

Woodhouse Academy

Meeting the Medical Needs of Pupils Policy

Reviewed Summer 2026 under review
Review Date: Summer 2028

Aim

The ultimate aim of this policy is to provide the safeguarding of pupils as defined by the school's Safeguarding Policy.

Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a longer term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Woodhouse Academy wish to ensure that pupils with medical needs receive care and support in our school. We firmly believe that pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school outings or residential trips.

Roles and Responsibility

The ultimate responsibility for the management of this policy lies with the Principal and the Governors and they will review it on an annual basis, unless circumstances demand an earlier review.

The Principal and Senior Leadership Team are responsible for providing training for all staff to support pupils with medical needs.

Teaching and non-teaching staff will manage the policy on a day-to-day basis and ensure that all procedures and protocols are maintained.

Teaching staff and administration staff will work together to ensure accurate and up-to-date records are kept for pupils with medical needs.

The Role of Staff and their 'Duty of Care'

Anyone caring for children, including teachers, non-teaching and administration staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings, sports fixtures, residential trips and may extend to taking action in an emergency.

Teachers who have children with medical needs in their care should understand the nature of the condition and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school by attending training provided and reading Individual Health Care Plans devised for individual children.

The Role of Parents/Carers

Parents/carers have prime responsibility for their child's health and should provide the school with up to date information about their child's medical condition. They should work

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with the school and other health professionals to develop an Individual Health Care Plan, which includes an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent's/carer's responsibility to make sure their child is well enough to attend school.

Identification: see 'Communication of the Medical Needs of Pupils at Woodhouse Academy' and 'Identification of Pupils with Asthma'

Upon entry to Woodhouse Academy, parents/carers will be asked to complete admission forms requesting medical information. Throughout the year we request, through our newsletter and website that parents keep us up to date with any changes in medical information. Parents can add/amend information for their child regarding medical conditions on the Arbor parent app at any time.

Individual Health Care Plans (IHCP) see 'Independent Health Care Plan'

The main purpose of an IHCP is to identify the level of support that is needed at the school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help that the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An IHCP will include:

Details of the child's condition

The role the staff can play

Special requirements eg dietary needs, pre-activity precautions etc

Any restrictions on PE or other physical activities

Details of medicines/treatments to be taken during the school day

Possible side-effects of medicines

What constitutes an emergency

What action to take in an emergency

What not to do in an emergency

Who to contact in an emergency

A copy will be given to parents/carers, a copy retained in the medical needs file in the locked cupboard in the main reception office. The general medical information sheet entitled 'Woodhouse Academy Medical Information' given to all staff will indicate that the child has an IHCP.

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A display board in the Staff Room will be kept up to date by the person responsible for medical needs with lists of pupils and their medical conditions.

All medical information is securely stored on Arbor. This includes a pupils medical needs, together with an outline of their medical condition and is provided to all teachers, non-teaching staff and lunchtime supervisors. Any medical information sent into the school, both in writing and verbally, concerning medium to long term conditions must be communicated to the person responsible for medical needs so that all details can be uploaded to Arbor and conveyed to staff and is as up to date as possible

Physical Activity

The school recognises that most pupils with a medical condition can participate in physical activities and extra-curricular sport. Any restrictions in a pupil's ability to participate in PE or other specific physical activities should be recorded in the IHCP. Any pre-activity precautions should be followed by staff leading the activities. All staff should be aware of issues of privacy and dignity for pupils with particular needs.

School Visits

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a pupil with medical needs to participate fully and safely. Arrangements for taking medicines will need to be planned for as part of the risk assessment and visit planning process.

A copy of the IHCP should be taken on trips and visits. Sometimes an additional key adult, who will support the pupil and be responsible for administering medicines, will be asked to go on trips.

Common Medical Conditions

The school recognises that Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy are common conditions affecting many children and young people and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and the life of the school, including all outdoor activities and residential trips. The Senior Leadership Team ensures that all staff have a good understanding of these conditions through relevant regular training and do not discriminate against any child who is affected.

Anaphylaxis

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) and non-foods (wasp and bee stings, certain medicines, latex). The symptoms can be identified by effects on the respiratory system, gastrointestinal system, skin, nervous system and genitourinary system.

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In the event of an attack it is important to administer an EpiPen as soon as possible and then call 999 for an ambulance.

Pupils at risk from Anaphylaxis have an Individual Health Care Plan. A copy of their IHCP is kept in a folder in the locked cupboard in the main reception office. It is the parent/carer's responsibility to complete the action plan with the help of a healthcare professional, provide the school with this plan and meet with our in-school lead (office secretary) to go over. On entry to the school, it is the parent/carer's responsibility to notify the school of existing conditions and fill out a plan prior to their child joining.

All teachers and non-teaching staff receive training in dealing with anaphylaxis and updated regularly throughout the year in staff meetings.

Spare EpiPen's are stored in the stationary cupboard by the main office. The children also carry their own EpiPen's to keep them with them at all times. . They are kept in a plastic container which are clearly labelled with the pupil's names. Each pupil should have 2 EpiPen's and any other relevant medication, such as antihistamines. The person responsible for medical needs regularly checks the use by date of EpiPen's and antihistamines and contacts parents to replace.

The school has two EpiPen's available for emergency use in the event of anaphylaxis where parental consent has been provided and their own injector has failed.

Emergency Treatment and Management of Anaphylaxis

What to look for

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse/unconsciousness
- hives, rash anywhere on the body
- abdominal pain nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms

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- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly.

Adrenaline is the mainstay of treatment and it starts to work within second. Adrenaline should be administered by an injection to the muscle (intramuscular injection).

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. (DO NOT MOVE CHILD OR LEAVE UNATTENDED)
- Remove the trigger if possible (e.g. insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh – through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvements after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carers as soon as possible

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All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

(around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/container).

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- Adrenaline injectors i.e. EpiPen or Jext (two of the same type being prescribed)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on plan)
- Spoon if required
- Asthma inhaler (if included on plan)

It is the responsibility of the child's parent/carer to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school secretary, in charge of medical plans, will check medication kept in school as needed and send a reminder to parents if medication is approaching expiry.

Parents/carers can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Parents/carers need to check with their provider it set this up.

Older children and medication

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

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Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Asthma

Please see 'Woodhouse Academy Asthma Policy' further in this document.

Diabetes

The school recognises that Diabetes is a very serious condition, which could result in a hypoglycaemia attack (hypo) where blood sugar levels become too low, or a hyperglycaemia attack (hyper) where blood sugar levels become too high.

Each pupil with Diabetes will have their own Individual Health Care Plan. A copy can be found on Arbor. All teaching and non-teaching staff will be made aware of which pupils have Diabetes via the medical notice board in the Staff Room, a photograph of each pupil is kept on the teachers' desk in every classroom and the document 'Woodhouse Academy Medical Information' to be kept in black folders. All staff are trained to recognise the symptoms of a hypo or hyper at the start of the academic year and regular updates are given during staff meetings throughout the year. Staff are advised of the importance of allowing the pupil, accompanied by another pupil, to go to the school office for testing and treatment. The pupils that accompany them will be trained to alert the nearest member of staff if the child with diabetes should deteriorate on the way.

A place of privacy will be provided for pupils to test their blood sugar levels and inject insulin. Designated trained members of staff will supervise the pupil during testing and injecting and keep records of levels and doses. Medication, needles and sharps bins will be kept in a secure place, where pupils with Diabetes can access when required.

Each pupil with Diabetes has an emergency box, which is clearly labelled, with provisions and equipment required to control a hypo or a hyper attack. Sharps box collection and disposal is arranged by the school office.

Eczema

The school is aware that active (acute) Eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of staff to help them cope with this condition and may need help to apply emollients.

Epilepsy

Each pupil with Epilepsy will have their own Individual Health Care Plan and/or Seizure Management Plan, which is stored electronically on Arbor.

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Head Lice

Any cases of head lice should be reported to the school/ parents/carers will be advised on an appropriate course of action as advised by the local health authority.

Bladder/Bowel Issues

A pupil may have an IHCP, but this is not always the case. Previous schools/parents will inform Woodhouse Academy about any concerns. School can provide a toilet pass if required, which will allow the pupil to leave the classroom as they need to.

Infectious Diseases

Information concerning the control of infectious diseases can be found on The Health Protection Agency's website; www.hpa.org.uk.

Other Conditions

Other illnesses and conditions may arise from time to time. The school will consult with whomever is appropriate; parents/carers, Safeguarding Officer, Paediatricians, School Nurse and follow any advice given. Update staff/documentation as and when required.

