



Medical Conditions Policy

Date: July 2016

Medical Conditions Policy

Introduction

Goose Green Primary and Nursery School ('Goose Green') is a mainstream state-funded academy school that values and promotes inclusion as part of its mission to develop knowledgeable, curious and caring children. Supporting inclusion for all of our children, this policy is in line with other key policies such as those for Teaching and Learning, Equality, Anti-Bullying, Behaviour and Special Educational Needs (SEND). The responsibility for the management of this policy falls to the Headteacher; the day-to-day operation of the policy is the responsibility of the Inclusion Manager. The Governing Body, Headteacher and the Inclusion Manager will work together closely to ensure that this policy is working effectively. The name and contact details of the Inclusion Manager and School Nurse are easily accessible on the school website.

Goose Green is an inclusive community that welcomes and supports pupils with medical conditions.

Goose Green provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

Our school makes sure all staff understand their duty of care to children and young people in the event of an emergency; we train our staff so that they can feel confident in knowing what to do in an emergency. Staff receive training on the medical conditions that affect pupils at this school and the impact medical conditions can have on pupils.

Medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

It is of the utmost importance that medication and care are delivered precisely as directed by healthcare professionals and parents/carers.

Policy framework

The policy framework describes the essential criteria for how Goose Green Primary and Nursery School meets the needs of children with long-term medical conditions. The framework was developed by the Health Conditions in Schools Alliance (www.medicalconditionsatschool.org.uk) which is made up of over 30 organisations who state that they “work collaboratively to make sure children with health conditions get the care they need in school”. Goose Green supports the aims of the alliance and is guided by their recommendations of good policy and practice.

1. This school is an inclusive community that welcomes pupils with medical conditions.

Goose Green is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We actively engage with pupils and parents/carers, taking account of their views and preferences. This underpins our appreciation that pupils and parents should feel confident in the care they receive from this school and the level of that care meets their needs.

Staff are trained on the medical conditions of pupils and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn. All staff are briefed regarding their duty of care to children and know what to do in the event of an emergency; all children with the same medical condition will not have the same needs.

Duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions and are anticipatory.

2. This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

Prior to approval or re-approval by the Governing Body, other stakeholders are given the opportunity to review this policy and comment, including parents, the school nurse and school staff.

3. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

4. All children with a medical condition should have an individual healthcare plan (IHP).

An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It includes information on the impact any health condition may have on a child's learning, behaviour or classroom performance. It is drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one. A template of an IHP and guidance notes are included at Appendix A. Examples of IHPs tailored for specific conditions are available via the website of the Health Conditions in Schools Alliance (www.medicalconditionsatschool.org.uk)

5. All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency; this is communicated by means of a display in a confidential part of the Staff Room, accessed only by approved adults. All staff receive training in what to do in an emergency and this is refreshed at least once a year. A child's IHP must explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

6. All staff understand and are trained in the school's general emergency procedures.

All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

7. This school has clear guidance on providing care and support and administering medication at school.

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP. The Inclusion Manager will ensure that more than one member of staff who has been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. The Inclusion Manager will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The Governing Body is responsible for ensuring that there is the appropriate level of insurance and liability cover in place.

Medication (prescription or non-prescription) must not be administered to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality. When administering medication, for example pain relief, the adult responsible will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor. Where the IHP states that each administration of medication must be recorded, the responsible must accurately record the information at the time of administration.

Documentation must not be completed after the event unless the record clearly shows that this was done, when, by whom and stating the reason; the responsible adult must inform the Inclusion Manager immediately.

Whilst facilitated by the Inclusion Manager, the Senior Leadership Team are responsible for ensuring that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

By signing off their child's IHP, parents/carers confirm that they understand that they must let the school know immediately if

their child's needs change. If a pupil misuses their medication, or anyone else's, their parent must be informed as soon as possible and the school's disciplinary procedures are followed.

8. This school has clear guidance on the storage of medication and equipment at school.

All staff receive training and communication so that they understand what constitutes an emergency for an individual child and make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away.

