



**CTKCC**  
Christ the King  
Catholic Collegiate  
Together as one community  
with Christ at the centre



## Supporting Pupils with Medical Conditions Policy

Date: October 2023

Adopted: 8 November 2023

Review: October 2025

### Statement of intent

Christ the King Catholic Collegiate (CtKCC) will ensure that pupils with medical conditions receive appropriate care and support at school. This policy was developed in line with the DfE guidance [Supporting pupils at school with medical conditions](#).

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

This policy should be read in conjunction with:

- [SEND Vision](#)
- [SEND Policy](#)
- [SEND Information Report](#)
- [Equalities Policy](#)

**Aims**

At CTKCC Staff and Learners work together to:

- raise aspirations and widen personal horizons;
- be positive learners who can work independently and collaboratively.
- stimulate an interest in learning as a lifelong process;
- value truth, honesty and fairness
- develop self-respect and confidence;
- take responsibility for ourselves and our actions;
- develop an understanding of the needs and well -being of ourselves and others;
- provide opportunities to be creative and develop an appreciation of the aesthetic and cultural aspects of life.

**Record of Amendments**

Amendment Number	Brief Description	Board Endorsement Date	Amended By

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## **Key roles and responsibilities**

### **The Local Authority (LA) is responsible for:**

- 1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- 1.2. Providing support, advice and guidance to schools and their staff.
- 1.3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- 1.4. Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

### **The Governing Body is responsible for:**

- 2.1. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of CtKCC.
- 2.2. Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 2.3. Handling complaints regarding this policy as outlined in the Multi-Academy Complaints Policy.
- 2.4. Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 2.5. Ensuring that relevant training is delivered to staff members who take on responsibility to support children with medical conditions.
- 2.6. Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 2.7. Ensuring written records are maintained and held in the main office for any and all medicines administered to individual pupils. See Annex A.
- 2.8. Ensuring the level of insurance in place reflects the level of risk.

**Each Headteacher is responsible for:**

- 3.1. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of CtKCC.
- 3.2. Ensuring the policy is developed effectively with partner agencies.
- 3.3. Making staff aware of this policy.
- 3.4. Liaising with healthcare professionals regarding the training required for staff.
- 3.5. Making staff that need to know aware of a child's medical condition.
- 3.6. Developing Individual Healthcare Plans (IHCPs).
- 3.7. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- 3.8. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 3.9. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 3.10. Contacting the school nursing service in the case of any child who has a medical condition. Parental/carer consent must be obtained in order for the nurse to be notified.

**Staff members are responsible for:**

- 4.1. Taking appropriate steps to support children with medical conditions.
- 4.2. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- 4.3. Administering medication, if they have agreed to undertake that responsibility. When administering prescribed medicine a minimum of two staff are to be in attendance in order to confirm the correct medicine and dosage is given. The details are to be recorded on Annex A.
- 4.4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- 4.5. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

- 4.6. Trained staff are responsible for administering injections.

**School nurses are responsible for:**

- 5.1. Notifying the school when a child has been identified as requiring support in school due to a medical condition. Parental/carers consent must be obtained in order for the school to be notified.
- 5.2. Liaising locally with lead clinicians on appropriate support.

**Parents and carers are responsible for:**

- 6.1. Keeping the school informed about any changes to their child/children's health.
- 6.2. Completing a [parental/carers agreement for school to administer medicine](#) form before bringing medication (prescribed or otherwise) into school. Please see Annex B.
- 6.3. Providing the school with the medication their child requires and keeping it up to date.
- 6.4. Collecting any leftover medicine at the end of the course or year and any out-of-date inhalers or epipens.
- 6.5. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 6.6. Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

**Definitions**

- 7.1. "Medication" is defined as any prescribed or over the counter medicine.
- 7.2. "Prescription medication" is defined as any drug or device prescribed by a doctor.
- 7.3. A "staff member" is defined as any member of staff employed by CtKCC..

**Training of staff**

- 8.1. Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- 8.2. Teachers and support staff will receive regular and ongoing training as part of their development.

- 8.3. Teachers who undertake responsibilities under this policy will receive the following training:
- EPI Pen – Lead is the School Nurse
  - Asthmatic – Lead is the School Nurse
  - Diabetic – Lead is the Diabetic Nurse
  - Epilepsy – Lead is the School Nurse or Clinical Lead Specialist Nurse for Epilepsy
- 8.4. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.
- 8.5. No staff member may administer drugs by injection unless they have received training in this responsibility.
- 8.6. The Headteacher or nominated representative in each academy will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy. See Annex C for staff training record template.

### **The role of the child**

- 9.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 9.2 All medicines are to be stored safely in an easily accessible central location. Some medicines may require special storage i.e. locked cupboard or refrigeration.
- 9.3. Best practice for the storage of Asthma inhalers is as follows:
- Secondary School: Students should carry their own inhalers. A spare inhaler and spacer are to be held centrally. All must be clearly labelled with the student's name.
  - Primary School: All inhalers/spacers are kept in child's classroom, clearly labelled and stored out of reach of children but accessible to staff.
- 9.1. If pupils refuse to take medication or to carry out a necessary procedure, parents/carers will be informed so that alternative options can be explored.
- 9.2. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a trained First Aider.

## **Individual Healthcare Plans (IHCPs)**

- 10.1. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO)/Pastoral Leader (as appropriate) (and medical professionals if medical condition is complex). See Annex D and E for details.
- 10.2. A model letter requesting parental/carers engagement in the development of an IHCP can be found at Annex F.
- 10.3. IHCPs will be easily accessible whilst preserving confidentiality.
- 10.4. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 10.5. Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- 10.6. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

## **Medicines**

- 10.7. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 10.8. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a Parental/Carers Agreement for a School to Administer Medicine form.
- 10.9. No child will be given any prescription or non-prescription (over the counter) medicines without written parental/carers consent.
- 10.10. Where a pupil is taking medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents/carers while respecting their right to confidentiality.
- 10.11. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.



- 10.12. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Inhalers must have the child's name and Date of Birth on it – but do not have to be in a box. Medicines which do not meet these criteria will not be administered.
- 10.13. Excluding long-term illness medication i.e. Asthma, Diabetes, Epilepsy etc, a maximum of four weeks supply of medication may be provided to the school at one time.
- 10.14. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy. If a controlled drug is administered, it must be checked by two people prior to administration. All controlled drugs are to be stored in a locked cupboard or refrigerator as necessary.
- 10.15. Medications will be stored in the main reception.
- 10.16. Any medications left over at the end of the course will be returned to the child's parent/carer.
- 10.17. Written records of medication administered to children will be kept in the main office.
- 10.18. Pupils will never be prevented from accessing their medication.
- 10.19. CtKCC cannot be held responsible for any side effects that occur when medication is taken correctly.

### **Safe handling, storage and disposal of sharps equipment.**

- 12.1 **Sharps should** always be disposed of by the person who has used them directly into an approved sharps container.
- 12.2 **The sharps box must:**
  - be assembled correctly and the aperture should be closed when the box is not in use;
  - be labelled with a point of source i.e. name and address of the school and signed and dated on assembly;
  - be sealed off when no more than 2/3 full and signed and dated in accordance with the agreed local policy;
  - be stored between use in a locked cupboard which is not accessible to

unauthorised persons or pests;

- be collected in accordance with the agreed local policy when 2/3 full;
- be replaced with a new empty box on collection of the box in use;
- when two thirds full the user should contact the Office Manager who will arrange for immediate collection.

12.3 **All staff should be aware of the following procedure to undertake in case of sharps/inoculation injury:**

- STOP WHAT YOU ARE DOING IMMEDIATELY!
- DO NOT SUCK the wound;
- Make it bleed;
- Wash it with warm running water and cover with a waterproof dressing
- Splashes in the eyes or mouth should be rinsed out with copious amounts of water;
- Report incident to the Headteacher and/or Academy Manager who should record the event on Accident Report Form and sent to LA.

## Emergencies

13.1 Medical emergencies will be dealt with under the school's emergency procedures.

13.2 Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency;
- What to do in an emergency.