Broken Bones and Sprains see 'Risk Assessment—Pupil with an Injury'

If a pupil has sustained injury such as a broken bone or a sprain, which restricts their movement around school, a risk assessment should be carried out before the pupil returns to the school. This will help the school consider the support required to enable the pupil to access as many lessons as possible without unnecessary risk to their own safety or the safety of other pupils. Agreements will be reached between the school, the pupil and his/her parents/carers on the level of support required. Completed risk assessment forms to be kept in a folder in the school office.

First Aid

The first aiders, who should be called in an emergency situation, are displayed on notices around the school site.

When a pupil has received first aid treatment, an email will be sent to inform parents/carers via Arbor.

In the event of a more serious accident, parents/carers will be informed by telephone as soon as possible. If hospital treatment is required, but a parent/carer is not available, a member of staff will accompany the pupil to hospital and stay with them until a parent/carer arrives.

Details of all accidents/injuries and treatments are recorded in the Accident Book, which is kept in the main reception office.

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When a pupil becomes ill at school

A pupil will tell an adult that they were feeling unwell. The child will be seen by a first aider to assess their condition. If they are deemed too unwell to stay, the school will contact you to collect them. For minor symptoms without a fever, we will encourage the child to remain in school.

Other Agencies

The School Nurse, Diabetic Nurses, Paediatricians or other specialist bodies may be able to provide additional background information for school staff. Any requests or referrals to these services will only be made with parental consent.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parents/carers and the school about who else should have access to records and other information about a pupil and this will be detailed in their Individual Health Care Plan.

If information is withheld from staff, staff will not generally be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith.

Administering Medicines

Whenever possible parents should ask their GP to prescribe medication in dose frequencies which enable it to be taken outside school hours. Medicines should only be sent in to school if emergency or if prescribed for 4 times daily. Medication prescribed 3 x daily should be given prior to school, following school and bedtime, unless specific instructions given by GP that override this. However, if parents wish the school to administer the medication (in *loco parentis*) they should give the School Office a written request (using the appropriate form) detailing the medication to be given along with the frequency, dosage and any other relevant information (e.g. interaction with other medicines such as paracetamol). Oral information from the pupil or parent will not be acted upon. (A copy of the form required from parents can be obtained from the office and on the school website under 'Parent Information')

If required, the parents will be able to visit the establishment during the day to administer medication in person.

The parent must supply the medication in a suitable container clearly labelled with:

- The child's name
- The name of the medicine
- The method, dosage and timing of administration
- The date of issue
- The expiry date.

Details of possible side effects should also be given.

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The medicines should preferably be packed and labelled professionally. Where possible, not more than one week's supply should be sent at one time.

It is important that an up-to-date record of the parent's home and work telephone numbers be kept so that they can be contacted at any time.

Medicines will be kept in the locked stationery cupboard, separate from the first aid box. Bronchodilators and medications needed in an emergency will be readily accessible. A designated member of staff will be made responsible for administering medication.

Medicines no longer required will be handed back to the parent. If parents do not collect medicines after a reasonable period of time they will be given to a pharmacist for disposal.

Pupils should not carry medicine on their person or bags, with the exception of asthma inhalers, diabetic equipment and creons.

Asthma policy

This policy has been written with advice from the National Asthma Campaign and the School Health Service.

Woodhouse Academy:

- Welcomes all children with asthma
 - Recognised that asthma is an important condition affecting many children
 - Encourages and helps children with asthma to participate fully in school life
 - Recognises the need for immediate access to inhalers
 - Does all it can to make sure that the school environment is favourable to asthmatics
 - Ensures that all staff understand asthma
 - Understands what to do in the event of a child having an asthma attack and will, if necessary, give emergency treatment and inform parents accordingly
 - Parents informed that if child has asthma they are required to bring inhalers in to school. If they do not have inhalers, in event of asthma attack, ambulance will be called. (2 emergency asthma sprays are also available).
 - Works in partnership with children, parents, staff, directors and the school health service to ensure the successful implementation of this asthma policy
1. Woodhouse Academy recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
 2. This school encourages children with asthma to achieve their potential in all aspects of school by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy. All of the teaching staff and non-teaching staff to receive asthma training from the school nurse and the training is updated at regular intervals. We also have fully trained first aiders.
 3. When a child joins the school the parents are asked to inform us if their child has asthma. It is also important that parents inform the school if their child **subsequently** develops asthma. All parents of children with asthma are asked to give us information about their child's medication. From this information the school

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keeps its asthma register. If the child's medication changes parents are asked to inform the school. Individual Asthma Care Plans are reviewed at least annually using the forms 'School Asthma Care Plan' and 'Use of Emergency Inhaler'.

4. The School recognises that some pupils will require an inhaler as a form of short-term medication. An Individual Health Care Plan will be put in place whilst the pupil needs to take the medication. Parents are to update the School as and when the medication changes or is no longer required.
5. Immediate access to reliever inhalers is vital. Children are encouraged to carry their own reliever inhaler. Reliever inhalers are taken with the children when they go on a school trip. All reliever inhalers must be labelled with the child's name by the parent. A record of all pupils with asthma and using reliever inhalers is kept up to date by the person responsible for medical needs. They produce a document called 'Woodhouse Academy Pupil Medical Information', which is given to all school staff (both teaching and non-teaching) including temporary supply staff. A copy is kept on the Staff Room Medical Notice Board. School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. School staff who agree to do this are insured by the School when acting in accordance with this policy. **All school staff will let children take their medication when they need to.**
6. School retains an emergency salbutamol inhaler to be used only for children for whom written consent has been given. This inhaler can be used if the pupil's prescribe inhaler is not available.
7. Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children have asthma and they will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their reliever inhaler during the lesson they will be able to do so.
8. The School does all that it can to ensure that the school environment is favourable to children with asthma. The School has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as is possible the School does not use chemicals in science or art that are potential triggers for children with asthma.
9. If a child is missing a lot of school because of asthma the class teacher will try to provide work for the child to do at home. If the child starts to fall behind in class the teacher will talk to the school nurse and the special educational needs co-ordinator about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.
10. All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The following procedure is clearly displayed in all classrooms:

IN THE EVENT OF AN ASTHMA ATTACK

1. Deal with the child wherever the attack occurs. (A change of air can make the problem worse).

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2. Ensure the child's reliever inhaler is taken immediately.
3. Help the child to breathe by ensuring tight clothing is loosened and arms are resting on the back of a chair, then send for a first aider. Reassure pupil.
4. If no immediate improvement – continue to make sure they take puffs of their inhaler at the interval given on their care plan, or until symptoms improve.
5. Call an ambulance and contact the parents if:

The reliever inhaler has had no effect after a further 5 to 10 minutes

The child is either distressed or unable to talk

The child is getting exhausted

You have any doubts at all about the child's condition

Continue to give one puff a minute until situation improves or ambulance arrives.

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. Parents will be informed if their child has an asthma attack in school, given the option to come into school to check on their child and take them home if they wish.

EMERGENCY PROCEDURE

Common Signs of an Asthma Attack

- Coughing, shortness of breath, wheezing, tightness in the chest, being unusually quiet, difficulty speaking in full sentences.

DO

- Keep calm – do not panic
- Encourage the pupil to sit up and forward – do not lie them down
- Make sure the pupil takes two puffs of their reliever inhaler (usually blue)
- Ensure tight clothing is loosened
- Reassure the pupil

If no immediate improvement – continue to make sure they take puffs of their inhaler at the interval given on their care plan or until their symptoms improve.

Call 999 or a doctor urgently if:

- The pupils symptoms do not improve in 5-10 minutes, they are too breathless to talk, their lips are blue, or if you are in any doubt.
- If symptoms do not improve continue to give puffs of the reliever at the interval directed in their care plan until help arrives.
- Any pupil who has had an asthma attack will need a review by their GP/Asthma Nurse as soon as possible.

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- **A child should never be left to sleep off an asthma attack because the symptoms appear to have disappeared. The child may have gone into 'silent asthma' a state of collapse.**
- **If you are in any doubt ALWAYS call for an ambulance.**

DIABETES

What is Diabetes?

1. Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

2. About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections to control their blood glucose level and to eat regularly, according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.

3. Each person may experience different symptoms and this should be discussed when drawing up the Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Staff with diabetes should make their condition known and their treatment plan available. Children and staff should be made aware of what to do if the member of staff is unwell and how to use the **"act now"** card.

Medicine and Control for Children

4. The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do, it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school, supervision may be required and also a suitable private place to carry it out.

5. Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual Health Care Plan.

6. Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE, stressful events

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such as assessments or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However, younger children may need adult supervision to carry out the test and/or interpret test results.

7. When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.

8. Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

9. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- **hunger**
- **sweating**
- **drowsiness**
- **pallor**
- **glazed eyes**
- **shaking or trembling**
- **lack of concentration**
- **irritability**
- **headache**
- **mood changes, especially angry or aggressive behaviour**
- **inability to focus, fainting, staggering**

10. Each child may experience different symptoms and this should be discussed when drawing up a Health Care Plan.

11. A child may have a hypo – which is **very low** blood sugar level. They must not be left alone and procedure in this Care Plan should be followed.

12. An ambulance should be called if:

Recovery takes longer than 10-15 minutes, or if the person becomes unconscious.

13. Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea, this can lead to dehydration. If the child is giving off a smell of pear drops or acetone, this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

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DIABETES PROCEDURE

The office are responsible for the day-to-day care of diabetic pupils and are responsible for any medical needs Care Plans.

Lunchtime

At lunchtime pupils go to the office in the SLT corridor, check blood sugar levels and take insulin. An adult will be present and a record kept of levels, how many units of insulin administered and actions taken (e.g. exercise, if sugar levels high). If necessary, a call will be made to parents.

During the Day

On no account must a pupil with diabetes be left alone if they are feeling unwell.

If pupils feel unwell they may ask to leave the classroom with another pupil to go to the school office, where they can test blood sugar levels, again with an adult present.

According to levels, appropriate measures will be taken.

Out of School

For all excursions, the hypo boxes, blood monitors and advice sheets, with phone numbers, will be taken by an adult. A member of staff with diabetic training will be assigned as designated adult on the trip and will be responsible for the diabetic pupils.

- Before the trip a call will be made to parents for reassurance and to clarify particular arrangements.
- Pupils will be reminded to carry a source of fast acting sugar and a carbohydrate snack on their person.

Swimming

For the first trips to the baths, essential medical information regarding pupils' will be shared with the Leisure Centre staff. On this and subsequent visits a member of staff, with diabetic training, will be positioned at the poolside throughout the entire session and will act as a 'spotter'.

An overview of Individual Care in the instance of a hypo, including contact numbers and a pupil photograph, to be left at the Leisure Centre for their reference. Blood sugar levels to be checked before each lesson.

An additional member of staff will accompany to the pool and school staff must take a blood monitor and hypo box for each pupil along with an overview sheet to each swimming lesson.

Each pupil has particular procedures devised by the hospital for them in the case of hypo or hyperglycaemia.

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Storage of Diabetic Equipment

This is kept in the school office in a labelled box or with the child personally.

On trips, this will be carried by a member of staff in a suitable bag.

School staff supervising swimming will receive regular diabetic training.

Pupils must test blood sugar levels prior to leaving school to assess the need for additional food intake or not (if level below 10 then extra food required/if not then levels are OK).

PE

Prior to each PE lesson, pupils should test their blood sugar levels. (If level below 10 then extra food is required/if 10+ then levels are OK).

All PE staff should carry dextrose tablets or a sugary drink, plus digestive biscuits, for use should a pupil have a "hypo".

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view on the school's website.

The school secretary (in charge of medical plans) will inform the catering manager of pupils with food allergies.

The school adheres to the following Department of Health guidance recommendations:

- Bottles. Other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupils should be taught, by parents/carers, to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, catering staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering manager.
- Food should not be given primary school age food-allergic children with parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought into school.

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- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes assemblies, cultural events) need to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Schools Insurance Arrangements

Woodhouse Academy is insured under the ESFA Risk Protection Arrangement.

Appendix 1:

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying life threatening 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 school for such emergencies only.

Signed: Name:

Date:

Child's name: Class:

Parent's address and contact details:

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Telephone: Email:

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Appendix 2:

CONSENT FORM:

USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with anaphylaxis / has been prescribed an adrenaline auto-injector.
2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which is stored centrally within the school building
3. In the event of my child displaying life threatening symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency device held by the school for such emergencies only.

Signed: Name:

Date:

Child's name: Class:

Parent's address and contact details:

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Telephone: Email:

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Appendix 3: Parental agreement to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of child	
Date of birth	
Class/Form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Office Staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ (Parent/Guardian) Date _____