



# POWELL CORDEROY SCHOOL

## SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

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**Last reviewed:** March 2018

**Due for review:** March 2019

**Owner:** Admin Team

**Reviewed by:** Governing Body

**Review Status:** 1 year

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### INTRODUCTION

This policy has been formulated from local authority guidance by school staff in conjunction with the Head teacher and with approval by Governors. Staff are expected to do what is reasonable and practical to support the inclusion of all pupils.

### AIMS OF THIS POLICY

- 1) To support children and young people's health needs.
- 2) Provide general information about the use, handling, storage and disposal of medicines within the school.
- 3) Clarify responsibilities for the medical care of children and young people.

Powell Corderoy is an inclusive community and is welcoming and supportive of pupils with medical conditions. We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other children. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

We understand that certain medical conditions are debilitating and potentially life threatening.

We understand the importance of medication and care as directed by healthcare professionals and parents.

We will listen to the views of pupils and parents/ carers.

The school understands that all children with the same medical condition will not have the same needs.

The school recognises that duties in the Children and Families Act (2014) relate to children with disability or medical conditions and are anticipatory.

## **ROLES AND RESPONSIBILITIES**

### **1. Supporting pupils with medical conditions in education settings: who is responsible?**

#### **1.1 Parents, guardians and carers**

Parents, as defined in the Education Act 1996, are a child/ young person's main carers. They are responsible for making sure that their child is well enough to attend school and able to participate in the curriculum as normal. However, General Practitioners (GPs) may advise that children should attend or recommence school while still need to take medicines. In other cases, to enable children with chronic illness to lead as normal and happy a life as possible, it may be necessary for them to take prescribed medicines during school hours.

In order for the school to provide effective support arrangements parents/ carers must supply the school with sufficient information about their child's medical condition and any treatment or special care need at school, at the admission stage, and keep the school informed of any new or changing needs. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the school and confirm this in writing. Such information will be kept in the child's personal file for as long as necessary with updates in consultation with the health nursing team. The school and parents will reach an agreement on the school role to help with the child's medical needs during school hours.

Parents must keep their child at home if they are acutely unwell.

#### **1.2 The Governing Body**

Section 100 of the Children and Families Act 2014 places a duty on the governing body to make arrangements for supporting pupils with medical conditions. They governing body must ensure that such children can access and enjoy the same opportunities at school as any other child.

The governing body will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

The governing body will ensure that local arrangements comply with the Health and Safety policy and procedures produced by the Local Authority as employer. The school has a designated teacher with responsibility for children with medical conditions (SENCo ?). The governing body will ensure that staff who volunteer to administrate medication receive appropriate accredited training to provide the support the pupils need.

The governing body will make arrangements for sufficient staff to receive suitable training and are competent before they take on responsibility to support children with medical conditions.

#### **1.3 The Headteacher/s**

Where staff volunteer to give children help with their medical conditions, the Headteacher/s will, where appropriate, agree to their doing this and ensure that there is a number of sufficiently trained staff to implement this policy and deliver against all individual healthcare places. The Headteacher/s is accountable to for decisions made about school's role in administering medication.

The Headteacher/s will make parents aware of the school's policy and procedures for dealing with medical conditions.

For each child with medical conditions, the Headteacher/s will agree with the parents exactly what support the school can provide. Where there is a concern about whether the school can meet a

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child's needs, or the expectations of the parents appear unreasonable, the Headteacher/s will seek further advice from the school health team, or education welfare officer.

#### 1.4 Providing care and support and administering medication at school

- The school will not give medication (prescription or non-prescription) to a child without a parent's written consent.
- Medicines will only be given when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school day.
- The school will only accept medicines that have been prescribed by an authorised prescriber e.g. doctor, dentist etc. Medicines must always be provided in the original container as dispensed by a pharmacist and be clearly labelled.
- When administering medication the school will check the maximum dosage and when the previous dose was given. Parents will be informed.
- The school will not give pupils aspirin unless prescribed by a doctor.
- Parents should inform the school immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent will be informed as soon as possible and the disciplinary procedures are followed.
- Non-prescribed medicines for 'general use' (paracetamol) will only be given to children with medical conditions with the written consent of the parent with instructions on when the child should take the medication and the dose required. Before administration staff will check when the child had their last dose and ensure the child has not already had the maximum amount in 24 hours. The school will not administer paracetamol if taken within the last 4 hours and staff will also ensure they follow the manufacturers instructions and warnings.
- Parents will be notified on the day the paracetamol was taken. Administration will be recorded on the appropriate form. Parental consent should be renewed annually.

#### 1.5 The storage or medication and equipment in the school

##### Carriage of medicines

- Medicines should be brought to school by the parent or other responsible adult, and handed to a responsible named member of staff.
- Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers.
- Transport providers must ensure adequate storage containers with fitting lids are available to ensure safe and secure storage during transport.
- Arrangements must be made for emergency medications (such as adrenaline auto-injector devices e.g. EpiPen) to be immediately available for administration if required.

##### Storage of medication

- Medicines will be locked away in the school medical cabinet. The exception to this may be;
  - Medicines for use in emergency situations such as; asthma, anaphylaxis, diabetes and epilepsy, when immediate access would be essential.
  - Medicines needing refrigeration. The refrigerator itself is in a secure location to compensate for the impracticability of locking it.
- Medicines must be kept in the container supplied and labelled by the pharmacist which states:

Name of child	
Name of medicine	
Strength	
Formulation	

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Dose/ frequency of administration	This is the normal pharmacy procedure when issuing all medicines.
Instructions for administration	
Date of dispensing	
Cautionary advice	
Quantity of the medicine	
Expiry date	

- Parents are responsible for ensuring medicines do not exceed their expiry date. Instructions regarding any specific requirements for the disposal of equipment/ waste product, e.g. syringes, gloves, should be kept with the medication and equipment. **Under no circumstances should any medicine be transferred into another container for keeping/ storage.**

### 1.6 Arrangements for administering medicine at school

Practical arrangements for administering medicine may vary according to particular circumstances. There will be an assessment of the risks to the health and safety of staff and others, and measures put in place to manage any identified risks.

### 1.7 Administration by staff

Staff will not administer medicine or undertake health care procedures without appropriate training.

Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless it is within their contract of employment.

Staff with responsibility for administering medicines will make themselves familiar with the identity of the child receiving the medicine. If the child is not known to a member of staff then a second member of staff who does know the child will be available, and as a second check, there is also a mechanism in place to enable staff to identify the child at the time of medication administration e.g. a recent photograph attached to the consent form or Individual Healthcare Plan.

Unless it is an emergency situation, all medication will be administered in a location where privacy and confidentiality of the child is maintained. Facilities will be made available for the child to rest and recover.

Medicines will be administered and documented for one child at a time and completed before the next child is seen.

Staff are instructed to wash their hands before and after administering medicines.

Before administering medication staff will check;

The identity of the child.
The written parental consent form for administration of medicine.

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That the written instructions received from the parent and the medicine administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions. For non-prescribed paracetamol for 'general use' the manufacturer's information will be followed as there will be no pharmacy label. (This only applied to children with long-term medical conditions).
For prescribed medicines the name on the pharmacy dispensed label matches the name of the child that the medicine is to be administered.
Any additional or cautionary information on the label which may affect the times of administration, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness. For paracetamol for 'general use' the manufacturer's information will be followed.
The medicine administration record to ensure the medicine is due at that time and has not already been administered.
The expiry date of the medicine (if one is documented on the container or the pharmacy dispensed label).

If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They will check with the child's parent or a health professional before taking further action. All advice and actions will be documented, signed and dated.

If the member of staff has no concerns the medicine can be administered to the child.

Staff involved with the administration of medicines will be alert to any excessive requests for medication by children or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Team.

Staff's own views/attitudes to medication should not override the instructions provided by the child's GP or Consultant Paediatrician. In cases where there is such a possibility, those staff will be advised not to be involved.

The medicine formulation will not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent and advice from a health professional. This advice and information will be documented.

Immediately after the medicine has been administered the appropriate written records will be completed, signed and dated.

If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non administration will be recorded, signed and dated. Parents will be informed as soon as possible on the same day.

### **1.8 Children and young people refusing medication**

If a child refuses to take their medicine they will not be forced to do so, but this will be documented and agreed procedures followed. The procedures will be set out in the child's Individual Healthcare Plan. Parents will be informed of the refusal as soon as possible on the same day. If the refusal to take the medicine could result or does result in an emergency then the emergency procedure will be followed.

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## 1.9 Record keeping

The following is a summary of the records, which the school **must** keep in connection with the administration of medicines:

- Names of trained and competent staff responsible for medicines storage, including access, and medicines administration.
- Names of trained and competent staff responsible for storage, including access of controlled drugs and their administration.
- A completed (in-date) Individual Healthcare Plan for a child with long term conditions such as diabetes, epilepsy.
- An action plan for an individual child for a medical emergency. This will form part of the healthcare plan if the child has one.

For children who are self administering (in the instance of inhalers for asthma), as well as written parental consent, there must be a written agreement with the child's parent and the school to allow this. The child will not be allowed to keep the medicine on themselves it must be handed to a member of staff for storage and given to the child when needed. Medicines classed as controlled drugs cannot be kept by the child.

All medicines administered in school must be accompanied by written instructions from a parent and/or prescriber specifying the medicine, strength, formulation, dose, the times (or frequency) and/ or circumstances it is to be given. A new form must be completed if there are any changes e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

If staff are responsible for administering the medicine(s) a record of administration will be kept. The record will include;

the name of the child
date of birth
medicine details (name, formulation, strength)
dose administered
date & time of administration
name of the person administering the medicine.

If the child is self administering and requires supervision the above record will also be kept. It will be clearly indicated on the record that the member of staff is supervising the medicine administration.

Reasons for non-administration of medicines will be recorded and the parent/carer will be informed as soon as possible on the same day.

The quantity of medicines received by staff and the quantity of medicines returned to the parent. This will be signed and dated by a member of staff.

In exceptional circumstances where members of staff return medicines to a community retail pharmacy (local chemist) for disposal, details of the medicine and the quantity returned and the name of the pharmacy the quantity will be recorded. This will be signed (and names printed) and dated by the member of staff and if possible by the pharmacist (chemist).

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In early years a written record is kept of all medicines administered to children, and parents must sign the record book when collecting the child to acknowledge the entry.

#### **1.10 Disposal of medicines**

Staff will not normally dispose of medicines, including controlled drugs when no longer needed, these will be returned to parents. Parents are responsible for disposal of date-expired or no longer required medicines. However, in exceptional cases where this may not be possible, the school is advised to take them to a local pharmacy for disposal. Note that community retail pharmacies will not receive sharps for disposal. Records must be made.

#### **1.11 Intimate or invasive treatment**

Staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used when the child is in school. Parents must respect such concerns and should not put undue pressure on staff to assist in treatment. Parents are welcome to come to school to administer intimate or invasive medication, and this is the school's preferred option.

