

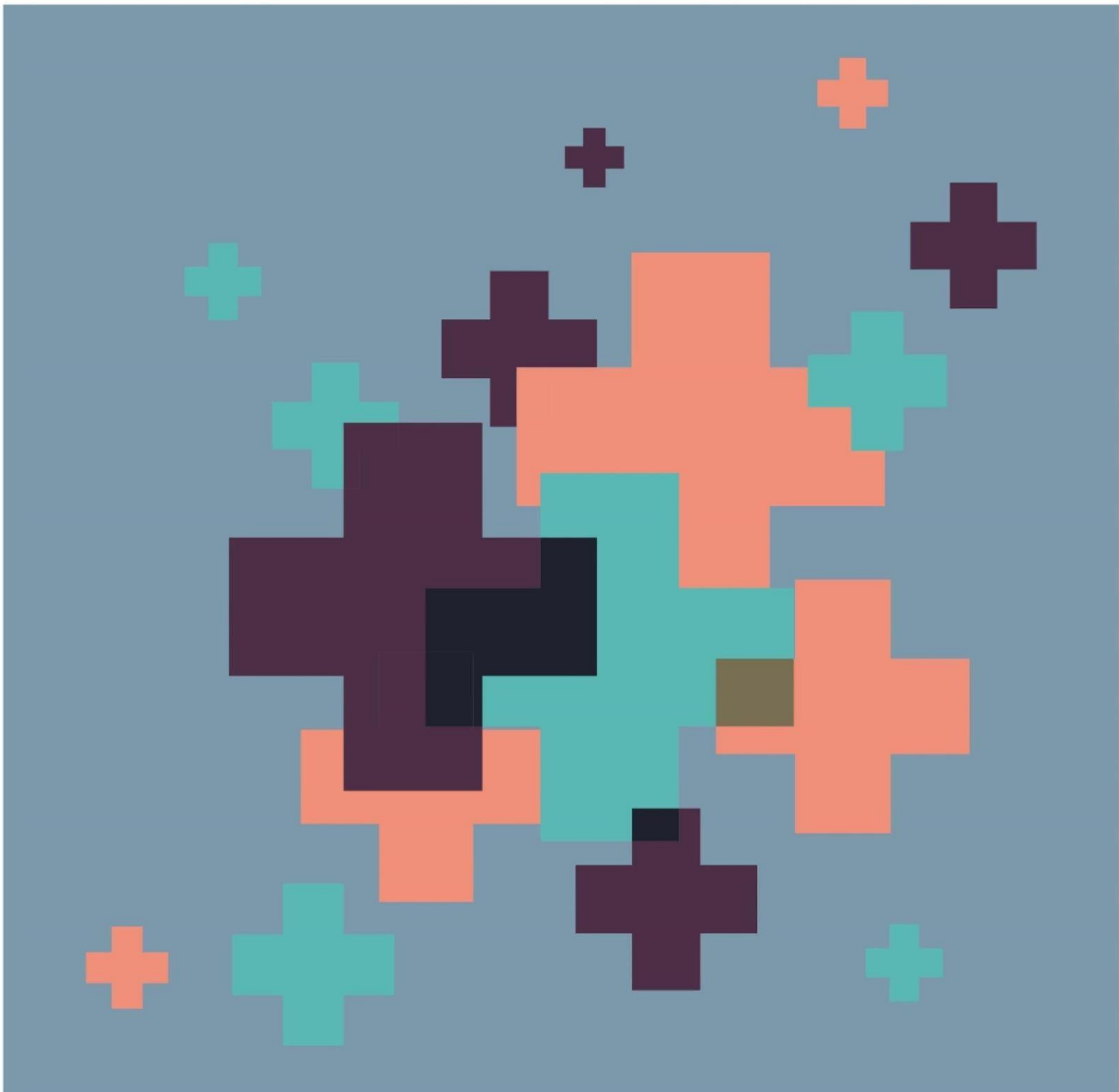
Trust Policy

Supporting pupils with medical conditions



Contained within this document:

Roles and responsibilities
Procedures
Dealing with emergencies



Supporting Pupils with Medical Conditions Policy



Policy/Procedure management log

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|-----------------------|--|
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1. Introduction and aims

At Nova Education Trust (NET) all of our academies aim to treat all its pupils fairly and with respect. This involves providing access and opportunities for all pupils without discrimination of any kind.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

School's within our trust will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

This policy aims to ensure that:

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

The named person (Medical Needs Lead) responsible for children with medical conditions at NUASt is Zoe Watson.

