

Medical & Health Information Policy



Key points and summary

1. The **Medical and Health Information Policy** at Harrow High School is in operation to ensure that every learner, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. Under the Safeguarding legislation we all have a duty of care to protect children. In the event of a learner sustaining any injury, the school aims to ensure parents are promptly informed and fully supported.
2. This policy aims to:
 - Give clear guidance to staff as to their responsibilities
 - Advise visitors in relation to the protocols
 - The emphasis is to ensure people are aware of their responsibilities. The policy is part of the Safeguarding and Health & Safety suite of policies.

Agreed by Governors Safeguarding on 22nd March 2022

Review date: Spring 2024

Responsible for review: DSL

Published on website: no (part of safeguarding suite)

Responsibility of Parents/Carers

As the child's main carers, parents have the primary responsibility for health care and should provide the following information to the School:

1. At the admissions meeting:
 - o Known illnesses and treatment, including any existing Individual Health Plan
 - o Emergency contact(s)
 - o Doctor's details

If there is information which suggests that a Individual Health Plan (See below) may be required, the Heads of Year and/or Learner Services will contact the parent/carer for additional information. Parents/carers are required to facilitate access to information from the child's G.P. and/or other health care professionals.

2. This information will be recorded in SIMS and on a central record. It will be reviewed annually with parents/carers.
3. Parents/carers should inform the School in writing of any further changes to the information held. If an Individual Health Plan may be required, the procedures in (1) will be followed.
4. Parents/carers will be asked to sign Consent Forms authorising treatment in the event of an emergency and to confirm this when agreeing that their child can take part in a trip.

Documentation

The school will maintain the following records:

Medication Record

The Learner Services Officer will maintain a log of medicine given to learners, or taken by learners under staff supervision. Parent/carers will be informed.

Individual Health Plan (appendix C)

This will be drawn up and maintained for learners who may require

- emergency treatment at a hospital or clinic
- emergency medicine to be administered in school in a potentially life-threatening situation
- severe medical condition

The Heads of Year and Learner Services Officer will be responsible for drawing up and maintaining the Individual Health Plan in consultation with parents, health care professionals and other specialists, as necessary.

Administering Medicine

1. The School will not issue any medicine to learners, unless it has been supplied by the parents/carers however a learner may be given non-prescriptive medicine by the a First-Aider if she/he feels that it is advisable to do so, but prior contact, will be made with someone who has parental responsibility. The only medication used would be

Paracetamol.

2. If a learner requires to take medication (including inhalers), there must be prior notification in writing from the parent/carer to the Learner Services Officer. Parents must ensure that:
 - o The medicine is in the original container
 - o It is labelled with the child's name
 - o Written information is included e.g. dose, frequency, possible side effects and expiry date
 - o They remove the medicine after it is no longer required, or it has passed its expiry date. The Learner Services Officer will contact parents, if medicine is not removed by the due date.
3. Learners will be responsible for their own inhalers.
4. The School will consider requests from parents/carers of children who require emergency prophylactics to be administered. It should be noted that there is no obligation to accede to such requests. In the absence of staff agreement to do so, there must be clear emergency procedures established which are consistent with the responsibility of the parents and the NHS.
5. All medicines will be stored in a locked medical cabinet in the Learner Services Office. Epipens and Inhalers should not be locked away, they need to be kept in a central area that is accessible to all staff.
6. A report of all school accidents is kept by the Learner Services Officer in an accident report book, all major accidents and staff accidents are reported online, the rest are done on SIMS. and when necessary an accident form is completed and sent to Carsten and Robinson, the school's Health and Safety advisors.
7. The school staff are issued with guidelines for dealing with accidents both on and off the school premises.
8. If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Health Plan. Parents and Heads of Year will be informed so that alternative options can be considered.

Medication

1. Immediate access to a reliever is vital. Students are encouraged to carry their reliever inhaler with them at all times. The reliever inhalers for children are kept in the Learner Services Office. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler.
2. The Learner Services Officer will keep this separately in case the child's own inhaler runs out or is lost or forgotten. All inhalers **must** be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency. First Aid trained staff will do this. **All school staff will let students take their own medication when they need to.**

3. All medication will be securely stored in the medical cabinet in the Learner Services Office until such time as is needed. Learners should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available. This is particularly important to consider when outside of school premises, e.g. on school trips. The dates on medicines will be checked every term and should always be checked before administration.
4. We have paracetamol in the medical room only to give to learners whose parents have given written consent for us to give paracetamol for headache / period pains etc.

