobile _____

Medical condition information

2. 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:

3. Routine healthcare requirements

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

During school hours:

Outside school hours:

4. What to do in an emergency

5. Regular medication taken during school hours

Medication 1 Name/type of medication (as described on the container) _____ Storage – refrigerated? YES/NO Dose and method of administration (the amount taken and how the medication is take eg tablets, inhaler, injection) _____ _____ _____ When is it taken? (approximate time of day) _____ Are there any side effects that could affect this pupil at school? _____ _____ _____ Are there are any contraindications (signs when this medication should not be given)? _____ _____ _____ Self-administration: can the pupil administer the medication themselves? Yes/no Yes, with supervision by: Staff member's name _____ Medication expiry date _____	Medication 2 Name/type of medication (as described on the container) _____ Storage – refrigerated? YES/NO Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection) _____ _____ _____ When is it taken? (approximate time of day) _____ Are there any side effects that could affect this pupil at school? _____ _____ _____ Are there are any contraindications (signs when this medication should not be given)? _____ _____ _____ Self-administration: can the pupil administer the medication themselves? Yes/no Yes, with supervision by: Staff member's name _____ Medication expiry date _____

6. 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 are 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 members name_____

Is there any other follow-up care necessary?

_____

Who should be notified?
Parents Specialist GP

_____

7. 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?

_____

8. Members of staff trained to administer medications for this pupil
Regular medication

_____

Emergency medication

_____

9. Specialist education arrangements required
(e.g. activities to be avoided, special educational needs)

10. 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)

_____

_____

11. 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 child's care and education (this includes emergency services). I understand that I must notify Kew Green Preparatory School of any changes in writing immediately.

Signed _____ Date _____

Print name_____

Healthcare professional agreement

I agree that the information is accurate and up to date.

Signed _____Date_____

Print name _____ Job title _____

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 Head or London Preparatory Schools in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

□ I agree that my child can be administered their medication by a member of staff in an emergency

□ I agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements

□ I agree that my child can keep their medication with them for use when necessary

Name of medication carried by child

_____

Signed _____Date_____

Parent/guardian

Head of Section agreement

It is agreed that (name of child):

□ will receive the above listed medication at the above listed time (see part 5).

□ will receive the above listed medication in an emergency (see part 6).

APPENDIX 3

Template 'Healthcare Plan' Letter

Dear Parent,

The Healthcare Plan

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the Department for Children, Schools and Families, Kew Green Preparatory School has recently established a new medical conditions policy for use by all staff. A copy of this policy may be found on the school website or in the School Office.

As part of this new policy, we are asking all parents of children with a medical condition to help us by completing a school Healthcare Plan for their child/children. Please complete the plan, with the assistance of your child's healthcare professional, and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on 020 8846 9153.

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child's individual condition.

The plan will be annually checked and updated as you inform us about changes to your child's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan. Thank you for your help.

Yours sincerely,

Head of Upper/Lower School

APPENDIX 4

KEW GREEN PREPARATORY SCHOOL MEDICAL PERMISSION FORM

To be completed by the parents/guardian of any child to whom drugs may be administered under the supervision of school staff. We will not be able to give your child medicine unless you complete and sign this form. Thank you for your cooperation.

Name of child _____ Class _____ Any other information _____ _____ _____ _____ _____ Doctor's Name _____ Doctor's Tel No: (if known)_____ The Doctor has prescribed YES/NO Name of medication _____ Staff signature receiving the medicine _____ Print name _____	Date medication provided by parent _____ Storage - refrigerated? YES/NO Dose (how much) _____ Method (how taken) _____ When is it taken (time of day) _____ Quantity of medicine provided by the parent _____ Expiry date _____ Are there any side effects? _____ _____ Date and quantity of medication returned to parer _____ Parent contact number _____

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_____

APPENDIX 5

Contacting Emergency Services

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

1. The school telephone number: 020 8948 5999
2. The location as follows:
   Kew Green Preparatory School
   Layton House, Ferry Lane
   Kew Green, Richmond
3. State the postcode.
   TW9 3AF
4. Give exact location in the school of the person needing help.
   e.g. Child's name is in the Head's office, through the blue door and straight ahead,
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control that a member of staff will be waiting at the gate to allow entrance for the ambulance and ambulance crew will be taken to the child/adult
9. Don't hang up until the information has been repeated back to you.

Speak clearly and slowly

APPENDIX 6

KEW GREEN PREPARATORY SCHOOL
RECORD OF MEDICATION ADMINISTRATION

Child's name	
Date	
Medicine	
Time given	
Dose given	
Member of staff administering	
Staff signature	
Witness name (Print)	
Witness signature	

Child's name	
Date	
Medicine	
Time given	
Dose given	
Member of staff administering	
Staff signature	
Witness name (Print)	
Witness signature	

Child's name	
Date	
Medicine	
Time given	
Dose given	
Member of staff administering	
Staff signature	
Witness name (Print)	
Witness signature	

Child's name	
Date	
Medicine	
Time given	
Dose given	
Member of staff administering	