Lawnswood Campus

Supporting Students at School with Medical Conditions

Review Date: Autumn 2020

Please read
Governors as Management Board
Schools as PRUs

Signed by the Chair of the Management Board: …………………………… Date: …………………

Supporting Students at School with Medical Conditions Policy 2019

There are no Key amendments made to this document Autumn 2019

Supporting children and young people with their medical conditions

Medicines Policy for Lawnswood Campus

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools/centres should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility (DCSF and DH, 2009).

Every centre should follow a 'Medicines Policy' that is discussed with and disseminated to staff, parents, children and young people.

This document should be read in conjunction with the document – Department for Education (Dec 2015) Supporting pupils at School with medical conditions by the Department for Education and Skills and the Department of Health.

Contents Page Number

Contents (cont) Page Number

Contents (cont) Page Number

Appendices

CENTRE POLICIES ON MANAGEMENT OF PUPILS WITH MEDICAL NEEDS

1.0 PRINCIPLES

1. All centres should have a written policy statement and guidance to staff.
2. Policies should be clear and understood and accepted by staff, governors and parents/carers, providing a sound basis for ensuring that pupils with medical needs receive proper care and support at centre and when they are unable to attend centre.
3. The centre should include a summary of the policy on the centre website or other information sent to parents/carers.
4. Procedures should be in place for formal agreements to be drawn up between the centre and parents/carers of children with medical needs.
5. Policies should ensure and enable regular centre attendance as far as possible.

<u>Centres' policies should cover:</u>

- procedures for managing prescription medicines which need to be taken during the centre's day
- procedures for managing prescription medicines on trips and outings
- a clear statement on the roles and responsibilities of staff managing administration
- a clear statement on parental responsibilities in respect of their child's medical needs
- the need for prior written agreement from parents (for early years settings prior permission is a mandatory requirement) for any medicines to be given to the child
- the circumstances in which children may take any non-prescription medicines
- children carrying and taking their medicines independently
- staff training regarding dealing with medical needs
- record keeping
- safe storage of medicines
- access to the centre's emergency procedures
- a statement about the centre's commitment to ensuring access to education for pupils with medical needs

POLICY IN THE MANAGEMENT OF PUPILS WITH MEDICAL CONDITIONS AT

THE ORCHARD AND NIGHTINGALE CENTRE

2.0 SECTION A: STATEMENT OF PRINCIPLES

The Governors, Head Teacher and staff of The Orchard and Nightingale Centre will conform to all statutory guidance and work within guidance issued by Royal Wolverhampton NHS Trust and Wolverhampton Local Authority.

The Governors, Head Teacher and staff:

- Are committed to ensuring that all pupils have access to as much education as their medical condition allows in order to maintain the momentum of their studies, keep up with their peers and fulfil their educational potential.
- Recognise the valuable contribution of parents and other agencies in providing information to ensure best access to all educational and associated activities for pupils with medical needs.
- Recognise that on occasion pupils with long-term and/or complex medical needs will require intervention from a specialist provision, such as The Nightingale Centre (Home and Hospital Tuition) or via the Orchard Centre.
- Will work with specialist providers, whenever necessary, to ensure smooth transition to and from (where appropriate) the specialist provision and, as far as it is possible, provide continuity in learning.

3.0 SECTION B: RESPONSIBILITIES

3.1 Management Board

A nominated person from the Management board will be responsible for reviewing and monitoring the procedures that apply to children and young people with medical needs. This may or may not be the same person as the governor with link responsibility for SEN and/or disability access.

The Management Board of The Orchard and Nightingale Centre's:

- will ensure that the centre has an effective policy on the management of pupils with medical needs and that a summary of the policy is included on the centre website/prospectus.
- will have delegated day-to-day responsibility for the management of pupils' medical needs to the Head Teacher.
- will ensure the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.
- will receive information on issues relating to the management of pupils with medical needs, once a term, via the Head Teacher's report.
- will review the effectiveness of this policy on an annual basis and make any necessary revisions to ensure that it continues to be effective and that it reflects any changes in the law.
- will ensure that parents' cultural and religious views are always respected in managing the medical needs of pupils.
- will ensure that arrangements are clear regarding support for pupils with medical conditions in participating in centre trips and sporting activities.
- Will ensure procedures are in place to cover any transitional arrangements between Centres's.
- Will ensure written records are kept of all medications administered.

3.2 Head Teacher

Subject to the provisions set out in this policy and guidance document the Head Teacher will accept responsibility for the centre giving, and/or supervising, pupils taking medication during the centre day and:

- Will ensure that the centre has an effective policy on the management of pupils with medical needs and that a summary of the policy is included on the website/prospectus. This should be read in conjunction with the Department of Education document (DE, 2014/2015) Supporting pupils at centre with medical conditions, with particular attention being paid to page 19, Unacceptable Practice section 43 (2014) and page 23, section 25 (2015).
- Will ensure centre staff are appropriately insured and aware that they are insured to support pupils.
- will ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Will ensure that procedures are in place for formal agreements to be drawn up between the centre and parents/carers of pupils with medical needs. (See Appendix C, Planning Forms).
- Is responsible for ensuring the effectiveness of this policy in providing pupils with medical needs access to education and all associated activities available to other pupils.
- Has an overall responsibility for the development and implementation of individual health care plans.
- Will ensure that centre staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend centre regularly and, with appropriate support, take part in all, or almost all, normal centre activities.
- Will ensure that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs and deliver against all health care plans.

3.3 Named Contact

In order to ensure that parents, staff, governors and outside agencies that have contact with pupils with medical needs have an easy route to communication with the centre, the identified person(s) is/are:

Miss Sarah Gallagher (The Orchard and Nightingale Centre)

Mrs Louise Kumar (The Orchard Centre)

Miss Lindsay Watson (The Nightingale Centre)

As well as acting as first contact for parents and outside agencies
The above staff will be responsible for:

- The centre’s system of record keeping for pupils with medical needs.
- Ensuring the confidentiality of all records of pupils with medical needs.
- ensuring that centre staff understand the nature of the condition where they have a pupil with medical needs in their class and that all staff have appropriate access to information and training in order that pupils with medical needs are able to attend centre regularly and, with appropriate support, take part in all, or almost all, normal centre activities (see form M6).
- Ensuring that risk assessments are carried out wherever necessary, for both in-centre and off-site activities (see also HSE Guidance on Centre Trips).
- Ensuring that trained staff are available wherever and whenever necessary to ensure the safety of pupils with medical needs.
- Monitoring the attendance of pupils with longer term medical needs.
- Assisting in maintaining contact with pupils out of centre because of medical needs.
- Attending multi-agency reviews as required.
- Ensuring that, wherever appropriate, pupils out of centre for short periods of time with any medical condition are provided with work to do at home and this work is assessed and recorded appropriately.
- Providing appropriate agencies with confidential access to centre records in order to ensure that pupils transferred to specialist provision are able to maintain their learning and progress as far as is possible.

3.4 Teachers and Other Staff

- There is no statutory/contractual duty for teachers to administer medicine in centre. However, in an emergency swift action will need to be taken by any member of staff to secure assistance for any pupil. The consequences of not helping a pupil in an emergency may be more far reaching than the consequences of making a mistake by trying to help. Teachers and other centre staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, to make sure that pupils are healthy and safe on centre premises. This duty extends to teachers leading any activities taking place off the centre site.

In The Orchard and Nightingale Centres, the following teachers have volunteered to take responsibility for administering medicine and supervising pupils taking medication, whenever requested to do so by the parent/carers:

Miss Sarah Gallagher

Mrs Louise Kumar

Miss Lindsay Watson

Mrs Lesley Hatton

- Centre staff will receive suitable and sufficient training and achieve the necessary level of competency to support children with medical conditions. This also includes staff who escort pupils to and from centre.
- Any member of centre staff will know what to do and will respond accordingly when they become aware that a pupil with a medical condition needs help.

When pupils are out of centre for short periods of time with a medical condition, it is the responsibility of the class/form teacher to:

- Ensure that, wherever appropriate, they are provided with work to do at home and that this work is assessed and recorded appropriately.
- Maintain contact with the pupil and his/her family.
- Ensure that the pupil is welcomed back into centre with the minimum of disruption.
- Ensure that the pupil has any additional support necessary to catch up with work and maintain best progress.

4.0 SECTION C: RESPONSIBILITIES OF THE PUPIL

Children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this is reflected in the Health Care Plan.

5.0 SECTION D: HEALTH CARE PLANS

The Centre Nurse can be asked to provide support and training for staff, including advice and liaison on the implementation of the health care plan. Consultation should also be undertaken with parents/carers and /or pupils.

An individual nurse specialist for e.g. epilepsy, diabetes sickle cell etc. will contact the centre to arrange a visit to complete these individual health care plans. A copy must be sent to the centre nurse and the child's GP.

The training of staff will be reviewed annually when completing the working together agreement between the centre and the centre nurse.

6.0 SECTION E: MEDICATION COMING INTO CENTRE

- Most medication prescribed for a pupil will be able to be administered once, twice or three times a day. In these circumstances parents/carers will be able to manage this before and after centre and there is no need for medication to come into centre.

- No medication will be allowed into centre unless it is clearly labelled with:

    - the child's name
    - the child's date of birth
    - the name and strength of the medication
    - the dosage and when the medication should be given
    - the expiry date

  This information is to be checked each and every time that medication is administered. If there are any doubts about the procedure staff will check with parents/carers before proceeding.

  Medication administered short term or occasionally will be recorded using form M3 and for pupils requiring regular medication form M4 should be used. Wherever possible, it is good practice to have the dosage and administration witnessed by another responsible adult.

- All medication must come into centre in the original child-proof container and be accompanied by the original guidance literature.

- Where two or more types of medication are required, each should be in a separate container and labeled as above.

- Where medication is required long-term, a letter from the pupil's General Practitioner (GP), Consultant or Medical Prescriber must accompany the medication.

- Parents/carers will hand all medication to the named contact or the Head Teacher on arrival at centre.

- Medicines will normally be stored in a locked cupboard in The Orchard Centre main office or, where necessary in the lockable refrigerator and accessed only by staff named in Section B above.

- Certain medicines, e.g. salbutamol, adrenaline etc, may need to be readily available to pupils. These will be kept by:

    - the class teacher
    - a designated teaching assistant
    - the pupil

6.1 Storage of Medication

- With the exception noted below, any medication received into centre must be stored in a locked, wall-mounted, cabinet in a designated area of centre, such as the centre office. The key must be kept in an accessible place known to designated members of staff but inaccessible to pupils. In most cases, where there are no specific issues related to privacy, medication should be administered in this designated area.

- Some medication may need to be kept at low temperatures and must therefore be kept in a lockable fridge located in the same designated area of the centre.

- Where centres do not currently have a lockable wall-mounted cupboard and/or a lockable fridge, these should feature as short-term objectives in the Accessibility Plan.

- Some medicines may be needed by the pupil at short notice, for example asthma inhalers (see appendix A). In most cases pupils should be allowed to carry these with them, to ensure easy access. Where this is not appropriate, other arrangements for easy access must be established, e.g. the class teacher keeping the medication in a desk drawer.

- All staff will be made aware that centres have been provided with emergency salbutamol inhaler and will have been given information and training as to how and when to access them and how to and when to administer them as per the Asthma Policy. (See Appendix A and form M5).

THE EMERGENCY INHALER MUST REMAIN ON THE CENTRE SITE AT ALL TIMES

- All staff will be made aware where a pupil is off-site for activities e.g. football or swimming etc. the pupil's own emergency inhaler and spacer needs to always be taken with them.

6.2 Prescribed and Non-Prescribed Medication

Medications issued on the instructions of e.g. GP/Consultant are known as prescribed drugs.

Drugs covered by the Misuse of Drugs Act (1971), otherwise known as controlled drugs (such as methylphenidate) may occasionally be prescribed for pupils.

These drugs should be treated in the same careful manner as all other prescribed medication, in line with the procedures agreed by Wolverhampton Local Authority and described within this guidance.

6.3 Emergency Medication

This type of medication, such as an adrenaline auto injector e.g. EPIPEN, must be readily available.

A copy of the health care plan (Emergency action plan) should be kept with the medication.

If emergency services/medical intervention is necessary the plan should accompany the pupil with details of what has been done and when already.

.

For this type of medication, the centre's procedures should identify:

- where the medication is stored
- who should collect the medication in an emergency
- who should stay with the pupil concerned
- supervision of other pupils in the vicinity
- support other pupils witnessing the incident
- arrangements/requirements for an ambulance/other medical support (see form M1)
- recording systems
- Arrangement for regular staff training. (see form M6)
- The policy of the use of the emergency asthma inhaler and the RCPCH allergy action plan see appendix A.

<u>Defibrillators in Centre</u>

“Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient’s heart when they are in cardiac arrest. Modern defibrillators are easy to use inexpensive and safe.

- Staff members appointed as first aiders should already be trained in the use of CPR.

Centres are advised to consider purchasing a defibrillator as part of their first aid equipment. If centres install a defibrillator, they should notify the local NHS ambulance service of its location. “(DfE, 2015)
Staff should also receive annual training in the use of the defibrillator.

6.4 Non-Prescription Medications

Normally this type of medication should not be given at centre. However, there may be exceptional circumstances where this is appropriate, for example where a pupil is known to suffer from recurring acute pain. Parents/carers will be required to complete Form M4 as appropriate.

6.5 Homeopathic Medicines

Many homeopathic medicines need to be given frequently during the day. This is difficult to manage in centre and centres are therefore advised only to agree to parental requests where the pupil is capable of self-administering this type of medication. Parents/carers will be required to complete Form M4.

6.6 Herbal Medicines

Many over-the-counter herbal medicines may be contra-indicated if a child is taking prescribed medication. If parents request that herbal medicines are administered on centre premises, this should only be agreed to upon receipt of written consent from their G.P.

6.7 Refusal to take medication

If pupils refuse to take medication, centre staff will not force them to do so unless deemed life threatening. The centre will inform the child’s parent/carer as soon as possible and seek medical advice as a matter of urgency. If the child's parent/carer is not contactable, advice may be sought from a Community Paediatrician or another suitably qualified practitioner at the Gem Centre (Centre Nurse Administration Team – (01902) 444161). Parents must always be notified, even when professional advice has been sought.