Emergency procedures

1. There is a list of qualified first aiders in all offices. In case of an emergency a first-aider will be called to the scene without delay. If the first-aider cannot assist an ambulance must be called and the Head of Year advised immediately. The Head of Year or, if unavailable, another member of staff, will call the students legal guardian to let them know.
2. On school trips, the trip leader will follow emergency procedures as set out in the risk assessment.
3. Where a child has an Individual Health 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 students in the school will learn what to do in general terms, such as informing a teacher immediately if they think help is needed, through assemblies and tutor time.
4. If a learner 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.

Record Keeping

1. At the beginning of each school year, or when a learner joins the school, parents are asked to complete an individual Asthma or Allergy healthcare plan if their child has asthma or an allergy. From this information the school keeps its asthma and allergy registers which are available for all school staff. If medication changes in between times, parents are asked to inform the school immediately, written documentation will be needed for this.
2. Harrow High School does now hold an emergency inhaler as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' 2014.
3. To support children who may be at risk of anaphylaxis, the Human Medicines (Amendment) Regulations 2017 allows schools, without the need for prescription to hold spare adrenaline auto-injectors
4. Parents of learners with Asthma and Allergies are sent a letter asking permission for the emergency inhaler or emergency EPI-Pen to be used in the event that their own inhaler/EPI-Pen is not available. See Appendix A & B Attached.

5. The school holds inhalers and epi-pens for each student and they are regularly checked for expiry dates by the Learner Services officer.

Managing medicines on school trips

Parents will also be expected to inform Trip Leaders of the medical needs of their child through the return slip for any educational visit they wish their child to take part in. Procedures for school trips will be set out in the Individual Health Plan.

Offsite sport and educational trips

All inhalers and Epi-pens must accompany students when they are off the school grounds e.g. on a school trip or visiting another school etc.

Appendix A – Asthma Policy

Appendix B – Allergy Policy

Appendix C – Individual Health Plan

Appendix D – Diabetes Policy

Intimate Care

In the instance of intimate care being required the school will ensure:

- All children have a right to safety, privacy and dignity;
- The views of the child should be actively sought,
- All individual arrangements for intimate care needs, agreements between the child, parents/carers and the organisation must be negotiated and recorded.

This policy should be read in conjunction with Harrow High School Health and Safety: First aid / Welfare procedure

Appendix A

Asthma Policy

The Principles of our school Asthma Policy

- The school recognises that asthma is an important condition affecting many learners and welcomes all with asthma
- Ensures that learners with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of learners with asthma and the medication they take
- Ensures the school environment is favourable to students with asthma
- Ensures that other learners understand asthma

- Ensures all staff who come into contact with students with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and students to ensure the policy is implemented and maintained successfully

Medication

Immediate access to a reliever is vital. Learners are encouraged to carry their reliever inhaler with them at all times. The reliever inhalers for learners are kept in the Learner Services Office. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler.

Learner Services will keep this separately in case the child's own inhaler runs out or is lost or forgotten. All inhalers **must** be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency

Record Keeping

At the beginning of each school year, or when a student joins the school, parents are asked to complete an asthma healthcare plan if their child has asthma. From this information the school keeps its asthma register which is available for all school staff. If medication changes in between times, parents are asked to inform the school immediately, written documentation will be needed for this.

Harrow High School does now hold an emergency inhaler as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' 2014.

Parents of students with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. See Appendix A.

The school holds inhalers for each learner and they are regularly checked for expiry dates by the medical officer.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which students have asthma from the asthma register. Learners with asthma are encouraged to participate fully in PE. Teachers will remind learners whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Learners are encouraged to have their inhalers with them for each lesson. If a Learner needs to use their inhaler during the lesson, they will be encouraged to do so.

The school environment

Harrow High School does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy.

Offsite sport and educational trips

All inhalers must accompany learners when they are off the school grounds e.g. on a school trip or visiting another school etc. This is returned to the medical room once back on school grounds.

Asthma attacks

In the event of an asthma attack, school staff follow the Asthma UK advice, which can be found below.

ALWAYS SEEK THE ADVICE AND OR ATTENTION OF THE Learner Services Officer / QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

All learners with asthmas should have their own inhaler at school to treat symptoms and for the use in the event of an asthma attack. All spare pumps are labelled and kept in the Learner Services Office. The emergency asthma kit is located in reception. There are spare inhalers in Sixth Form and Sports Hall. The asthma register is located in the Learner Services Office and is maintained by the Learner Services Officer.