The agreed IHP will record whether any of the following scenarios have been agreed between parents/carers, the pupil, the school, the school nurse and healthcare professionals (including the professional who prescribed the medication or equipment):

- Pupils may carry their emergency medication with them if they wish/this is appropriate;
- Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.

The Inclusion Manager is responsible for the effective execution of the parts of the school's Health and Safety Policy that relate to the storage and administration of medication. The Inclusion Manager must ensure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

The Inclusion Manager must ensure that medication is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

The Inclusion Manager asks parents to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

9. This school has clear guidance about record keeping.

Parents/carers are asked if their child has any medical conditions on the enrolment form.

A child's IHP is used to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

The Inclusion Manager maintains a centralised register of IHPs, and they have responsibility for ensuring that this register is accurate, up-to-date and reflects actual practice. IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

The pupil's confidentiality must be protected; parents'/carers' permission must be gained before sharing any medical information with any other party.

Prior to any overnight or extended day visit the Inclusion Manager must meet with the pupil (where appropriate), parent/carer, specialist nurse (where appropriate) and relevant healthcare services to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

The Inclusion Manager is responsible for ensuring the maintenance of an accurate record of all medication administered, including the dose, time, date and supervising staff.

All staff providing support to a pupil and other relevant teams must receive suitable training and ongoing support, to make sure that

they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and the Inclusion Manager keeps an up-to-date record of all training undertaken and by whom.

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

Goose Green is committed to providing a physical environment accessible to pupils with medical conditions; pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities. The needs of pupils with medical conditions must be adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

Staff training must develop their awareness of and sensitivity to the potential social problems that pupils with medical conditions may experience. Staff must use this knowledge, alongside the Anti-Bullying Policy, to help prevent and deal with any problems. Opportunities such as PSHE and science lessons should be used to raise awareness of medical conditions to help promote a positive environment.

It is important that all pupils have the opportunity to take part in physical activity; all relevant staff must make appropriate adjustments to physical activity sessions to ensure they are accessible to all pupils. This includes out-of-school clubs and team sports. Pupils with medical conditions must be able to participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child. The Inclusion Manager will ensure that appropriate adjustments and extra support are provided; this will be recorded in the IHP.

Equally, pupils must not be forced to take part in activities if they are unwell. Staff must also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to

minimise these. Pupils must be taught how to indicate to adults if they are unwell and what to do in an emergency.

Staff must ensure that pupils have the appropriate medication/equipment/food with them during physical activity.

All school staff are trained to understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. Pupils will not be penalised for their attendance if their absences relate to their medical condition.

The class teacher or Inclusion Manager will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

A risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

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

Goose Green is committed to identifying and reducing triggers both at school and on out-of-school visits. School staff are given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.

The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

The SENCo will lead a review of all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

12. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

Goose Green works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, Governing Body, all school staff, catering staff and healthcare professionals to ensure that the reintegration is planned, implemented and maintained successfully.

13. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

Goose Green works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, Governing Body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The Inclusion Manager will ensure that the school keeps in touch with a child when they are unable to attend school because of their condition.

14. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

In evaluating the policy, the school seeks feedback from key stakeholders including pupils, parents/carers, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

ADOPTED AND SIGNED ON BEHALF OF THE SCHOOL GOVERNING BODY	
SIGNATURE OF GOVERNING BODY REPRESENTATIVE	
NAME OF HEADTEACHER	
SIGNATURE OF HEADTEACHER	
DATE	
REVISION DATE	

Appendix A – Individual Healthcare Plan

Health Conditions in Schools Alliance
www.medicalconditionsatschool.org.uk

Individual Healthcare Plan

An individual healthcare plan (IHP) details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

The IHP can be thought of as a type of written agreement that's drawn up with school, so it needs to be as detailed as possible. This document makes clear the things that should be in an IHP. The Health Conditions in Schools Alliance website also offers a template IHP.