6.8 Disposal Procedures

Safe Disposal of Medicines

Medicines should be returned to the child's parent/carer and a receipt obtained and kept on file when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends

At the end of every half-term a check will be made of the lockable medicine cabinet by the named contact. Any medicine that is not returned to parents/carers and which is no longer needed, is out of date or no longer clearly labelled will be returned to a local pharmacy for safe disposal.

All medication returned to parents/carers or a pharmacy, even empty bottles, must be recorded and a receipt filed.

No medicine should be disposed of into the sewerage system or into refuse. Current waste disposal regulations make this practice illegal.

6.9 Safe Disposal of Medical Waste

If a child requires enhanced provision of medical needs e.g. requiring injections, it is the parents'/carers' responsibility to provide the required equipment for this procedure. Parents/carers must also provide the centre with an empty sharps container, which **must** be used to dispose of any used needles.

Sharps must be disposed of in a sharps box where the injection has taken place. The sharps box is then temporarily closed (click once) depending on the box design prior to safe storage and not left open as items can fall out or be accessed. Sharps containers must be used for the safe disposal of any sharp implements which could have been contaminated with bodily fluid. Sharp containers must only be kept in the designated medical area of centre. Policy and practice is reviewed by the centre nurse on an annual basis when reviewing the working together agreements.

Any other clinical waste must be disposed of using the RWT NHS Trust "orange bag" system or other procedure agreed by the Local Authority.

7.0 SECTION F: OFF-SITE ACTIVITIES

OFF-SITE VISITS

Background

Local authorities have a duty set out in the Education Act 1996 to 'make arrangements for the provision of suitable full time or part-time education otherwise than at centre for those children of compulsory centre age who, by reason of illness, exclusion from centre or otherwise, may not for any period receive suitable education unless such arrangements are made for them'.

The statutory guidance Access to Education for Children and Young People with Medical Needs (DfES, 2002) sets out national minimum standards of education for children and young people who cannot attend centre because of illness or injury.

Research identifies five key factors that enable LA and RWT to create best practice and effective provision. These are reflected in Wolverhampton's policy on access to education for children and young people out of centre with medical needs. The five factors are:

- **Mainstream ownership** - the extent to which the pupils' home centre maintains a high profile during the time the pupil is unable to attend through illness or injury.

- **Partnership and Collaboration** - the ways in which specialist provision seeks to establish relationships with other agencies to ensure that an individual's needs are met whilst home centre education is interrupted.

- **Flexibility** – the ways in which provision is organised to enable individual circumstances to be addressed and modified as needs change.

- **Responsiveness** – the ability of specialist provision to respond to the need of all stakeholders which include pupils, parents/carers, home centres, health and other professionals.

- **Clarity** – this is defined as LA and RWT services and centres having written policies and guidance that outline clearly all the roles and responsibilities of those involved.

Wolverhampton City Council aims to maximise the life chances of all pupils, including those at risk of social or educational exclusion. Pupils who are physically ill, injured or who have mental health problems are at risk of underachievement or of being less employable when they reach the end of compulsory education. Therefore Wolverhampton City Council has a continuum of educational provision in place to support these pupils.

Provision is the responsibility of all centres and services, but specialist provision is available:

- in the education room on the children's ward at New Cross Hospital
- at home
- at the Orchard Centre

Additionally, specialist services for hearing and visual impairment liaise closely with all centres and services to ensure that learning at home meets pupils' needs.

This specialist provision is coordinated by the head teacher of the Orchard Centre and line managed by the executive Head Teacher.

7.1 Standards of education and performance measures

Whenever pupils are referred to the specialist provision for children with medical needs, a formal contact is made with the home centre and / or LA and RWT educational placement, to ascertain pupils' attainment levels in the National Curriculum.

7.2 Shared responsibility between the LA, RWT, Centres and Specialist Provision

The LA and RWT are responsible for ensuring that:

- There is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend centre because of medical needs.

- Clear procedures are in place for ensuring early and accurate identification of pupils who may need to be referred to specialist provision or to other services.
- Pupils receive an education of similar quality to that available in centres, including a broad and balanced curriculum.
- Pupils receive a minimum entitlement of 10 hours teaching per week (where possible).
- Parents/carers are informed about whom to contact in order to request specialist provision.
- Where reintegration is a gradual process, educational support continues to be available to the pupils.

Specialist services for pupils with medical needs are responsible for ensuring that:

- Pupils with medical needs are not home or in hospital without access to education for more than 15 working days.
- Pupils with a long term or recurring illness whether at home or in hospital have access to education, as far as possible, from day one.
- A Personal Action Plan is in place for all pupils in order to encourage and support a smooth return to centre.
- Pupils are taught in accordance with plans agreed with the home centres.
- The appropriateness of provision is monitored on behalf of the children and young people referred to it.
- Close liaison is maintained with all stakeholders.

7.3 Arrangements for collaboration with other agencies

Effective and flexible collaboration between Local Authorities, the child’s centre, medical personnel, allied health professionals, parents/carers and other agencies, eg. Connexions Service, is crucial to the continuity of high quality educational provision for children and young people with medical needs and a successful re-entry into centre or post-16 placement.

Effective liaison with respect for each agency’s prioritising of the pupil’s needs will ensure that on re-entry to centre there will be expectations that are realistic and goals which are attainable within the pupil’s limitations, resulting in a confident young person moving back into centre. Forward planning and collaboration are essential to achieve this and the production of an Inclusion plan will facilitate a smooth re-integration as all parties will be aware of their role and responsibility.

7.4 Partnership with parents, carers and pupils

Parents and carers hold key information and knowledge and have a crucial part to play. They are included as full collaborative partners and are informed about their child's educational programme and performance.

Children and young people also have a right to be involved in making decisions and exercising choices.

Wherever possible, parents, carers and pupils are informed about the education available before a child is admitted to hospital. Booklets are available to provide information about educational and medical services and about the organisation of the hospital day.

All parents and carers are consulted before teaching begins at home and offered advice and support during their child's illness. Parents and carers views of their child's education are taken fully into account when planning programmes. Parents and carers are encouraged to provide additional liaison with the pupil's home school both at the beginning and end of stay in hospital and with the home teacher. The positive involvement of the parents/carers with the school once the child has returned provides reassurance for the child, teachers and parents/carers themselves.

Centres should follow procedures set out in the LA Guidance on the Management of Off-Site Visits. Where appropriate, information about parental concerns and serious medical conditions should be requested (using the health care plan Form M2).
Special arrangements may need to be made whenever pupils with medical needs are engaged in off-site activities. This includes such activities as a visit to the local swimming pool, a visit to another school, an educational day visit, a residential experience or work experience/college placement. (See parental consent form for off-site and residential visits form M7).

A risk assessment on the specific needs of the pupil in the particular activity will be carried out. All reasonable adjustments should be considered to ensure that the pupil can access all parts of the activity alongside their peers, in the safest possible way. Where it is not possible to eliminate all risk for the particular pupil a meeting will be requested with the parents/carers in order to agree the best way forward. A written agreement will be reached before the activity takes place.

8.0 SECTION G: SPECIAL EDUCATIONAL NEEDS AND PUPILS WITH MEDICAL NEEDS

On occasion, pupils with medical needs may need provision that is different from or additional to that made for other pupils in the centre, in order to make adequate progress in their learning.

In this case an individual educational plan will be written that specifies the targets for the pupil and the special teaching strategies required to ensure their progress.

The SENCO’s Ms. J Bravo and Miss L Watson have responsibility for overseeing provision for pupils with SEN (see latest SEN Policy)

Where responsibility for the education of a pupil with medical needs transfers to another centre, home tuition service or pupil referral unit, the named contact will ensure that relevant centre records, including up-to-date assessment information is made available to the receiving establishment within five days of a request being received.

When a pupil receives education other than at centre because of medical needs they remain on roll of (name of your centre). In these cases, the named contact will attend review meetings and provide materials for agreed work programmes on a termly basis.

When a student is unable to attend centre because of medical needs the centre will endeavor to provide access to public examinations, possibly as external or transfer candidates.

9.0 SECTION H: PUPILS RECEIVING EDUCATION OTHERWISE THAN AT SCHOOL BECAUSE OF MEDICAL NEEDS

9.1 Nightingale Centre (through the Orchard Centre)

Education is provided to pupils (from early years to year 11) unable to attend their home school because of illness or injury.

A written referral is required from the home school and will be forwarded to Head of Centre at The Nightingale Centre. The referral will contain any relevant background information and must be endorsed by a medical note from either the pupil’s General Practitioner or Consultant.

The Nightingale Centre will then arrange the appropriate educational provision whether this is via home tuition or on site within the Centre.

Regular six-weekly reviews with all relevant professionals involved will be held in order to reassess the placement.

Strong links exist between hospital, home education and mainstream schools and regular liaison takes place. Every effort is made to provide continuity for students so that when they return to their usual school, they are up to date with work completed by their peers.

9.2 In-Hospital

Co-operation between education, medical and administrative staff within the hospital is key to establishing an atmosphere conducive to effective learning. In cases of recurrent admission, it is particularly important that information is effectively shared between hospital schoolroom staff and, where appropriate home teacher and mainstream school, the young person and their parents. The LA links with other local authorities in the recoupment of the cost of providing education for young people under the age of 16 whilst in hospital.

9.3 Hospital Education

Pupils who are in-patient at New Cross Hospital receive education for up to 25 hours a week (as appropriate to their needs) either in the school room or on the ward at bedside.

Staff, timetabled to the hospital, are informed of new admissions by accessing ward admission information on a daily basis or by the medical staff. Teaching starts from day one but priority is given to pupils who are long stay (three days plus) or those who have recurrent admissions.

Pupils are registered daily. The hospital teachers keep a rolling record of these short stay pupils.

9.4 The Orchard Centre

Referrals to the Centre should be completed by the mainstream school or through the Local authority. Referrals are expected to include information of:

- brief history indicating long term nature of the problem
- previous strategies employed with outcomes
- current attendance pattern
- a copy of current statement of SEN/EHCP if appropriate

Wherever possible this should also be supported by a report from an appropriate Educational Psychologist and/or a psychological assessment or opinion of a CAMHS professional.

All students have an initial trial period of four weeks. During this time a more detailed assessment of needs is undertaken and their placement may be modified during or at the end of this time at a formal review. It may also be decided to extend the trial period further if deemed necessary.

The Orchard Centre uses its own assessments to supplement information received on referral. Once baselines have been established, students are given access to the National Curriculum. Arrangements are made for Key Stage 4 students to undertake national tests and public examinations, with programmes linked to alternative accreditation where appropriate, and access to the Connexions Service.

Specialist teachers provide a range of curricular expertise as well as specialist knowledge about the needs of students whose education has suffered interruption.

Further details are available from The Orchard Centre (01902) 551058.

9.5 At the Orchard Centre

Students attending The Orchard Centre are expected to remain dual registered with the home school. Costs are recouped in retrospect from each school on a termly basis. Good communication is essential to the smooth transition of the student back to the home school. Where relevant, regular multi-agency reviews are held. Termly reviews with the referring school are calendared and individual progress reports are forwarded to all stakeholders.

10.0 SECTION I: MONITORING, REVIEW AND EVALUATION

The implementation of this policy will be monitored by the named contact and issues will be reported to Governors on termly basis through the Head Teacher’s report.

The success of this policy will be evaluated once a year by the Head Teacher, staff and governors and reported to parents, with any proposals for improvements.

APPENDIX A

ROYAL WOLVERHAMPTON NHS TRUST
ASTHMA POLICY

Contents

Sections **Page**

Appendices

Asthma Policy

1.0 Policy Statement

To provide a framework for the management of asthma in centres

2.0 Definitions

Asthma is a physical condition in which the air passages in the lungs become narrowed, making it difficult to breathe.

In the UK, one in 11 children (1.1 million) has asthma.
It is the most common long-term medical condition and the predominant reason for children to take medication at centre. Asthma causes more absence from centre than any other condition.In the UK on average there are two children with asthma in every classroom.

The UK has among the highest prevalence rates of asthma symptoms in children worldwide. Every 20 minutes a child is admitted to hospital in the UK because of their asthma.

In 2014 (latest figures available) 1216 people died from asthma.

(www.asthma.org.uk/asthma-facts-and-statistics (accessed 20/5/16).

All children have a right to manage their own asthma as best they can and be educated in an environment sensitive to their needs and supported by people who understand their condition.

Well controlled asthma does not usually cause problems at home or at centre.

Emergency treatment may be required in ANY child with asthma when they are having an exacerbation.

3.0 Accountabilities

THE CENTRE NURSE WILL:

- Supply each named centre with an emergency salbutamol inhaler and one Aerochamber/ Volumatic spacer device and complete appropriate documentation (Appendix 1).
- The centre nurse will replace the emergency salbutamol inhaler prior to the inhaler expiry date.
- The centre nurse will offer asthma training to staff in centres on an annual basis.
- The centre nurse will audit the asthma process in centres.
- The centre nurse will receive a bi-annual update on developments in asthma.
- The centre nurse will assist in the completion of health care plans where appropriate.

THE CENTRE:

- Recognises the needs of pupils with asthma.
- Recognises that immediate access to the pupil's inhalers is vital.
- Will encourage and help children with asthma to participate fully in all aspects of centre life.
- Will do all it can to ensure that the centre environment is favourable to all children with asthma.
- Will encourage all children with asthma to have their own inhaler in centre including a spacer device. In exceptional circumstances the child may have access to the emergency inhaler and spacer following this guidance and procedure. (Appendix 2A)
- Will take responsibility for the safekeeping of the emergency salbutamol inhaler. If the emergency salbutamol inhaler is misplaced it is the responsibility of the centre to purchase a replacement from a pharmacy.

In order to achieve the above, the following guidance is recommended -

- All centre staff to receive training on the basic awareness of asthma and the correct use of inhalers.

- All staff to have a clear understanding of what procedures to follow if a child has an exacerbation of their asthma including the use of the emergency salbutamol inhaler with spacer.
- All pupils with asthma have clear understanding of what they need to do if they are symptomatic including exacerbations.
- Emergency Inhalers for all pupils kept accessible at all times, and where appropriate e.g. pupils in K.S.2 upwards, are carried by the individual pupil.
- The centre maintains a register of pupils with asthma and individual pupil health care plans (where appropriate) with emergency treatment detailed (appendix 2)

TRAINING RECOMMENDATIONS

- All centre staff to receive an annual update on asthma awareness and correct inhaler technique (Appendix 3).
- New centre staff to receive training on asthma awareness and correct inhaler technique as soon as possible after appointment.
- Additional asthma training can be delivered to centre staff by centre nurses on request.

4.0 Policy Detail

MANAGEMENT OF ASTHMA IN CENTRES

Early administration of the correct reliever treatment will cause the majority of exacerbations to resolve completely.

Pupils should generally be responsible for their own treatment with support as required.

When this is not the case, parents/carers need to supply a labelled inhaler, and an Aerochamber/Volumatic spacer device. This is to be stored according to the centre policy.

Parents/carers need to provide the centre with a copy of the asthma action plan provided by the GP/Consultant/Practice Nurse. (Appendix 2).

Information is to be dated and signed by the parent/carer. Parent/carers must notify centre in the event of any changes as soon as possible.

One salbutamol aerosol inhaler and one spacer will be supplied to a centre. **This is intended to be an emergency spare inhaler**, to be used for a child with asthma where there isn't access to his/her own salbutamol inhaler.

Once the spacer has been used it is advised that the centre ask the parent of the pupil to obtain a replacement from their own GP.

The spacer may be washed and left to air dry whilst awaiting replacement.

INHALERS

There are many types and colours.

Reliever inhalers are usually blue in colour and contain salbutamol.

These are the inhalers normally seen in centres.

Aerosol Inhalers (Metered Dose Inhaler – MDI)

Aerosol inhalers or MDI's should ALWAYS be administered using an Aerochamber/Volumatic spacer device (clear plastic chamber).

The emergency inhaler in centre is supplied with an Aerochamber/Volumatic spacer device.

An inhaler should be primed when first used or used after a period of non-use (e.g spray two puffs)

Use without a spacer should not be encouraged in ANY person as the delivery of the medication to the lungs is poor. This has even demonstrated in adults assessed with 'good technique'.

Dry Powder Inhalers e.g. Turbohaler, Accuhaler.

These require greater co-ordination than the Aerochamber/Volumatic spacer device and may make the child cough.

These devices should usually only be given to children over 8years of age where the technique has been assessed prior to prescription.

HOW TO RECOGNISE ASTHMA EXACERBATION

Signs:

- A wheezing (whistling noise on breathing out) sound coming from the chest
- The child complains of shortness of breath,
- The child may complain of feeling tight in the chest (younger children may express it as tummy ache)
- Difficulty breathing (fast and deep respiration including nasal flare)
- Unable to talk or complete sentences
- Persistent cough (when at rest and known to have asthma)
- Being unusually quiet

IN THE EVENT OF AN ASTHMA EXACERBATION
(Copy of appendix 4 to be kept with emergency inhaler)

- Keep calm and reassure the child or young person.

- Whenever possible have the emergency medication brought to you. Do not move the child or young person. (own medication where possible, emergency medication when not).

- Sit the child up and encourage the child to breathe slow and steady breaths.

- Give the child/young person 1puff at a time of their reliever medication (usually salbutamol) via a spacer device. With each puff get them to breathe normally for 10 breaths. Repeat the inhalation up to 10 puffs until symptom improvement. Remove MDI from spacer between each alternate puff, shake and replace.

- Stay with the child/young person until the symptoms have resolved.

- Always inform centre staff involved with the child during the centre day regarding the need for emergency treatment.

- If the child has had an emergency treatment in centre, centre staff to notify the parent/carer.

ALWAYS SEEK MEDICAL ASSISTANCE IF:

- There is no significant improvement 5 – 10 minutes after taking the medication.
- There are any doubts about child's condition.
- The child has difficultly in speaking.
- The child is getting exhausted.
- The child is pale, sweaty and has blueness around the lips.
- The child is drowsy.
- The child is distressed and gasping.

If an ambulance does not arrive within 10 minutes repeat administration of the medication (2 puffs every 2 minutes up to 10 puffs).

Details of the medication administered must be documented in centre by the member of staff who treated the child. (Appendix 5).

Information to be documented:

- Child's Name
- Date of Birth
- Medication
- Dose taken
- Time
- Date
- Signature

A letter will be sent home informing the parent of the use of the emergency inhaler (Appendix 6).

(Adapted from Asthma UK guidance 2014)

SAFETY AND HYGIENE (OF EMERGENCY INHALER)

- The drug for relief for asthma in blue inhalers is very safe. Someone determined to take an over-dose will not harm themselves if they tried. If too much of the relief inhaler is taken, the worst that will happen is trembling –this will wear off in a short period.

- If a non-asthmatic child takes a few doses from a reliever (blue) inhaler, or an asthmatic child takes doses when not needed, they will not harm themselves in any way.
- Whilst asthma drugs are not dangerous, the centre should take reasonable care to store the emergency inhaler in a safe place, accessible to teachers but not normally accessed by children. The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30ºC, protected from direct sunlight and extremes of temperature.
- Following use, the plastic inhaler housing (which holds the canister) and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry and the cap replaced, and then the inhaler returned to the designated storage space. Once the spacer has been used it is advised that the centre ask the parent of the user of the emergency inhaler to replace the spacer via the GP. Whilst awaiting the replacement spacer, the spacer may be washed and left to air dry. (appendix 6)
- DO NOT IMMERSE THE AEROSOL INHALER IN WATER

5.0 References

Wolverhampton City PCT (2011) Supporting Medical needs in Centres. PCT.LEA. Unpublished.

Asthma UK (2014) Asthma UK website.

Royal Wolverhampton NHS Trust (2011) CP06 Consent to Patient to Examination or Treatment. RWT. Unpublished.

Department of Health (2014) Guidance on the use of emergency salbutamol inhalers in centres. London :DH.

(www.asthma.org.uk/asthma-facts-and-statistics (accessed 20/5/16).

Appendix 1

Emergency Spacer/Inhaler
Collection/Delivery Form

Centre Nurse	
Centre	
Base	

Device taken (please tick):
Spacer e.g. Aerochamber/Volumatic ☐ Salbutamol ☐

Emergency Spacer/Inhaler Guidelines in Spacer Box:
Yes ☐ No ☐

Centre Name on Box:
Yes ☐ No ☐

Expiry date on inhaler:	
Signature of Nurse:	
Date:	
Signature of Education Personnel:	
Date:	

Copy to be kept in centre.

Copy to be kept with Centre Nursing Service Asthma Records.

Appendix 2

The Royal Wolverhampton NHS
NHS Trust
CITY OF WOLVERHAMPTON
COUNCIL

Additional Planning for a Pupil with Asthma

Please send in a copy of your child's asthma action plan with this form

This pupil has asthma

Name

Date of Birth

Class/Year Group

Photo

See General Healthcare Plan for contact details.

<u>In case of a severe attack of Asthma</u>

Typical symptoms for this pupil (completed with parents/carers)

Medication required and treatment procedure:

Quantity needed:

Usual response to medication (include approximate response times)

Procedure in case of failure to respond to medication

Signed ………………………………… **Date** ………………………**PTO**

Appendix 2

Emergency Reliever Inhaler

In the event of my child, **PRINT CHILD'S NAME**…………………………………........... having symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the centre for such emergencies.

(Print Name) ……………………………………………………. Parent / Carer

Signed ………………………………………………………………… Parent / Carer

Date ……………………………………….

Appendix 2A

NAME OF CENTRE____

Child's Name	Year Group	Own inhaler in centre Y/N	Emergency inhaler consent Y/N

Appendix 3

ASTHMA TRAINING RECORD

Name of Centre_______________________________________
Date________________

The Royal Wolverhampton NHS
NHS Trust

This is to certify that

……

Attended the following update on

ASTHMA

Signed: ………………………………………………………………… Date: ……………………………………………

Appendix 4

IN THE EVENT OF AN ASTHMA EXACERBATION

(Copy of appendix 4 to be kept with emergency inhaler)

- Keep calm and reassure the child or young person.
- Whenever possible have the emergency medication brought to you. Do not move the child or young person. (own medication where possible, emergency medication when not)
- Sit the child up and encourage the child to breathe slow and steady breaths.
- Give the child/young person 1puff at a time of their reliever medication (usually salbutamol) via a spacer device. With each puff get them to breathe normally for 10 breaths.
- Repeat the inhalation up to 10 puffs until symptom improvement (the full amount is not required if adequate improvement). Remove MDI from spacer between each alternate puff, shake and replace.
- Stay with the child/young person until the symptoms have resolved.
- Always inform centre staff involved with the child during the centre day regarding the need for emergency treatment.
- If the child has had an emergency treatment in centre, centre staff to notify the parent/carer.

- Following administration of the medication offer the child/young person a drink to rinse out any drug left in the mouth.

ALWAYS SEEK MEDICAL ASSISTANCE IF:

- There is no significant improvement 5 – 10 minutes after taking the medication.
- There are any doubts about child's condition.
- The child has difficultly in speaking.
- The child is getting exhausted.
- The child is pale, sweaty and has blueness around the lips.
- The child is drowsy.
- The child is distressed and gasping.

If an ambulance does not arrive within 10 minutes repeat administration of the medication (2 puffs every 2 minutes up to 10 puffs).

Appendix 5

EMERGENCY INHALER TREATMENT FORM

Name of child	D.O.B	Date	Time	Place of attack	Dose	Spacer used	Follow up	Signature

Appendix 6

LETTER TO INFORM PARENTS OF EMERGENCY EMERGENCY INHALER USE

(adapted from Guidance in the use of emergency salbutamol inhalers in centres)

Child's Name ____

Class____

Date__________________________

Dear_______________________,

(Delete sentence as appropriate)

This letter is to formally notify you that______________________________ has had

problems with his/her breathing today. This happened when
____

a) a member of staff helped them to use their asthma inhaler.

b) they did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency inhaler containing salbutamol. They were given__________ puffs. Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible. As your child has used the centre spacer we would be very grateful when you see your doctor if you would ask if he/she could prescribe another spacer to replace the one in the centre.

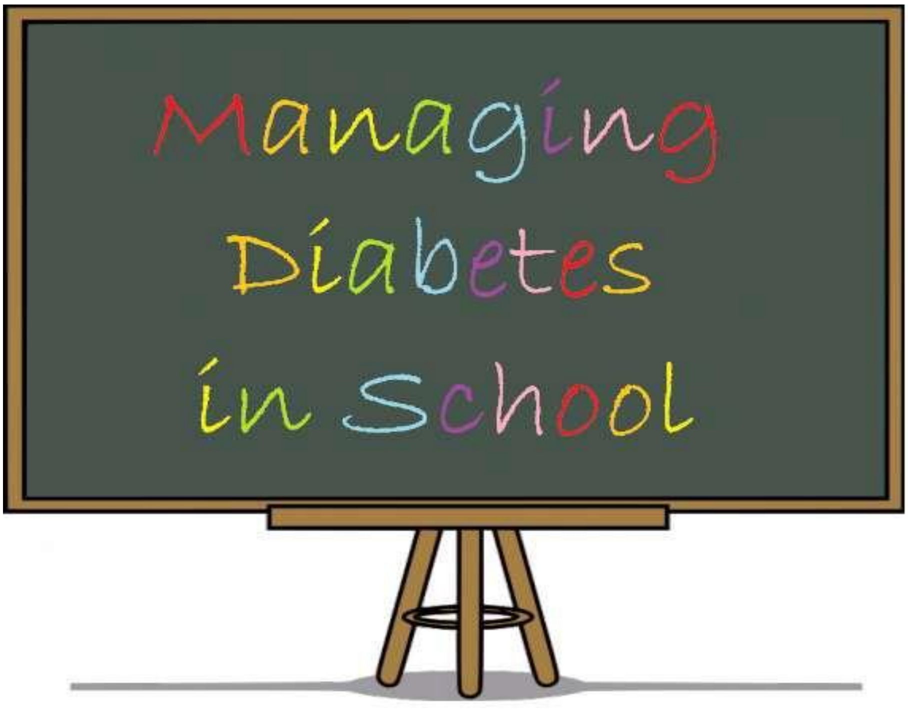
c) their own asthma inhaler was not working, so a member of staff helped them to use the emergency inhaler containing salbutamol. They were given ______________ puffs. Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Appendix B

Guidance for the Management of Children and Young People with Diabetes in Education

The Royal Wolverhampton NHS Trust



Adapted from guidance written by the Children and Young People's with Diabetes West Midlands Network (CYPWMDN).

This guidance is aimed at enabling the safe management of Children and Young People (CYP) with diabetes within centres in the West Midlands region through providing general information and direction for all those involved in their care. The document has been developed by a multidisciplinary working party in line with current centre guidelines from a variety of sources.

This guidance will form part of the management of CYP with medical needs in centres document. These guidelines are evidence based using the best current information/research available; this is listed in the reference section.

Supporting Policies, Documents and Guidance

This guidance should be read in conjunction with the following national and local policies and guidance:-

- Making Every Young Person with Diabetes Matter (Department of Health, 2007)
- Guidance for the Management of Children and Young People with Diabetes in Centres (Dudley Primary Care Trust, 2007)
- Supporting pupils at centre with medical conditions (Department of Health, 2014)
- Supporting Children and Young People with Diabetes for Nurses in Centre and Early Year Settings (Royal College of Nursing, 2009)

Summary of Content

This guidance covers a number of key issues concerning the management of diabetes within a centre setting including what is diabetes, insulin regimens, disability discrimination, diet, blood glucose monitoring (BGM), exercise, emergency procedures and treatment, individualised health care plans (IHCP), training and the implications of having a child or young person with diabetes in the centre environment.

Guidance developed in consultation with

The CYPWMDN Centres working group, which consists of Paediatric Diabetes Specialist Nurses (PDSN's), Paediatric Diabetes Dietitians, Birmingham Centres and Early Years Medical advisors, and education services, within the West Midlands Region.

Process and Frequency of Review

These guidelines will be subject to review every two years unless there is significant clinical change needed. This review will be coordinated with the CYPWMDN working in close consultation with education and service users.

Glossary

BGM – Blood Glucose Monitoring – this is the monitoring of blood sugar levels and will be referred to as blood glucose.

CYP – Children and Young People up to the age of 19 years old with Type 1 Diabetes.

Dietitian – The dietitians are able to give advice on managing diabetes in relation to diet and exercise. Every CYP with diabetes receives advice from a registered dietitian.

Family – this includes parents, carers, guardians, and other family members involved in the care of the CYP.

Glucogel ®**–** refers to any rapid acting glucose gel.

Hyperglycaemia – This is when the blood glucose level is too **HIGH** (Hyperglycaemia) See page 72.

Hypoglycaemia – This is when the blood glucose levels drop too **LOW** is often called a 'Hypo' See page 67.

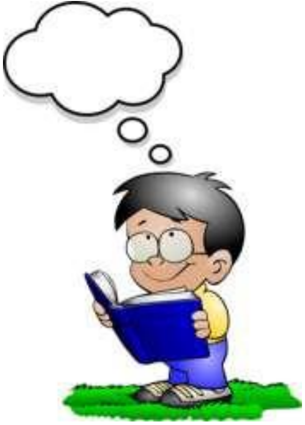
IHCP – Individualised Healthcare Plans

Insulin – Insulin is the hormone that helps glucose, produced from the digestion of carbohydrate in food, to move into the body cells where it is used for energy. All CYP with Type 1 diabetes require daily doses of insulin.

PDSN – Paediatric Diabetes Specialist Nurse (refers to all nurses working in diabetes); this person only works with CYP with diabetes and have special expertise and experience in diabetes care for CYP. The PDSN offers specialist advice to help CYP and their family to manage their diabetes. All CYP are also under a Consultant Paediatrician for their diabetes care, at their hospital and a General Practitioner.

Centre – includes early year settings, primary, secondary, special, academies, colleges, universities and any other educational establishment.

Seizure – Involuntary uncontrolled movements by a person, caused by muscle contractions.



CONTENTS

Introduction

The incidence of CYP with diabetes is increasing and now affects over 26,000 CYP under the age of 25 years old in England and Wales (NPDA, 2013-14 report), so most centre staff will come across at least one child with diabetes during their career.

Diabetes Mellitus is a condition, which develops when the body is unable to maintain the correct amount of glucose in the blood.

There are two main types of Diabetes and the management of these is different.

- Type 1 is solely Insulin Dependent
- Type 2 (previously known as non-insulin dependent diabetes) can be treated with diet, tablets (oral medication) and/or insulin.

Type 1 Diabetes

- The majority of CYP with diabetes have Type 1 Diabetes (accounting for 95% of the population of England and Wales).
- This means that these CYP are unable to produce their own insulin as the cells in the pancreas that produce it have been destroyed.
- Without the insulin, the child's body cannot use glucose for energy, and this is life threatening.

All CYP who have Type 1 Diabetes require insulin (either via injections or an insulin pump) and dietary modifications for life. It cannot be cured and can be life threatening

Type 2 Diabetes

- Tends to affect mostly adults and management includes regulating their diet, taking medication and many are now requiring insulin injections.
- The incidence of Type 2 diabetes is increasing in CYP due to changes in society; linked to the increase in childhood obesity.
- In Type 2 diabetes the pancreas is still producing some insulin but it is ineffective or slow.
- CYP with this type of diabetes are managed on oral medication together with a 'healthy diet'
  and exercise.
- CYP with Type 2 diabetes may require insulin therapy at a later time if oral medication becomes ineffective.

What is insulin and what does it do?

- Insulin is a hormone that is produced by the pancreas, which helps glucose enter the cells of the body to be used for energy.
- We obtain glucose from the sugary and starchy (carbohydrate) food that we eat.
- For people without diabetes insulin is produced automatically and enables the glucose from the food eaten, to pass into the cells and at the same time maintain the correct amount of glucose in our blood stream.
- For those with diabetes the blood glucose level rises without the production of insulin. The kidneys pass the excess glucose into the urine causing frequent passing of urine, increased thirst and gradually tiredness and weight loss.
- For more information on this, please visit the Diabetes UK website for their campaign about the 4T's (Toilet, Thirst, Tiredness, Thinner) https://www.diabetes.org.uk/Get_involved/Campaigning/Our-campaigns/4-Ts-campaign/

Diabetes cannot be cured, but it can and must be controlled

Key Point

THESE ARE THE MAIN SIGNS AND SYMPTOMS OF TYPE 1 DIABETES:

1. **Frequent passing of urine**
2. **Increased thirst**
3. **Tiredness**

How are children and young people with diabetes cared for?

Key Point

Parents should meet with the relevant centre personnel as soon as possible to devise the IHCP.

CYP with diabetes are cared for by a team of professionals, these include a Paediatrician, General Practitioner, Dietitian, and a PDSN who will liaise with the centre at diagnosis or if problems arise. The PDSN is an excellent resource for centre. The family of the child will know the PDSNs at their hospital who are responsible for their child's care.

Aims and Recommendations

Aim

- To ensure the safety of the CYP with diabetes in early years settings and all educational establishments.

This guideline along with the training will enable staff to feel confident about having a CYP with diabetes in their educational establishment and ensure that the CYP with diabetes will be safe at early year's settings, centre or college.

Diabetes does not prevent participation in activities but may require the following considerations:

- Extra toilet privileges
- Extra care if unwell
- Provisions for privacy for blood testing or injecting in centre
- Extra supervision
- Eating at additional or different times, especially during physical education.
- Extra support at times of exams

Duty of care

Centres and educational authorities are legally responsible to provide:

- Adequate supervision
- No discrimination based on the CYP's medical condition.
- A safe environment

(For more information please go see the Children and Families Act (2014) and Supporting Pupils at

Centre with Medical Conditions (DoE, 2014)):

Responsibility of staff – including supply staff

- To ensure the safety of the CYP with diabetes whilst in their care.

Responsibility of the family:

- To inform the centre of their child's medical condition and particular requirements.
- To provide the centres with appropriate medical supplies including emergency 'Hypo box'.

Global recommendations

"Children and young people with diabetes should have the same social rights as their non-diabetic peers, and no stigma nor discrimination should be attached to Diabetes" (International Society of Paediatric and Adolescents Diabetes, 2014).

- Diabetes should not alter a child's/adolescents academic potential
- Diabetes should not be the cause for being excluded from any type of activity nor for non- attendance at centre or college
- Education and the social integration within centre and college is of fundamental importance (Department of Health, Diabetes Policy, 2007)

Disability Discrimination Act/Equality Act 2010

Some CYP with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995/Equality Act 2010.

The public sector Equality Duty, as set out in 149 of the Equality Act, came into force on 5 April 2011, and replaced the Disability Equality Duty.

Responsible bodies for centres **must not** discriminate against pupils in relation to their access to education and associated services. This covers **all aspects** of centre life including: centre trips, centre clubs, and activities. Centres should make reasonable adjustments for disabled children including those with medical needs at different levels of centre life; and for the individual disabled child in their practices, procedures and centre policies.

Children and Families Act 2014

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained centres, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their centre with medical conditions.

In the meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section.

Supporting Pupils at Centre with Medical Conditions, DFE Sept 2014

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at centre with medical conditions. This statutory guidance in this document is intended to help centre governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in centre so they can play a full and active role in centre lie, remain healthy and achieve their academic potential.

Centre/setting staff may be asked to perform the task of giving medication to children but they may not, however, be directed to do so. The administering of medicines in centres/settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual’s job description. In practice, many centre/setting staff do volunteer. If a decision is made that medication is not going to be given, the centre/setting will need to consider what other measures are to be taken when children have long term conditions or otherwise need medication. These measures must not discriminate and must promote the good health of children.

Common law duty of care

Anyone caring for children, including teachers and other centre staff, has a common law duty of care to act like any reasonably prudent parent. This relates to the ‘common law’: the body of law derived from court decisions made over the years, as opposed to law which is set down in statute. The duty means that staff need to make sure that children and healthy and safe, and in exceptional circumstances the duty of care could extend to administering medicine and/or taking action in emergency. The duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

Safeguarding

CYP with medical conditions are entitled to full-time education and they have the same rights of admission to centre as other children. In effect, this means that no child with a medical condition should be denied admission, or be prevented from taking up a place in centre due to circumstances in relation to arrangements for their condition that have not been made.

Centres therefore must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.

Accommodation

Regulation 5 of the Centre Premises (England) Regulations 2012 (as amended) provide that maintained centres must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

Paragraph 23B of Schedule 1 to the Independent Centre Standards (England) Regulations 2010 replicates this provision for independent centres (including academy centre and alternative provision academies).

Insulin Regimens

What is insulin and what does it do?

- Insulin is a hormone which is produced by the pancreas, which helps glucose enter the cells of the body to be used for energy.
- We obtain glucose from the sugary and starchy (carbohydrate) food that we eat.
- For people without diabetes, insulin is produced automatically and enables the glucose from the food eaten, to pass into the cells and at the same time maintain the correct amount of glucose in our blood stream.

- For those with diabetes, the blood glucose level rises without the production of insulin. The kidneys pass the excess glucose into the urine causing frequent passing of urine, increased thirst and gradually tiredness and weight loss.
- For more information on this, please visit the Diabetes UK website for their campaign about the 4T's (Toilet, Thirst, Tiredness, Thinner) https://www.diabetes.org.uk/Get_involved/Campaigning/Our-campaigns/4-Ts-campaign/
- CYP who develop Diabetes have stopped producing insulin and the only way to replace it is by injecting insulin either via a pen device or pump.
- Insulin has to be injected because it is a protein, if it was swallowed like a medicine it would be broken down and made useless.
- There are a number of different insulin regimens that CYP with diabetes can use.
- Most CYP are on intensive insulin therapy which involves a multiple daily injection regimen or insulin pump therapy. A minority of CYP inject insulin two or three times a day but intensive insulin therapy can give greater flexibility in day to day routines.

Multiple Daily Injection Regimen (MDI)

This is a rapid acting insulin given before breakfast, midday meal and evening meal that is calculated dependent on the amount of carbohydrate being consumed and the blood glucose level and then a long acting insulin given in the evening, usually around bedtime. The insulin is injected using a pen device that holds a number of injection doses but requires to be fitted with a new pen needle for every injection. CYP on this regimen will need to have an appropriate, private area identified where injections can be given and/or supervised (see self-administration of insulin in centre page 54).

Insulin Pump Therapy (CSII)

A growing number of CYP have their insulin via a pre-programmed, continuous subcutaneous infusion pump. This involves insulin being dripped in to the CYP 24 hours a day, every day, via a cannula – a tube placed under the skin, into the fat layer on the tummy, buttocks or legs (the same place used when injecting with a pen device). The cannula is attached to the pump by a length of tubing which can be un-clipped from the cannula if necessary, but only for up to an hour a day. As with MDI additional insulin is given for carbohydrate being consumed and to correct the blood glucose level – this is done via the pump itself.

Twice Daily Insulin Injections (BD)

This is a pre-mixed insulin that is a mixture of quick and slow acting insulin which is given pre breakfast and pre evening meal but is now rarely used.

Three Times Daily Insulin Injections (TDS)

This is a pre-mixed insulin given pre breakfast, a quick acting insulin given pre evening meal and a slow acting insulin given pre evening meal or bedtime and again is rarely used.

Supervised administration of Insulin in Centre Policy

The only treatment for Type 1 diabetes is insulin replacement via pen injection or an insulin pump.

It would therefore be detrimental to a CYP’s health if insulin were not administered during the centre day.

Roles and Responsibilities

Close co-operation between centres, nurseries, families, health care professionals and other agencies will help provide a suitable supportive environment through education and training for CYP with diabetes.

It is vitally important that the responsibility for the individual CYP’s safety is clearly defined and that each person involved with CYP with diabetes is aware of what is expected of them and has received adequate training to do so, as well as had their competencies document completed.

We recommend that a minimum of 3 members of staff are trained and competent to ensure that there is always a member of staff available to support the child.

Self-Management

It is good practice to support and encourage CYP, who are able, to take responsibility to manage their own insulin from a relatively early age and centres should encourage this but it is essential that they also provide adequate support and supervision.

The age at which CYP are ready to take care of and be more responsibility for their diabetes does vary. This should be discussed with the CYP alongside their family and diabetes specialist team.

For young children and those with disabilities unable to administer their own insulin, staff volunteers will be sought and trained appropriately by your paediatric diabetes specialist team. A competency check list will be used as the basis for this education and training. Staff will be signed off accordingly by their paediatric diabetes specialist team when felt to be competent, it should be noted that parents/carers need to support in the meantime.

Storage of Insulin

All CYP with diabetes should have insulin stored at centre; this includes their insulin in their pen device (if on a multiple daily injection regimen) and a spare insulin cartridge for their pen device regardless of whether they are on a pen or an insulin pump. It is family’s responsibility to ensure that a container is provided with the insulin in and that is clearly labelled with the name of the child together with date of birth and form/class. This spare insulin should be placed in a refrigerator.

The refrigerator can contain food but the insulin should be kept in an airtight container and clearly labelled as above.

CYP should know where their own medicine is stored.

Insulin that is opened can be kept at room temperature for 1 month.

Access to Insulin

CYP need to have immediate access to their insulin when required, it should be agreed in the care plan where the insulin is to be stored and which members of staff have had suitable training to support/supervise or administer the insulin injection/pump boluses.

Disposal of Insulin

Families are responsible for ensuring that date-expired insulin is returned to a pharmacy for safe disposal.

Families should also collect any leftover insulin at the end of each term to ensure that expiry dates are not exceeded.

Sharps Disposal

Sharps bins should always be used for disposal of needles from insulin pen devices and blood glucose monitoring lancet and pump cannulas.

Sharps bins should be situated proximal to where the injections/blood glucose tests are taking place.