#### **1.12 Training of staff**

Initial validated training with certification is provided and regular updating from qualified professionals is given to staff that volunteer to administer all medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases this may be provided by specialist liaison nurses, but in all cases, requests should be addressed initially to the School Health Team. A record is kept of the following: trainers, provenance, those trained, date trained, date of expected update of training and date carried out. A risk assessment is carried out to establish the number of members of staff, which should be trained.

#### **1.13 Educational visits and associated travel**

The school actively encourages children with medical needs to participate in educational trips, and will not prevent them from doing so. Teachers are aware of how a child's medical condition will impact on their participation, whilst allowing for enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school may need to take additional safety measures for such visits. Staff are advised to refer to Surrey County Council Guidelines for Educational Visits and Outdoor Education Activities (Part 1, Section 3) for further guidance. In any cases of doubt advice can be obtained from the Head of Strategic Risk Management at County Hall (see Section C).

#### **1.14 Sporting activities**

Most children with medical conditions can participate in the Physical Education (PE) curriculum and extra curricular sport. The school is sufficiently flexible for all children to take part in ways appropriate to their own abilities. Any restrictions on the child's ability to participate in PE will be clearly identified and incorporated in their Individual Healthcare Plan.

Pupils will not be forced to take part in activities if they are unwell. Staff will be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

The school will make sure that pupils have the appropriate medication/ equipment/ food with them during physical activity.

#### **1.15 Emergency travel**

When emergency medical treatment is required, an ambulance will be called by dialling 999. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them

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until a parent arrives, or accompany a child taken to hospital in an ambulance. Staff members will not transport pupils to hospital in their own car.

## **1.16 Management of medical conditions**

### **Setting Management Plan**

#### **Individual Healthcare Plan**

All children with a medical condition should have an Individual Healthcare Plan (IHP)

- An IHP details exactly what care a child needs in school, when they need it and who is going to give it.
- It will include information on the impact of any health conditions which may have an effect on the child's learning, behaviour or classroom performance.
- This will be drawn up with input from the child (if appropriate), the parent/carer, relevant school staff and if applicable healthcare professionals, ideally a specialist if the child has one.
- A communication system for alerting trained setting staff (e.g. use of adrenaline auto-injector device etc).
- A system for calling an ambulance where necessary.
- Contacting parents.
- Evacuating other children from the room (i.e. in the event of a seizure).
- First aid provisions.
- A sufficient number of staff understand and are trained in what to do in an emergency for child with medical conditions at this school.
- All school staff are made aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- A sufficient number of staff receive training in what to do in an emergency and this is refreshed at least once a year.
- A child's IHP will explain what help is needed in an emergency. The IHP will accompany the child should they need to attend hospital during school hours. Parental permission will be sought and recorded in the IHP for sharing the IHP within an emergency care setting. (IHP's can be found on the board in the medical room, staffroom, in the medicine box in the classroom, child's file and the school office in the '*Pupils Medical Information and Pupil Medication Consent Forms*' File).

Headteachers and managers realise that medical emergencies, whether illness or injury, make significant emotional demands upon those involved. Support will be made available to those involved – this might include a sympathetic listener and time to compose themselves.

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff they may do so, exercising their duty of care.

## **1.17 Medic alert – bracelets / necklaces**

Medic alert bracelets / necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration will be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will be alerted to the significance of these bracelets / necklaces and be clear whom they belong to when taking charge of them.

## **1.18 Emergency assistance**

As part of general risk management processes are in place for dealing with emergency situations. Other children know what to do in the event of an emergency, such as telling a member of staff. All

staff know how to call the emergency services. Guidance on calling an ambulance is provided in Appendix I. All staff know who is responsible for carrying out emergency procedures in the event of need. A member of staff will **always** accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

When a child becomes unwell at school or is injured in an accident, (other than minor cuts or bruises), the school will arrange for them to be looked after in a quiet, comfortable place and arrange for the parent to collect them as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital outpatients department as appropriate.

In some situations, however, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions (after using pre-loaded adrenaline injection) that will not respond to first aid treatment. In this case the school will contact emergency services first and then contact the parent to see if they are available to accompany the child.

Where a child has to be transported to hospital and it has not been possible to arrange for a parent to accompany them, a member of staff will attend with the child and remain at the hospital with them until a parent arrives. Staff will not take the child to the hospital in their own car. Consent is generally not required for any life saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child.

#### **1.19 Ensuring the whole school environment is inclusive to pupils with medical conditions**

The school will make sure that the needs of pupils with medical conditions are adequately considered to ensure their involvement in all activities, extended school services and residential visits.

All staff are aware of the potential social problems that children with medical conditions may experience and use this knowledge, alongside the school's Anti-Bullying Policy, to help prevent and deal with any problems. The school will use opportunities such as PSHE to raise awareness and help promote a positive environment.

The school understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to the pupil's medical condition. The school will not penalise pupils for their attendance if the absences relate to their medical condition.

The school will refer children with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the pupil (where appropriate), parents and pupil's healthcare professional.

The school will make sure a risk assessment is carried out before any out-of-school visits and the needs of pupils with medical conditions are considered during the process and plans are in place for any additional medication, equipment or support that may be required.

#### **1.20 Unacceptable Practice**

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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.

**For recommended further reading and information see:**

Department of Health Chart "Guidance on Infection Control in Schools and other childcare settings"

"Health and Safety in Schools" leaflet (NUT Sept 1989).

Circular 199/96 (Health and Safety) "Supporting Children with Medical Needs" (NUT Nov 1996).

DfEE Guidance "Supporting Children with Medical Needs."