13.3 Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

13.4 Medical treatment may need to be taken to the child as they may not be able to make it to the medical room/office or a wheelchair may be required. If necessary, the child should remain where they are and first aiders or emergency services taken to the child's location.

13.5 If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrive.

13.6 Details of how emergency services are to be contacted can be found at [Annex G](#).

## **Avoiding unacceptable practice**

14.1 CtKCC understands that the following behaviour is unacceptable:

- assuming that pupils with the same condition require the same treatment;
- ignoring the views of the pupil and/or their parents/carers;
- ignoring medical evidence or opinion;
- sending pupils home frequently or preventing them from taking part in activities at school;
- sending the pupil to the medical room or school office alone if they become ill;
- leaving the pupil alone in the medical room or school office;
- penalising pupils with medical conditions for their attendance record where the absences relate to their condition;
- making parents/carers feel obliged or forcing parents/carers to attend school to administer medication or provide medical support, including toilet issues;
- creating barriers to children participating in school life, including school trips;
- refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **Insurance**

- 15.1 Trained Staff who undertake responsibilities within this policy are covered by the school's insurance policy.
- 15.2 Cover is provided by the Risk Protection Arrangements (RPA).
- 15.3 Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

## **Complaints**

- 16.1 The details of how to make a complaint can be found in the CtKCC Complaints Policy.

**Annex A: Record of Medication Administered to an Individual Pupil**

**Before administering medication – Please check ‘Parental/Carers Agreement to Administer Medicine’ for consent**

School Name:

**Pupil’s Name:**

**Form:**

Date	Time	Name of Medicine	Dose given	Any reactions	Signature of	Print name	Remarks <sup>2</sup>
/ /							
/ /							
/ /							
/ /							
/ /							

<sup>1</sup> By signing to say you have administered the medicine, you are also stating you have checked the Parental/carers Agreement to Administer Medicine. Two members of staff are to be present when administering medication.

<sup>2</sup> To include if child refused to take medication, what action was taken, parent/carer informed etc.

## Annex B: Administering Medicine Form

### Parental/Carer Agreement to Administer Medicine

To be completed by the parent/carer of any child requesting medicine to be administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer.

The school will not give your child medicine unless you complete and sign this form.

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

#### 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 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**

Doctors Name:	
---------------	--

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

I undertake to supply the school with the medication in the original labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent/carer and that the school staff may need to arrange any medical aid considered necessary in an emergency. I will be informed of any such action as soon as possible.

**Contact Details**

I can be contacted at the following address/telephone number during school hours:

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand that I must deliver medicine personally to:	

The information provided is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Annex C: Staff Training Record – Administration of Medicines

Name of Academy:	
Name:	
Type of training received:	
Date of training:	
Training provided by:	
Profession:	
and title:	

I confirm that add name of member of staff has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by add name of member of staff.

Trainer's signature:	
Date:	

**I confirm that I have received the training detailed above.**

Staff signature:	
Date:	
Suggested review date:	

## Annex D: Individual Healthcare Plan (IHP) Implementation Procedure





## Annex E: Individual Healthcare Plan (IHP)

[Insert name of school]<sup>3</sup>

Child's Name:	
Class/Form:	
Date of Birth:	
Child's Address	
Medical diagnosis or condition:	
Date:	
Review date:	

### Family / Parental / Carer Responsibility Contact Information

Name:	
Relationship to child	
Phone Number: (Home, Mobile, Work):	

### Clinical/Hospital Contact

Name:	
Phone Number:	

### G.P.

Name:	
Phone Number:	

Who is responsible for providing support in school?	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. (continue on separate sheet if necessary).

--

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

--

<sup>3</sup> Note that Epipen care plans are provided directly from the hospital consultant and will look different to this template.

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:	
-----------------	--

## **Annex F: Model letter inviting parents/carers to contribute to individual healthcare plan(IHP).**

(To be printed on CtKCC headed paper)

Date:

Ref:

Dear [Insert name of Parent/Carer],

### **RE: 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case (if the medical need is complex). 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 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 include add details of team. 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 add name of other staff lead would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

[Insert name of Headteacher]

Headteacher

## Annex G: Emergency Service Contacts

### Contact Emergency Service

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

Your telephone number – 01782 [Insert number]

Your name:

Your location as follows: **Insert name of Academy and address**

The exact location of the patient within the school.

