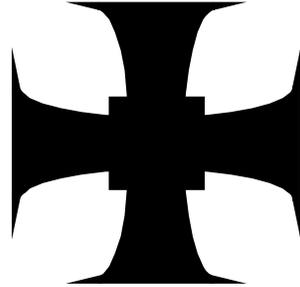


**TRINITY SCHOOL**



**SUPPORTING PUPILS  
WITH MEDICAL NEEDS  
IN SCHOOL  
POLICY**

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# MEDICAL NEEDS POLICY

## **Students with Medical Needs**

Most students will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

Other students have medical conditions that, if not properly managed, could limit their access to education. Such students are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

## **Support for Pupils with Medical Needs**

Parents or carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents and the student if he/she is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The School Nursing Service and specialist voluntary bodies may also be able to provide additional background information for school staff.

The School Health Service can provide advice on health issues to students, parents, teachers, education officers and local authorities. Health Authorities, LAs and governing bodies should work together to ensure pupils with medical needs and school staff have effective support in schools.

**For school staff there is no legal duty which requires the administering of medication; this is a voluntary role.** Staff who provide support for students with medical needs, or who volunteer to administer medication, need support from the Headteacher and parents, access to information and training, and reassurance about their legal liability.

## **Introduction**

Parents should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school – this would typically be through the Individual Medical Care Plan (IMCP), Individual Health Care Plan (Where the medical condition requires ongoing medication, regular hospital visits or may require emergency treatment). They should, jointly with the school, reach agreement on the school's role in helping with their child's medical needs. Parents' cultural and religious views will always be respected. Ideally, the Headteacher should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a student.

Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

## **The Employer**

The **school governing body** is responsible, under the Health and Safety at Work Act 1974, for making sure that a school has a medical needs policy and that it is reviewed regularly and is readily accessible to parents and school staff.

The Governors must ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation and must ensure that school policy reflects the roles and responsibilities of all those involved in supporting pupils at school with medical needs.

The Governors must also make sure that their insurance arrangements provide full cover for staff acting within the scope of their employment.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to make sure that correct procedures are followed. Keeping accurate records in the school is helpful in such cases. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The employer is also responsible for making sure that willing staff have appropriate training to support students with medical needs. This should be arranged in conjunction with the Health Authority or other health professionals. Health Authorities have the discretion to make resources available for any necessary training. In many instances they will be able to provide the training themselves. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A health care professional should confirm proficiency in medical procedures.

### **The Headteacher**

The Headteacher is responsible for implementing the governing body's policy in practice and for developing detailed procedures. When teachers volunteer to give pupils help with their medical needs, the Headteacher should agree to their doing this, and must ensure that teachers receive proper support and training where necessary.

The Headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The Headteacher should make it clear to parents that they should keep children at home when they are acutely unwell – see 'The Handbook'.

For a student with medical needs, the Headteacher (or the member of staff delegated) will need to agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a student's needs, or where the parents' expectations appear unreasonable, the Headteacher can seek advice from the County designated School Nurse or doctor, the child's GP or other medical advisers and, if appropriate, the LA. Complex medical assistance is likely to mean that the staff who volunteer will need special training.

If staff follow the school's documented procedures, they will normally be fully covered by their employer's public liability insurance should a parent make a complaint. The Headteacher should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

### **Consent to Medical Treatment.**

School will issue a Medical Consent Form prior to a student's admission to school. This includes consent for medical treatment in school and includes the administration of paracetamol. This is the only medicine school will administer other than to students with prescribed medicines and subject to a healthcare plan.

Except where a student has been prescribed an inhaler for the use of asthma relief, all other medication will be kept in a secure cupboard in the medical unit

Medical records are kept, listing students with specific and serious medical conditions, including sections on Diabetes, Cystic Fibrosis, Epilepsy, Severe Allergic Reaction (Anaphylaxis) and Jehovah's Witness Information as well as asthma sufferers.

### **Teachers and Other School Staff**

Some school staff are naturally concerned about their ability to support a student with a medical condition, particularly if it is potentially life threatening. Teachers who have students with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. The student's parents and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, for example if a designated First Aider is unavailable. At different times of the school day other staff may be responsible for students (e.g. Lunchtime Supervisors). It is important that they are also provided with training and advice.

### **School Staff Giving Medication**

Teachers' conditions of employment do not include giving medication or supervising a student taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a student should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

### **The Local Authority**

The LA can provide a general policy framework of good practice to guide county and controlled schools in drawing up their own policies on supporting students with medical needs. Many LAs find it useful to work closely with their Health Authority when drawing up a policy. The LA may also arrange training for staff in conjunction with health professionals.

LAs arrange home to school transport where legally required to do so. They must make sure that students are safe during the journey. Most students with medical needs do not require supervision on school transport, but LAs should provide appropriately trained supervisors if they consider them necessary.

### **Health Authorities**

Health Authorities (HAs) have a statutory duty to purchase services to meet local needs. National Health Service (NHS) Trusts provide these services.

Health Authorities normally designate a medical officer with specific responsibility for children with special educational needs (SEN). Some of these children may have medical needs. NHS trusts, usually through the School Health Service, may provide advice and training for school staff in providing for a student's medical needs.

The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances, in which students with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

### **The School Health Service**

The nature and scope of the service to schools varies between Health Authorities. It can provide advice on health issues to children, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the school nurse employed by the School Health Service.

The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with medical needs.

### **School Nurses**

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

**School Nursing Services** Trinity has a health service appointed school nurse. This school nurse may help schools draw up individual health care plans for students with medical needs, and may be able to supplement information already provided by parents and the child's GP. The nurse may also be able to advise on training for school staff willing to administer medication, or take responsibility for other aspects of support. The school nurse may attend school open days or parents' evenings to give advice to parents and staff.

### **The General Practitioner (GP)**

GPs are part of primary health care teams. Most parents will register their child with a GP. A GP has a duty of confidentiality to patients. Any exchange of information between GPs and schools about a child's medical condition should be with the consent of the child (if he/she has the capacity) or otherwise that of the parent or guardian. In some cases parents may agree for GPs to advise teachers directly about a child's condition, in others GPs may do so by liaising with the School Health Service.

### **Other Health Professionals**

Other health professionals may also be involved in the care of students with medical needs in schools. The Community Paediatrician is a specialist doctor with an interest in disability, chronic illness and the impact of ill health on children. He/she may give advice to the school on individual pupils or on health problems generally.

Most NHS Trusts with School Health Services have specialist trained pharmacists, often referred to as Community Services Pharmacists. Community Pharmacists provide pharmaceutical advice to School Health Services normally through Community Health Trusts. Some work closely with local authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling and disposal of medicines.

Some students with medical needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of an NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual student, particularly when a medical condition has just been diagnosed and the student is adjusting to new routines.

### **Short Term Medical Needs**

#### **Illness in School - Procedure**

- It is the parent's responsibility to keep the student at home when acutely unwell.
- If a student says she/he is too unwell and is unable to carry on in the lesson, the teacher/tutor will send the student accompanied and with relevant permission to the seek First Aid support.
- Where a student is obviously too ill to continue the day in school, the parent/carer will be contacted and asked to come to school to collect the student. The parent/carer may authorise another responsible adult to do this on their behalf or that the student goes home unaccompanied. Under no circumstances will the student be allowed to leave the school unaccompanied without parental permission.
- Where the student is feeling 'off colour', but has no clear signs of illness they will be encouraged back to lessons after a short spell in the medical unit.
- Students should not contact parents/carers directly to go home.

Many students will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow students to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

### **Non-Prescription Medication**

School staff should generally not give non-prescribed medication to students, exceptions could include school trips and other off-site activities. They may not know whether the student has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 12 should never be given aspirin, unless prescribed** by a doctor.

If a student suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication. Trinity's First Aid team should supervise the student taking the medication and notify the parents if necessary.

### **Long Term Medical Needs**

It is important for the school to have sufficient information about the medical condition of any student with long term medical needs. If a student's medical needs are inadequately supported this can have a significant impact on a student's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a student starts school, or when a student develops a condition. For students who attend hospital appointments on a regular basis, special arrangements may also be necessary (see Medical Needs Policy).

### **Administering Medication**

No student should be given medication without his or her parent's written consent. Any member of staff giving medicine to a student should check:

- the student's name
- written instructions provided by parents or doctor
- prescribed dose
- expiry date

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

Staff should update the medical log each time they give medication to a student.

### **Self Management**

Whilst it is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age, the risks associated with carrying medication means in all but exceptional cases medication will be stored in the Medical Unit.

### **Refusing Medication**

If a student refuses to take medication, school staff should not force them to do so. The school should inform the student's parents as a matter of urgency. If necessary, the school should call the emergency services.

### **Record Keeping**

Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

Although there is no legal requirement for schools to keep records of medicines given to students, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures.

### **School Trips**

It is good practice for us to encourage students with medical needs to participate in schools trips, wherever safety permits.

It is the parent's responsibility to complete in detail any medical forms, issued by the school prior to a day/residential visit, and ensure emergency contact details are accurate.

Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of the students' Individual Healthcare Plan should accompany the visit and parents should ensure staff are fully aware of any specific problems that may be encountered on the visit.

Sometimes an additional supervisor or parent might accompany a particular student. If staff are concerned about whether they can provide for a student's safety, or the safety of other students on a trip, they should seek advice from the Educational Visits Co-ordinator (currently Mrs Rosary). In turn, he/she may get medical advice from the Health Service or the child's GP.

### **Sporting Activities**

Most students with medical conditions can participate in extra-curricular sport or in the PE curriculum which is sufficiently flexible for all students to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE should be included in their individual health care plan.