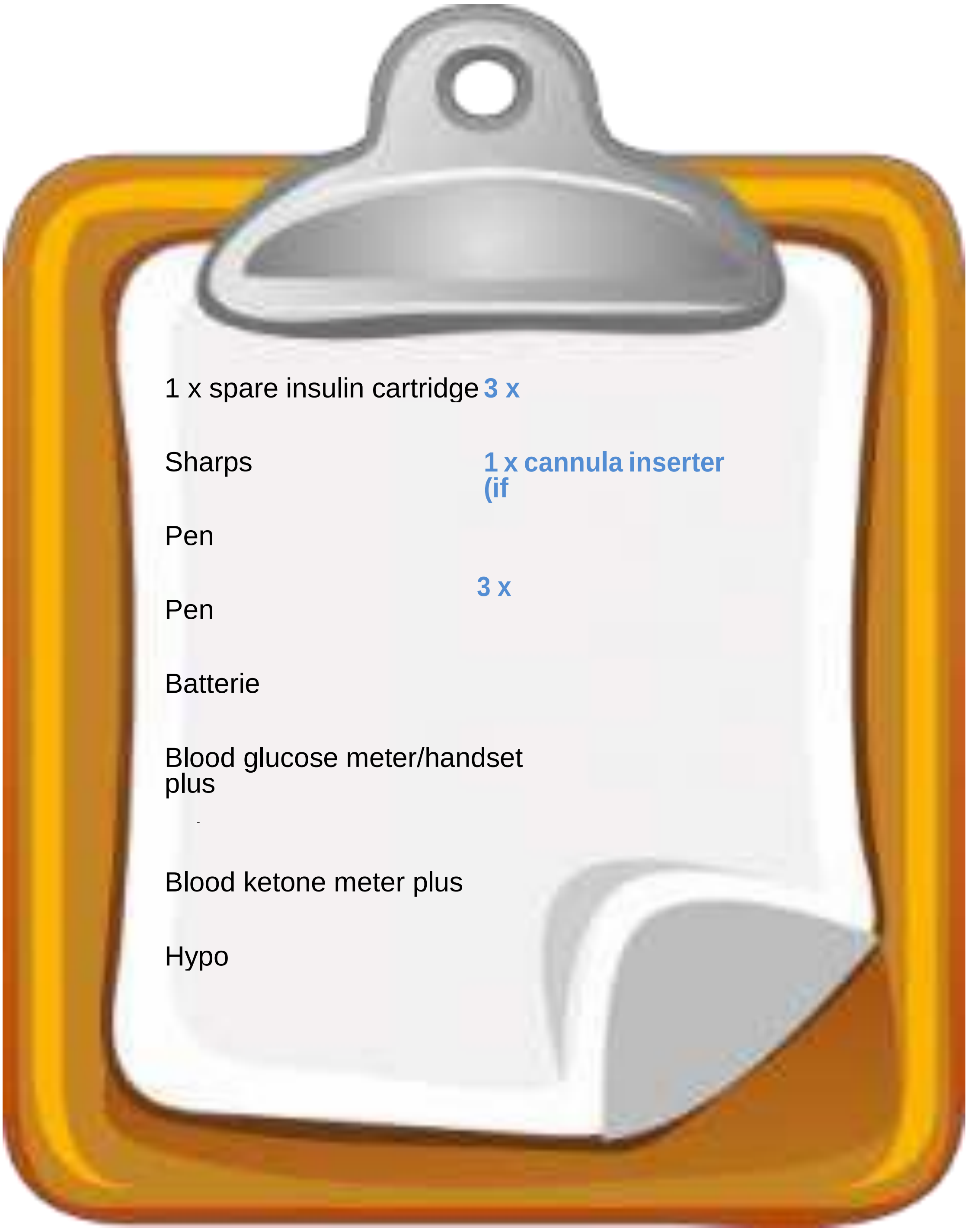
Sharps bins can be obtained by families on prescription from the CYP’s GP or local council. Your local paediatric diabetes team can advise on this. Sharps bins should be kept in a safe place.

Once the sharps bin is around two thirds full, families should be informed so that a further sharps bin can be obtained on prescription for the GP/local council. The closed and locked sharps bin, should be picked up by parents and returned to the GP/pharmacy for safe disposal.

Centres diabetes supply list

Overleaf is a list that should be provided by families to be kept in centre (those items in blue are for pump users only)

The child’s blood glucose meter and injection pen should be kept in the medical room. However some older children will carry these items in their centre bag. The blood glucose meter and hypo box may need to be stored in the classroom so that it is close to the child.



1 x spare insulin cartridge 3 x

Sharps

1 x cannula inserter
(if

Pen

3 x

Pen

Batterie

Blood glucose meter/handset
plus

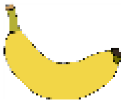
Blood ketone meter plus

Hypo

Food and Diabetes

What are carbohydrate?

See Appendix 1 ‘Where do you find carbohydrate’



Carbohydrate foods are broken down and provide us with energy in the form of glucose. There are different types of carbohydrate including fast release (sweets, full sugar drinks, sweet puddings, white bread) and slow release (wholegrain bread, rice, pasta, milk, fruit, and potatoes). Slow release carbohydrates can help to keep blood glucose levels stable and it is recommended to have a source of these at each mealtime.

Why do we carbohydrate count?

Carbohydrate counting allows CYP to have greater flexibility (amount and timing of food) in what they are eating and can provide better blood glucose control. It also means that CYP are not excluded from birthdays/cake sales as long as the ‘treat’ foods they are having are carbohydrate counted and form part of a balanced diet. Your dietitian can support you and provide you with appropriate resources for carbohydrate counting. CYP will have an insulin: carbohydrate ratio for each meal which you will be advised upon; a small child may need a small ratio (e.g. 1:25 = 1 unit of insulin to 25 grams of carbohydrate) compared to a teenager (e.g. 1:5 = 1 units of insulin to 5 grams of carbohydrate) and this will give different doses of insulin for the meal.

See Appendix 2 ‘Insulin: Carbohydrate Ratio Sheet’

What about drinks/fluids?

Full sugar drinks are not recommended apart from for treating hypos (see hypo section page 67).

Drinks that are suitable include water, no added sugar squash and ‘diet’ or ‘zero’ option drinks. Fruit juice and milk contain carbohydrates so these will need to be counted.

Blood Glucose Monitoring

CYP with diabetes need to monitor their blood glucose throughout the day to ensure they maintain good glycaemic control. Blood glucose is obtained by taking a small finger prick sample of blood and applying it to a blood glucose monitoring strip. The blood glucose needs to be taken at regular intervals during the day.

THE TARGET BLOOD GLUCOSE LEVEL IS 4 –

Times that CYP will be required to test their Blood Glucose routinely:

- Before meals
- Before/ after P.E./ swimming
- Prior to mid-morning and/or mid afternoon snack

Other times they will need to test their Blood Glucose will be:

- When CYP exhibits symptoms of hypoglycaemia
- When CYP exhibits symptoms of hyperglycaemia
- When feeling unwell
- Before/ during/after exams or other stressful situations
- Any other time that is specified in the child's IHCP.

Who does Blood Glucose testing?

- CYP at senior centre should be able to test their own blood glucose and within reason, be able to act appropriately upon those readings
- Some CYP at primary centre will have the skills to take their own blood glucose but will need supervision and assistance in acting upon the readings
- CYP who are too young or are not competent to take their own blood glucose will need this doing for them by a member of centre staff
- Any staff member who has volunteered to undertake blood glucose monitoring **must be trained and deemed competent** by the diabetes nurses caring for the child's diabetes – usually a minimum of 3 staff members per centre

Where does Blood Glucose monitoring need to take place?

This should be agreed with the CYP, Family and centre staff. Blood glucose monitoring can be undertaken in the classroom, office, medical room or any other area where hands can be washed – IT IS NOT appropriate to use the toilets and this includes disabled toilets.

Procedure for Blood Glucose testing by centre staff

1. The CYP and you need to wash and dry hands using soap and water (A wet cloth can be used if there are not hand washing facilities)
2. Insert blood glucose test strip into meter
3. Wait for blood sample sign (usually a blood droplet)
4. Select the right depth marker on the finger picker device (This is normally pre set)
5. Obtain a sample of blood from the **side of a finger, excluding thumb and index fingers**. The sites must be rotated to avoid nerve damage
6. Gently squeeze the finger to obtain a drop of blood
7. Touch end of test strip to blood droplet and allow the blood to be absorbed by the strip
8. The meter will begin to count down when enough blood has been obtained
9. Record blood glucose result in child’s diary and/or centre monitoring book

What can affect the Blood Glucose readings?

It is not easy to maintain blood glucose in target level all the time as this will depend on several factors, these can include:

- Growth spurts
- Stage of puberty
- Prescribed insulin doses (carb ratios)
- Diabetes mismanagement
- Illness
- Activity

Interpretation of Blood Glucose results

Blood glucose results should ideally be between target levels of 4-7.5 mmols. Action may need to be taken if the blood glucose level falls outside of the normal range.

Please note that correction doses of insulin should only be given before meal times, unless otherwise advised by parents or diabetes team.

Below 4mmols	Between 4-7mmols	8-14mmols	Above 14mmols Or
Treat as hypoglycaemia using fast acting glucose - refer to individual health care plan (IHCP)	Target blood glucose If eating give insulin for food as per IHCP No other action to take	Correction insulin may be required as per IHCP This will be on top of usual insulin required for food May need to use the toilet frequently and drink sugar free fluids	Blood ketones should be tested as per IHCP Correction insulin may be required. See child's IHCP If food is to be eaten, then usual meal insulin will be required May need to use the toilet frequently and drink sugar free fluids If feeling unwell with high sugars and/ or ketones, contact child's parents
If child is vomiting, having difficulty in breathing, semi-conscious/unconscious or is having a seizure please dial 999 for an ambulance immediately and contact parents			

Storage of Blood Glucose Meters

Blood glucose meters should be kept in a dry place away from extreme temperatures and away from dust, preferably in the pouches they are provided with.

In primary centre the blood glucose meter should be in easy reach of the child to enable testing when needed – usually in the classroom with their emergency hypo box.

In senior centre, CYP should be allowed to carry their blood glucose meter with them around the centre to test when needed. A spare meter should be kept in the medical room.

Sharps Boxes

All sharps and test strips **MUST** be disposed of correctly in a yellow sharps box.

There may be different policies in different areas regarding the disposal of sharps boxes – please discuss this with the parents/centre nurse.

Centre Management on a day to day basis

To ensure that centres can support pupils with diabetes effectively, it is essential that an individual healthcare plan (IHCP) is developed.

The IHCP will provide clarity about what is required to support a CYP with diabetes in centre. It should be developed in partnership with the Paediatric Diabetes Specialist Nurse, Centre Staff, the Child and their family.

The healthcare plan should be signed and dated by:

1. Parents/ carers
2. The child/ young person (where appropriate)
3. Centre representative
4. Paediatric Diabetes Specialist Nurse

Everybody involved in the care planning process should be provided with a copy of the IHCP.

It is the responsibility of the centre to ensure that the healthcare plan is reviewed annually or earlier if the CYP needs have changed.

The IHCP should include:

- Emergency contact information
- Description of the child’s condition
- Blood glucose monitoring
- Insulin administration
- Storage of blood glucose kit and insulin injections
- Disposal of sharps
- Physical activity management

- Hypoglycaemia management
- Hyperglycaemia management
- Any additional information relevant to the CYP e.g. exams, centre trips, after centre clubs

Emergency Supply Box – 'Hypo Box'

The family should provide the centre with a box of emergency supplies. The box must be clearly marked with the CYP's name.

The contents of the box should include:

- **Fast acting glucose**
    - Glucose tablets/ sweets (e.g. Jelly Babies, Haribo)
    - Small bottle/ small can of full sugar drink (e.g. Lucozade, Coke)

- **A tube of Glucogel ®**
- **Long acting carbohydrate**
- Packet of plain biscuits/ cereal bars

All staff must be aware of where the hypo box is kept

The hypo box/ hypo supplies must be taken with the CYP if moving around the centre premises.

It is the family's responsibility to check the contents of the box and ensure that it is adequately stocked.

Guidelines on how to use the contents of a hypo box are included in the child's IHCP; it is also advisable to keep a copy of the IHCP inside the hypo box.

Exercise Management

Having diabetes shouldn't stop a CYP from taking part in physical activity. There are many benefits of taking part including

- Improves fitness and well-being

- Encourages a lifelong healthy lifestyle

- Builds self-esteem, confidence and team work

Exercise of any kind increases the use of energy and therefore CYP with diabetes are likely to see a drop in their blood glucose level. Therefore the CYP may need additional fast acting carbohydrates before during or after sport.

CYP should test their blood glucose before and after exercise. This will help to guide the management required to maintain their blood glucose levels within normal limits and keep them safe. Blood glucose levels may vary depending on timing, duration and intensity of exercise.

The information below provides general guidance on what to do for different blood glucose levels.

Please note that is general guidance and you should always refer to the child's individual health care plan.

Blood Glucose level	**Action Required**
If Blood Glucose below 4mmol/L	Treat hypo and give follow up snack (10-15g of slow released carbohydrate e.g. cereal bar, piece of fruit, plain biscuit
If Blood Glucose between 4 and 8mmol/L	Give snack as advised in individual health care plan.
If Blood Glucose between 9 and 13mmol/L	Do not give any fast acting carbohydrate before exercise.
If Blood Glucose above 14mmol/L check for ketones	If Ketones present above 0.6mmol/L then avoid exercise and discuss with your diabetes team.

For swimming please discuss with diabetes team for individual CYP plan.

What about Insulin Pumps?

For CYP using an insulin pump they may need to disconnect the device **from the cannula** during activity and reconnect once finished. The pump should be stored in a secure place if disconnected. Other pump users may keep the pump connected and just reduce their insulin dose; it will be documented in the IHCP for the CYP.

What about Hypos?

Always carry hypo treatment and ensure that hands are washed appropriately before blood glucose testing. If you notice that hypos are happening frequently with exercise then please discuss with the family who will liaise with the paediatric diabetes team.

Centre Trips

CYP with diabetes should have the same opportunities to enjoy centre trips as the rest of their class.

Going on a day trip should not cause any problems as the routine management of diabetes will be similar to the day-to-day management at centre.

Residential trips are fun, promote confidence and independence and will therefore enhance self- esteem. Every CYP with diabetes should have an equal opportunity to attend a residential centre trip with their peers.

Centre trips must be discussed in advance (at least 6 week's notice) and a plan developed through discussion with the child, parents, teachers involved in the trip and the PDSN.

Information required will include:

- Duration of the trip
- Journey details
- Timing of activities
- Type of activities
- Timing of meals
- Facilities available

CYP who are reliably independent in their diabetes management will be able to:

- Inject insulin
- Test their blood glucose levels
- Recognise and treat hypos early
- Calculate the carbohydrate value of their meal and give the appropriate dose of insulin
- Understand how exercise will affect their blood glucose levels and take appropriate action to manage activities

CYP who are not fully independent in their diabetes management may require supervision and help from trained and competent staff members.

Supplies

CYP should have their hypo treatments, starchy snacks and their blood glucose meter with them at all times during the trip.

Insulin should be stored in a cool dry place away from sunlight or sources of heat.

Management of Hypoglycaemia

This is an emergency situation and treatment should be given promptly where the hypo has occurred. Ensure the child is in a safe environment, avoiding relocating the child wherever possible. Children should not be left alone during a hypo.

Hypoglycaemia (hypo) is the most likely problem to be experienced in centre. This is when the blood glucose drops below the normal level of 4mmol/L. The lower the blood glucose level the more the brain is deprived of energy.

Hypos happen quickly, but most CYP will have warning signs that will alert them, or people around them to a hypo.

Below is a list of some of the signs and symptoms:

• Excessive sweating	• Trembling/Shaking	• Feeling Weak or Cold
• Confusion	• Slurred Speech	• Personality/Change
• Pins and Needles	• Nausea and Vomiting	• Paleness
• Anxiety	• Headache	• Sleepiness
• Blurred Vision	• Hunger	• Pounding Heart

The symptoms can be very different for each CYP and the child's family will be able to describe what

their child's warning signs are on their IHCP.

Common Causes of Hypoglycaemia are:

- A missed or delayed snack or meal
- Not enough food to fuel an activity/exercise
- Too much insulin given
- Cold or Hot Weather
- Stress
- Vomiting and Diarrhoea

Warning: Some children do not have appropriate warning signs of hypoglycaemia and/or do not recognise the onset of a hypo. This is more prominent in children under 5 years of age.

Hypoglycaemia must be treated immediately because if untreated, the child may become unconscious and/or have a seizure; however this is very unusual as the majority of children will identify a hypo with the above

Mild Hypo – The CYP is conscious but blood glucose is low.

The treatment of hypoglycaemia is to give the child fast acting glucose to raise the blood glucose; this may be given as any of the following, please see IHCP for amount fast acting glucose to give:

- Lucozade Original
- Dextrose tablets
- Other treatments may be recommended in the IHCP by the CYP's PDSN

Re-test blood glucose after 15 minutes.

If the blood glucose is 4mmol/L or above: to give an additional food in the form of a starchy carbohydrate snack, unless they can access their meal immediately, to prevent the blood glucose dropping again. For example:

- Two plain biscuits
- Cereal bar
- Piece of fruit
- Glass of milk

NB: If the child is on an insulin pump they do not need the extra starchy carbohydrate.

Children should not be left alone during a hypo. They must always be accompanied and supervised.

Moderate Hypo – The child is unable to co-operate but able to swallow and is conscious.

- **Glucogel ®should be used as instructed on the CYP's IHCP.**

Some Glucogel ® is absorbed through the lining of the mouth but will require swallowing to aid recovery. It may take between 5 – 10 minutes to work

Directions for use:

1. Turn and twist top of the tube to open.
2. Place dispenser tip in the mouth between gum and cheek.
3. Slowly squeeze in one whole tube of Glucogel ®, if under 5years of age, use half a tube initially.

4. Massage the outer cheek to encourage swallowing to disperse the gel.
5. Recheck blood glucose 15 minutes later

    a. If blood glucose still less than 4mmol/L and not co-operating, repeat GLUCOGEL®
    b. If blood glucose still less than 4mmol/L and co-operative, repeat fast acting GLUCOSE as outlined in MILD Hypo.
    c. If blood glucose greater than 4mmol/L give additional starchy carbohydrate containing food as above.

Glucogel® should NEVER be used in CYP who are unconscious and therefore unable to swallow.

Severe Hypo – The child is unconscious and unable to swallow

Treatment is URGENT:

Never try to give any treatment by mouth to someone who is unconscious, follow the procedures below:

1. **Place child in the recovery position.**
2. **Ensure the airway is open and that the child is breathing.**
3. **Stay with the child while someone calls for an ambulance and informs parents.**

Severe hypos with unconsciousness and seizures are treated by an injection of GLUCAGON which will be given by the ambulance crew on arrival.

Centre staff **are not expected** to give this injection due to maintaining competency for this rarely performed procedure.

General Points

- Once the CYP feels better they should return to class and normal activities following a mild or moderate hypo.
- On recovery from a severe hypo the CYP should be collected by family and taken home.
- Family must be informed of all hypos at the end of a centre day and documented as per centre health and safety emergency policies and procedures.

Key Point

Blood glucose measurements are the only way to confirm hypoglycaemia. They are also a valuable tool if the diagnosis is uncertain, e.g. if children try to mimic the symptoms of hypoglycaemia in order to eat sweets or if children are confused about their symptoms.

Blood glucose measurements also confirm the return of blood glucose towards normal levels after a hypoglycaemic episode.

HYPOGLYCAEMIA FLOW CHART

(‘Hypo’ or Low ‘Blood Glucose’)

Blood Glucose 4mmol/l or below

Signs and symptoms can include;

(please see next page)

Excessive Sweating	Trembling/Shaking	Feeling Weak or Cold
Confusion	Slurred Speech	Personality/Change
Pins and Needles	Nausea and	Paleness
Anxiety	Headache	Sleepiness
Blurred Vision	Hunger	Pounding Heart

Mild Hypo

The child can eat and drink and is cooperative

Step 1:
Treat immediately with one of the following (or refer to IHCP):

- Lucozade Original
- Dextrose tablets

Step 2:
Retest Blood Glucose 15 minutes later.

Step 3:
If blood glucose is still below 4mmol/L repeat Step 1 and retest Blood Glucose a further 15 minutes later.

Step 4:
Once blood glucose is 4mmol/L or above, give starchy carbohydrate e.g. 2 plain biscuits or a glass of milk or a piece of fruit.

Moderate Hypo

The child is conscious but not cooperative

Step 1: Give GlucoGel® as per IHCP

Step 2: Re-test blood glucose 15 minutes later

Step 3: If blood glucose is still below 4mmol/L repeat Step 1 and retest blood Glucose a further 15 minutes later.

Step 4: Once blood glucose is 4mmol/L and above give starchy carbohydrate e.g. 2 plain biscuits or a glass of milk or a piece of fruit.

Severe Hypo

The child is unconscious and/or having a seizure and so unable to swallow

Step 1: Place child in the recovery position.

Step 2: Ensure the airway is open and that the child is breathing.

Step 3: Call 999 and Stay with the child while someone waits to direct the ambulance and informs parents.

Management of Hyperglycaemia

Hyperglycaemia is higher than the CYP's target blood glucose levels. Further treatment is required when blood glucose levels are 14mmol/L and above.

The symptoms of Hyperglycaemia below are those which also precede diagnosis of Type 1 Diabetes:

• Excessive thirst	• Passing urine frequently
• Tiredness/Lethargy	• Blurred Vision/Headache
• Nausea and Vomiting	• Abdominal Pain
• Weight Loss	• Changes in Behaviour/Personality

Common causes of Hyperglycaemia are:

- **Too much sugary food**
- **Not enough insulin/omission of insulin**
- **Illness/Infection**
- **Stress**
- **Less activity/exercise**

Warning: The above symptoms should also alert staff to consider the possible onset of diabetes in a CYP not yet diagnosed with Type 1 diabetes.

If teaching staff notice that the CYP is more thirsty than usual and frequently going to the toilet, they should report it to the CYP's family so the necessary adjustments can be made to the insulin doses.

Hyperglycaemia Flowchart

(‘Hyper’ or ‘High blood glucose’)

Blood Glucose 14mmol/l or
above

When the blood glucose levels are 14mmol/L and over Ketones

must be checked Signs and symptoms can include:

• Excessive thirst	• Passing urine frequently
• Tiredness/Lethargy	• Blurred Vision/Headache
• Nausea and Vomiting	• Abdominal Pain
• Weight Loss	• Changes in Behaviour/Personality

When the blood glucose levels are 14mmol/L and over Ketones must be checked

High Blood glucose levels (Over 14mmol/L)

NO KETONES

→

Step 1: Drink sugar free fluids

Step 2: Check blood glucose levels 2 hours later.

High Blood glucose levels (Over 14mmol/L)

Blood Ketones 0.6 –

1.5mmol/L Child well and no

vomiting

→

Step 1: Drink sugar free fluids

Step 2: Correct high blood glucose and ketone levels with corrective dose of insulin detailed in the IHCP.

Step 3: Contact parents

Step 4: Check blood glucose and blood ketone levels 1 – 2hourly

High Blood glucose levels (Over 14mmol/L)

Blood Ketones over 1.5mmol/L and/or unwell/vomiting

→

Step 1: Contact parents to collect as child SHOULD NOT BE IN CENTRE.

Step 2: If vomiting and/or having difficulty breathing

Sick Day Rules at Centre

If the CYP with diabetes is vomiting or unable to eat their meals due to nausea, their family should be informed immediately and the CYP should be sent home accompanied by the family.

Whilst waiting for the family to arrive the CYP should not be left alone.

During an illness, such as influenza or tonsillitis, blood glucose levels are likely to rise. Diabetes control can become less stable for a period of time because more insulin is needed to control the blood glucose levels.

To prevent dangerously high blood glucose levels, which if left untreated can lead to a life- threatening condition called ketoacidosis, CYP need careful monitoring and treatment with extra insulin at home.

The signs indicating that ketoacidosis may be developing i

- Rapid, laboured breathing
- Abdominal pain
- Headache
- Sweet acetone (pear drop) smell to the breath
- Nausea and Vomiting
- Severe dehydration

Key Point

Ketoacidosis can be the mode of presentation in a CYP previously undiagnosed with diabetes and hospitalisation is urgently required.

Emergency Procedures

- As part of general risk management processes all centres and settings should have arrangements in place for dealing with emergency situations.
- All staff should know who is responsible for carrying out emergency procedures.
- The IHCP should include instructions as to how to manage an individual CYP in an emergency and identify who has the responsibility in an emergency.

<u>Blood Glucose Levels – Brain Function and Educational Examinations</u>

Brain Function

The brain relies on glucose for its energy supply

Therefore when then the blood glucose level is low during a hypo, thinking, reactions, abstract thoughts, reflexes and other aspects of brain function deteriorate.

Examinations

CYP perform best in examinations when their diabetes is well controlled.

Due to emotional stress and anxiety before and during exams, blood glucose can fluctuate between high and low levels.

When blood glucose levels are high, there is an increased need to urinate. Easy access to toilets needs to be granted.

When blood glucose levels are low, the brain is deprived of glucose for energy causing cognitive and other changes (see section on hypos)

Blood glucose levels should be measured immediately before exams; this is the CYP’s responsibility to do so.

CYP with diabetes need to be allowed to bring food and drinks in case of hypos during an examination.

High blood glucose is associated with poor diabetes control, may also affect brain function but the effects are not as clear cut as with low levels.

High blood glucose levels may be accompanied by an inability to concentrate and mood changes (especially irritability), headaches, thirst and frequency of urination.

Some examination boards allow additional time after the end of the exam, if a mild hypo has occurred immediately before or during an exam. If a hypo does occur, a claim for special consideration can be made.

Warning: After an episode of hypoglycaemia, cognitive ability and brain function may not return to normal for several hours. Moderate-severe hypos may cause prolonged severe headaches, which will further affect performance.

Recommendation: Prior to exams a request for special consideration

References

Australasian Paediatric Endocrine Group for the Department of Health and Ageing (2005) ***Clinical practice guidelines: Type 1 diabetes in children and adolescents.*** National Health and Medical Research Council, Australian Council.
www.apeg.org.au

Diabetes UK
http://www.diabetes.org.uk
/ **Diabetes UK guide to diabetes**
http://www.diabetes.org.uk/Children-and-diabetes/

4Ts

http://www.diabetes.org.uk/Get_involved/Campaigning/Our-campaigns/4-Ts-campaign/

Type 1 essentials

http://www.diabetes.org.uk/Get_involved/Campaigning/Our-campaigns/Type-1-essentials/

Make the Grade

www.diabetes.org.uk/centres

Guidance for the Management of Children and Young People with Diabetes in Centres (Dudley Primary Care Trust, 2007)

ISPAD Clinical Practice Consensus Guidelines 2009 Compendium: Paediatric Diabetes; Vol 10; Supplement 12.

http://www.ispad.org/content/ispad-clinical-practice-consensus-guidelines-2009

ISPAD Guidelines 2014: Diabetes education in children and adolescents
http://c.ymcdn.com/sites/www.ispad.org/resource/resmgr/Docs/CPCG_2014_CHAP_6.pdf

JDRF Talking T1 Centres Programme
www.jdrf.org.uk/centres

Children and Families Act 2014
http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Making Every Young Person with Diabetes Matter. April 2007. Department of Health.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/D H_073674

National Paediatric Diabetes Audit Report 2011-2012 (Dec 2013)
HQIP and RCPCH http://www.rcpch.ac.uk/national-paediatric-diabetes-audit-npda

Ragnar Hanas: Type 1 Diabetes in children, adolescents and young adults: 5th Edition

Diabetes guidelines for centres, colleges & early years settings compiled by Claire Pesterfield and Kate Wilson on behalf of the East of England Paediatric Diabetes Network Diabetes in Centres working Group Sept 2013

Diabetes_guidelines_for_centres_colleges_and_early_years.pdf

Supporting pupils at centre with medical conditions (Department of Health, 2014)

Supporting Children and Young People with Type 1 Diabetes in Education
http://www.diabetesinscotland.org.uk/Publications/Paediatric/Supporting%20Children%20and%20Young%20People%20with%20Type1%20Diabetes%20in%20Education_onscreen.pdf

Supporting Children and Young People with Diabetes for Nurses in Centre and Early Year Settings (Royal College of Nursing, 2009)

Definition and diagnosis of diabetes mellitus and intermediate hyperglycaemia Report of a WHO/IDF consultation
http://www.who.int/diabetes/publications/diagnosis_diabetes2006/en/index.html

Acknowledgments

We would like to acknowledge The Dudley Group NHS Foundation Trust who wrote the original document which has been updated to cover the whole of the West Midlands region.

We would also like to acknowledge the following people who were involved in this working group:

Lesley Drummond, Waseema Azam, Louise Collins, Victoria Howard, Deborah McCausland, Raphaella McEwan, Andy Orzechowska, Alison Peasgood, Chris Rumney, Paitra Sparkes, Beckie Wood, Marie Atkins, Sue Ricketts

Appendix 1: Table 1

Where do you find Carbohydrates?			
Sugars	**Natural Sugars** **These are found naturally in food**		**Starches**
	Fructose	**Lactose**	
• All foods containing added sugar (sucrose) are carbohydrate foods • They include sugar which may be added to food • Ordinary fizzy drinks, squashes • Sugary cereals • Sweets and chocolates • Honey, jam and marmalades • Sweetened fruit juice	• Fresh fruit • Frozen, tinned or dried fruit	• Milk • Milkshakes • Ice cream • Yogurts • Fromage frais	These carbohydrates have a more complex structure • Potatoes • Rice • Pasta • Bread • Breakfast cereals and oats • All flour products: pizza pastry and baked foods These often take longer to digest and so are excellent choices as they raise blood glucose levels gradually. Lentils beans and other pulses* * not to be used as the main starchy carb at a meal. They also contain protein and will release carbohydrate very slowly.
These raise blood glucose levels rapidly	These raise Blood glucose levels gradually. They contain useful nutrients such as vitamins and minerals so are important as part of a balanced diet.		

Appendix 2 ‘Insulin: Carbohydrate Ratio Sheet’

Carbs (g)	Insulin: Carbs Ratio (ICR)							
	1:30	1:20	1:15	1:10	1 ½ :10	2:10	2 ½ :10	3:10
10	½	½	½	1	1½	2	2½	3
20	½	1	1½	2	3	4	5	6
30	1	1½	2	3	4½	6	7½	9
40	1½	2	2½	4	6	8	10	12
50	1½	2½	3½	5	7½	10	12½	15
60	2	3	4	6	9	12	15	18
70	2½	3½	4½	7	10½	14	17½	21
80	2½	4	5½	8	12	16	20	24
90	3	4½	6	9	13½	18	22½	27
100	3½	5	6½	10	15	20	25	30
110	3½	5½	7½	11	16½	22	27½	33
120	4	6	8	12	18	24	30	36
130	4½	6½	8½	13	19½	26	32½	39
140	4½	7	9½	14	21	28	35	42
150	5	7½	10	15	22½	30	37½	45

Appendix C

PLANNING FORMS

Form M1	Emergency Planning
Form M2	Healthcare Plan for a Pupil with a Medical Need
Form M3	Request to centre for administration of medication
Form M4	Record of medicine administered to an individual child
Form M5	Healthcare Plan for a Pupil with Anaphylaxis
Form M6	Staff Training Record
Form M7	Parental Consent for Off-Site and Residential Activities

Form M1

The Royal Wolverhampton NHS Trust

City of Wolverhampton Council

Emergency Planning

Request for an Ambulance to:

Dial 999, ask for ambulance and be ready with the following information.

1.	Your telephone number
2.	Give your location as follows: (insert centre address and postcode)
3.	Give exact location in the centre (insert brief description)
4.	Give your name
5.	Give brief description of pupil's symptoms
6.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information asked.

Form M2

The Royal Wolverhampton NHS Trust

CITY OF WOLVERHAMPTON COUNCIL

Healthcare Plan for a Pupil with a Medical Need

Name Date of Birth

Condition

Name of Centre

Class/Form Date

Review Date

Photo

This plan has been completed in consultation between the parent(s)

and

Name	Organisation/Position

Contact Information

Family Contact 1		**Family Contact 2**	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	

Relationship		Relationship	
Clinic/Hospital Contact		**G.P**	
Name		Name	
Phone No		Phone No	

Describe condition and give details of pupil's individual symptoms:

Daily Care Requirements (e.g. before sport / at lunchtime):

Describe what constitutes an emergency for the pupil and the action to take if it occurs:

Follow-up Care:

Who is responsible if there is an emergency (NB different people may be responsible in different circumstances):

Copies of this form sent to (e.g. centre nurse etc):

Form M3

The Royal Wolverhampton NHS
NHS Trust

CITY OF
WOLVERHAMPTON
COUNCIL

Request to centre for administration of medication

The centre will not give your child medicine, or allow self-administration of medication, unless you have completed and signed this form, and centre have given you a photocopy of this form.

DETAILS OF PUPIL

Surname ☐ Forename ☐

Condition or illness ☐

Class/Form ☐

MEDICATION

Medication/Type of Medication (as described on the container)

☐

How long will your child take this medication: ☐

Date dispensed ☐

Medication expiry date ☐

Full directions for use:

Dosage and method ☐ Timing ☐

Special Precautions ☐

Side Effects ☐

Who will keep the medication? Centre ☐ Pupil ☐

Self Administration Yes ☐ No ☐

P.T.O

Procedures to take in an Emergency:

CONTACT DETAILS

Family Contact 1		**Family Contact 2**	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the centre is not obliged to undertake.

Date **Relationship to pupil**

Signature(s)

It is agreed that_________________ (name of the child) will receive the medication detailed above.
The arrangement will continue either to the end of the course or treatment or until instructed by parents/carers.

Name:___________________________ (Member of Staff)

Signed:__________________________

Date;____________________________

Form M4

The Royal Wolverhampton NHS
NHS Trust

CITY OF
WOLVERHAMPTON
COUNCIL

Record of medicine administered to an individual child

Name of centre/setting

Name of child

Date medicine provided by parent / /

Group/class/form

Quantity received

Name and strength of medicine

Expiry date / / Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form M4 (Continued)

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form M5

The Royal Wolverhampton NHS
NHS Trust

CITY OF WOLVERHAMPTON COUNCIL

Healthcare Plan and Agreement for a Pupil at risk of Anaphylaxis

Centre ☐

Child's Name ☐

Date of Birth ☐ **Class/Form** ☐

1.0 BACKGROUND

1. It is thought probable that the above named child is at risk of a severe allergic reaction(anaphylaxis) if they eat

Peanuts (Legumes) ☐ **Tree nuts e.g. cashew** ☐

a) Is your child allergic to any other foods (please state)?

____

b) Is it thought probable that the above named child is at risk of a severe allergic reaction (anaphylaxis) if they are stung by a wasp/bee

Yes ☐ **No** ☐

c) Is it thought probable that your child is at risk of a severe allergic reaction (anaphylaxis) to other non-food allergens? e.g. latex

Yes ☐ **No** ☐

d) Has your child had a severe allergic reaction (anaphylaxis) where no cause has been identified?

Yes ☐ **No** ☐

If your child/young person has a severe allergic reaction this could be life threatening and would require emergency medical attention.

e) Has your child/young person got a diagnosis of asthma?

Yes ☐ **No** ☐
If yes please allow access to a salbutamol inhaler and spacer.

2.0 DETAILS

The Headteacher will arrange for the teachers and other staff in the Centre to be briefed about the condition and about other arrangements contained in this document.

The centre staff will take all reasonable steps to ensure that your child does not eat any food items unless they have been approved by his/her parents/carers.

Parents/carers will remind him/her regularly of the need to refuse any food items which might be offered by other pupils.

In particular, a suitable mid morning snack and a suitable packed lunch will be sent with the child each day.

If there are any proposals that may mean your child will leave the centre site, prior discussions will be held between the centre and you in order to agree appropriate provision and safe handling of his/her medication.

Whenever the planned curriculum involves cookery or experiment with food items, prior discussions will be held between the centre and you to agree measures and suitable alternatives.

The centre will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

A bottle of CHLORPHENAMINE MALEATE (PIRITON) and/or CETIRIZINE HYDROCHLORIDE and two ADRENALINE AUTO-INJECTORS (e.g. EPIPEN) are to be held in secure conditions known to all staff.
(Note: detail medication as appropriate).

The parents/carers accept responsibility for maintaining appropriate up-to-date medication.

3.0 ALLERGIC REACTION

In the event of your child showing any physical symptoms for which there is no obvious alternative explanation. Then the condition will be immediately reported to the Headteacher/teacher in charge.

On receipt of such a report, the person in charge, if agreeing that the condition is a cause for concern, will:-
Instruct a staff member to contact in direct order of priority:-
AMBULANCE – EMERGENCY SERVICES – 999

G.P – DR. ____(note details)

MESSAGE TO BE GIVEN
ANAPHYLACTIC REACTION (include any other relevant details)

Then inform the following people in the following order:-

Parent/Carer 1 Home __________________

Work _____________________

Mobile _____________________.

Parent/Carer 2 Home
Work

Mobile _____________________.

Whilst awaiting medical assistance the Headteacher and designated staff will assess the condition and administer the appropriate medication in line with perceived symptoms and following closely the instruction given by the centre nurse during the staff training session.

Mild-Moderate Allergic Reaction:

- Swollen lips/eyes/face
- Itchy/tingly mouth
- Abdominal pain/vomiting
- Hives or a bumpy/itchy skin rash (urticaria)
- Sudden change in behavior

Give **CETIRIZINE HYDROCHLORIDE**

- **2-6yrs 2.5mg /2.5ml**
- **6-12yrs 5mg/5ml**
- **12-18yrs 10mg/10ml**

Or **CHLORPHENAMINE MALEATE (Piriton)**

- **2yr--6yrs 1mg /2.5ml**
- **6yr-12yrs 2mg/5ml**
- **12-18yr 4mg/10ml**

Severe / Life-Threatening Allergic Reaction (Anaphylaxis)

A. **AIRWAY**
    - Persistent Cough
    - Hoarse Voice or gasping (stridor)
    - Difficulty swallowing
    - Swollen tongue

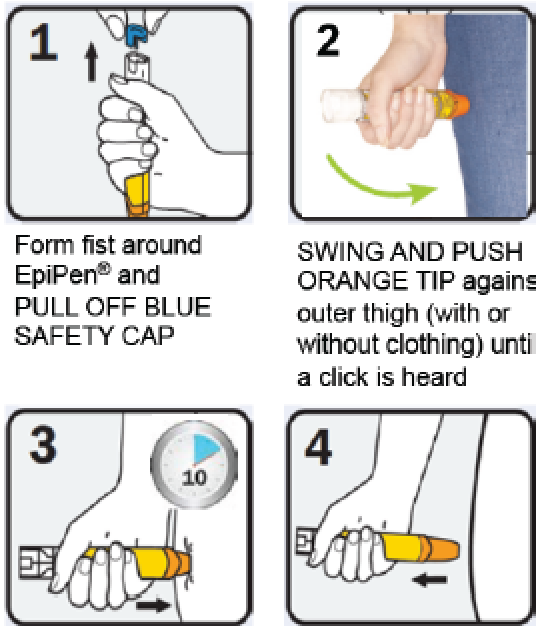
B. **BREATHING**
    - Difficult of noisy breathing
    - Wheeze
    - Persistent cough

C. **CONSCIOUSNESS**
    - Persistent dizziness
    - Pale / floppy
    - Suddenly sleepy
    - Collapse
    - Unconsciousness

IF ANY ONE OF THESE SIGNS ARE PRESENT

1. Lie child flat (unless breathing difficult)
2. **Give adrenaline autoinjector e.g. EpiPen**
3. Dial 999 for an ambulance

How to give EpiPen®



1. Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP

2. SWING AND PUSH ORANGE TIP agains outer thigh (with or without clothing) unti a click is heard

3. HOLD FIRMLY in place for 10 seconds

4. REMOVE EpiPen®. Massage injection site for 10 seconds

If after 5-10mins there is no improvement the second epi-pen is to be given.

The administration of this medication is safe and even if it is given through misdiagnosis it will do him or her no harm.

On the arrival of the qualified medical staff the teacher in charge will apprise them of the medication given. All medication will be handed to the medical staff. After the incident a debriefing session will take place with all members of staff involved.

Parents/carers will replace any used medication.

4.0 TRANSFER OF MEDICAL SKILLS

Volunteers from the centre staff have undertaken to administer the medication in the unlikely event of ________________(name) having an allergic reaction. Named staff being:-

____

(to be reviewed annually)

A training session is to be arranged for all members of the centre staff. The centre nurse will explain in detail the condition. The symptoms of an anaphylactic reaction and the stages and procedures for the administration of medication will be explained in detail.

Further advice is available to the centre staff at any point in the future when they feel the need for further assistance. The anaphylaxis training will be repeated at the beginning of each academic year.

5.0 RECORDS

A detailed entry will be made in the centres record of medication administered in centre.

6.0 LIABILITY INSURANCE

The Council's Insurers have agreed that any public liability claim, arising from the administration of drugs (including by injection), will be dealt with by the Council's liability policy and provided that:

- A suitably qualified person has given staff training in the administration of the drug; and
- The drugs administered do not fall within a category that under legislation is required to be administered only by a qualified practitioner.

7.0 AGREEMENT AND CONCLUSION

I ______________________ being the parent of ______________________ ('my child'), who is at risk of anaphylaxis hereby confirm that I consent to my child being included in education provided by Wolverhampton City Council in full knowledge of the risk a severe allergic reaction in my child and that Wolverhampton City Council, its servants or agents, shall not be liable for any illness, bodily injury, disablement or death, which in view of independent medical advisers is directly or indirectly attributable to an anaphylaxis or it's treatment.

Signed ______________________________.
Dated ______________________________.

A copy of these notes will beheld by the centre and the parents/carers and a copy sent to the Centre Nurse. A copy will also be forwarded to the GP.

Any necessary revisions will be the subject of further discussions between the centre and the parents/carers.

On a termly basis, any changes in routine will be noted and circulated.

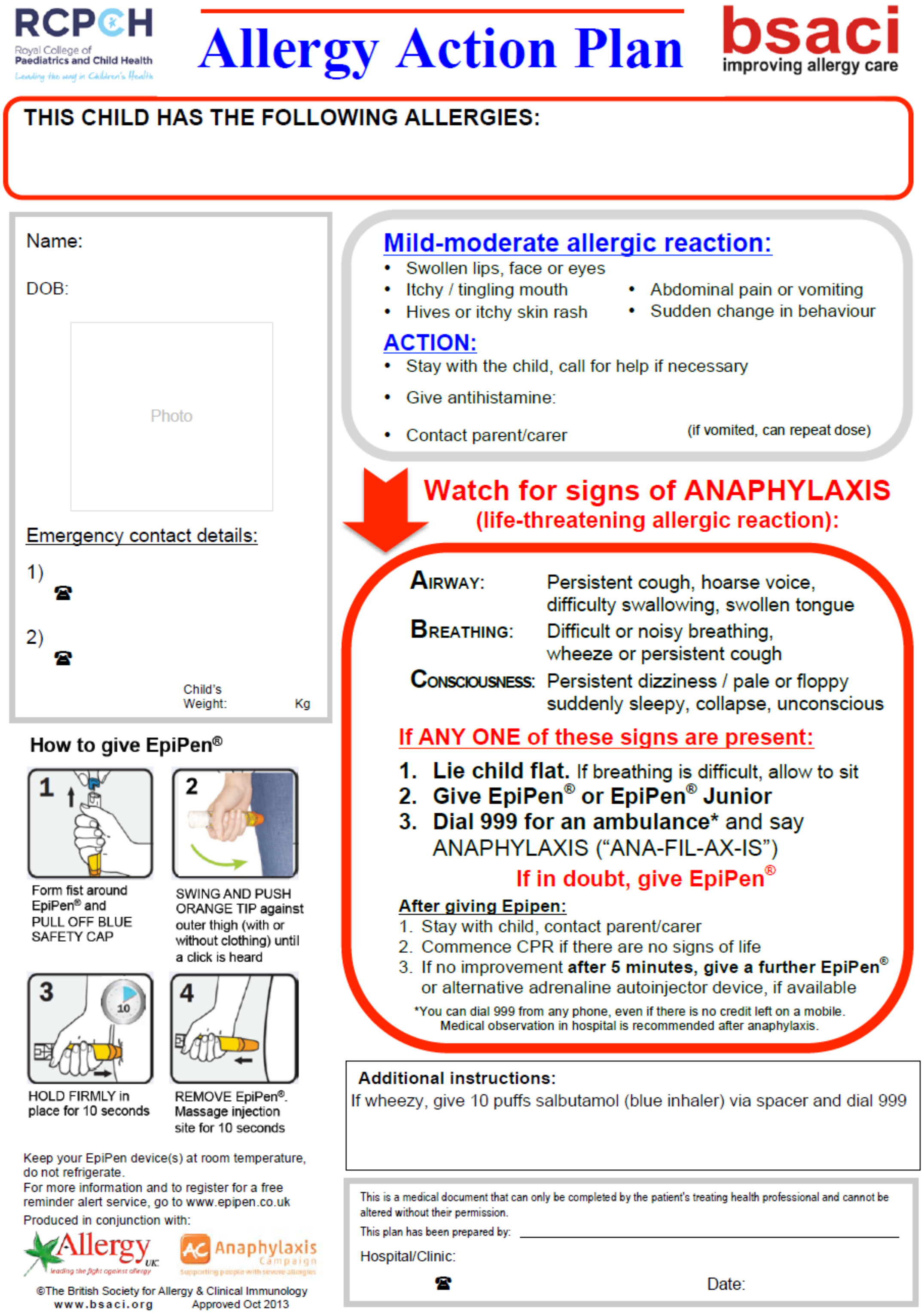
AGREED AND SIGNED on behalf of the centre.

______________________(Head Teacher)   _______________(date)

______________________(Centre Nurse)   _______________(date)

Example Allergy Action Plans

1. For those prescribed Epipen Adrenaline Autoinjector



RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Allergy Action Plan

bsaci
improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)
☎

2)
☎

Child's Weight: Kg

How to give EpiPen®

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP
2. SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard
3. HOLD FIRMLY in place for 10 seconds
4. REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.
For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:

Allergy UK leading the fight against allergy
Anaphylaxis Campaign Supporting people with severe allergies

www.bsaci.org Approved Oct 2013

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer

(if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY:	Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give EpiPen® or EpiPen® Junior**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving Epipen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further EpiPen®** or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

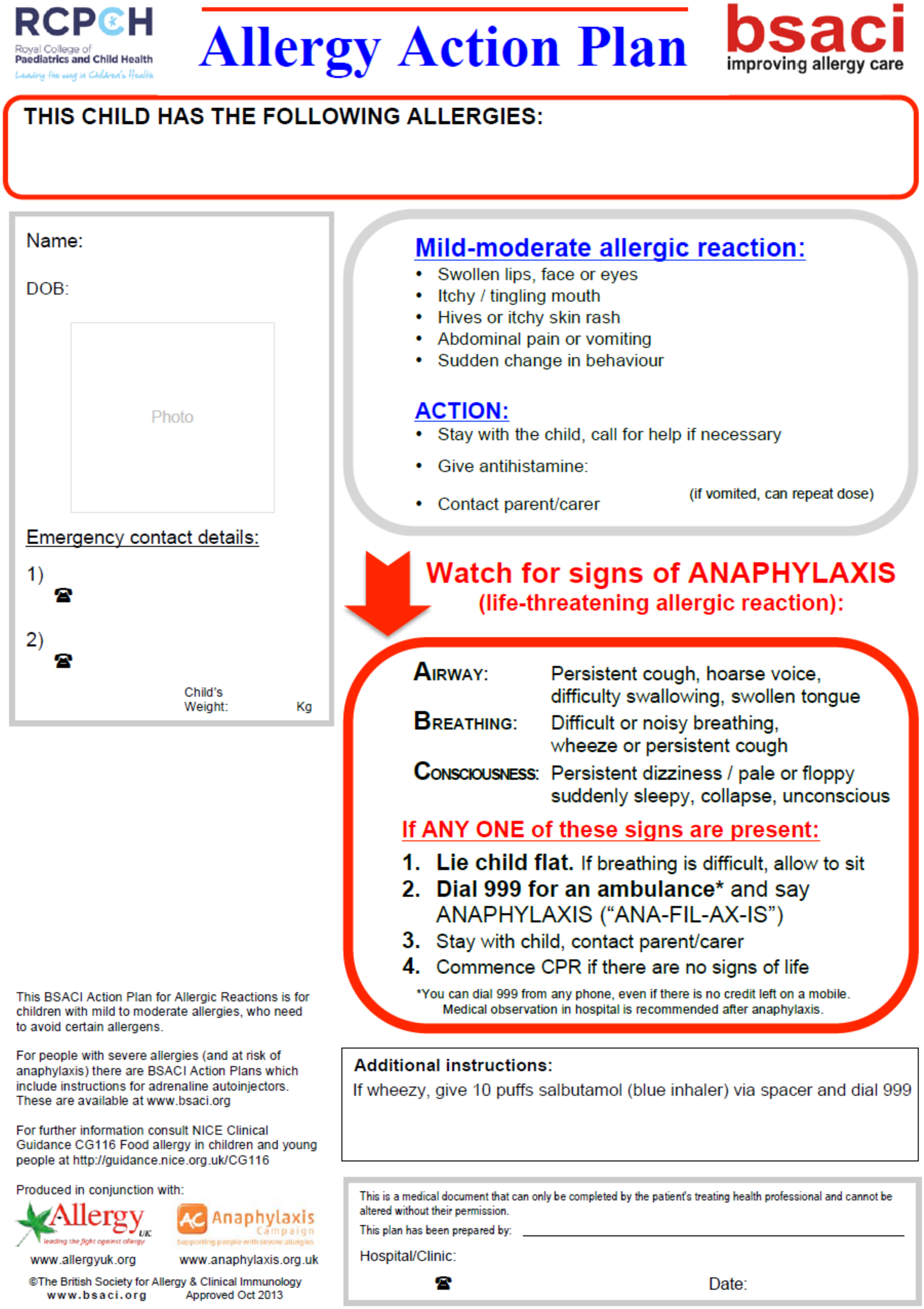
This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: ____________________

Hospital/Clinic:

☎ Date:

2. Those children not prescribed an Adrenaline Autoinjector



RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Allergy Action Plan

bsaci
improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)
☎

2)
☎

Child's Weight: Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
  (if vomited, can repeat dose)
- Contact parent/carer

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY:	Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. Stay with child, contact parent/carer
4. Commence CPR if there are no signs of life

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

This BSACI Action Plan for Allergic Reactions is for children with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These are available at www.bsaci.org

For further information consult NICE Clinical Guidance CG116 Food allergy in children and young people at http://guidance.nice.org.uk/CG116

Produced in conjunction with:

Allergy UK — leading the fight against allergy
www.allergyuk.org

Anaphylaxis Campaign — Supporting people with severe allergies
www.anaphylaxis.org.uk

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: ____________________

Hospital/Clinic:

☎ Date:

3. Plan for those prescribed EMERADE Adrenaline Autoinjector

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Allergy Action Plan

bsaci
improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

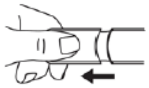
Emergency contact details:

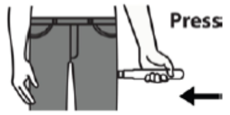
1)
☎

2)
☎

Child's Weight: Kg

How to use Emerade®

1

Remove the needle shield

2


PLACE and PRESS against the outer thigh

3


HOLD in place for 5 seconds. Lightly massage injection site afterwards

Emerade can be kept at any ambient temperature, but do not freeze. For more information and to register for a free reminder alert service, go to www.emerade-bausch.co.uk

Produced in conjunction with:
Allergy UK *leading the fight against allergy* — www.allergyuk.org
Anaphylaxis Campaign *supporting people with severe allergies* — www.anaphylaxis.org.uk

Approved Jan 2014

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
  (if vomited, can repeat dose)
- Contact parent/carer

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY:	Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give Emerade®**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Emerade®

After giving Emerade:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further Emerade®** or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: ______________________

Hospital/Clinic:

☎ Date:

Form M6

The Royal Wolverhampton NHS
NHS Trust

CITY OF
WOLVERHAMPTON
COUNCIL

Staff training record – administration of medical treatment

Name

Name of centre/setting

Type of training received

Training provided by (organisation)

Date of training completed / /

I confirm that ___________________ has received the training detailed above and is competent to carry out any necessary treatment.

I confirm that the procedures/drugs administered do not fall within a category that under legislation is required to be carried out/administered only by a qualified practitioner.

Re-training/re-assessment required by ____________________________ (date).

Trainer's signature ____________________________ Date ________________.

I confirm that I have received the training detailed above.

Staff signature ________________________________ Date________________.

Suggested Review Date

Form M7

The Royal Wolverhampton NHS
NHS Trust

CITY OF WOLVERHAMPTON COUNCIL

Parental Consent for Off-Site and Residential Activities

Dear Parents/Carer

Please complete this form and return it to centre. It relates to the journey or activity about which you have already received information. The organiser will take this form with him/her on the activity.

The form gives your consent for your child to take part in the activity. Without this form, accurately completed and signed, **YOUR SON/DAUGHTER WILL NOT BE ALLOWED TO ACCOMPANY THE GROUP.**

No child will be refused permission to accompany the group because of information given below.

Parents/carers should ensure that their child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff are obeyed.

SECTION A DETAIL OF CHILD AND JOURNEY

Name of Child

Surname **Forenames**

Date of Birth

Name of Centre/College

Destination of Journey and Proposed Activities (these should be specific):

Date (s) inclusive **From** **To**

SECTION B MEDICAL INFORMATION

1. **Does your child suffer from any condition requiring treatment or any recurring illness (including asthma, diabetes or epilepsy)?**

Yes ☐ No ☐

If YES give details below

2. **Is your child currently receiving medication?**

Yes ☐ No ☐

If yes, you must complete either (i) a request for your child to carry own medication or (ii) request for staff to administer medication.

3. **Does your child have any known allergies?**

Yes ☐ No ☐

If YES, please give details below

4. **Does your child have any specific dietary requirements?**

Yes ☐ No ☐

If YES, please give details below

5. **Does your child suffer from travel sickness?**

Yes ☐ No ☐

6. **Has your child been immunised against Tetanus?**

Yes ☐ No ☐

If YES, please give the date the last injection was given.

FAMILY DOCTOR INFORMATION

Child's NHS Number		**Name**	

Address	
Telephone No	

SECTION C DECLARATION

1. I would like my son/daughter to take part in the above mentioned visit or activity and, having read the information provided, I agree to him/her taking part in the activities described.
2. I confirm that my child is fit to participate
3. I agree to advise the Headteacher as soon as possible, of any changes in circumstances referred to on this form between the date signed and the start of the journey.
4. I understand that following a risk assessment, certain activities may be considered too hazardous for my child to participate in. (Alternative activities will be offered in these circumstances)

IN AN EMERGENCY

5. I consent to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
6. I agree to any appropriate form of transport being issued.
7. I may be contacted by telephoning the following numbers.

Home		**Work**		**Mobile**	

My home address is:

An alternative person to contact is:

Name		**Telephone No**	

Signed	**Parent/Carer**
Date	

THIS FORM MUST BE TAKEN BY THE ORGANISER OF THE ACTIVITY

REFERENCES

HSE (   ) Guidance on Centre trips

Misuse of Drugs Act 1971

Education Act 1996

Department for Education (2014) Supporting pupils at centre with medical conditions. Statutory guidance for governing bodies of maintained centres and proprietors of academies in England.

Department for Education (2015) Supporting pupils at centre with medical conditions Statutory guidance for governing bodies of maintained centres and proprietors of academies in England.

DFES (2002) Access to education for children and young people with medical needs

Local Authority guidance on the management of off site visits

Local Authority SEN Policy