At NUASt all medication is stored in the first aid room as the central medication storage location. A second storage location is the designated fridge in the admin office for specific pupils only. This secondary location is identified on the relevant pupils IHP and emergency medical information on BromCom.

2. Legislation and statutory responsibilities

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

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

This policy also complies with our funding agreement and articles of association.

3. Roles and Responsibilities

3.1 Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition

-
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service (where available) in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure staff receive the necessary training to support students with medical conditions. Training should be made available at least annual, or as an when required to meet the health needs of a pupil

3.2 Medical Needs Lead

The named person responsible for children with medical conditions within this school is responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies
- Monitoring the storage of medication and leading the system management
- Update a pupils medical needs information on BromCom (MIS) when required
- Initiate and/or support an annual medical needs information Bromcom data check

3.3 Teachers and support staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

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

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

Teachers and Support Staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHPs (Individual Health Care Plan)
-

-
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance
- Supporting the management of an emergency. This may require contacting the emergency services on 999
- Following the Education Trips and Visits Policy when off site, specifically how to support, manage and deliver medication

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

3.4 Local Governing Body

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

The governing body should enact this responsibility and checks through their Safeguarding and/or SEND link governance visits.

3.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Inform the school when their child has refused medication before/afterschool, particularly where the missed dosage may affect the child's medical or physical health, and/or physical presentation whilst in school
- Collect expired medications from school when requested to do so
- Bring in new, in date medication, when required to do so

3.6 Pupils

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

Whilst all Nova schools aim to support medical condition management and development, pupils should not be encouraged to carrying their own medication. This should be held at specified location and administered from there. This is with the exception of the carrying of medication is part of the pupils emergency plan and recorded as such in their IHP.

3.7 School nurses and other healthcare professionals

Where a school nursing service is available, they will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

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

In schools that have a school nurse, they are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training

4. Procedure when notification is received that a pupil has a medical condition

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan will be drawn up (Appendix A outlines the process for developing individual healthcare plans).
- The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

5. Individual Healthcare Plans (IHP)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Medical Lead HL TA.

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

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

- What needs to be done
- When
- By whom
- Storage location of medication (where applicable)

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

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

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP and vice versa on the SEN pupil passport.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments. This information should be sought and verified by a health professional
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring. This is where they are deemed to have capacity to do so and should be evaluated from multiple lens to ascertain this before a decision is made. For example, if the pupil has a SEN and/or any mental health presentations.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
-

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

6. Managing Medicines

At NUASt all medication is stored in the first aid room as the central medication storage location. A second storage location is the designated fridge in the admin office for specific pupils only. This secondary location is identified on the relevant pupils IHP and emergency medical information on BromCom.

Prescription and non-prescription medicines will only be administered at school:

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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents and the prescriber has communicated this.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken, and then a final medication count undertaken before returning to the storage location.. Parents will always be informed.

The school will only accept prescribed medicines that are:

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

Medications can only be accepted from a parent with the necessary form completed, which must be completed at the time of delivery.

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

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required and/or are no longer in date (expired).

6.1 Controlled drugs

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

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so and have the capacity (see Section 5), but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept (Appendix 4).

6.2 Pupils managing their own needs

Pupils who are competent and have capacity will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry the relevant devices wherever possible.

Pupils should not be encouraged to carrying their own medication. This should be held at specified location and administered from there. This is with the exception of the carrying of medication is part of the pupil's emergency plan and recorded as such in their IHP.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7. Action in emergencies

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

A copy of this information (Appendix 7) will be displayed in the school office and reception.

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
 1. The school's telephone number:
 2. Your name
 3. Your location: [academy address]
 4. Provide the exact location of the patient within the school
 5. Provide the name of the child and a brief description of their symptoms
 6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask office staff to contact the relevant person to open relevant gates for entry
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.
- Print out the emergency information sheet from BromCom, ready to give the emergency professionals

8. Activities beyond the usual curriculum

Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

Adjustments should be made in consideration of any SEN and/or intimate care needs.