The IHP should include the following:

- Written permission from the parent/carer and the head teacher for any medication to be administered by a member of staff, or self-administered by the child during school hours.
- Exactly what help the child needs, what they can do themselves and what they need from somebody else.
- Who is going to give that help and when.
- Details of any medication needed, the dose needed, when it's needed and the procedure for using any equipment.
- Details of any testing the child needs to do, the procedures involved and the action to be taken depending on the result.
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention (eg asthma attack, seizure, anaphylaxis, hypo) and what staff will do if any of these occurs. It should also include when the parent/carer should be contacted and when an ambulance should be called.
- The things that need to be done before, during or after PE.
- What plans need to be put in place for exams (if appropriate).
- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom.
- What to do in an emergency, including who to contact.
- Any support needed around the child's educational, emotional and social needs, eg how absences will be managed, support for catching up with lessons or any counselling arrangements.
- A description of the training that has been given to whom.
- Any details of when the child needs to eat meals and snacks, what help they need around meal or snack time, eg whether they need to go to the front of the lunch queue or have any other special arrangement around meal/snack time.
- What plans need to be put in place for any school trips (including overnight) or other school activities outside of the normal timetable.
- This is not an exhaustive list, and the IHP might also include other aspects of a child's care.
- Remember to attach any other documents that are relevant to a child/young person's care to the plan.

The help a child needs is likely to change as time goes on, and so their IHP will need to change to reflect this. At the very least it should be reviewed annually, but must also be reviewed when management of a medical condition changes or the level of care a child needs changes. So also included in the IHP should be:

- when it will be reviewed
- who can alter the plan and which parts they can alter
- what is the process for reviewing the plan

Once the plan is in place and the child (if applicable), parent/carer, school and specialist (if appropriate) are happy with it, the parent/carer (and child, where appropriate) should sign it, as should relevant school staff and a healthcare professional.

Individual Healthcare Plan

1 CHILD/ YOUNG PERSON'S INFORMATION

1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:	
Date of birth:	
Year group:	
Nursery/School/College:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/ young person has the following _____
 medical condition(s) requiring the following treatment. _____

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored _____

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/ young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time	Note
Arrive at school		
Morning break		
Lunch		

Afternoon break		
School finish		
After school club (if applicable)		
Other		

Please refer to home-school communication diary

Please refer to school planner

6. CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

This general Individual Healthcare Plan was developed from a plan originally designed by a subgroup led by Sandra Singleton; with Margot Carson, Elaine McDonald, Dawn Anderson, Paula Maiden, Jayne Johnson, Jill Cullen, Helen Nurse, Linda Connellan and Daniel Hyde, on behalf of the North West Paediatric Diabetes Network.

Appendix B - Form 1

Asthma awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring the school office and ask for a first aider to come to the student.

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

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

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest

- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Appendix B – Form 2

Epilepsy awareness for school staff

Complex partial seizures

Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Ring the school office and ask for a first aider to come to the student

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

Tonic-clonic seizures

Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

Appendix B – Form 3

Anaphylaxis awareness for staff

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye - Symptoms:

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:

wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin:

Urticaria - wheals or hives - bumpy, itchy raised areas and or rashes.

Eczema - cracked, dry, weepy or broken skin. Red cheeks.

Angiodema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

TREATMENT

- Ring the school office and ask for first aider to come to student
- Send a student or member of staff to school office to collect 2nd epipen and to ask them to ring for an ambulance and parents.
- If student conscious keep them in an upright position to aid breathing. If unconscious, then place in recovery position.
- If student is conscious and alert ask them to self-administer their epipen, if this is indicated on their IHP. If student unconscious, trained member of staff to administer epipen as per training. Record time of giving.
- If no improvement within 5 minutes then 2nd epipen to be administered. Keep used epipens and give to paramedics when they arrive.

Appendix B – Form 4

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

First aid aims Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible

Treatment Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia: Call 999 immediately

Further actions

If the casualty loses consciousness:

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation