



Simul autem et crescere luceat  
Together we grow and shine

## Fountain Head House School Supporting Medical Needs Policy

Review due	November 2024
Last review	November 2023
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Approved by	Julie Smith Chair of the School Board

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## Aims

This policy aims to ensure that:

- To ensure that pupils, staff, parents and carers understand how our school supports pupils with medical conditions
- To ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- To make sure that sufficient staff are suitably trained
- To make sure that staff aware of pupils' conditions, where appropriate
- To make sure that there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- To Provide staff members with appropriate information about the policy and relevant pupils
- To develop and monitor individual healthcare plans (IHPs) where appropriate

## Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy refers to the DfE guidance, [Health and safety: responsibilities and duties for schools - GOV.UK \(www.gov.uk\)](#)

## Context

**The Fountain Head House school (FHHS) is an inclusive community that aims to support and welcome pupils with medical conditions.**

FHHS understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions (short and long term) who currently attend and to those who may enrol in the future and aims to provide all children with all medical conditions the same opportunities as others at school.

Pupils with long term medical conditions are encouraged to take control of their condition and to feel confident in the support they receive from the school to help them to do this.

FHHS ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff are supported through training (in house and/or externally) to feel confident in knowing what to do in an emergency.

FHHS understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

FHHS will ensure that there is a first aider on site at all times.

## Communication Plan

The Supporting Medical Needs policy is supported by a clear communication plan for staff, parents and carers to ensure its full implementation.

### Parents and carers

Parents and carers are informed about the Supporting Medical Needs policy:

- At the start of the school year when communication is sent out about healthcare plans
- In the school newsletter at intervals in the school year
- When their child is enrolled as a new pupil
- Via the school's website, where it is available all year round

### Staff

Staff are informed and reminded about the medical policy

- Via pupil's medical risk assessments
- At scheduled medical conditions training

## First Aid

**First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school**

Staff at FHHS understand their duty of care to pupils in the event of an emergency. First Aid trained and PE staff who work with groups of pupils at this school know what to do in an emergency for the pupils in their care with medical conditions.

### First Aid Training

Training is refreshed for first aiders and PE staff at least every three years.

## Action in an emergency

All staff understand the school's general emergency procedures. This includes action for staff to take in an emergency for diabetes, asthma, allergic reactions and seizures.

This includes:

- How to contact emergency services and what information to give
- To contact a first aid member of staff in the first instance.

Support posters are displayed in the staff rooms, Sports Hall and food preparation rooms.

Training on the emergency procedure is refreshed for all staff at least once a year.

If a pupil needs to be taken to hospital, a member of staff will accompany them if parents are unavailable, or school will ask parents and carers to meet ambulance at casualty.

Staff must call an ambulance if they believe that an accident or illness is too serious to be dealt with by a first aider.

## Administration of medication

### Emergency prescribe medication

**The school has clear guidance on the administration of medication at school**

#### Administration-emergency medication

All pupils with medical conditions at FHHS have easy access to their emergency medication. Where appropriate and clearly stated at the Individual Healthcare Plan (IHP), a pupil might carry and administer their own emergency medication. Emergency medication might include: inhalers, EpiPens and insulin with a spare being kept in the first aid room.

Pupils who do not carry and administer their own emergency medication will either know who to ask for their medication when they need it; or will be supervised at all times by a staff member who has been trained on identifying signs and administering emergency medication.

When administering medication staff will ensure that this is carried out in an appropriate environment. Staff members are only permitted to administer prescribed medications with a medical consent form.

### Prescribed medication

#### Antibiotics

Each time a child has a new prescription for antibiotics they will not be able to attend school until 24 hours after the first dose. This is in case there is a reaction to the medicine.

**Please note** that in the case of antibiotic eye/ear drops or cream prescribed for the treatment of conjunctivitis the first dose must be administered at home. Children may then attend school as usual.

**In addition**, where antibiotic cream is prescribed for the treatment of skin conditions the first dose must be applied at home. Children may then attend school as usual providing that the exclusion period for the condition has been observed where necessary.

#### Controlled drugs

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a first aider who is qualified in the Administration of Medication in Schools training. FHHS understands the importance of medication being taken as prescribed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

The first aider on reception is able to administer medication.

For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.

Parents and carers are made aware that if their child's medication changes or is discontinued, or the dose or administration method changes, that they **must** notify the school immediately.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

## Non prescribed medication

The school cannot administer medications which alter temperatures or relieve pain such as Calpol, Neurofen, Paracetamol **unless** prescribed by a GP or by a legal guardian's specific written agreement.

If a child has been administered any temperature altering medications for more than 3 days, they may be unable to return to school until they have been seen by a GP or are 24 hours clear of any medication. Dosage advised on the bottle/packet must be followed.

## Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents and carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## Storage of medication

### Safe storage – emergency medication

Emergency medication is readily available to pupils who require it at all times in the first aid area behind the reception during the school day. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available from the receptionist administrator. In the absence of the receptionist administrator, the keys are available from the Business Manager or any other member of the school's Senior Leadership Team.

Where appropriate and specified in a pupil's Individual Healthcare Plan (IHP), the pupil may carry their own emergency medication in a secure way. This might be done by a specified member of staff if not considered appropriate for a pupil to carry their own emergency medication. The school will store a spare emergency medication.

## Safe storage – non emergency medication

All non-emergency medication is kept in a lockable cabinet or in the fridge in the first aid room which is lockable. Pupils with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

## Safe storage – general

The first aider behind the reception ensures the correct storage of medication at school

The Lead First Aider (Business Manager) checks the expiry dates for all medication stored at school on a termly basis.

The first aider behind the reception along with the parents and carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name and dose of medication and the frequency of dose. This includes all medication that pupils carry themselves.

Some medication at FHHS may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled in the first aid room. This is in a secure area, inaccessible to unsupervised pupils.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year

Medical kits will be kept in the medical room and other key areas around school, such as the area storage cupboard, kitchen and life skills workshops. They will also be available to take out on all trips out of school.

## Safe disposal

Parents are asked to collect out of date medication. If parents do not collect out of date medication, medication is taken to a local pharmacy for safe disposal.

The first aider behind the reception is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

The school has hygiene procedures and equipment for the spillage of body fluids.

## Medical related recording and reporting

### Enrolment forms

As part of the placement process, parents and carers are asked if their child has any health conditions on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

### Accident and injury forms

Accident and injury forms are completed digitally in the school's software – Behaviour Watch.

Accident forms **must** be completed within 24 hours of an accident occurring.

Parents and carers **must** be informed on the day of the accident.

## RIDDOR

The school will refer to <https://www.hse.gov.uk/riddor/> to ensure that it understands what and how to report injuries, diseases and dangerous occurrences in line with RIDDOR Regulations 2013.

## School medical register

The pupil's Individual Healthcare Plan (IHP), are used to create a centralised register of pupils with medical needs. The School Medical register is included in the School Admissions Register which is kept by the Assistant Headteacher - SENDCO

## Individual Healthcare Plans (IHP)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to SENDCO. This is done as part of the placement process or at any point when a parent informs the school that a pupil has been diagnosed with a medical condition.

Parents are reminded to inform the first aider behind reception if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. This is to ensure the healthcare plans can be updated accordingly.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents and carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and carers and a relevant healthcare professional, such as a school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care Plan (EHCP).

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The Headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions



- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, for example, risk assessments
- Where confidentiality issues are raised by the parent and carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## The school environment

FHHS 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.

FHHS is committed to providing a physical environment that is accessible to pupils with medical conditions.

## Exercise and physical activity

This school understands the importance of all pupils taking part in sports, games, and activities. FHHS ensures classroom teachers, PE staff make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

Teachers and PE staff are aware of pupils in their care who have been advised to avoid or take special precautions with particular activities.

FHHS ensure PE staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

## Education and learning

FHHS ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures appropriate adjustments and extra support are provided.

The school's SENDCO consults parents and carers and, where appropriate, the pupil's healthcare professional to ensure the effect of the pupil's condition on their school life is properly considered.

## Roles and responsibilities

FHHS works in partnership with all interested and relevant parties including all school staff, parents and community healthcare professionals to ensure the policy is planned, implemented and maintained successfully.

### School Board

The School Board will

- Ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Make sure the Supporting Medical Needs policy is effectively monitored and evaluated and regularly updated.
- Provide indemnity to staff who volunteer to administer medication to pupils with medical conditions.

### Headteacher

The Headteacher will

- Ensure the school is inclusive and welcoming and that the Supporting Medical Needs policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, first aiders, parents and governors.

### The Business Manager (Lead First Aider)

The Business Manager (Lead First Aider) will

- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure every aspect of the policy is maintained.
- Ensure information held by the school is accurate and up to date and that there is good information sharing systems in place using the pupil's Individual Healthcare Plan (IHP).
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply staff and new teachers know the Supporting Medical Needs policy.
- Update the Supporting Medical Needs policy at least once a year according to review recommendations and national guidance and legislation.
- Provide information about where the school can access other specialist training.
- Ensure Individual Healthcare Plan (IHP) are completed and reviewed annually.
- Check medication held in school for expiry dates and dispose of accordingly.

### All school staff

All school staff will

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Follow the procedures highlighted within the Supporting Medical Needs policy.

- Know which students in their care have a medical condition.
- Allow all students to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

## Teachers

Teachers will

- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- Liaise with parents, the pupil's healthcare professional and special educational needs coordinator if a student is falling behind with their work because of their condition.

## First aiders

First aiders will

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- When necessary, ensure that an ambulance or other professional medical help is called.
- The first aiders will be named on posters displayed around school.
- Their training will be updated every three years

## SENDCO

The SENDCO will

- Know which pupils have a medical condition.
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or adaptations to learning and any other support.

## Local doctors and specialist healthcare professionals

Individual doctors and specialist healthcare professionals caring for students who attend FHHS, have a responsibility to:

- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- Ensure the child or young person knows how to take their medication effectively.
- Ensure children and young people have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil's parents and carers).

## Parents and carers

The parents and carers of a pupil attending FHHS have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Individual Healthcare Plan (IHP) for their child.
- Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate spare medication labelled with their child's name.
- Ensure medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

## Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be involved, at their level of ability, in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

## Liability and indemnity

The School Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

## Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

## Contacts

If you have any enquires in relation to this policy, please contact the School Business Manager, who will also act as the contact point for any subject access requests.

## Links to other policies

- FHHS - Accessibility Policy
- FHHS - Complaints Policy
- FHHS – Equality, Diversity and Inclusion Policy
- FHHS - First aid Policy
- FHHS - Health and Safety Policy
- FHHS – Safeguarding and Child Protection Policy
- FHHS - Special Educational Needs, Disability and Inclusion Policy

## Useful information

**DiABETES UK**  
KNOW DIABETES. FIGHT DIABETES.

[Diabetes in schools – the IHP - a child's individual healthcare plan | Diabetes UK](#)



[e-learning and training - Epilepsy Action](#)

**BSACI**  
Improving Allergy Care  
through education, training and research

[Paediatric Allergy Action Plans - BSACI](#)

## Appendix 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 student services 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 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 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 3 - Anaphylaxis awareness for school 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. Angioedema - 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

If the pupil is conscious and alert and able to self-administer EpiPen, staff to ask that they do so; or administer the EpiPen themselves.

If pupil is unconscious, trained member of staff to administer EpiPen as per training and record time of administration.

Radio and ask for first aider to come to pupil if EpiPen not immediately available

Dial 999 or request that this is done immediately.

Call parents and carers or request that this is done immediately.

If the pupil is conscious keep them in an upright position to aid breathing.

If the pupil is unconscious then place in recovery position.

If no improvement within 5 minutes then second EpiPen to be administered.

If applicable, keep used EpiPens and give to paramedics when they arrive.



## Appendix 4 - Diabetes awareness for school staff

What is diabetes? 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

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

### First aid aims

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

### Treatment Hypoglycaemia

- Sit the person 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** is where the level of sugar in the blood is too high. It is not usually a serious problem if the blood sugar is sometimes slightly high for a short time. But high blood sugar can cause more serious problems if it stays high for a long time or gets to a very high level.

### Signs and symptoms

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

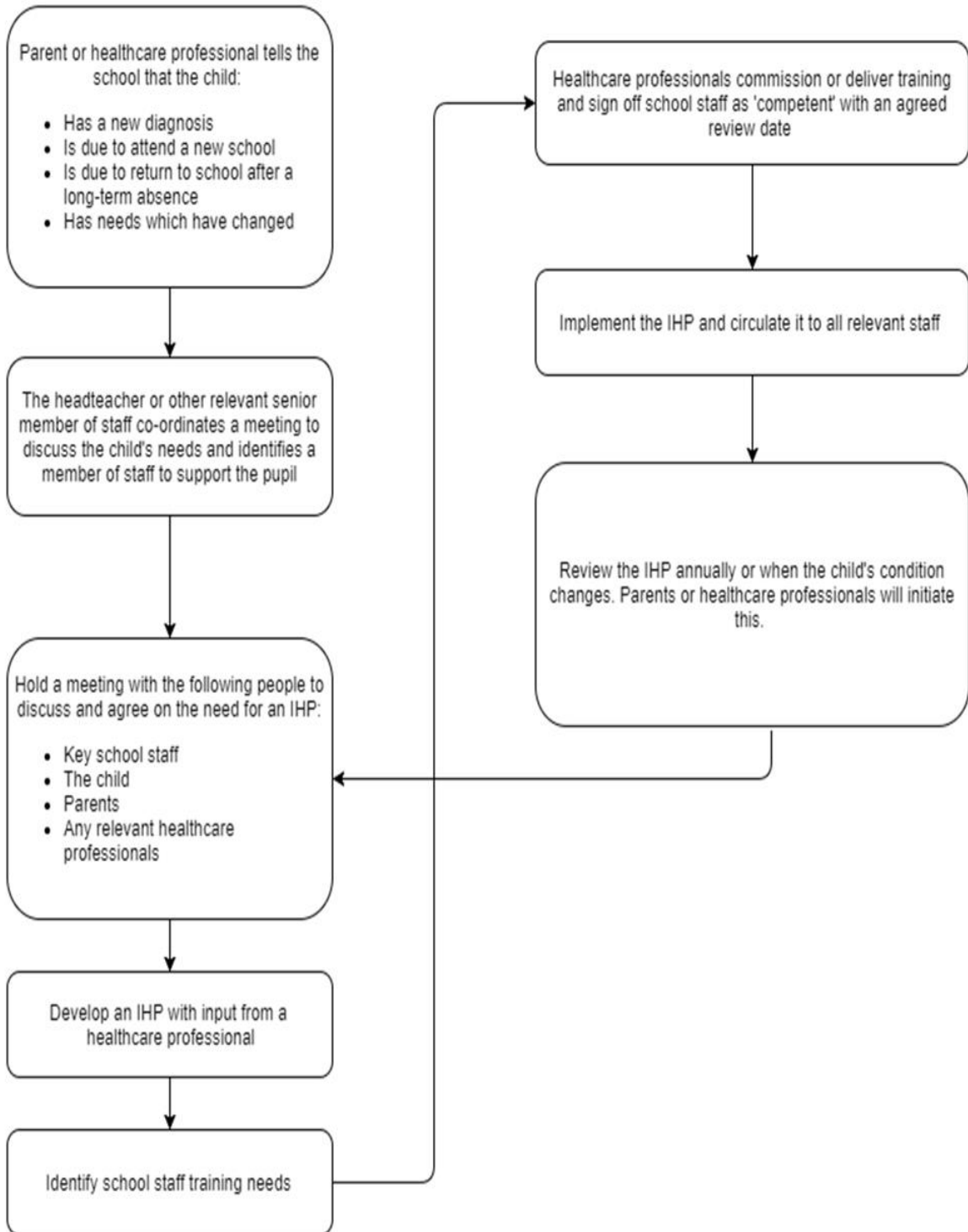
### First Aid Aims

- Get casualty to hospital as soon as possible


### Treatment 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

**Appendix 5 - Procedure for pupils with a medical condition**



**Appendix 6 - Individual Healthcare Plan (IHP)**

Fountain Head House School Individual Healthcare Plan (IHP)		
<b>Child's name</b>		
<b>Medical diagnosis or condition</b>		
Date of IHP		
Review date		
<b>Parent / Carer</b>		
<b>Clinic/Hospital Contact</b>		
Name		
Phone number		
<b>GP / surgery</b>		
Name		
Phone number		

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 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 completed by

Parent / Carer	Name	Date
	Sign	
School Staff	Name	Date
	Sign	

The IHP is available to all staff who support the pupil

## Appendix 7 - Parental agreement for administration of medication

Fountain Head House School Parental agreement for administration of medication		
Name of child		
Date of birth		
If applicable - Medical condition or illness		
<b>Emergency Prescribed Medication</b>		
Name/type of medicine <i>(as described on the container)</i>		
Dosage and method		
Timing		
Special precautions/other instructions		
Are there any side effects that the school needs to know about?		
Self-administration – YES or NO		
<b>Prescribed Medication</b>		
Name/type of medicine <i>(as described on the container)</i>		
Dosage and method		
Timing		
Special precautions/other instructions		
Are there any side effects that the school needs to know about?		
Self-administration – YES or NO		
<b>Non-prescribed Medication</b> (e.g. Calpol, paracetamol, anti-histamine)		
Name/type of medicine <i>(as described on the container)</i>		
Dosage and method	As per instructions on container	
Special precautions/other instructions		
Are there any side effects / allergies that the school needs to know about?		
Self-administration – YES or NO		
<b>NOTE - Medicines must be in the original container as dispensed by the pharmacy</b>		
The above information 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's 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.		
Parent / Carer	Name	Date
	Sign	
The school will not give your child medicine unless you complete and sign this form The school has a policy that the staff can administer medicine.		



## Pupil information

Name and strength of medicine	
Date medicine provided by parent/carer	
Quantity received	
Expiry date	
Dose and frequency of medication	
Time of medication administration	
Method of administered	
Possible side effects.	

# Medication administration form

Date	Time Given	Dose given	Name of staff	Staff witness initials	Taken (Y/N)	Amount left/remaining