The name of the child and a brief description of their symptoms.

The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone and inform the Headteacher or nominated representative that an ambulance has been called.

## Annex H: Dealing with Asthma

Christ the King Catholic Collegiate Multi-Academy Company will:

- welcome pupils with asthma;
- recognise asthma as an important condition;
- encourage and help children with asthma to participate fully in school life;
- recognise the need for immediate access to inhalers;
- attempt to provide an environment as favourable as possible to asthmatic pupils;
- ensure all staff are aware of asthma and know what to do in the event of an attack and will if necessary give emergency treatment;
- inform parents/carers of attacks and any treatment given;
- not assume responsibility for the routine treatment of asthma (preventative therapy) which remains the prerogative of the parent/carer in conjunction with their GP.

### Record keeping

On academy entry pupils with asthma or those possibly asthmatic should be identified. To aid this process the Asthma proforma provided should be completed and returned to reception. A positive response to any question should result in a completed consent form. In addition these pupils should be brought to the attention of the school nurse as soon as is practical. An asthma care plan should be commenced in accordance with the flow chart below.

A record of use of the pupil's inhaler must be kept on the log sheet and all details are to be completed as per the template provided.

### **Asthma register**

A register of asthmatic children is to be maintained in each academy using a medical report generated from SIMS.

### Notification to parent/carer

Parents/carers are to be informed when a pupil is required to use their inhaler using the template provided.

A register of pupils who have used the schools inhaler is to be maintained.

## Asthma Proforma: Consent



If your child has been diagnosed as asthmatic and has been prescribed reliever therapy (Blue inhaler) please complete this form which gives your consent for academy staff to give this if required.

I hereby give my consent for academy staff to give my child reliever therapy for the treatment of an asthma attack/prior to PE if required. I understand that I will be informed when treatment has been given other than for routine treatment by my request.

Name of child: .....

Date of Birth: .....

School: .....

Signature (Parent/Carer): .....

Name: ..... Date: .....

If your child has asthma you will be sent a copy of the school care plan.

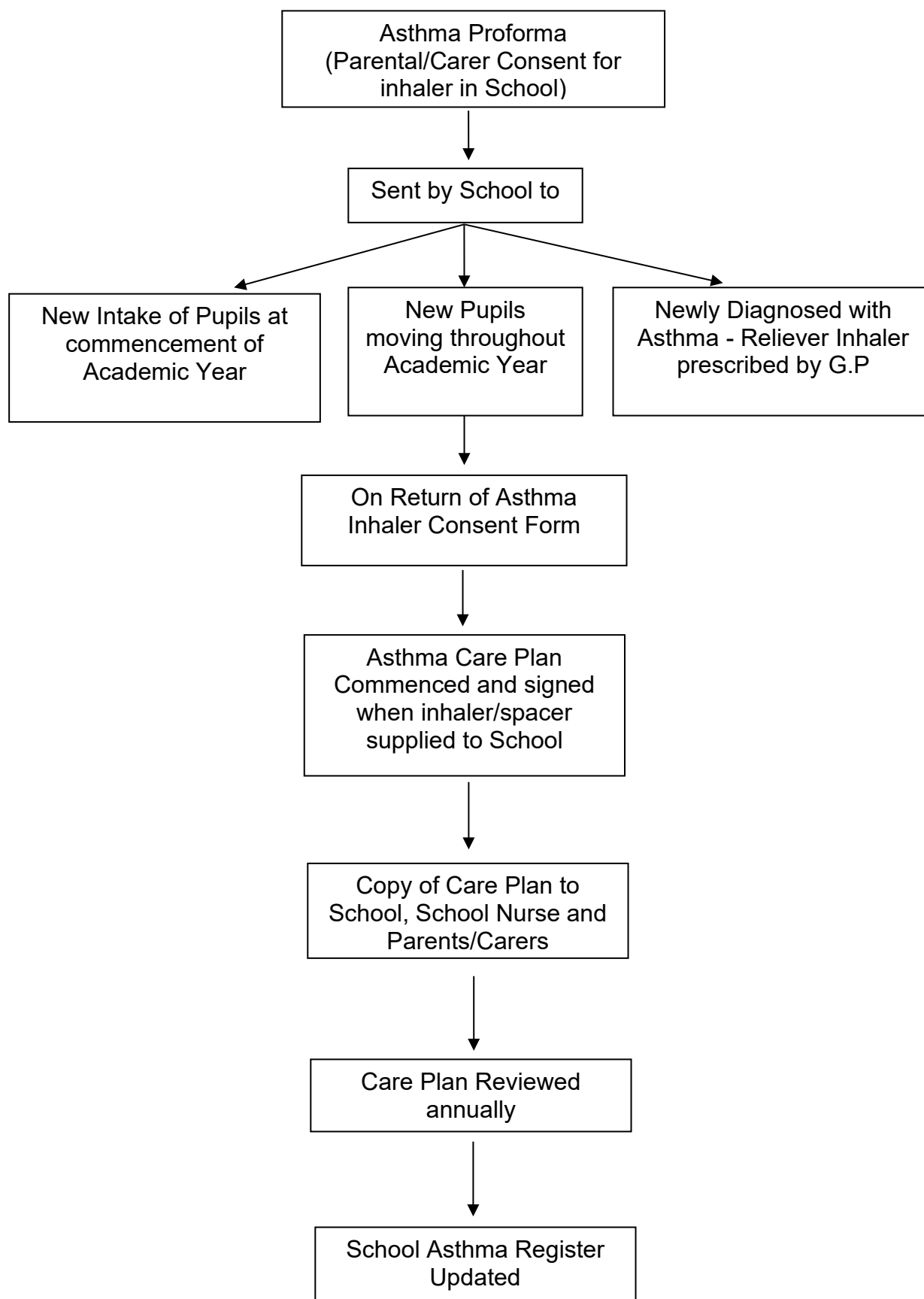
Please ensure that your child has a **SPARE reliever inhaler** and **spacer** kept in school and that your child's inhaler is within its **expiry date**.

### **N.B: St John Fisher Catholic College Pupils**

Please ensure your child carries their own reliever inhaler in school. A spare reliever inhaler and spacer should also be kept in school for emergencies.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections please contact your School Nurse or GP.

### Identification of Pupil requiring Asthma Care Plan







## Asthma Care Plan Parent/Carer Review Letter

**To be printed on CtKCC headed paper**

Dear Parent/carers of:

Date:

Class:

D.O.B:

Academy Name:

We are currently reviewing your child's School Asthma Care Plan. Would you kindly complete and return this form so that the care plan can be updated accordingly.

1. My child still requires a reliever inhaler in school
2. My child **no longer** requires a reliever inhaler or care plan in school

<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box and return to school

Signature

(Parent/Carer):

Name (Please print):

Date:

If you have any queries about your child's asthma care plan please contact the School Nurse. Please ensure that your child has a **spare reliever inhaler and spacer** in school and it is within its **expiry date**.

Yours sincerely,

School Health Service

## Annex I: Dealing with Anaphylaxis

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

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. 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

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

All Staff are to be trained in the use of these devices and can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school should hold, and where to store them, is to be decided on an individual basis between the Headteacher, the child's parents/carers and medical staff involved in each academy.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents/carers, the school and the treating doctor. See Annex A and B for details.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices. A record of training completed is to be maintained.

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. Details of any known food allergies must be recorded on SIMS as this will automatically prompt catering staff at the point of sale via the cashless till system.

Parents/carers often ask for the Headteacher to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children is to be taken.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They have a sensitivity to contact with a certain food or substance, and as a result, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is

important, too, to allay parents'/carers' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

## Annex J: Dealing with Diabetes

### What is Diabetes?

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

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

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents'/carers' 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. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

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. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

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.

Staff should be aware that the 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 and trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

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:

- the child's recovery takes longer than 10-15minutes
- the 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'/carers' 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.