When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

9. Training

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

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed, where possible.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / role of individual. Training will be kept up to date by a qualified professional.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the broader needs of pupils and emergency presentations, as and when they present
- Fulfil the requirements in the IHPs
- Develop staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

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

10. Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalize pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils who have an identified or emerging need recorded in their IHP from drinking, eating or taking toilet or other breaks, whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets. This includes the disabled facilities. This unless it is part of their intimate care needs and identified in their IHP

11. Record keeping

All records for the management of medical conditions will be kept in the first aid room and on Bromcom.

Emergency information boards are available in [insert location] for our highest risk pupils.

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

IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and indemnity

Nova Education Trust will ensure that all its academies have the appropriate level of insurance in place and that the level of cover reflects the school's level of risk.

The details of the school's insurance policy are available by request to Nova Education Trust head office.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints and trust support

Where parents have concerns about our school's Medical Needs provision, they should first raise their concerns informally with the Medical Needs Lead, relevant SLT Lead and/or Headteacher. We will try to resolve the complaint informally in the first instance. If this does not resolve your concerns, parents are welcome to submit their complaint formally.

Formal complaints about Medical Needs provision in our schools should be made to the Headteacher in the first instance. They will be handled in line with the trust's Complaints Policy available on the school website.

If the parent or carer is not satisfied with the school's response they can escalate the complaint. In some circumstances, this right also applies to the student themselves.

Should a parent or carer wish to raise a concern to the trust regarding Medical Needs provision without making a formal complaint and/or you would like further advise, parents may contact: SEND@novaeducationtrust.net

14. Monitoring and evaluation arrangements

We will evaluate the effectiveness of this policy and overall Medical Needs provision across the trust and within our schools by evaluating:

- All staff's awareness of students with Medical Needs at the start of the autumn term • Training record for staff
- Termly quality assurance visits, which will include an inspection of the medication provision and sampling of IHPs
- Whether students with Medical Needs feel safe, valued and included in the school community
- Comments and feedback from students and their parents

This policy will be reviewed by the trust Director of Inclusion **annually**. It will also be updated when any new legislation, requirements or changes in procedure occur during the year.

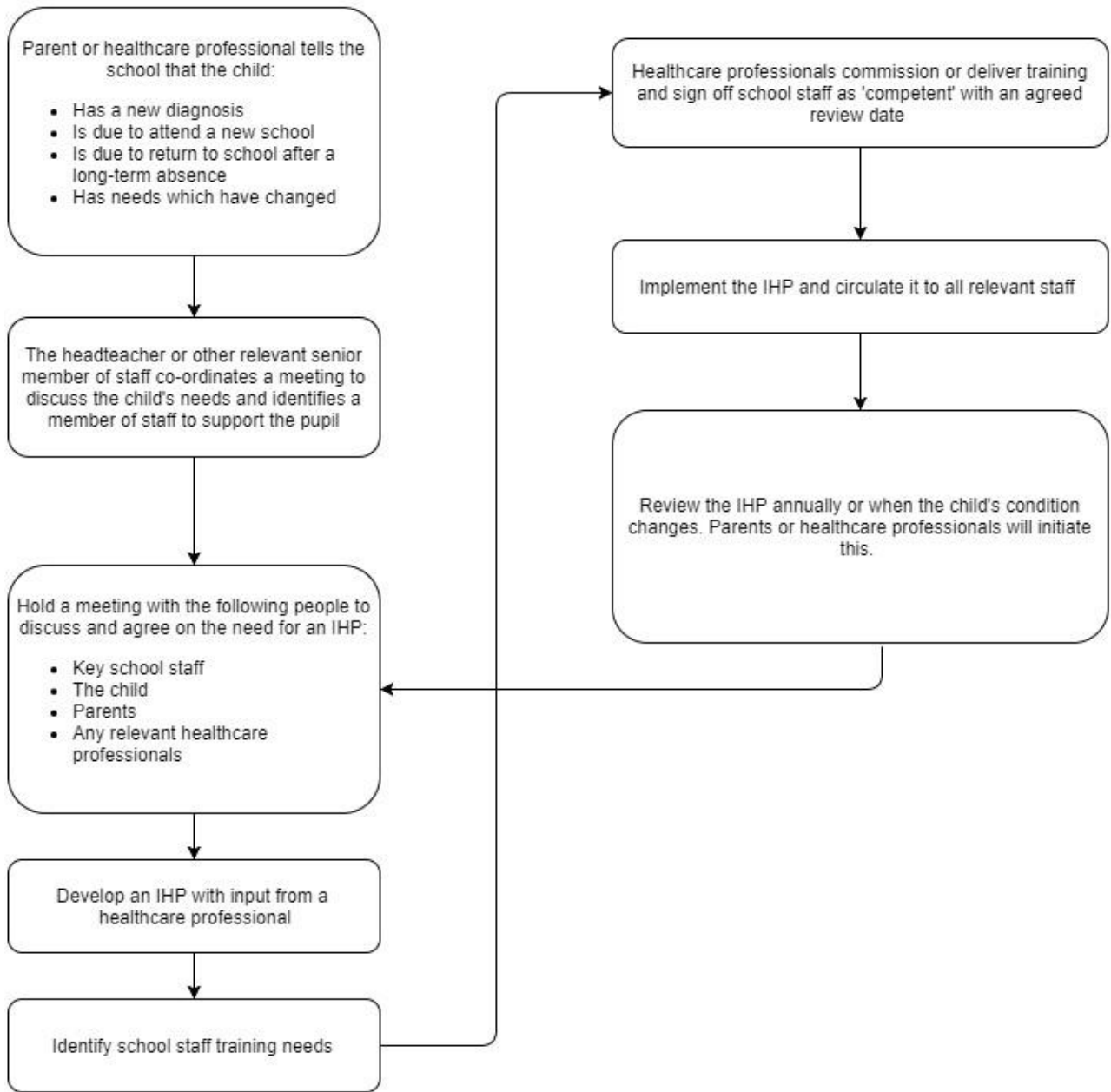
The policy will be approved by the Nova Education Trust Board of Directors and then locally by the Local Governing Body.

15. Links to other policies and documents

This policy links to the following documents:

- Accessibility plan (2022)
- Acceptable Use Policy (2022)
- Anti-Bullying Policy (2022)
- Attendance policy (2022)
- Behaviour policy (2022)
- Complaints policy (2021)
- Educational Trips and Visits (2022)
- Equality information and objectives (2021)
- Intimate care policy (2022)
- Safeguarding Policy (2022)
- SEN information report (individual school websites) • SEND Policy (2023)

Appendix 1: Process for developing Individual Healthcare Plans



Appendix 2: Template A: individual healthcare plan

| | |
|--|--|
| Name of school/setting | |
| Child's name (legal) | |
| <i>Child's preferred name (where applicable)</i> | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Gender (legal) | |
| <i>Child identifies as (where applicable)</i> | |
| Medical diagnosis condition | |
| Date | |
| Review date | |

Family Contact Information

| | |
|--|--|
| Name (1) | |
| Relationship to child | |
| Phone no. (work) (home) (mobile) | |
| Parental responsibility? (Y / N) | |

Emergency Contact Information / Additional Family Contact Information

| | |
|-----------------------|--|
| Name (2) | |
| Relationship to child | |

| | |
|--|--|
| Phone no. (work) (home) (mobile) | |
| Parental responsibility? (Y / N) | |

Clinic/Hospital Contact Information

| | |
|---------------------------|--|
| Doctor / Consultant name | |
| Hospital name and address | |
| Phone no. | |

G.P. Contact Information

| | |
|---------------------------|--|
| Doctors name | |
| Hospital name and address | |
| Phone no. | |

Medical information and care plan

| | |
|--|--|
| Who is responsible for providing support in school and role: | |
| Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc | |
| Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision | |
| Daily care requirements | |
| Specific support for the pupil's educational, social and emotional needs | |

| | |
|---|--|
| Arrangements for school visits/trips etc | |
| Other information / comments | |
| Describe what constitutes an emergency, and the action to take if this occurs | |
| Who is responsible in an emergency (state if different for off-site activities) | |
| Plan developed with | |
| Staff training needed/undertaken – who, what, when | |
| Form copied to | |

Appendix 3: Template B: Parental agreement for setting 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.

| | |
|----------------------------|--|
| Review to be completed by: | |
|----------------------------|--|

| | |
|--|--|
| Name of school/setting | |
| Child's name (legal) | |
| <i>Child's preferred name (where applicable)</i> | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Gender (legal) | |
| <i>Child identifies as (where applicable)</i> | |

| | |
|-----------------------------|--|
| Medical diagnosis condition | |
| Date | |
| Review date | |

Medication (1)

| | |
|---|--|
| Name/type of medicine (as described on the container) | |
| Expiry date | |
| Dosage and method | |
| Timing for delivery | |
| 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.

Medication (2)

| | |
|---|--|
| Name/type of medicine (as described on the container) | |
| Expiry date | |
| Dosage and method | |
| Timing for delivery | |
| 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 (1) | |
| Relationship to child | |
| Phone no. (work) (home) (mobile) | |
| Parental responsibility? (Y / N) | |
| Address | |

understand that I must hand deliver the medicine personally to reception.

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 _____

Appendix 4 Template C: record of medicine administered to an individual child

(1 sheet per medication)

| | |
|----------------------------------|--|
| Name of school/setting | |
| Name of child | |
| Date medicine provided by parent | |
| Group/class/form | |
| Quantity received | |

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Appendix 6: Template E: staff training record – administration of medicines

| | |
|----------------------------|--|
| Name of school/setting | |
| Title of training / course | |
| Type of training received | |
| Date of training completed | |
| Training provided by | |
| Profession and title | |

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 7: Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Seek a second member of staffs attention to inform a member of SLT and reception that an ambulance will be arriving and have someone ready to direct them / let them in.

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix 8: Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

Re: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Record of enteral feed administered to an individual child.

| | | | | | |
|---|--|-------|--|--|--|
| Name of school / setting | | NUAST | | | |
| Name of child | | | | | |
| Form | | | | | |
| Amount and frequency of enteral feed | | | | | |
| Date | | | | | |
| Name of feed | | | | | |
| Expiry date | | | | | |
| Time given | | | | | |
| Amount feed given | | | | | |
| Amount water flush given (pre/post) | | | | | |
| Additional comments | | | | | |
| Staff signature | | | | | |
| Date | | | | | |
| Support needed | | | | | |
| Support given | | | | | |
| Actions taken... Sent home? First aid in school? No actions? | | | | | |

Diabetic care log sheet.

| | Tuesday | Wednesday | Thursday |
|----------------------|--|--|--|
| Period 1: 9:30am | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ |
| Period 3: 11:50am | Reading Levels _____ Lunchtime dose _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Lunchtime dose _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Lunchtime dose _____ Correction dose _____ Glucose dose _____ Staff signature _____ |
| Period 5: 2pm | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ |

Please log – Students glucose reading under reading levels

Have they done a correction for insulin or taken glucose?

If they have done a correction for insulin please write the correction dose in the space provided.

If they have taken a glucose (dextrose tablet), please write the glucose dose in the space provided.

Please log any other readings or treatment.

| | | | | |
|-----|--|--|--|--|
| 6 | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ | Reading Levels _____ Correction dose _____ Glucose dose _____ Staff signature _____ |
| F/H | F/H | F/H | F/H | F/H |

Episode Record for Date of Birth

This form is to help get information about the episodes causing concern. Bring it with you to show the doctor or nurse.

| | | |
|---|--|--|
| Who witnessed this episode? | | |
| Date and time of episode? | | |
| Did you notice anything before the episode? | | |
| What was your child doing just before it started? Did anything appear to trigger the episode? | | |
| How did the episode start? | | |
| Did you notice any change in your child's breathing or colour? | | |
| <p>What happened next?</p> <p>was there loss of consciousness?</p> <p><input type="radio"/> were they able to respond to you?</p> <p>was their body floppy or stiff ? did their arms and legs move? What did the movements look like?</p> <p><input type="radio"/> were their eyes open or closed? Did their head or eyes jerk or go to one side? Which side?</p> <p><input type="radio"/> There are many possibilities. Try to note down as much as you can.</p> | | |
| How long did the episode last and how did you know it had finished? | | |

| | | |
|---|--|--|
| What was your child like after the episode, e.g. drowsy, sleepy, aggressive, etc? | | |
| How long was it until your child was back to their usual self? | | |
| Any other comments? | | |

www.cewt.org.uk _____ Seizure record VI .0 090708

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