



Thomas Fairchild Community School,

Forston Street,

N1 7HA

020 7253 9469



Thomas Fairchild Community School

Supporting Pupils with Medical Conditions Policy

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School Context

The staff at Thomas Fairchild Community School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; nor
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the DFES notes “Managing Medicines in School and Early Years Settings” from March 2005.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

Definition

- a) “Parent(s)” is a wide reference not only to a pupil’s birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who care of, a pupil.
- b) “Medical condition” for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being “unwell” and common childhood diseases are not covered.*
- c) “Medication” is defined as any prescribed or over the counter treatment.
- d) “Prescription medication” is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- e) A “staff member” is defined as any member of staff employed at Thomas Fairchild Community Primary School.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

1. Key Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Designated school medical needs officer

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Nina Cromwell. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. She will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

The Executive Headteacher

The Executive Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Executive Headteacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Executive Headteacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. S/he will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

School Nurse

School Nurse (Modupe Adelaja) is responsible for collaborating on developing an IHP in anticipation of a child with a medical condition starting school. Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.

Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs. Liaising locally with lead clinicians on appropriate support. Assisting the Executive Headteacher in identifying training needs and providers of training.

Other healthcare professionals

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

London Borough of Hackney

London Borough of Hackney is responsible for commissioning school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. London Borough of Hackney provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Hackney Learning Trust works with schools to support pupils with medical conditions to attend full time.

2. Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

3. Procedures

Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The School Nurse has a termly meeting with the SENCo/Inclusion Manager at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a multi-disciplinary centre such as Hackney ARK, where a full paediatric assessment can be carried out.

Home tuition

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school will make a referral to the Home Tuition Service as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hackney Learning Trust and the relevant medical professionals.

4. Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Executive Headteacher will take a final view.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at Appendix B.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school or the Hackney Learning Trust Home Tuition Service to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

5. Medicines in school

Self-management by pupils

Children should be able to access asthma pumps for self-medication quickly and easily. Some younger children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

6. Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. A template for recording medicine administered to an individual child is provided at appendix F. A template for recording medicine administered to all children is provided at appendix G.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. A template for recording staff training on the administration of medicines is provided at appendix H.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

7. Record Keeping

The Governing body should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school. See Appendices H and I for templates, for record keeping. Records of first aid are held centrally in the main office and records of administered medicines such as asthma pumps are held centrally in the main office.

8. Emergency Situations

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Guidance on contacting the emergency services is provided at appendix I.

9. Day trips, Residential and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

10. Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in Thomas Fairchild Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school.
- e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11. Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

12. Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Policy written	January 2016
Ratified by Governing Body	January 2016
Review date	January 2021

Appendix A Model Letter Inviting Parents to Contribute to Individual Healthcare Plan

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

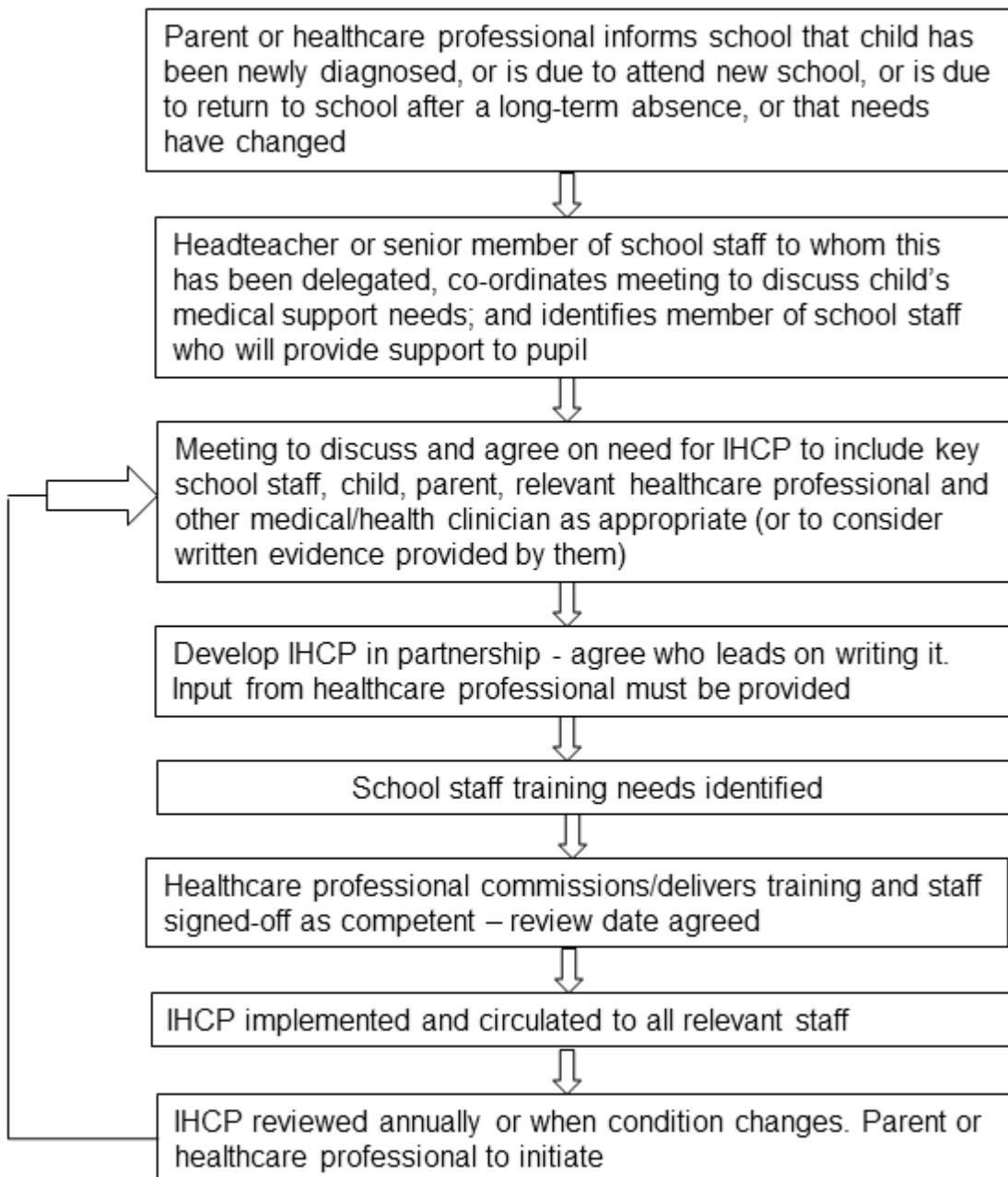
A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix B A Flow Chart for Developing an Individual Healthcare Plan



Appendix C Individual Healthcare Plan Template

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix D Individual Healthcare Plan for Asthma

Name of School: _____

Child's Name:
Group/Class/Form:
Date of Birth:
Emergency Contact:
Name:
Telephone no :



Date of Assessment

Care plan completed by _____ Date: _____ Review date: _____
Designation _____

Care plan reviewed by _____ Date: _____ Review date: _____
Designation _____

Family Contact Information

Name: _____ Relationship: _____
Phone number (Mobile): _____ (Home): _ / _____

Name: _____ Relationship: _____
Phone number (Mobile): _____ (Home): _____

Clinic/Hospital Contact

Name: _____ Phone number: _____

Name:	Phone number:
G.P:	Practice:
Telephone No:	

Medical Diagnosis or Condition:

Medication
Prescribed medication for -----
Other conditions that ----- has:
<ul style="list-style-type: none">•••
Other medication -----takes at home:
<ul style="list-style-type: none">•

Describe medical needs

Triggers
<ul style="list-style-type: none">• Hot/cold/damp weather• Exercise• Illness• Pollen• Chemicals• Dust• Stress• Fur & Feathers• Cigarette Smoke• Pollution

Give details of child's symptoms
<ul style="list-style-type: none">• Difficulty breathing• Wheeze• Shortness of breath• Coughing• Being unusually quiet• Tightness in the chest-some children express this as tummy ache

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

School staff to take the following procedure if any of the above symptoms occur:

1. If these symptoms occur sit _____ down and loosen any tight clothing
2. Help _____ to take their usual dose of reliever (usually blue) inhaler immediately, preferably through a spacer
3. Sit _____ upright
4. Get them to take slow steady breaths
5. Keep calm and try to keep them calm
6. Do not leave them unattended
7. If there is no improvement immediately, continue to give two puffs of reliever inhaler every two minutes, up to 10 puffs.
8. If _____ does not start to feel better after taking the reliever inhaler as above or if you are worried at any time **call 999**.
9. If an ambulance does not arrive within 10 minutes repeat **step 7** while you wait.
10. Contact their parents or carers and inform them about the situation.

Care Plan Responsibilities

SENCO	<ul style="list-style-type: none"> • Ensure that school staff receive appropriate training as required • Ensure that the child's care plan is accessible to relevant staff as required • Check that medication within school has not expired
School Health service	<ul style="list-style-type: none"> • School nurse to ensure that child has up to date care plan in school. • School nurse to liaise with parents and school to update care plan • Care plan to be reviewed as soon as there are any changes to care or minimum yearly. • School doctor to review child in school as necessary
Classroom staff	<ul style="list-style-type: none"> • Administer medicine as prescribed if _____ has an asthma attack • Manage condition of child/young who is experiencing an asthma attack <ul style="list-style-type: none"> ○ Stay with the child ○ Call for help if necessary ○ Provide reliever inhaler ○ Contact carer/parent
Parent	<ul style="list-style-type: none"> • Up to date medication in school - check expiry date on medication • Parents to inform School Nurse and school staff of any changes to child's care • Parent to ensure that all medication is brought to school as dispersed in the original packaging with clear instruction. • Parents to attend all medical appointments relevant to _____ health • To be able to contact parents in case of an emergency
Child	<ul style="list-style-type: none"> • To be aware of the care plan and content (If applicable) • To be aware of medical condition and symptoms • To be aware of where the medication is kept (If applicable)

Who is responsible in an emergency (state if different for off-site activities)

In school - contact the School Nurse
On School Visit - First Aiders
On school Transport - transport staff

Follow up

NB: ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff / transport staff administering the medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's Signature Print Name: Date:

School Nurse Signature Print Name: Date:

SENCo Signature Print Name: Date:

Form copied to: School SENCo Child's Parents Others

Appendix E Individual Healthcare Plan for Anaphylaxis

Name of School: _____

Child's Name: _____

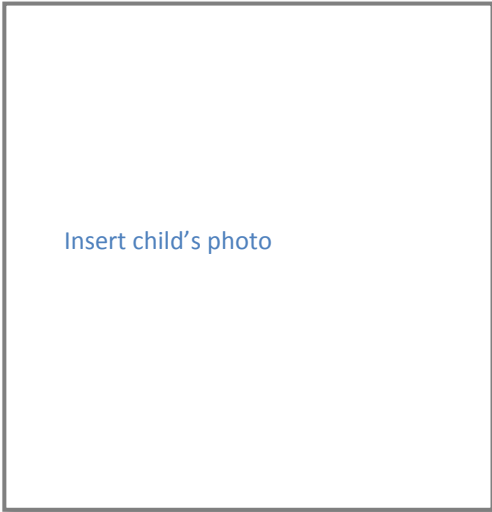
Group/Class/Form: _____

Date of Birth: _____

Emergency Contact:

Name: _____

Telephone No: _____



Date of Assessment

Care plan completed by _____ Date: _____ Review date: _____

Designation _____

Care plan reviewed by _____ Date: _____ Review date: _____

Designation _____

Family Contact Information

Name: ----- Relationship: -----

Phone number (Mobile): ----- (Home):-----

Name: ----- Relationship: -----

Phone number (Mobile): ----- (Home):-----

Clinic/Hospital Contact

Name: ----- Phone number: -----

G.P: ----- GP practice: -----

Hospital Dr----- Phone number: -----

Hospital -----

Medical Diagnosis or Condition:

Other conditions that _____ has:

-
-
-

Prescribed medication for _____

Other medication _____ takes at home:

-
-
-

Describe medical needs:

Child/young person suffers allergic reaction /anaphylaxis in school

Triggers:

Peanuts Egg Milk/dairy Latex Tree nuts Fish Sesame Shellfish
Wasp and bee stings kiwi Medication (State which) _____

Other (state which) _____

Give details of child's symptoms:

Symptoms *(please indicate those applicable)*

Mild to moderate:

- Rash
- Swelling
- Itching

Severe:

- Difficult/noisy breathing
- Throat tightness
- Hoarse voice/altered cry
- Wheeze/cough

- Loss of consciousness/collapse
- Pale/floppy

Care Plan Responsibility

SENCO

- Ensure that school staff receive appropriate training as required
- Ensure that the child's care plan is accessible to relevant staff as required
- Check that medication within school has not expired

School Health service

- School nurse to ensure that child has up to date care plan in school.
- School nurse to liaise with parents and school to update care plan
- Care plan to be reviewed as soon as there is any change to care or minimum yearly.
- School doctor to review child in school as necessary

Classroom staff

Administer medicine as prescribed if -----has allergic reaction

Manage condition of child/young person who is experiencing mild to moderate allergic reaction

- Stay with the child
- Call for help if necessary
- Give antihistamine.....mg (.....ml)
- Contact carer/parent

Parent

- Up to date medication in school - check expiry date on medication

- Parents to inform School Nurse and school staff of any changes to child's care
- Parent to ensure that all medication is brought to school as dispersed in the original packaging with clear instruction.
- Parents to ensure that the medication is replaced as soon as it has been used.

Child

- To be aware of the care plan and content (If applicable)
- To be aware of medical condition and symptoms
- To be aware of where the medication is kept (If applicable)

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

If there is ANY:

AIRWAY

- Hoarseness
- Wheezing
- Swollen lips/tongue/mouth/throat
- Itchy sensation in the throat

BREATHING

- Breathlessness or any breathing difficulties
- Noisy breathing
- Unable to speak or difficulty speaking due to breathlessness

CIRCULATION

- Pale, clammy, floppy, weak, blue around mouth
- Rapid or weak pulse, drowsy or collapsed

Act promptly if child/young person is experiencing severe allergic reaction –ANAPHYLAXIS

1. **CALL 999 AMBULANCE SERVICE IMMEDIATELY and say “ANAPHYLAXIS” (“ANA-FIL-AX-IS”)**
2. **Administer the EPIPEN / JEXT Syringe (enter the amount here) into the Upper, Outer Thigh**
3. **NOTE TIME GIVEN**

4. A second Epi-pen / Next can be given after 5 minutes if there is no improvement in the symptoms

Follow up care

- Child/Young person's parents should be contacted immediately to collect child/young person from school or to meet child/young person at the hospital if an ambulance is called.
- They should be informed which hospital child/young person has been taken to.
- ANAPHYLAXIS should be recorded in child/Young person's diary for his parents to share with the consultant.
- GIVE THE EMPTY EPIPEN TO THE AMBULANCE CREW TO BE TAKEN TO HOSPITAL
- All used medication is to be replaced.

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

If the child is in school – the school staff are responsible

If the child is on the Hackney school bus – the transport staff are responsible

**NB: ALL PRESCRIBED MEDICATION MUST BE IN THE ORIGINAL CONTAINER,
AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff / transport staff administering the medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's Signature Print Name: Date:

School Nurse Signature Print Name: Date:

SENCo Signature Print Name: Date:

Form copied to: School SENCo Child's Parents Others

Appendix F Individual Healthcare Plan for Epilepsy

Name of School:

Child's Name:

Group/Class/Form:

Date of Birth:

Emergency Contact:

Name:

Telephone no :

Date of Assessment

Care plan completed by _____ Date: _____ Review date: _____
Designation _____

Care plan reviewed by _____ Date: _____ Review date: _____
Designation _____

Family Contact Information

Name: _____ Relationship: _____
Phone number (Mobile): _____ (Home): _ / _____

Name: _____ Relationship: _____
Phone number (Mobile): _____ (Home): _____

Clinic/Hospital Contact

Name: _____ Phone number: _____

Name: _____ Phone number: _____

G.P: _____ Practice: _____

Telephone No: _____

Medical Diagnosis or Condition:

Medication

Prescribed medication for -----

Other conditions that ----- has:

-
-
-

Other medication -----takes at home:

-

Describe medical needs

Type of seizure/s experienced

Possible triggers such as:

Photosensitivity

Stress (for example, exams)

Lack of sleep

Diet (for example, skipping meals)

Illness or hormonal changes

Problems with medication

Give details of child's symptoms

Appear blank

Lose consciousness

Face may appear blue or pale.

Drop Attack

Stiffen and begin to jerk.

Foaming at the mouth

Child could wet him / her self

Scream and be confused when he comes around

Care Plan responsibility	
SENCO	<ul style="list-style-type: none">• Ensure that school staff receive appropriate training as required• Ensure that the child's care plan is accessible to relevant staff as required• Check that medication within school has not expired
School Health service	<ul style="list-style-type: none">• School nurse to ensure that child has up to date care plan in school.• School nurse to liaise with parents and school to update care plan• Care plan to be reviewed as soon as there is any changes to care or minimum yearly.• School doctor to review child in school as necessary
Classroom staff	<ul style="list-style-type: none">• Administer medicine as prescribed if -----has allergic reaction• Manage condition of child/young• Contact carer/parent
Parent	<ul style="list-style-type: none">• Up to date medication in school - check expiry date on

	<p>medication</p> <ul style="list-style-type: none"> • Parents to inform School Nurse and school staff of any changes to child's care • Parent to ensure that all medication is brought to school as dispersed in the original packaging with clear instruction.
Child	<ul style="list-style-type: none"> • To be aware of the care plan and content (If applicable) • To be aware of medical condition and symptoms • To be aware of where the medication is kept (If applicable)

Daily care requirements

Up to date medication in school - check expiry date on medication

Monitor the child at school to prevent any triggers of seizure

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

The emergency care to be given in the event of prolong seizure for more than 5 minutes:

- Ensure child/young person is in a safe environment, move any objects away from child/young person that may cause him harm.
- Ensure child/young person airway is kept clear and his breathing is monitored at all times.
- Place a towel or a coat under Child/Young person head to protect it and prevent any further injury.
- Note the time the seizure began and if it stops how long it lasted. If child/young person stops fitting put him into the recovery position and continue to monitor his airway and breathing.
- Stay with child/young person and offer him lots of reassurance and protect his privacy as much as possible.

N.B. Do not restrain Child/Young Person or put anything in Child/Young person's mouth.

Give Emergency Medication

Using Buccolam pre-filled oral syringes

- Always check the dose and expiry date before use.
- Give the medicine slowly to stop your child swallowing the medicine as this may cause them to choke.
- If buccal midazolam does not control the seizure within five minutes, follow the advice given by your doctor or call 999 for an ambulance.
- If you cannot give buccal midazolam for any reason, give first aid and call 999 for an ambulance.
- Check the dose and expiry date of the pre-filled syringe provided.
- Remove the oral syringe from the packaging.
- Place the syringe into the side of your child's mouth, between the gums and teeth.
- If possible, divide the dose so you give half into one cheek and the remaining half into the other cheek.
- Slowly push the plunger of the syringe down until the syringe is empty.
- Watch for any breathing difficulties.
- Confirm that the seizure has stopped.
- Dispose of the syringe safely.

Using Epistatus buccal liquid (Midazolam Maleate 10mg/1ml) 5ml bottle

- Check that the liquid is clear with no crystals visible. Discard if you can see crystals.
- Unscrew the bottle cap, keeping the bottle upright.
- Insert a syringe into the centre of the stopper.

- Turn the bottle upside down.
- Pull the plunger of the syringe back slowly and then push back to prevent any air bubbles.
- Pull the plunger back again slowly and draw up the prescribed amount of liquid.
- Turn the bottle the right way up before removing the syringe.
- Put the cap back on the bottle to stop spillages.
- Place the syringe into the side of your child's mouth, between the gums and teeth.
- If possible, divide the dose so give half into one cheek and the remaining half into the other cheek.
- Slowly push the plunger of the syringe down until the syringe is empty.
- Watch for any breathing difficulties.
- Confirm that the seizure has stopped.
- Dispose of the syringe safely.
- Check that child/young person's breathing is steady. –
- Once the seizure had stopped, put child/young person into a recovery position.
- Record time of medication was given.
- An ambulance should be called by dialling 999.
- Child/Young person must go to hospital

Follow up care

- Child/Young person's parents should be contacted
- They should be informed which hospital child/young person has been taken to.
- All suspected seizures should be recorded in child/Young person's diary for his parents to share with the consultant.
- All used medication to be replaced.

Who is responsible in an emergency (state if different for off-site activities)

If the child is in school – the school staff are responsible

If the child is on the school bus – the transport staff are responsible

NB: ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff / transport staff administering the medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's signaturePrint Name:.....

School Nurse Signature Print Name:

SENCO signature Print Name:

Date Review Date for care plan:

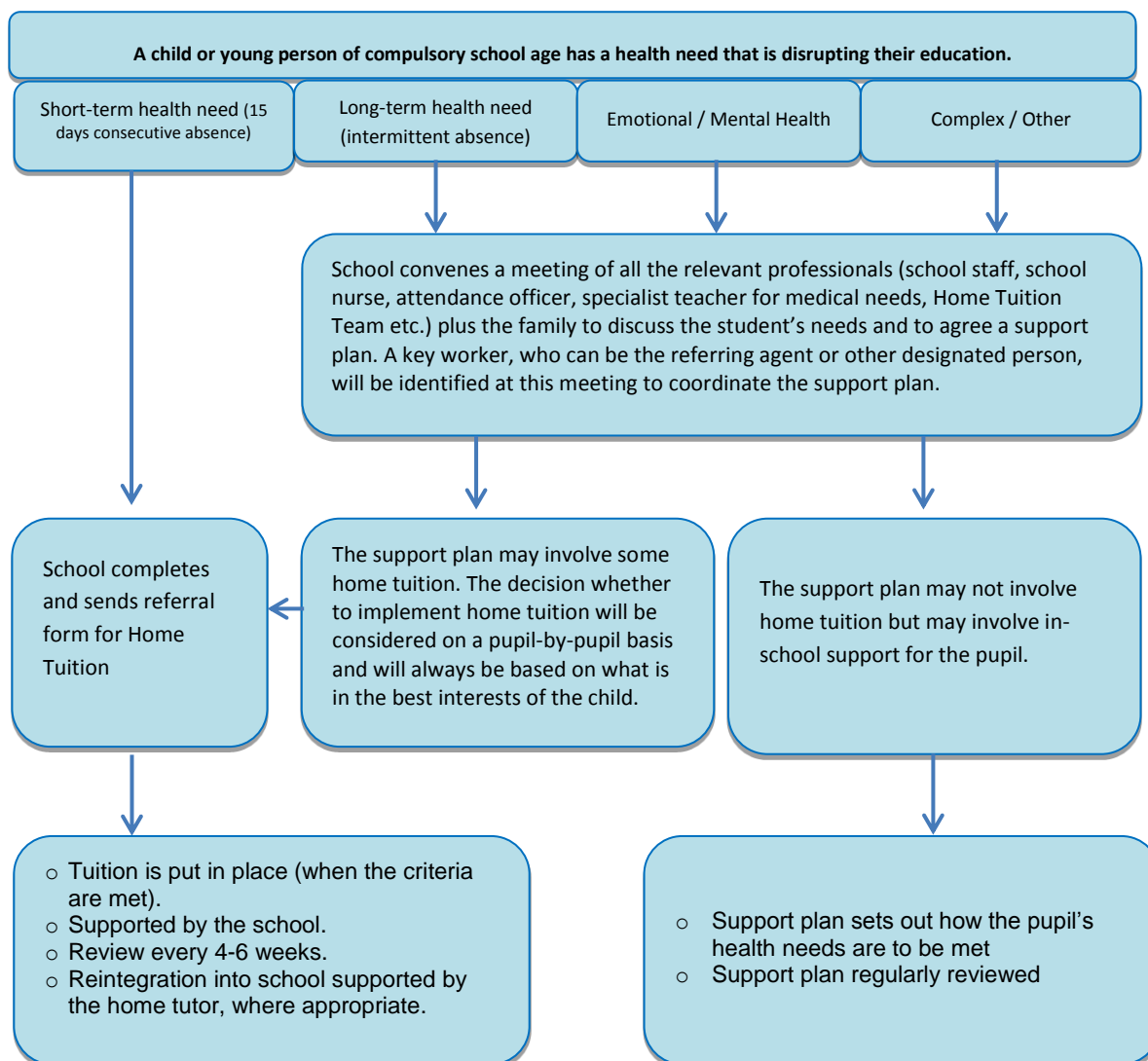
Form copied to: School SENCO Child's Parents Others

Appendix G Pathways of Support for Pupils with Health Needs

Hackney Learning Trust follows the pathways indicated below in order to ensure clarity and fairness of procedures. Within these pathways, all children and young people with health needs will receive consideration and appropriate support based on their individual requirements.

The criteria for home tuition support are:

- The pupil is a resident of the London borough of Hackney; and
 - The pupil is of compulsory school age; and
 - The pupil is (due to be) temporarily absent for at least 15 consecutive school days because of medical reasons, including mental ill-health.
- or
- The pupil's long-term medical condition causes them to be absent for at least 15 days over the course of the current academic year.
- and
- The referral is supported by medical evidence from a specialist medical consultant of the need for home tuition (evidence from a GP is not appropriate).



Appendix H Parental Agreement for School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Appendix I Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			