Some students may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

### **Safety Management & Storing Medication**

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Medicines will be stored in Trinity's Medical Unit. We should not store large volumes of medication and should ask the parent or student to bring in small amounts where possible.

When the school stores medicines, staff should ensure that the supplied container is labelled with the name of the student, the name and dose of the drug and the frequency of administration. Where a student needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers. The Headteacher is responsible for making sure that medicines are stored safely. Students should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to students and must not be locked away.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. This refrigerator is in the Medical Unit thereby restricting access.

### **Access to Medication**

Students must have access to their medicine when required. The school may want to make special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

### **Disposal of Medicine**

Only First Aiders will dispose of any expired medicines. Other school staff should not dispose of medicines.

### **Hygiene/Infection Control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **Emergency Procedures**

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A student taken to hospital by ambulance should be accompanied by a member of staff who should remain until the student's parent/carer arrives.

Generally staff should not take students to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have business use vehicle insurance, **under no circumstances should a member of staff take students in their own care without business use insurance.**

### **Purpose of an individual Health Care Plan**

The main purpose of an individual health care plan for a student with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents/carers and the student, the help that the school can provide and receive. School should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year.

The school should judge each student's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school's medication policy must be applied uniformly. The Headteacher should not make value judgements about the type of medication prescribed by a registered medical or dental practitioner.

Each plan will contain different levels of detail according to the needs of the individual student. Those who may need to contribute to a health care plan are:

- The School Medical Officer
- The School Nursing Service
- School First Aiders
- The Headteacher

- The parent or carer
- The child (if sufficiently mature)
- Form Tutor / Head of House
- Care Assistant or Support Staff
- School staff who have agreed to administer medication or be trained in emergency procedures
- The school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

### **Information for Staff and Others**

Staff who may need to deal with an emergency will need to know about a student's medical needs. The Headteacher must make sure that supply teachers know about any medical needs. When a secondary school arranges work experience, the Headteacher should ensure that the placement is suitable for a student with a particular medical condition. Students should be encouraged to share relevant medical information with employers.

### **Staff Training**

An individual health care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff should not give medication without appropriate training from health professionals. If school staff volunteer to assist a student with medical needs, school must ensure that adequate training has been provided.

### **Confidentiality**

The Headteacher and school staff should treat medical information confidentially. The Headteacher should agree with the student (where he/she has the capacity) or otherwise the parent/carer, who else should have access to records and other information about a student. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Intimate or Invasive Treatment**

Some school 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. Parents/carers and Headteachers must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing. Each Health Authority will have a "named professional" to whom schools can refer for advice. The Headteacher or governing body should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the student, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the student as far as possible, even in emergencies.

### *Appendix – Common Concerns*

*The medical conditions in children which most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This policy provides some basic*

*information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of students are assessed on an individual basis.*

## **Asthma**

### **What is Asthma?**

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the student's skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

### **Medication and Control**

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most students with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each student's needs and the amount of assistance they require will differ.

**Children with asthma must have immediate access to their reliever inhalers when they need them.** Students who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the student's name. Inhalers should also be available during physical education and sports activities or school trips.

It is helpful if parents/carers provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the student's name and stored safely.

### **Common Concerns**

The medication of any individual student with asthma will not necessarily be the same as the medication of another student with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the student is taking other medication.

Students should not take medication which has been prescribed for another student. If a student took a puff of another student's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other students.

Students with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit students with asthma in the same way as other students. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Students with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

The health care plan should identify the severity of a student's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

If a student is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the student, as this may restrict breathing. The student should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the student appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

## **Epilepsy**

### **What is Epilepsy?**

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the student and school staff are given adequate support.

Not all students with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). An example of some types of generalised seizures are:-

- **Tonic Clonic Seizures**

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The student's pallor may change to a dusky blue colour.

Breathing may be laboured during the seizure.

During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some students only experience the tonic phase and others only the clonic phase. The student may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

### **Absence Seizures**

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A student having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the student is being inattentive or is day dreaming.

- **Partial Seizures**

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- **Simple Partial Seizures** (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

- **Complex Partial Seizures** (when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

### **Medication and Control**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a student's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some students. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Students with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with students and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The student should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The student's airway must be maintained at all times. The student should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the student should be turned on his or her side and put into recovery position. Someone should stay with the student until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the student regaining consciousness or where there is any doubt.

## **Diabetes**

### **What is Diabetes?**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

### **Medication and Control**

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most students will be able to do this themselves and will simply need a suitable place to do so.

Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of Physical Education classes or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

### **Hypoglycaemic Reaction**

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each student may experience different symptoms and this should be discussed when drawing up the health care plan.

If a student has 'a hypo,' it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the student has recovered, some 10-15 minutes later. If the student's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

## **Anaphylaxis**

### **What is Anaphylaxis?**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

### **Medication and Control**

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.

The student may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other students should also be taken into account. If a student is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such students at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

### **Allergic Reactions**

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each student's symptoms and allergens will vary and will need to be discussed when drawing up the individual health care plan.

Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.