"Guidance for the Management of Meningococcal Disease in Surrey" Surrey Communicable Disease Control Service

Administration and Control of Medicines in Care Homes and Children's Services

Early years guidance on administering medicines

Guidance on Administration of Medicines Policies from the government document '*Managing Medicines in Early Years and School Settings*' November 2007 (page 8)

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Policy approved by: \_\_\_\_\_ (print name)

On behalf of: \_\_\_\_\_ (committee or FGB)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Agreed by: \_\_\_\_\_

## Appendix 1 - Contacting Emergency Services

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<b>Request for an Ambulance</b>
<b>Dial 112 or 999, ask for an ambulance and be ready with the following information. 112 is generally the preferable number to use as it is an EU wide emergency number, and due to enhanced E112, if calling from a mobile phone it gives an approximation of your position.</b>
1. Your telephone number
2. Give your location
3. State the postcode
4. Give exact location in the school
5. Give your name
6. Give name of child and a brief description of the child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the location of the incident

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

Put a completed copy of this form by the telephone.

Agreed by: \_\_\_\_\_



## APPENDIX 2 - PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/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

[agreed member of 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/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

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## APPENDIX 3 - CHILD MEDICATION REQUEST - MEDICINE IN SCHOOL

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The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL	
Surname	
Forename	
Class	
Condition of Illness	

MEDICATION	
Date medication provided to school by parent/carer	
Name of medication (as described on the container/bottle)	
Date Dispensed (as on medicine container)	
Expiry Date on medicine	
When should the medication be taken Time of day/ How long for?	
Any special precautions	

Contact Details for parent/carer	
Name	
Daytime Telephone	
Relationship to Pupil	
GP Practice	
Practice Contact Number	

I agree to members of staff administering medicines/providing treatment to my child as directed above. I agree to update information about my child's medical needs held by the school and that this information will be verified by GP and/or medical Consultant.

I will ensure that the medicine held by the school does not exceed its expiry date.

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I understand the school will only administer one dose of paracetamol a day. The school will not administer paracetamol for more than 3 consecutive days unless prescribed by the doctor. **If my child has been administered paracetamol before the school day I will inform the school of the dose and time it was given. Note: STUDENTS SHOULD NOT SELF ADMINISTER MEDICINE.**

<b>Parents Signature</b>		<b>Print Name</b>	
<b>Staff Signature</b>		<b>Print Name</b>	

Date			
Time given			
Dose given			
Member of staff			
Staff Initials			

Date			
Time given			
Dose given			
Member of staff			
Staff Initials			

Date			
Time given			
Dose given			
Member of staff			
Staff Initials			

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## Appendix 4 - Asthma Care

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In the first instance, all healthcare professionals in Surrey should use the following resource.

Asthma UK has also produced up to date resources available for schools on supporting children and young people with asthma.

### Asthma Care

#### What is Asthma?

Asthma is an allergic response within the lungs causing difficulty in breathing due to narrowing of the tiny airways. There are many triggers. About one in seven children / young people have Asthma diagnosed at some time, and one in twenty children / young people have Asthma requiring regular medication.

#### Recognition / symptoms

Asthma varies enormously. There are those that rarely suffer an attack and need very little preventative treatment and then others who require a lot of preventative care and are still prone to severe attacks.

Symptoms vary widely too. Staff will need to rely on child/parent guidance as to each child / young person's condition. Very cold dry weather or prolonged energetic exercise may require preventative measures for some children / young people. Signs and symptoms of worsening asthma or the onset of an attack can include:

- increased coughing
- wheezing
- feeling of tightness in the chest
- breathlessness- indrawing of ribcage
- blueness of lips (CAUTION - a very late sign!).

**Preventers - (usually come in brown, white or green containers e.g. Intal, Becotide, Pulmicort & Flixotide). N.B. Preventers are no use in an attack.**

**Relievers - Help open up the airways quickly (often in blue containers e.g. Atrovent, Ventolin, Bricaryl).**

**Longer acting - e.g. Serevent relievers**

**There are various devices that simply deliver the same drugs in different ways (e.g. 'spacers', dry powder devices, aerosols and nebulizers).**

#### Management of an acute attack

Staff should:

1. Stay calm and reassure the child / young person
2. Ensure the reliever medicine is taken promptly and properly
3. Listen to the child / young person: they often know what they need
4. Encourage child / young person to sit and lean forward but without squashing the stomach
5. Loosen tight clothing and offer sips of water (not cold) to keep mouth moist
6. If there are any doubts about the child / young person's condition, for example, if child / young person is unable to talk, is distressed, the reliever has not worked within 5-10 minutes, or the child / young person is exhausted, an ambulance should be called
7. If the child / young person's attack does respond quickly to treatment, the child / young person may continue in the setting.

The parents must be informed of what has taken place that day.

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### **Day-to-day management issues**

- A child / young person with asthma **MUST** have easy/ready access to their medication (ideally on their person). NB: The medical kit for the setting could include a spacer to be used in conjunction with inhalers.
- It is helpful if parents provide settings with a spare reliever (Blue) inhaler device. All inhalers should be clearly labelled with the child / young person's name and stored safely. Children / young people should not take medication which has been prescribed for another child / young person. However, generally speaking, no damage will be caused through taking Asthma medication by mistake (either by a child / young person that did not need it or by an asthmatic taking too much).
- Remind children / young people to take the reliever inhaler as a preventative measure prior to exercise, if appropriate.
- Remind children / young people to take devices on educational trips or out onto the playing field if necessary.
- If children / young people are having problems taking medication, report back to parents.
- Be vigilant for signs of attack.
- Encourage children / young people to participate in all activities and not to 'opt out' because of their Asthma.
- The professionals meeting should identify the severity of the child / young person's Asthma, including individual symptoms and any known particular triggers, such as exercise or cold air.

**SPECIFIC INFORMATION** For further information contact the Asthma UK Advice line: Tel 08457 010203 who are open Monday 9.00 a.m. to 5.00 pm - Website: [www.asthma.org.uk](http://www.asthma.org.uk)

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## Appendix 5 - Allergy and anaphylaxis Care

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### General Information

#### What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction due to an abnormal sensitivity, which requires immediate medical attention.

#### Causative factors

It can be triggered by a variety of allergens.

- food (peanut, nuts, egg, dairy products, shellfish)
- medicines (Penicillin)
- venom of stinging insects (bees, wasps, hornets)

#### Recognition / symptoms

Symptoms usually occur within minutes of exposure to the allergen. A combination of symptoms can be present at any one time, such as:

- itching/tingling sensation
- swelling of throat and tongue
- difficulty in swallowing/breathing
- generalised flushing of skin
- abdominal cramps / nausea / vomiting
- sudden feeling of weakness/floppiness
- collapse and unconsciousness

#### Medication

Treatment is urgent and essential to prevent progression of a severe anaphylactic reaction.

Diagnosis is usually made by the child / young person's GP or consultant. Sometimes skin tests can further confirm the diagnosis.

Two main types of medication are available for treatment of an acute allergic reaction:

- 1) Antihistamines (e.g. Piriton / Zirtec)
- 2) Preloaded adrenaline injection (e.g. Epipen, JEXT)

There should be no serious side effects even if the above medication is given repeatedly or is misdiagnosed.

Relapse of an acute allergic reaction is possible after apparent recovery. Ring 999 if a pre-loaded adrenaline injection has been given. Medical attention must be sought in every case.

#### Day-to-Day

- 1) **Food management Meal times** - An agreement between the setting and parents is required about setting dinners. Packed lunches are an alternative. Awareness of lunchtime supervisors and catering organisations is essential. However, it should be noted that it is not always possible to prevent the child / young person coming into contact with allergens. Hand-washing should be encouraged to mitigate this.

**Setting journeys/outings** - Careful pre-planning and awareness amongst peers and staff is essential.

**Cookery and Science experiments** - Suitable alternatives should be agreed.

Agreed by: \_\_\_\_\_

## **2) Support for setting staff**

Staff indemnity is provided by Surrey County Council (for those schools/settings buying into Surrey County Council Insurance) for emergency medicine administration.

Regular comprehensive training of setting staff is usually available from the School Health Team/Community Nursing Team. In some areas, local hospital allergy clinics may undertake this training.

Ongoing advice and support is usually available from the School Health Team.

## **3) Emergency management**

Preloaded adrenaline injection should be used immediately in a severe reaction (see child / young person's Individual Healthcare Plan for details). If in doubt about the severity of an allergy reaction, use preloaded adrenaline injection anyway.

**Call an ambulance immediately.**

**SPECIFIC INFORMATION** Further information available from:

Anaphylaxis Campaign Helpline: 01252 542029

<http://www.anaphylaxis.org.uk/>

The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX

Agreed by: \_\_\_\_\_

## Appendix 6 - Individual Healthcare Plan

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### Allergy and Anaphylaxis Individual Healthcare Plan

This child / young person is at risk of Anaphylaxis

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Current Year/Class: \_\_\_\_\_

GP/Local Hospital No: \_\_\_\_\_

(Name) \_\_\_\_\_ may suffer from an anaphylaxis reaction  
if he/she is exposed to \_\_\_\_\_

(Name) \_\_\_\_\_ also has (other medical conditions)

---

His/her usual allergic symptoms are:

--

#### Procedures

In the event of an acute allergic reaction, staff will follow this procedure:

- Contact Ambulance Service – dial 112 or 999
- One adult will inform the headteacher immediately of action taken
- Then inform the following contact numbers in order of priority

Contact No 1 Name: Telephone No: Relationship:
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Contact No 2 Name: Telephone No: Relationship:
---

Contact No 3 Name:
-----------------------

Agreed by: \_\_\_\_\_

Telephone No:  
Relationship:

One adult should stay with the child / young person to assess the severity of symptoms and in case of:

- Itchiness
- Tingling of lips and face
- Tummy cramps
- Vomiting
- Blotchiness of skin

Give \_\_\_\_\_ (Oral Antihistamine) \_\_\_\_\_ ml at once

In cases of:

- Wheeziness
- Swelling of face and throat
- Difficulty in breathing/swallowing
- Feeling faint

Place child / young person on floor in recovery position (Safe Airway Position)  
Give preloaded adrenaline injection to outer thigh  
(this can be administered through light clothing).

- If no breathing/pulse, initiate basic life support (CPR).
- If there is no improvement to above action within 10 minutes and there are symptoms of weakness/floppiness pallor then:

Repeat preloaded adrenaline injection once more if 2nd preloaded adrenaline injection is available

- Hand over child / young person's care to Ambulance Team/parents on their arrival
- Handover preloaded adrenaline injection to ambulance staff or if this hasn't been done, safely dispose of it.
- Record all medication given with date and time of administration

### **Awareness**

The headteacher will arrange for the staff in the setting to be briefed about his/her condition and about other arrangements contained in this document.

The setting staff will take all reasonable steps to ensure that \_\_\_\_\_ (Name) does not eat any food items unless they have been prepared/approved by his/her parents.

\_\_\_\_\_ (Name) parents will remind their child regularly of the need to refuse any food items, which might be offered to them by other children /young people.