Common “day-to-day” symptoms of asthma are:

Cough and wheeze (a whistle heard on breathing out) when exercising. Shortness of Breath when exercising or an intermittent cough

These symptoms are usually responsive to use of the learner's own reliever inhaler and rest (e.g. stopping exercise). This should not usually require the learner to be sent home from school or need urgent medical care. **The signs of an asthma attack are:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the student could be breathing fast and with effort using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- Tightness of the chest
- Anxiety/panic
- Stomach-ache
- Shortness of breath

All trained staff who encounter a learner with asthma know what to do in the event of an asthma attack.

Action

- Keep calm and reassure the learner
- Call for the Learner Services Officer/First Aider or ambulance immediately if necessary
- If the learner does not have an inhaler send, someone to the learner services office to get an inhaler and volumatic in case it is needed.
- Encourage the learner to sit up and slightly forward- do not hug or lie them down
- Loosen clothing around their neck
- Make sure the learner takes two puffs of their reliever immediately (usually only the blue should be used blue inhaler). After inhalation the learner should hold their breath as long as possible (ideally 10 seconds), before breathing out slowly. If the attack is severe and the learner cannot

use good technique to take the inhaler, use a Volumatic or Aerochamber plus device.

If there is no immediate improvement, continue to use the inhaler ensuring one puff of reliever every minute until condition starts to improve.

Call an Ambulance if:

- The learner's symptoms do not improve within 5-10 minutes**
- The learner is too breathless or exhausted to talk
- The learner's lips are blue
- You are in doubt at all about the learner's condition**

After the attack





Minor attacks should not interrupt a learner's involvement in school. When they feel better, they can return to school activities.

The learner's parents will be informed about the attack immediately

If the learner feels better then ask parents to book an urgent same day appointment with the GP or asthma nurse to get advice.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate

What to do in an asthma attack

-  **1 Sit up straight** – try to keep calm.
-  **2 Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds up to 10 puffs.
-  **3 If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance.**
-  **4 Repeat step 2 after 15 minutes** while you're waiting for an ambulance.

IMPORTANT! Not applicable to SMART or MART medicine regimes.
Speak to your GP or asthma nurse for further information.

www.asthma.org.uk



Contact Details

Emergency Contact 1 Emergency Contact 2

Name: _____ Name: _____

Relationship _____ Relationship _____

Telephone numbers Telephone numbers

Home _____ Home _____

Work _____ Work _____

Mobile _____ Mobile _____

I give permission for my child's reliever medication to be administered to my child should the need arise. YES/NO (please circle reply)

I give permission for the school to use their reliever medication in an emergency should the need arise. YES/NO (please circle reply)

I request that my child may carry her own inhaler whilst at school YES/NO (please circle reply)

I understand that it is my responsibility to provide the School Nurse with spare "in date" emergency medication. YES/NO (please circle reply)

I understand that it is my responsibility to inform the school **immediately** of any changes to my child's medical condition. YES/NO (please circle reply)

Signed

Date

Appendix B

Allergy Policy

An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mite. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be a minor response such as localised itching or a severe response known as Anaphylaxis.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening, the age group most at risk of a life threatening reaction are 15-25 year olds.

The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the learner who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the learner avoid exposure.

Harrow High School is committed to a whole school approach to the health care and management of those members of the school community suffering from specific allergies. The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies. The intent of this protocol is to minimise the risk of any learner suffering allergy-induced anaphylaxis whilst at school or attending any school related activity, and to ensure staff are properly prepared to manage such emergencies should they arise.

The School is committed to proactive risk allergy management through:

- Provision of, as far as practicable, a safe and supportive environment in which learners at risk of anaphylaxis can participate equally in all aspects of the learner's schooling.
- The encouragement of self-responsibility and learned avoidance strategies amongst learners suffering from allergies.
- Engaging with parents/guardians of each learner at risk of anaphylaxis in the establishment and documentation of an individual's allergy care-plan, assessing risks and developing risk minimisation strategies for the student.
- Ensuring that all staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

This management approach is consistent with current specialist medical advice and the School believes educating children to self-manage their condition is a skill attuned to their 'real world' situation.

Parent/Carer Responsibilities:

- On entry to Harrow High School, parents/carers should inform the Learner Services Officer via the Medical Information and Consent form of any history of allergy, highlighting previous severe allergic reactions and any history of anaphylaxis.
- If an episode of anaphylaxis occurs outside school, the Learner Services Officer should be informed; furthermore, should a child develop a condition during a year, or have a change in condition the parents/carers must advise the school of the fact, and details to be clarified accordingly in the individual allergy care- plan.
- Parents/Carers should ensure their children are trained to administer and carry their own auto-injector whilst in school and that it is in date.
- Parents/Carers are responsible for ensuring medication (Adrenaline auto injectors and any specific antihistamine, +/- inhaler, +/- steroid) is supplied to the medical room, in date and clearly labelled, to note the expiry dates of the medication, replace the medication when expired and to dispose of the medication when expired.
- Parents/Carers must supply the Learner Services Officer with their child's emergency medication (for use if the student has forgotten to carry their own or if a second dose of Adrenaline is required during an anaphylactic reaction).
- Parents/Carers should ensure their children fully understand and can recognise what they are allergic to and take responsibility for avoiding, wherever possible, contact with known allergic substances.
- Where severe food allergy is a major concern, we recommend that learners bring a home packed lunch. Where parents/carers wish their child to be provided with school meals, a meeting should take place between Catering, Year Co-ordinator, the Learner Services Officer and the parents. The school is responsible for arranging this meeting. At this meeting, the parents/carers will be made fully aware of the catering provider's food allergies/allergens protocols and procedures. They can use this information to make an informed choice about whether or not they wish their child to receive meals. If the decision is made to provide meals, then the care plan must clearly set out what arrangements are agreed by parents/carers.

Staff responsibilities:

- Once aware of an allergy the Learner Services officer will ensure the parent/care completes an allergy care plan, and that sufficient emergency supplies are kept on site.
- A discussion should take place between the Learner Services Officers, parent/carer and learner, preferably prior to entry to the School, so they can discuss the plan and the individual learner needs in school.
- All staff who teach/have contact with at risk students should be aware of the condition. A list of suitably trained persons to deal with any anaphylactic reaction should be available.
- Medication must be stored within clearly labelled, alphabetically ordered, rigid boxes within an easily identifiable, unlocked emergency medication cupboard within the Learner Services Office. Emergency medication boxes should be labelled with the Learner's name and must also contain a copy of their allergy care-plan.
- Learners who have allergies will have their condition listed within the Medical Conditions section on SIMS.

