Haughton School

Supporting Children with Medical Conditions Policy

Approved by:	Governing Body	**Date:**	March 23
Last reviewed:	December 22		
Next review:	December 23		

1. Aims

This policy aims to ensure that:

- Children, staff and parents understand how our school will support children with medical conditions
- Children with medical conditions are properly supported to allow them to access the same education as other children, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of children's conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support children with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant children
- Developing and monitoring individual medical needs plans

The named person with responsibility for implementing this policy is Lynne McCormack (Deputy Headteacher)

2. 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's statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support children with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual medical needs plans, including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of individual medical needs plans
- Make sure that school staff are appropriately insured and aware that they are insured to support children in this way
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting children with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children with medical conditions.

Those staff who take on the responsibility to support children with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's individual medical needs plan and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the plan, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Children

Children with medical conditions will often be best placed to provide information about how their condition affects them. Where possible and appropriate to the child's level of cognition, they should be involved in discussions about their medical support needs and contribute as much as possible to the development of their plan. They are also expected to cooperate with their plan.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a child has been identified as having a medical condition that will require support in school. This will be before the child starts school, wherever possible. They may also support staff to implement a child's individual health care plan.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any children identified as having a medical condition. They may also provide advice on developing individual health care plans.

4. Equal opportunities

Haughton School has an inclusive ethos and is clear about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these children to participate fully and safely on school trips, visits and sporting activities. Educational visit risk assessments will include details of any adjustments needed and will identify which children are affected and name the member of staff supporting them.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. In doing so, children, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a child has a medical condition, the process outlined below will be followed to decide whether the pupil requires an individual healthcare plan (IHP) and/or a medical needs plan (MNP).

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for children who are new to our school.

See Appendix 1.

6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for children with medical conditions. This has been delegated to the Deputy Headteacher.

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

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

- What needs to be done
- When
- By whom

Not all children with a medical condition will require an IHP. This will be considered on an individual basis and will be based on evidence. The headteacher will make the final decision in consultation with the deputy headteacher.

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

IHPs will be linked to, or become part of the child's education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The child'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 child's educational, social and emotional needs. For example, how absences will be managed, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a child 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 child'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 child's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the child 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, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Some children with medical conditions will not need the level of interventions/support in school which necessitate an individual healthcare plan but will have a medical needs plan. Such conditions may include:

- Asthma
- Epilepsy (MNP supported by epilepsy protocol)
- Eczema

7. Managing medicines

Medication will only be administered at school:

- When it would be detrimental to the child's health or school attendance not to do so **and**
- Where we have parents' written consent

Children will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a child any medication (for example, for pain relief) must have completed the Safer Handling of Medication training. They will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Medicines and devices such as asthma inhalers and adrenaline pens will always be readily available to children and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Expected professional practice

It is generally expected that:

- Children will be able to easily access their inhalers, and will be supported in administering their medication when and where necessary (when appropriate to their individual needs)
- Staff will not assume that every child with the same condition requires the same treatment
- The views of the child or their parents will be listened to
- Medical evidence or opinion (although this may be challenged) will be respected
- Children with medical conditions will not be sent home frequently for reasons associated with their medical condition or be prevented from staying for normal school activities, including lunch, unless this is specified in their individual plan
- If the child becomes ill, they will always be seen by a trained first aider and accompanied by a member of staff
- Children will not be penalised for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Children will have ready access to water, food or the toilet or other breaks whenever they need to in order to manage their medical condition effectively

- Parents will not be required, or made to feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. (accept in exceptional circumstances such as high staff absence)

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All staff should know how to call the emergency services, who the qualified first aiders (these are displayed outside the main office) are and where to get hold of them in an emergency within the school, and the same for the appointed persons who could also take charge of any emergency situation.

All children's individual medical needs/healthcare plans will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany the child to hospital by ambulance.

9. Training

Staff who are responsible for supporting children with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of the healthcare plan. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Deputy Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the children
- Fulfil the requirements in the Healthcare Plans
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to children for as long as these children are at the school. Parents will be informed if their child has been unwell at school.

Healthcare and Medical Needs Plans are kept in the main school office and also in the class essential information folder, which all staff are aware of.