In particular, \_\_\_\_\_ (Name) parents will provide for him/her the following food items: \_\_\_\_\_

### **Medication/Staff training**

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

Agreed by: \_\_\_\_\_

It is the parents' responsibility to ensure the setting has appropriate up-to-date medication.

The following volunteers from the school have undertaken to administer the medication. A training session was attended by:

Name \_\_\_\_\_ Date/s \_\_\_\_\_

Name \_\_\_\_\_ Date/s \_\_\_\_\_

Further advice is available to setting staff at any point in the future where they feel the need for assistance. The medical training will be repeated on \_\_\_\_\_.

If there are proposals, which mean that, he/she may leave the setting site, prior discussions will be held between the setting and his/her parents to agree appropriate provision and safe handling of his/her medication.

**STAFF INDEMNITY**

The County Council provides a staff indemnity for any setting staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child / young person given the full agreement of the parents and the setting.

**AGREEMENT AND CONCLUSION**

A copy of these notes will be held by the setting and the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between the setting and parents.

**Signed and agreed:**

**Child / Young Person**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

**Parent / Guardian**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**School / Setting Representative Agreement:**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Job Title \_\_\_\_\_

Agreed by: \_\_\_\_\_

# Individual Healthcare Plan

## 1 CHILD/YOUNG PERSON'S INFORMATION

### 1.1 CHILD/ YOUNG PERSON'S DETAILS

Child's Name	
Date of Birth	
Year Group	
Nursery/ School/ College	
Address	
Town	
Postcode	
Medical Condition(s) Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies	
Date	
Document to be updated	

### 1.2 FAMILY CONTACT INFORMATION

Name	
Relationship	
Home phone number	
Mobile phone number	
Work phone number	
Email	

Name	
Relationship	
Home phone number	
Mobile phone number	

Agreed by: \_\_\_\_\_

Work phone number	
Email	

Name	
Relationship	
Home phone number	
Mobile phone number	
Work phone number	
Email	

**1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD/YOUNG PERSON'S HEALTH NEEDS**

	Name	Contact Details
Specialist Nurse (if applicable)		
Key worker		
Consultant paediatrician (if applicable)		
GP		
Link person in education		
Class teacher		
Health visitor/ school nurse		
SEN co-ordinator		
Other relevant teaching staff		
Other relevant non-teaching staff		
Head teacher		
Person with overall responsibility		
Any provider of alternative provision		

This child/ Young person has the following medical condition(s) requiring the following treatment	
---	--

Agreed by: \_\_\_\_\_

--	--

Medical Condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored	
-------------------------------	--

**2. ROUTINE MONITORING (IF APPLICABLE)**

Some medical conditions will require monitoring to help manage the child/ young person's conditions.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	

Agreed by: \_\_\_\_\_

How is it done?	
Is there a target? If so what is the target?	

### 3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptom's?	
What are triggers?	
What action must taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

### 4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

### 5. IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

The setting staff will take all reasonable steps to ensure that \_\_\_\_\_ (Name) does not eat any food items unless they have been prepared/approved by his/her parents.

\_\_\_\_\_ (Name) parents will remind their child regularly of the need to refuse any food items, which might be offered to them by other children /young people.

In particular, \_\_\_\_\_ (Name) parents will provide for him/her the following food items: \_\_\_\_\_

	Time	Note
--	------	------

Agreed by: \_\_\_\_\_

Breakfast Club (if applicable)		
Arrive at school		
Morning break		
Lunch		
Afternoon break		
School finish		
Afterschool club (if applicable)		
Other		

	Please refer to home-school communication diary
--	---

	Please refer to school planner
--	--------------------------------

**6. CARE AT MEAL TIMES**

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

**7. PHYSICAL ACTIVITY**

Are there any physical restrictions caused by the	
---	--

Agreed by: \_\_\_\_\_

medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

### 8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care need to take place?	
When does it need to take place?	
If needed, is there somewhere for care take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/ young person on the trip?	

### 9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

### 10 EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should now count towards a child's attendance record.

Agreed by: \_\_\_\_\_

Is the child/ young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
is there a situation where the child/ young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

**Awareness**

The headteacher will arrange for the staff in the setting to be briefed about his/her condition and about other arrangements contained in this document.

**Medication/Staff training**

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

It is the parents' responsibility to ensure the setting has appropriate up-to-date medication.

The following volunteers from the school have undertaken to administer the medication. A training session was attended by:

Name \_\_\_\_\_ Date/s \_\_\_\_\_

Name \_\_\_\_\_ Date/s \_\_\_\_\_

Further advice is available to setting staff at any point in the future where they feel the need for assistance. The medical training will be repeated on \_\_\_\_\_.

If there are proposals, which mean that, he/she may leave the setting site, prior discussions will be held between the setting and his/her parents to agree appropriate provision and safe handling of his/her medication.

Agreed by: \_\_\_\_\_

**STAFF INDEMNITY**

The County Council provides a staff indemnity for any setting staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child / young person given the full agreement of the parents and the setting.

**AGREEMENT AND CONCLUSION**

A copy of these notes will be held by the setting and the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between the setting and parents.

**Signed and agreed:**

**Child / Young Person**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

**Parent / Guardian**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**School / Setting Representative Agreement:**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Job Title \_\_\_\_\_

Agreed by: \_\_\_\_\_

## Appendix 7 - Diabetes Care

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### General information

#### What is Diabetes?

Children / young people with diabetes mellitus are unable to produce enough insulin, which the body produces normally to make use of sugar for energy production. Without enough insulin every cell in the body lacks energy, blood sugar levels become too high and dangerous life-threatening chemicals accumulate. Treatment is with regular insulin injections and attention to diet and exercise whilst checks are made of finger prick blood glucose levels.

#### Recognition / symptoms

Low sugar levels (hypoglycaemia) - caused by too little to eat and/or too much insulin and/or too much exercise. Rapid onset of symptoms (minutes); hunger, sweating, drowsiness, pallor, agitation, glazed eyes, shaking, mood changes or lack of concentration, unconsciousness.

High sugar levels (hyperglycaemia) - caused by too much to eat and/or too little insulin and/or being unwell. Gradual onset of symptoms (hours-days); tiredness and general malaise, excessive drinking, excessive urination. Later symptoms include rapid/deep breathing, reduced consciousness and some people are able to smell an odour, like nail-polish remover, on the breath.

#### Hypoglycaemia

Urgent treatment required. If possible confirm your suspicion by doing a blood glucose test but do not delay treatment. Give fast-acting sugar. All diabetics should carry with them either Dextrosol or jellybeans or glucose gel (hypostop). Alternatives are Lucozade, coke, tango etc. (not diet drinks), chocolate, honey, jam, and fresh fruit juice. After recovery give slower acting sugar e.g. milk and biscuits, sandwich. Exact quantities will depend upon the size of the child / young person and will be in the setting pack.

#### Hyperglycaemia

Symptoms are gradual and you should have plenty of warning. Check blood glucose and if child / young person is breathing hard or you notice the odour of nail-polish remover on the breath contact family immediately. Allow the child / young person to drink as much water as the child / young person wishes.

#### General principles

If in doubt assume the child / young person is hypoglycaemic and give fast-acting sugar. If the child / young person is unconscious rub hypostop, jam or honey on the inside cheek and gums. Do not try to force an unconscious child / young person to drink. Place child / young person in recovery position (Safe Airway Position). Call ambulance and parents.

#### Day-to-day management issues

Remember to allow time in the day for insulin injections and blood tests. Meals should be eaten 10 minutes after insulin injection if possible. Many children / young people require a snack half way through the morning and again half way through the afternoon (or sometimes before exercise). Setting should ask their setting nurse about obtaining a setting pack from the British Diabetic Association. This pack should contain details for an Individual Healthcare Plan. It is usual for the specialist nurse for Diabetes to attend settings, especially in a case of a child / young person recently diagnosed as having Diabetes and will be able to provide further support to the setting staff in management if necessary.

#### Off-Site visits and residential journeys

Particular care must be given to a child / young person with diabetes during off-site visits and residential journeys. Staff should ensure that the child / young person eats appropriately, bearing in mind that the food offered might be different from that at home and that the level of activity might be considerably

Agreed by: \_\_\_\_\_

higher than usual.

This should not be a reason for excluding a child / young person from a visit or journey.

**SPECIFIC INFORMATION**

Further information is available from:

Diabetes UK Care Line Tel: 0845 120 2960 (Monday to Friday 9.00 a.m. to 5 p.m.)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

Agreed by:\_\_\_\_\_

## Appendix 8 - Epilepsy Care

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### General information

#### What is Epilepsy?

Epilepsy is a common disorder, resulting from a sudden excessive electrical discharge from the brain cells giving rise to physical manifestations. In many cases it can be adequately controlled with medication. About 1 in 130 children/ young people in the UK have Epilepsy and about 80% attend mainstream schools.

#### Types of Epilepsy

There are different types of epilepsy. Broadly it can be divided into 2 main types:

- Generalised epilepsy (e.g. Tonic-Clonic, Absences, Myoclonic)
- Partial epilepsy (e.g. Frontal/Occipital/Temporal lobe epilepsy where epileptic activity is initially limited to part of brain, although the epileptic activity may spread to the whole of the brain).

#### Recognition / symptoms

These may include:

Tonic-Clonic epilepsy - Body stiffens followed by a fall; this may be preceded by a cry. Jerky body movements then begin, incontinence or dribbling of saliva can occur. At the cessation of the seizure child may be sleepy for some time.

Absences - Episodes of staring or blankness lasting for a few seconds or longer. May be associated with slight twitching or blinking. Consciousness is lost but is brief.

Myoclonic jerks - Sudden jerky movements of limbs, at times violent in nature.

Temporal lobe epilepsy - may start with an "Aura" or warning. Child / young person may appear conscious but may not respond. Abnormal movements like plucking, fidgeting, smacking of lips can occur. Aimless wandering can occur after the episode.

#### Diagnosis

- Usually made by the child / young person's Consultant Paediatrician or the General Practitioner.
- Regular attendance at hospital out patients and/or GP surgery may be required initially following the diagnosis.

#### Medication

Usually given on a daily basis over a period of years.

Most medications are given twice daily avoiding the need for administration during setting hours, however medication can be given, once or three times daily.

#### Emergency Medication:

There are a number of different medications that can be used to treat a seizure, (i.e. to try and terminate a seizure).

The most common medication currently used is Buccal Midazolam; however there will be some children on other forms of medication such as Rectal Diazepam, or even Paraldehyde. All children who require Emergency Medication will require an Emergency Medication Plan. In some cases a personalised Emergency Medication Plan drawn up by the prescriber will need to be in place.

Agreed by: \_\_\_\_\_

**SPECIFIC INFORMATION**

Further information is available from:

Epilepsy Society Helpline: Tel: 01494 601 400 (Monday to Friday 10.00 am to 4.00 pm)

British Epilepsy Helpline – Free phone 0808 800 5050 (Monday to Thursday 9.00 am. to 4.30pm).

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

Agreed by:\_\_\_\_\_

## Appendix 9 - Controlled Drugs

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The supply, possession and administration of some medicines ('controlled drugs') are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children / young people, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child / young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child / young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after, store securely, a controlled drug where it is agreed that it will be administered to the child / young person for whom it has been prescribed.

Settings must keep controlled drugs in a locked non portable container and only named staff should have access. Buccal midazolam, for emergency use is the exception and must be stored safely but be readily accessible by a named member of staff to administer.

If it has been agreed that the child / young person can self administer their medicines (see Self Administration by child / young person section 5.2) controlled drugs must be kept in safe custody i.e. in a locked cupboard or non portable container and not by the child / young person. However they can access them if it is agreed that it is appropriate.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). In exceptional circumstances, if this is not possible, it should be taken by a named member of staff to a local pharmacy for disposal. The named member of staff should ask the pharmacist to sign and date the record to indicate that they have accepted the medicine for disposal.

Records of receipt, administration, returning the medicine to the parent or, in exceptional circumstances, taking it to a local pharmacy for disposal must be kept for audit and safety purposes.

Misuse of a controlled drug, such as passing it to another child / young person for use, is an offence. Settings should have clear policies for dealing with this issue which should include informing relevant parents and where necessary, the police.

Agreed by: \_\_\_\_\_

## Appendix 10 - Guidelines on the Dangers of Exposure to the Sun

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Sun safety is increasingly becoming an issue for settings. The incidence of skin cancer has doubled in the past 15 years and is now the second most common cancer with 2500 deaths annually. The sun produces UV radiation, which can damage the surface of the skin, the structures inside the skin and the function of skin causing mutations in the DNA skin cells. 80% of most people's exposure to the sun takes place in childhood. Over exposure to the sun's rays causes sunburn. Getting sunburnt as a child leads to a greater risk of skin cancer in later life. It is important that schools take precautions to encourage children / young people to practice sun safe behaviour and to play in the shade when the sun is hottest between 12:00 – 3:00pm. When exposure cannot be avoided a responsible person will need to consider whether outside activities or play are appropriate.

The risk of non-melanoma skin cancer is directly related to cumulative exposure to the sun. Short intense exposure to the sun increases the risk of malignant melanoma. Periods of intermittent exposure to the sun at a young age are more harmful than over exposure in adults.

Clearly, planning and preparation can lessen or prevent harmful and serious effects. In particular, responsible person should consider the following:

- Develop a Sun Safety Policy - This should clearly set out the setting's position on the use of protective clothing and on sunscreen. This policy should be sent to all parents so that it is widely known.
- Weather forecasts – Attention should be given to hot weather warnings and notice taken of the maximum times advised for exposure to the sun.
- Sun Screen/Protective Clothing – Where there is a likelihood of prolonged hot spells; parents must be encouraged to provide sunscreen and a hat for their child.
- Extra Sensitivity - In the case of children and young people with extra sensitivity to the sun extra care should be taken and medical advice sought.
- Provision of shade - Adequate shade must be available at times during the day so that the young people can have a cooler area and are not exposed to UV radiation for excessive periods.
- Liquids – An adequate supply of or access to liquids should be made available. On visits, where the young people provide their own drinks, they must be monitored so that drinks are taken regularly rather than at one go. (This is particularly important for young children).
- Clothing – The children / young people should be encouraged to wear suitable protective clothing – i.e. long sleeves and appropriate headwear.
- Programme – The day's activities may need to be amended so that excessive demands are not made during the hottest part of the day.

Sun creams – Sun creams and screens of a sufficiently high factor should be used. The Health Education Authority recommends the use of a sunscreen with a sun protection factor of 15 or above. The sun safety policy should promote the selfadministration of sunscreen by children / young people. Most children / young people, apart from the very youngest and those with special needs, will be able to do so under supervision.

*NB: There has been much concern expressed about supervisors applying sun creams to children / young people. While it is acknowledged that this is a sensitive issue there are occasions, particularly if a child is very young or has special needs, where this will need to be done. In such cases, supervisors should not do this whilst alone with a child / young person and a protocol should be established. It is not an option to leave a child / young person unprotected and exposed to the sun.*

Agreed by: \_\_\_\_\_

### **Heat exhaustion and Heatstroke**

In extremely hot conditions, the body's heat-loss mechanisms may fail. When the atmospheric temperature equals body temperature it becomes impossible for the body to lose heat. High humidity also causes problems, as sweat will not evaporate well. In these circumstances, particularly during strenuous exercise when extra heat is generated by muscular activity, heat exhaustion or the more dangerous condition, heatstroke, may develop.

The symptoms of heat exhaustion are as follows:

- headache, dizziness and confusion
- loss of appetite and nausea
- sweating, with pale clammy skin
- cramps in the limbs or abdomen
- rapid, weakening pulse and breathing.

Once these symptoms are recognised the main aims are to move the casualty to cool surroundings and to replace lost fluid and salt:

- help the casualty to lie down and raise legs;
- if conscious, help casualty to sip weak salt solution (one teaspoon per litre of water).

If casualty becomes unconscious, place in recovery position and summon an ambulance.

The symptoms of heatstroke are as follows:

- headache, dizziness and discomfort
- restlessness and confusion
- hot, flushed, dry skin
- a rapid deterioration in the level of response
- a full, bounding pulse
- high temperature.

Once the symptoms have been recognised, take the following steps:

- move casualty quickly to cool place and call an ambulance; wrap casualty in a cold, wet sheet and keep it wet. Continue until the high temperature falls and replace the wet sheet with a dry one. Observe casualty carefully.