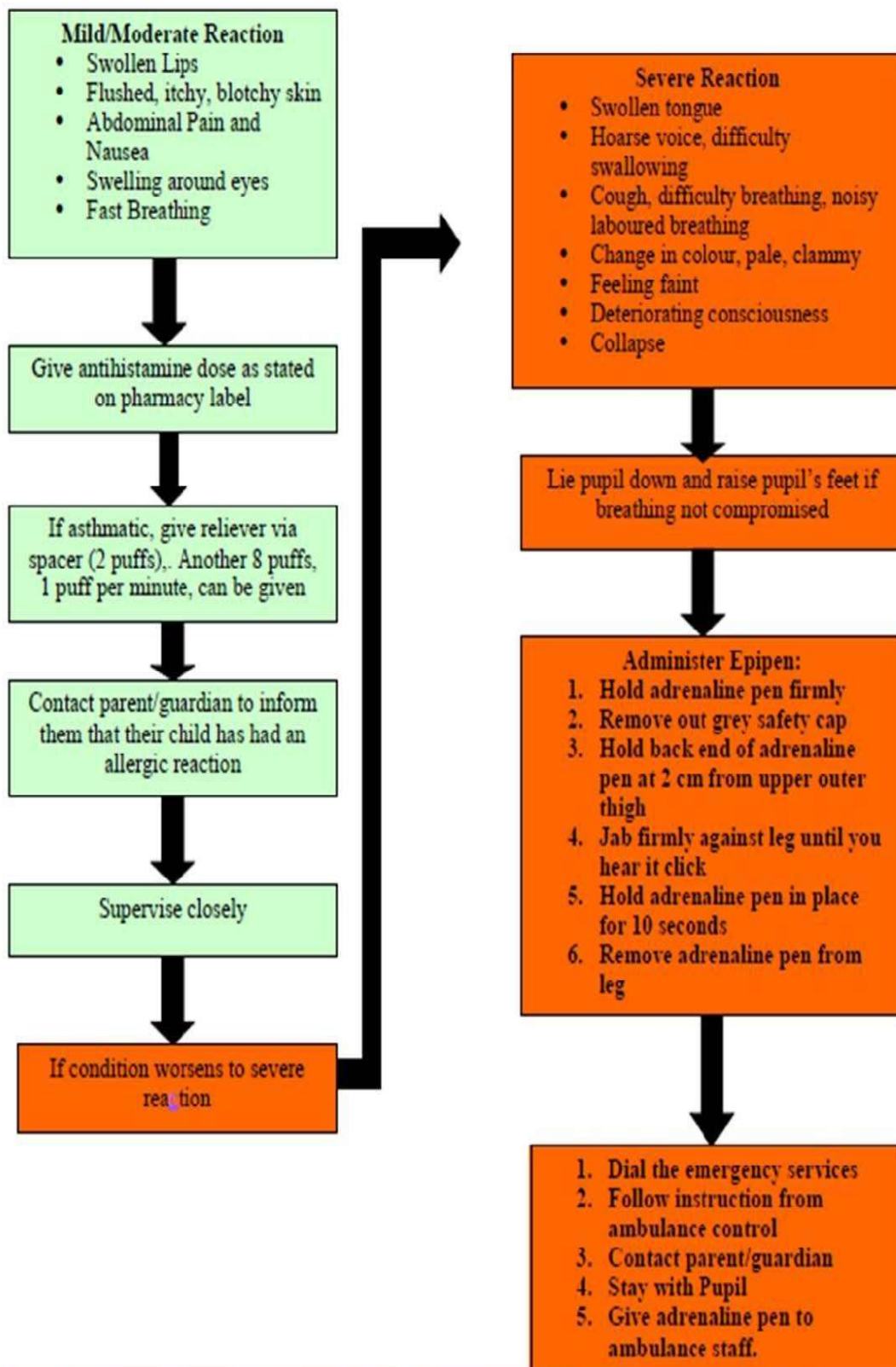
Training of Staff

- All trained First Aiders, will be trained in anaphylactic emergency care and the use of adrenaline auto injectors.
- All staff should be trained in allergen avoidance, early recognition of symptoms and crisis management. Specific staff members should be trained to administer emergency medication. All staff must know where the emergency medication is kept
- The Learner Services Officer should be informed if a student with allergy problems is to attend a school trip so that she can arrange for the trip leader to be trained in the use of adrenaline auto-injector and arrangements made for the student's emergency supplies.
- In the event that the school Learner Services Officer has been called away from medical, all staff should be aware of the named designated key holder for the medical office.
- Supply/temporary staff should be made aware of the Medical Alert list by their dept. manager.
- Staff should be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- The Learner with anaphylactic responses to insects should wear shoes at all times.
- The school will ensure diligent management of wasp, beehives, ant nests on school grounds and proximity. This must include the effective system for staff to report and a system of timely response to eradicating nests.

School trips

- The Group Leader will print out all the medical forms of the learners attending the school trip and be aware of those with allergies, including details of their Individual Healthcare Plan and medication.
- The Group Leader will ensure that a trained first aider is present on the school trip.
- Parents should ensure that the learner brings their own EpiPen or medication with them on a school trip.
- The Group Leader will ensure the learner has their EpiPen on the visit, and will be responsible for its security.
- If in doubt over the risk of a learner with an allergy taking part on an education visit the Group Leader should seek advice from the parent

TREATMENT FLOW CHART



Recognising Symptoms and treatment



Urticarial rashes can be extremely varied. From tiny little spots to great big areas.

These rashes are usually intensely itchy.

Angioedema can cause severe swelling (seen here on the lips) when this affects the airway. It can be very dangerous.

Devices

EpiPen® auto injector:



- Adult dose 0.3mgs
- Child dose 0.15mgs
- 18 month shelf life.

Adrenaline (Epinephrine) Auto- injectors

Devices

Emerade® auto injector:



- Adult dose 0.5 mgs & 0.3mgs
- Child dose 0.15mgs
- 30 month shelf life.

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Administering adrenaline auto-injector

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Important to Remember

Lay the student down with legs raised and head to one side (in case vomits). Do not allow them to sit/stand up until assessed by the ambulance crew.

Glossary

Allergy- A condition in which the body has an exaggerated response to a substance

Allergen- a substance, protein or non-protein, capable of inducing allergy or specific hypersensitivity.

Adrenaline- Known as Epinephrine in Europe and USA, Adrenaline is a hormone produced by the adrenal glands during high stress or exciting situations. This powerful hormone is part of the human body's acute stress response system, also called the "fight or flight" response. It works by stimulating the heart rate, contracting blood vessels, and dilating air passages, all of which work to increase blood flow to the muscles and oxygen to the lungs. Additionally, it is used as a medical treatment for some potentially life-threatening conditions including anaphylactic shock.

Epipen- a brand of adrenaline auto-injector

Emerade – a brand of adrenaline auto injector

Jext- a brand of adrenaline auto injector

Information Sources AllergyWise for healthcare professionals, Anaphylaxis Campaign, Allergy UK, Emerade®, Epipen®, Jext®, MHRA Drug safety update re. adrenaline auto-injectors June 2014, MHRA review of adrenaline auto-injectors (Recent advice on the route of administration of adrenaline from the Medicines & Healthcare Products Regulatory Agency (MHRA) June 2014), Nice Guidance CG134, Resuscitation Council (UK)

Appendix C

Individual Healthcare Plan

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	
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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

Contact Details

Emergency Contact 1

Emergency Contact 2

Name: _____ Name: _____

Relationship _____ Relationship _____

Telephone numbers Telephone numbers

Home _____ Home _____

Work _____ Work _____

Mobile _____ Mobile _____

Delete As Appropriate

Asthma Permission

I give permission for my child's reliever medication to be administered to my child should the need arise.
YES/NO (please circle reply)

I give permission for the school to use their reliever medication in an emergency should the need arise.
YES/NO (please circle reply)

I request that my child may carry her own inhaler whilst at school YES/NO (please circle reply)

Epi-Pen Permission

I give permission for my child's Epi-Pen medication to be administered to my child should the need arise.
YES/NO (please circle reply)

I give permission for the school to use their Epi-Pen medication in an emergency should the need arise.
YES/NO (please circle reply)

I request that my child may carry her own inhaler whilst at school YES/NO (please circle reply)

I understand that it is my responsibility to provide the Learner Services Officer with spare "in date" emergency medication.

I understand that it is my responsibility to inform the school **immediately** of any changes to my child's medical condition.

Signed

Date

Appendix D

Diabetes Policy

Type 1 diabetes is the most common form of diabetes in children and young people. In England and Wales 17,000 children in 100,000 develop diabetes each year.

Causes of diabetes

Diabetes is a condition where there is an imbalance between the insulin and the glucose in the human body. Insulin, a hormone produced in the pancreas, enables cells to absorb glucose (sugar) in order to turn it into energy. Diabetes is a condition which the body either does not produce enough, or does not properly respond, to insulin. This causes glucose to accumulate in the blood leading to various potential complications.

Types of diabetes

Type 1 – Insulin dependent

Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears in children and young people. It is the least common of the two types and accounts for between 5 and 15 per cent of all people with diabetes. You cannot prevent Type 1 diabetes

Type 2 – Non insulin dependent

Type 2 diabetes develops when the body can still make insulin, but not enough, or when the insulin that is produced does not work properly. This type of diabetes usually appears in people over the age of 40 and is linked with being overweight.

Preparedness

Parent/Carer Responsibilities:

- On entry to Harrow High School parents should inform the Welfare Officer via the Medical Information and Consent form of details relating to the diabetes of their child, together with clear guidance on the usage of medication.
- The School expects that parents will ensure their child is confident in taking responsibility for the management of their diabetes including injecting insulin and for providing the relevant medication and emergency rations.
- Parents are responsible for ensuring medication if required, is supplied, in date and replaced as necessary.

The medical staff responsibilities:

- Once a Learner has been diagnosed with diabetes the Welfare Officer should ensure the parent completes a care plan with clear guidance on the usage of medication and emergency supplies.
- A discussion should take place between the Welfare Officer, parents and learner, preferably prior to entry to the School, so they can discuss the health care plan and the individual learner's needs in school.
- Parent should be asked to provide details of their child's Diabetes Nurse Specialist (DNS) and permission obtained for the school Nurse to liaise with the DNS
- The Welfare Officer will keep an up to date list of learners with diabetes within the learner's Medical Conditions section on SIMS for all teachers to check before going on school trips.
- In collaboration with the School, the Welfare Officer will make sure the learners with diabetes, if necessary, be allowed access to carbohydrates in lessons in order to prevent hypoglycaemic attacks; and will make central access available for emergency rations and medication.
- Medication must be kept in a lockable cupboard within the learner services office. Spare, clearly labelled, in date Insulin may be kept in the Learner Services office fridge which is also within the Learner Services office. A file, clearly marked with the learner's name, contains a copy of their individual health care plan and any other medication that might be used.

- It is essential that medical staff follow the Health and Safety Policy for the storage and disposal of needles and that the School has a sharps box for the purpose.
- Teaching staff and First Aiders should be informed of all learners who are diabetic and be aware of the signs to prevent hypoglycaemic attacks.
- The Learner Services Officer will dispose of any medication not collected by the parent/carer at the end of the summer term.

Training of Staff

- All trained First Aiders, will be trained in diabetic management and emergency care associated with preventing hypoglycaemic attacks
- All leaders on school trips which include learners with diabetes must meet with the Learner Services Officer prior to the trip departure and to discuss the learner's plan of care and arrangements made for the learner's emergency supplies.

Action to be taken in an emergency

Symptoms of a hypoglycaemic attack: low blood sugar below 4 mmol/l

A hypoglycaemic attack is caused when the blood sugar falls too low and the brain becomes starved of glucose. Symptoms vary from individual to individual and can include:

- Hunger
- Trembling
- Sweating
- Anxiety, loss of concentration or irritability
- Rapid heartbeat
- Paleness
- Tingling of the lips
- Blurred vision
- Mood change/inability to think clearly
- Vagueness
- Drowsiness
- Weakness
- Disorientation
- Slurred Speech

Eventually, if untreated and the blood sugar remains very low, the person will become unconscious. **If you suspect a Diabetic learner is unwell always send to the Welfare Officer with an escort**

Confusion is the main problem, which means the person may not recognise they need treatment, so may refuse to co-operate. The learner should take responsibility for the management of their diabetes supported by the staff which includes eating regularly, measuring their blood sugar levels and administering insulin as prescribed.

Treatment of Hypoglycaemia (low blood sugar) if the learner is conscious DO....

Immediately give something sugary such as:

Give 15g of fast acting Carbohydrate (e.g. 90 mls of Lucozade or 150 mls of apple juice or 4-5 dextrose tablet

Repeat blood glucose test after 10-15 minutes

Continue this process until sugar level are above 4 mmols

Please see individual care plans for each learner. This is kept in Learner Services Office

However, if uncooperative but conscious:

Glucogel/Dextragel if trained to give (if prescribed and within the student's emergency kit/bag) This can be swallowed as an alternative fast acting carbohydrate. This takes 5-10 minutes to be effective.

The exact amount will vary from person to person and will be detailed in the individual learner's Diabetes Care-plan

Rapid improvement should be seen within minutes of giving the above treatment. However a longer acting carbohydrate will be needed to prevent the blood glucose from dropping again such as

- A roll/ sandwich
- A banana
- Cereal bar

The learner's parent must always be notified if the student has experienced and been treated for a Hypoglycaemic episode whilst at school.

Treatment of Hypoglycaemia if the student is unconscious or having a seizure

DO NOT....

- Try and give them anything to drink
- Administer Glucogel/Dextragel
- Put anything in their mouth

DO....

- Call 999 for an ambulance
- Place them in the recovery position
- Stay with them and observe closely, checking that they are breathing until help arrives
- Contact Parents

Symptoms of a Hyperglycaemic (high blood sugar) attack

If a learner's blood glucose is high and stays high symptoms can include:

- Thirst
- Frequent urination
- Tiredness
- Lack of concentration
- Irritability
- Dry skin
- Nausea blurred vision

Treatment of Hyperglycaemia

DO...

- Call the learner's parents who may ask for a corrective dose of insulin to be administered
- Encourage the learner to drink plenty of water

If the following symptoms are present call 999:

- Deep and rapid breathing (over breathing)
- Vomiting

Learner who use an insulin pump:

- Pumps need to be disconnected if taking part in contact sports.
- Individual Learners may need to reduce the rate of insulin delivered for up to two hours post sport (treatment should be detailed within their individual care-plan)
- Pumps should not be discontinued for lengthy periods of time usually no longer than an hour
- Spare equipment should be provided to medical by the parents.
- The School Nurse should be informed by the parent if their child is given a new type of pump so that it can be arranged for the school nurse to be trained in how to use the pump in case of emergencies.

Information sources: Diabetes UK, Diabetes NHS Choices