11. Liability and indemnity

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

The details of the school's insurance policy are:

Medical Treatment
Notwithstanding Exclusion 18 Section 2, of this Policy the Insurer shall provide indemnity for legal liability consequent upon the rendering of or failure to render the following medical or paramedical services in connection with the Business
a) emergency and/or first aid medical services by any Employee
b) the administering of drugs or medicines or procedures

i) pre-prescribed by a medical practitioner and
ii) subject to any written guidelines
by any Employee authorised by the Insured
Provided that no indemnity is available from any other source

12. Complaints

Parents with a complaint about 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.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

14. Links to other policies/Documents

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Safer Handling of Medication
- Asthma
- Epilepsy

13. GUIDANCE RELATING TO SPECIFIC MEDICAL CONDITIONS

A. ANAPHYLACTIC SHOCK

A.1 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention – it can be life threatening. It can be triggered by certain foods (eg nuts, eggs, milk or fish), certain drugs or insect stings. Every effort should be made to prevent known sufferers from coming into contact with substances that are known to bring on the reaction. Symptoms usually occur within minutes of being exposed to the trigger and may include:

- Itching or a strange metallic taste in the mouth
- Swelling of the throat and tongue
- Difficulty in swallowing
- Hives
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate

A.2 If the school is aware that a child has been diagnosed as having a specific severe allergy and is at risk of anaphylaxis then contact: Sandra Williamson, School Nurse Manager at:

Sandra.williamson@shropcom.nhs.uk . They will provide advice and assistance in drawing up a contract of care and staff training.

A.3 Children who have been diagnosed are likely to carry prescription medication which may include an adrenaline injection to be given via an “Epipen”. This makes it essential for an individual care plan to be worked out and for as many staff to be trained in the necessary emergency action as possible.

B. ASTHMA

B.1 Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness.

B.2 With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in school activities. If not effectively controlled asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

B.3 Children with asthma in school

On entry into school the parent should tell the school that the child has asthma and complete form Med 1 if appropriate. Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded. Action in an emergency will need to be determined in conjunction with the parents.

B.4 Triggers that can provoke asthma

Viral infections of the upper respiratory tract eg colds

- Exercise
- Cold air
- Furry animals
- Fumes from science experiments
- Tobacco smoke and atmospheric pollution
- Grass pollen
- Extremes of emotion

B.5 Inhalers

Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or
- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.

Relievers should be available immediately and used before exercise. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child’s person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non-asthmatic.

From 1 October 2014 Schools have been allowed to keep a salbutamol inhaler for use in emergencies when a child with asthma cannot access their own inhaler.

The inhaler can be used if the child’s prescribed inhaler is not available (for example, because it is broken, or empty).

The emergency salbutamol inhaler should only be used by children, for whom written parental consent **(Template J)** has been given and who have both been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication**.**

A record of the administration of the emergency inhaler must be recorded and a letter sent to the parents **(Template K)**

B.6 Procedure for dealing with an asthma attack

1. Child becomes breathless, wheezy or develops a continuous cough
2. Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
3. Do not allow others to crowd round and do not lie them down.
4. Get the child to take their reliever in the usual dosage.
5. Wait ten minutes, if symptoms disappear the pupil can continue as normal.
6. If symptoms persist then try:

   giving a further dosage of reliever

   or, if prior permission has been given, 6 puffs of reliever through a spacer ***whilst*** calling

   parent/GP/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child has no reliever at school call parent/GP/ambulance as appropriate given the seriousness of the situation, or if permission has been given by the parent to administer the emergency inhaler.

B.7 Severe asthma

Severe asthma is characterised by:

- normal relieving medication failing to work
- the child becoming too breathless to talk
- rapid breathing (eg > 30 breaths per minute)

Continue giving inhaler *or* give 6-10 puffs of reliever through a spacer ***whilst*** calling an ambulance or take to hospital/parent/GP as appropriate given the seriousness of the situation or as has been the agreed emergency action for that child.

C. DIABETES IN SCHOOL

Shropshire Community Health NHS
NHS Trust

DIABETES MANAGEMENT IN SCHOOL

Diabetes is a condition in which the body is unable to regulate the amount of glucose in the blood, due to a either a lack of insulin production or reduced insulin effectiveness. There are several forms of diabetes, two of the most common in childhood being Type1 Diabetes and Type 2 Diabetes. Type 1 Diabetes is always managed by insulin replacement, given via injection or insulin pump therapy. Type 2 diabetes can be managed in a variety of ways, for example with diet control and exercise, oral medications and sometimes insulin injections. The overall aim of any treatment is to maintain blood glucose levels as close to the normal range of 4-8mmol/l as possible.

Diabetes management can affect daily activities such as school attendance, participation in extra-curricular activities, social inclusion and family life, having an impact on the child's mental health, emotional wellbeing and development (DOH 2007).

It has been shown however, that improved management and control of diabetes in children can improve academic performance and school attendance, reduce hospital admissions, and reduce the chances of developing long term complications of diabetes (DCCT 1993).

The Department of Health (2007) therefore recommend that children and young people be offered a range of diabetes management options and support which have the potential to improve control and encourage/enable self-management, and hence lessen the impact diabetes has on their lives.

What does this mean for schools?

Schools have a statutory duty to ensure that arrangements are in place to support children with medical conditions and should ensure that children can access and enjoy the same opportunities in school as any other child (Department for Education 2014).
This requires:-

- Completion of an Individual Health Care Plan (see below).
- All staff should be aware that the child has diabetes. They should also be aware of their responsibilities towards the child and any training they should access in accordance with the school's policy for supporting pupils with medical conditions.
- Storage of blood glucose monitoring equipment, insulin pen and insulin, and hypoglycaemia treatments in accordance with school policy on the safe storage medicines in school.
- Maintenance of consumables needed for diabetes management in school via student's parents/guardian.
- Safe storage of used sharps in an approved container and replacement of the container every 3 months via the student's parents/guardian.
- Record of diabetes related activities performed by staff on behalf of the child.
- Relevant training and support for all staff with regard to diabetes management.

Additional information:

Absence from school - Children and young people with diabetes are required to attend medical appointments at least every 3 months most of which will be during school hours. They may also require time off school to attend psychology or counselling appointments, dietetic appointments or structured education sessions related to their condition. The student's parent/guardian will inform school whenever such absences are necessary.

Exams – If a student is due to sit an exam, please inform their Diabetes Specialist Nurse, who will provide written information for the examination officer, explaining why extra time may be required to complete the exam.

School trips and activities outside of normal school hours – A risk assessment should be carried out and arrangements put in place to ensure the student can participate fully in all activities. If additional diabetes training is required for staff, this should be requested from the Diabetes Specialist Nurse at least 4 weeks before the activity is due to take place.

INDIVIDUAL HEALTH CARE PLAN FOR DIABETES MANAGEMENT IN SCHOOL

This care plan has been agreed by the student's diabetes specialist nurse, parents/guardian, the child/young person and relevant school staff. The plan should be reviewed at least annually by parents/guardian and school staff, with the involvement of the diabetes specialist nurse if there have been major changes in management.

Name of School:
_____

Date of Plan:
_____

Review Dates:
_____

_____

Student's Name:_____ Date of Birth: _____

Address:_____

_____

Who to contact for further information/advice

Mother/Guardian:
_____

Telephone: Home: _____ Work:_____ Mobile: _____

Father/Guardian: _____

Telephone: Home _____ Work_____ Mobile_____

Diabetes Nurse Name: _____ Phone number: _____

School Nurse: _____ Phone number: _____
School/Home Link staff member:
_____

NB. The school/home link staff member should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes.

Blood Glucose Monitoring

Blood glucose checks should be carried out if the student exhibits symptoms of hyperglycaemia (blood glucose level above 10mmols/l) or hypoglycaemia (blood glucose level below 4 mmols/l) and appropriate action taken (see below).

Blood glucose levels should also be routinely checked at the following times:-

Before Lunch □
Midmorning □ Time _____
Mid-afternoon □ Time _____
At the end of school day □ Before afterschool clubs □
Before, during (every 30-45 minutes) and after exercise □

Target range for blood glucose is _____ mmols/l.

Can student perform own blood glucose checks? Yes/No

If Yes, do they require school staff supervision? Yes/No

Names of staff to perform blood glucose tests/ supervise student carrying out their own blood glucose test. (Delete as applicable)

_____

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Meals and snacks required

Mid-morning snack:

_____

Lunch:

_____

Mid-afternoon snack:

_____

After school snack:

_____

Insulin Injections

Possible side effects of insulin:-

- Localised pain, inflammation or irritation - apply cold compress and inform parent/ guardian.
- Hypoglycaemia (blood glucose less than 4mmol/l) – see later for signs, symptoms and management.

Insulin injection required at lunchtime? Yes / No

If yes, the insulin injection should be given immediately before lunch unless the pre-lunch blood glucose result is less than 4 mmols/l, in which case the student should be treated for hypoglycaemia (see below) and should eat lunch before receiving the insulin injection.

NB. Students should not be required to queue for food after receiving their insulin injection as any delay in eating could result in hypoglycaemia.

Can student determine the correct amount of insulin and give their own injections? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to determine insulin dose and give insulin injection/supervise student calculating insulin dose and self-injecting insulin (delete as applicable).

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Name of lunchtime insulin:

_____

Usual Lunchtime Dose: _____units

OR flexible dosing using _____units/ _____ grams of carbohydrate.

Dose Amendments: _____ **Date of amendment:** _____

_____ _____

Additional insulin to be given **at lunchtime only** to correct high blood glucose levels (above 10mmols/l) using the following adjustment:-

Give 1 extra unit of _____ for every _____ mmols/l that blood glucose is above 10 mmols/l. Give this amount in addition to usual lunchtime insulin dose.

Parent/Guardian Agreement for the staff members named above to determine insulin dose and give insulin injection/supervise student calculating insulin dose and self-injecting insulin (delete as applicable).

Signed _____ Date _____

Exercise and Sports

Exercise can lower blood glucose levels and cause hypoglycaemia, therefore always take a blood glucose meter and foods/drinks to treat hypoglycaemia with the student when they exercise. Do not leave this equipment in the changing room or class room.

Check blood glucose levels before, during exercise (every 30–45 minutes), and after exercise and follow the advice below.

Blood glucose:-

- **less than 4 mmol/l** Allow pupil to treat their hypoglycaemia (see below), then eat a Carbohydrate snack.

- **4-7 mmol/l** Allow pupil to eat a carbohydrate snack.
- **7.1-14 mmol/l** No snack needed, but stop and check blood glucose levels after 30-45 minutes of exercise. If levels have fallen to less than 7.1 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.
- **More than 14mmol/l** Encourage pupil to drink extra sugar-free fluids.

  If it is less than 2 hours since the pupil last ate a meal or snack, it should be OK to take part in exercise but stop after 30-45 minutes to check that blood glucose levels have fallen below 14mmol/l (if not fallen, stop exercising and follow advice below).

  <u>However</u>, if it is more than 2 hours since the pupil last ate a meal or snack, check blood for ketones:-

  Ketones less than 0.6mmol/l - it should be OK to take part in exercise, but stop after 30-45 minutes to check blood glucose and ketone levels. If these levels have fallen it should be OK to continue with exercise. However, if these levels have risen, **stop** exercising and contact parents for advice.

  Ketones over 0.6mmol/l – **do not** exercise and advise parents of current blood glucose and blood ketone levels.

Hypoglycaemia (blood glucose level below 4mmols/l)

Hypoglycaemia is the full name for a hypo or low blood glucose level. Hypos occur when blood glucose levels fall too low for the body to work normally. For most people this happens when their blood glucose levels fall below 4 mmols/l.

Common causes	**Common signs**	**Common symptoms**
Too much insulin	Looking pale	Weakness/ Shaking
Not enough food	Sweating	Hunger
Delayed/missed meal or snack	Shaking	Blurred vision
Exercise or activity	Tiredness	Pins & needles
Extremes of hot or cold weather	Unusual behaviour	Dizziness
Stress or excitement	Slurred speech	Headache
		Confusion

Pupil's usual signs & symptoms of hypoglycaemia:

_____

_____

Treatment of hypoglycaemia (requires immediate treatment)

Do not send student out of the room to seek help, call for assistance to come to the student, as walking can further reduce blood glucose levels.

Student should wash their hands and check blood glucose level. If below 4 mmol/l, give 10-20 grams of fast acting carbohydrate to eat or drink such as 3-6 glucose tablets/Fruit Pastilles/Starburst sweets, 1-2 tubes of Glycogen or 100-200 mls fizzy drink or squash (non-diet). Wait 15 minutes then re-check blood glucose levels. If still below 4mmol/l, give more sugary food as above. Repeat this process until blood glucose levels are above 4 mmol/l, then give some starchy food such as 2 plain biscuits, a packet of crisps, cereal bar or next meal if due.

If the student is unconscious, having a seizure (convulsion), or unable to swallow effectively, place in the recovery position and call an ambulance (dial 999), then contact the student's parent or guardian. Do not give anything by mouth!

The recovery position

Hyperglycaemia (blood glucose level above 10mmols/l)

Hyperglycaemia is the medical term for blood glucose levels above 10mmol/l. It is common to detect high blood glucose levels if it is less than 2 hours since carbohydrate was last eaten as the insulin has not had sufficient time to work. However, if it is more than 2 hours since the student last ate, high blood glucose may be due to a lack of insulin which can lead to the breakdown of fat for energy and the production of ketones as a waste product.

Common causes	**Common signs & symptoms**
Wrong carbohydrate calculation	Thirst
Missed/ delayed insulin injections	frequent passing of urine
Snacking frequently between meals	Tummy pains
Illness	Tiredness
Problem with insulin or insulin device	Moody
Being less active than usual	Nausea/vomiting
Not drinking enough fluids	fast breathing
Stress and anxiety	Headache
Periods of growth e.g. puberty	Blurred vision

Pupil's usual signs & symptoms of hyperglycaemia:

_____

_____

Treatment of hyperglycaemia.

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. If unwell in any way, for example headache, nausea, vomiting, lethargy, check blood ketone level and contact parents/guardian for advice/assessment. If blood glucose levels are above 14mmol/l, check blood ketone levels and if

these are above 0.6mmol/l, contact parents/guardian for advice as a correction dose of insulin may be required.

Arrangements in case of support staff absence, pupil refusal of medical support/intervention and prolonged student absence due to medical needs:-

Staff absence:

_____

Pupil refusal of medical support/intervention:

_____

Prolonged student absence due to medical needs:

_____

_____

_____

Is a statement of Special Educational Needs and Disability in place? Yes/No

If Yes, number of hours of support funded

_____

Supplies to be provided by parent/guardian and kept at School

Blood glucose meter, blood glucose and blood ketone test strips
Lancet device and lancets
Insulin pen, pen needles, insulin cartridges
Sharps box (to be replaced by parent/carer every 3 months)
Fast-acting source of glucose
Glycogen (to be used if in a confused state and
Refuses to eat or drink, but can still swallow effectively).
Carbohydrate containing snacks

Area in school where spare supplies to be kept and where pupil will carry out routine

Diabetes management
_____

_____

Signatures

I give permission for the release of information in this health care plan to all staff members of _____ School enable them to support my child with the diabetes care tasks outlined above. I also give permission for any school staff member to contact members of the Diabetes Nursing Service, School Nursing Service or other healthcare professionals for advice or information about managing my child's diabetes and for these healthcare professionals to release the necessary advice or information required to maintain my child's health and safety.

Student's Parent/Guardian: _____ Date: _____

This Diabetes Care Plan has been agreed with:

Student's Diabetes Specialist Nurse:

Name:_____Signed:_____ Date: _____

School staff representative:

Designation
_____

Name:_____Signed:_____ Date: _____

Handling and storage of insulin in school

In accordance with the Control of Substances Hazardous to Health Regulations 2002, (COSHH) insulin, a prescribed medication, must be handled and stored safely. The Head teacher is responsible for ensuring that medicines are stored safely. All emergency medicines such as glycogen should be readily available and not locked away. Insulin should generally be kept in a secure place not accessible to children and young people.

At the discretion of the school, if they are satisfied that the young person will be responsible for the safe handling and administration of their own insulin, they may allow them to keep it with them. This is on the understanding that if the insulin is to be left out of control or sight of the young person, they should hand it in to a member of school staff for safe storage.

This arrangement is agreed between the school, the parents/guardian and the pupil.

_____School Representative _____
Date

_____Parent/Guardian_____
Date

_____Pupil _____
Date

References

Diabetes Control and Complications Trial Research Group (1993) the effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal of Medicine, 329(14) 977-86.

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ISPAD Clinical Practice Consensus Guidelines 2009 Compendium – Assessment and management of hypoglycaemia in children and adolescents with diabetes. Paediatric Diabetes, 10 (suppl. 12), 134-145

Health and Safety Executive. Control of Substances Hazardous to Health Regulations 2002 (COSHH) www.hse.gov.uk

Department for Education (2014) Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. London, DFE (2014)

Author: Shropshire Paediatric Diabetes team
Implementation Date: February 2006

INDIVIDUAL HEALTH CARE PLAN FOR DIABETES MANAGEMENT IN SCHOOL USING INSULIN PUMP THERAPY

This care plan has been agreed by the student's diabetes specialist nurse, parents/guardian, the child/young person and relevant school staff. The plan should be reviewed at least annually by parents/guardian and school staff, with the involvement of the diabetes specialist nurse if there have been major changes in management.

Name of School:
_____

Date of Plan: _____ Review Dates: _____

_____

Student's Name: _____ Date of Birth: _____

Address:
_____

_____

Who to contact for further information/advice

Mother/Guardian:
_____

Telephone: Home_____Work_____ Mobile_____

Father/Guardian: _____

Telephone: Home
_____Work_____Mobile_____

Diabetes Nurse Name: _____ Phone number: _____

School Nurse: _____ Phone number: _____

School/Home Link staff member:
_____

NB. The school/home link staff member should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes.

Blood Glucose Monitoring

Blood glucose checks are required before the student eats any food containing carbohydrate. They should also be carried out if the student exhibits symptoms of hyperglycaemia (blood glucose level above 10mmols/l) or hypoglycaemia (blood glucose level below 4 mmol/l) and appropriate action taken (see flow charts below).

Blood glucose levels should be routinely checked at the following times:-
Before Lunch □

Midmorning □ Time _____
mid-afternoon □ Time _____
At the end of school day □ before afterschool clubs □
Before, during (every 30-45 minutes) and after exercise □

Target range for blood glucose is _____ mmol/l.

Some blood glucose meters will automatically transfer the test result to the student's insulin pump. For other blood glucose meters, the test result will need to be programmed into the insulin pump.

Can student perform own blood glucose checks? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to perform blood glucose tests/ supervise student carrying out their own blood glucose test. (Delete as applicable)

_____

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Meals and snacks required

Mid-morning snack:
_____

Lunch:
_____

Mid-afternoon snack:
_____

After school snack:
_____

Insulin administration
1)
2) Insulin is delivered continuously (basal insulin) via an insulin pump which is worn by the student throughout the day and night. Additional insulin is delivered via the pump when foods containing carbohydrate are eaten or to correct an elevated blood glucose level (bolus insulin). Please refer to the insulin pump instruction manual/sheets for step by step instructions on how to use the pump.

Name of insulin in the insulin pump:
_____

Possible side effects of insulin:
- Localised pain, inflammation or irritation - apply cold compress and inform parent/ guardian.

- Hypoglycaemia (blood glucose less than 4mmol/l) – see below for signs, symptoms and management.

Correction bolus (for elevated blood glucose levels) to be considered if blood glucose is above _____mmol/l

Please refer to hyperglycaemia flow chart for action required if the blood glucose level is above 14mmol/l.

If insulin is to be delivered to correct an elevated blood glucose level (determined by a blood glucose test), the blood glucose level should be programmed into the insulin pump. The insulin pump will then calculate the dose of insulin required and this should be delivered via the pump as a *normal* bolus.

Insulin bolus for food

If insulin is to be delivered for carbohydrate foods, a blood glucose test should be carried out and the result programmed into the insulin pump along with the number of grams of carbohydrate to be eaten. The insulin pump will then calculate the dose of insulin required and this should be delivered via the pump immediately before the food is eaten unless blood glucose result is less than 4 mmols/l, in which case the student should be treated for hypoglycaemia (see below) and should eat before receiving the insulin bolus.

NB. Students should not be required to queue for food after receiving their insulin bolus as any delay in eating could result in hypoglycaemia.

Type and duration of insulin bolus required for food at:-
Morning snack
_____

_____

Lunch
_____

_____

_____

Afternoon snack
_____

_____

Can student programme the blood glucose result and carbohydrate amount (if required) into their insulin pump and deliver their insulin via the pump? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to programme the insulin pump and deliver insulin/supervise student self-programming the insulin pump and self-delivering insulin via the pump (delete as applicable).

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Exercise and Sports

Exercise can lower blood glucose levels and cause hypoglycaemia, therefore always take a blood glucose meter and foods/drinks to treat hypoglycaemia with the student when they exercise. Do not leave this equipment in the changing room or class room.

Does the insulin pump require disconnection for sport? Yes/No

If the pump is disconnected for sport, a blood glucose test should be carried out when the pump is reconnected and a correction dose of insulin given if the blood glucose level is above _____mmol/l.

Can the student disconnect their own insulin pump? Yes/No

Is a temporary basal rate reduction required for sport? Yes/No

If Yes, time temporary basal rate to begin

_____

% basal rate reduction required

_____

Duration of basal rate reduction

_____

Can student programme temporary basal rate reduction into their insulin pump? Yes/No

If Yes, do they require school staff supervision? Yes/No

Names of staff to disconnect insulin pump/programme temporary basal rate reduction into insulin pump/supervise student self-programming temporary basal rate reduction into their insulin pump (delete as applicable).

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Check blood glucose levels before, during (every 30–45 minutes) and after exercise and follow advice below.

Blood glucose:-

- **less than 4 mmol/l** — Allow pupil to treat their hypoglycaemia (see below), then eat a Carbohydrate snack (**do not** give insulin for this snack)
- **4-7 mmol/l** — Allow pupil to eat a carbohydrate snack (**do not** give insulin for This snack).
- **7.1-14 mmol/l** — No snack needed, but stop and check blood glucose levels after 30-45 minutes of exercise. If levels have fallen to less than 7.1 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.
- **More than 14mmol/l** — Encourage pupil to drink extra sugar-free fluids.

  If it is less than 2 hours since the pupil last ate a meal or snack, it should be OK to take part in exercise but stop after 30-45 minutes to check that blood glucose levels have fallen below 14mmol/l (if not fallen, stop exercising and follow advice below).

  <u>However</u>, if it is more than 2 hours since the pupil last ate a meal or snack, check blood for ketones:-
  Ketones less than 0.6mmol/l - it should be OK to take part in exercise, but stop after 30-45 minutes to check blood glucose and ketone levels. If these levels have fallen it should be OK to continue with exercise. However, if these levels have risen, **stop** exercising and contact parents for advice.

  Ketones over 0.6mmol/l – **do not** exercise and follow the advice on the hyperglycaemia flow chart.

Parent/Guardian Agreement for the staff members named above to programme the insulin pump and deliver insulin/supervise student self-programming the insulin pump and self-delivering insulin via the pump (delete as applicable).

Signed _____ Date _____

Hypoglycaemia (blood glucose level below 4mmols/l)

Hypoglycaemia is the full name for a hypo or low blood glucose level. Hypos occur when blood glucose levels fall too low for the body to work normally. For most people this happens when their blood glucose levels fall below 4 mmols/l.

Common causes	**Common signs**	**Common symptoms**
Too much insulin	looking pale	Weakness
Not enough food	Sweating	Shaking
Delayed/missed meal or snack	Shaking	Blurred vision
Exercise or activity	Tiredness	Pins & needles
Extremes of hot or cold weather	Unusual behaviour	Dizziness
Stress or excitement	Slurred speech	Headache
		Tiredness
		Hunger
		Confusion

Pupil's usual signs & symptoms of hypoglycaemia:

Treatment of hypoglycaemia (requires immediate treatment)Do not send student out of the room to seek help, call for assistance to come to the student, as walking can further reduce blood glucose levels. Student should wash their hands and check blood glucose level. If below 4 mmol/l, follow the advice in the hypoglycaemia flow chart below:-
N.B. If the student has a blood glucose level under 4mmol/l and the pump is delivering an extended bolus of insulin from a meal or snack, or there is a temporary increased basal rate active, these should be cancelled and treatment for hypoglycaemia given as below.

HYPOGLYCAEMIA MANAGEMENT FLOW CHART

Can _____
eat or drink safely?

Yes

No

Give _____ grams of dextrose.

Eg._____

If unconscious or unrousable,place in the recovery position

Call 999 immediately

Repeat glucose blood test after 15 mins

If glucose above 4 mmol/l.

Encourage _____ to return to normal activity.

If blood glucose still below 4mmol/l give further _____ grams of dextrose.

The Recovery Position

Repeat blood test after 15 mins.

If blood glucose remains below 4 mmols after this time, continue 15 minute cycle of dextrose treatment and blood glucose tests and contact parents immediately for advice.

If conscious levels are starting to deteriorate place in the recovery position and call 999.

If blood glucose still below 4 mmol/l, disconnect pump from infusion site and repeat another _____ grams dextrose.

Repeat blood glucose after 15 mins and if above 4mmol/l give a starchy snack such as a biscuit and

NOTE.

Hyperglycaemia (blood glucose level above 10mmols/l)

Hyperglycaemia is the medical term for blood glucose levels above 10mmol/l. It is common to detect high blood glucose levels if it is less than 2 hours since carbohydrate was last eaten as the insulin has not had sufficient time to work. However, if it is more than 2 hours since the student last ate, high blood glucose may be due to a lack of insulin which can lead to the breakdown of fat for energy and the production of ketones as a waste product.

Common causes	**Common signs & symptoms**
Wrong carbohydrate calculation	Thirst
Missed/ delayed insulin injections	Frequent passing of urine
Snacking frequently between meals	Tummy pains
Illness	Tiredness
Problem with insulin, insulin pump or cannula	Moody
Being less active than usual	Nausea/vomiting
Not drinking enough fluids	fast breathing
Stress and anxiety	Headache
Periods of growth e.g. puberty	Blurred vision

Pupil's usual signs & symptoms of hyperglycaemia:

_____

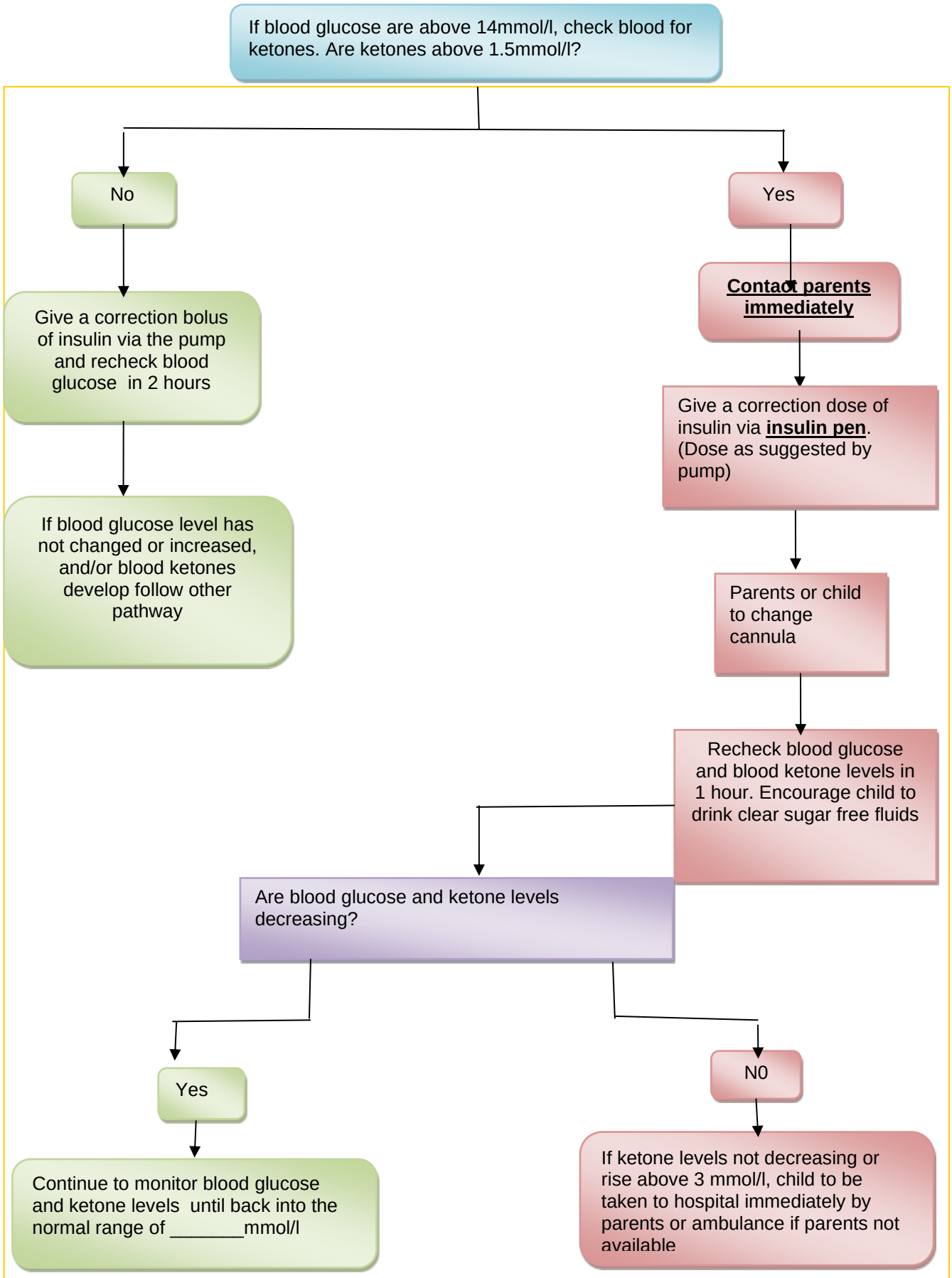
_____

_____

Treatment of hyperglycaemia.

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. If unwell in any way, for example headache, nausea, vomiting, lethargy, check blood ketone level and contact parents/guardian for advice/assessment. If blood glucose levels are above 14mmol/l, check blood ketone levels and follow the advice on the hyperglycaemia flow chart below:-

HYPERGLYCAEMIA MANAGEMENT FLOW CHART



Arrangements in case of support staff absence, pupil refusal of medical support/intervention and prolonged student absence due to medical needs:-

Staff absence:

_____

_____

_____

Pupil refusal of medical support/intervention:

_____

_____

_____

Prolonged student absence due to medical needs:

_____

_____

_____

Is a statement of Special Educational Needs and Disability in place? Yes/No

If Yes, number of hours of support funded _____

Supplies to be provided by parent/guardian and kept at school

Blood glucose meter, blood glucose and blood ketone test strips	□
Lancet device and lancets	□
Insulin pen, pen needles, insulin cartridges	□
Sharps box (to be replaced by parent/carer every 3 months)	□
Fast-acting source of glucose	□
Glucogel	□
Carbohydrate containing snacks	□
Spare cannula, infusion set and batteries	□

Area in school where spare supplies to be kept and where pupil will carry out routine

diabetes management

_____

_____

_____Signatures:

_____

I give permission for the release of information in this health care plan to all staff members of

_____

_____ School enable them to support my child with the diabetes care tasks outlined above. I also give permission for any school staff member to contact members of the Diabetes Nursing Service, School Nursing Service or other healthcare professionals for advice or information about managing my child's diabetes and for these healthcare professionals to release the necessary advice or information required to maintain my child's health and safety.

Student's Parent/Guardian: _____ Date: _____

This Diabetes Care Plan has been agreed with:

Student's Diabetes Specialist Nurse:

Name: _____Signed:_____ Date: _____

School staff representative:
Designation

_____

Name: _____Signed:_____ Date: _____

Handling and storage of insulin in school (for spare insulin to be used in the event of hyperglycaemia with elevated blood ketones)

In accordance with the Control of Substances Hazardous to Health Regulations 2002, (COSHH) insulin, a prescribed medication, must be handled and stored safely. The Head teacher is responsible for ensuring that medicines are stored safely. All emergency medicines such as glucogel should be readily available and not locked away. Insulin should generally be kept in a secure place not accessible to children and young people.
At the discretion of the school, if they are satisfied that the young person will be responsible for the safe handling and administration of their own insulin, they may allow them to keep it with them. This is on the understanding that if the insulin is to be left out of control or sight of the young person, they should hand it in to a member of school staff for safe storage.
This arrangement is agreed between the school, the parents/guardian and the pupil.

_____School Representative _____
Date

_____Parent/Guardian _____
Date

_____Pupil _____
Date

References

Diabetes Control and Complications Trial Research Group (1993) The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal of Medicine, 329(14) 977-86.

Department of Health (2007) Making Every Young Person with Diabetes Matter. London, DOH (2007).

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Author: Shropshire Paediatric Diabetes team | Implementation Date: February 2006

Last review: August 2014 | Next Review: August 2015

Template A: 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

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

Clinic/Hospital Contact

Name:	
Phone no:	

G.P.

Name:	
Phone no:	

Who is responsible for providing support in school?:	

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

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

Daily care requirements:

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

Arrangements for school visits/trips etc:

Other information:

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

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

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Template H:

MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.
The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.
Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.
A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.
The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.
If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting.
I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely