

North Halifax Grammar School

Supporting Students with Medical Needs & Administration of Medicines in School Policy



Approved by:	Principal
Date approved:	23 rd March 2018
Next review:	Spring Term 2019
Policy owner:	School Welfare Officer

1. AIM

This policy aims to:

- provide a clear policy and set of procedures which will be understood and accepted by staff, parents and pupils, and which provide a sound basis for ensuring that pupils with medical needs receive proper care and support at the school;
- set out the necessary safety measures to support pupils with medical needs (including long-term or complex needs);
- define individual responsibilities for pupils' safety; and
- explain the procedures to ensure the safe management of any medications.

2. RESPONSIBILITIES

2.1 Parents/guardians

Parents/guardians are responsible for making sure that their child is well enough to attend the school.

Normally any prescribed medication should be administered at home. The school accepts, however, that it may be necessary for some medication to be administered during school hours especially where it would be detrimental to a child's health if medicine were not administered during the school 'day';

Under arrangement made by the school, parents/guardians should provide the Principal with sufficient information about their child's medical condition and treatment or special care needed at the school

Parents/guardians are responsible for ensuring that these details are up to date.

Parents are responsible for ensuring that any medicines that need to be administered during the school day are prescribed by a qualified medical practitioner, a doctor, dentist or nurse consultant. The medication must also be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Where appropriate, parents/guardians should be involved in drawing up a healthcare plan for their child.

2.2 The school

- 2.2.1 No members of staff are obliged to give, or oversee the giving of, medication to pupils. Only the school nurse (if appointed) or other school staff who are authorised and trained in the giving of medication, or trained volunteers.
- 2.2.2 The school will only oversee the administration of medicines prescribed by a qualified medical practitioner or nurse consultant. The school will **never** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- 2.2.3 The school is responsible for requesting information concerning details of all pupils' medical conditions and treatment/care.
- 2.2.4 The school will make its own arrangements for administering medication in line with the government guidance in Supporting pupils at school with medical conditions.
- 2.2.5 The school will ensure any IHCP accompany a pupil should they need to attend hospital. Parental permission to be recorded in the IHCP for sharing within emergency care settings.
- 2.2.6 The school will make sure up to date registers are kept for pupils with consent to use emergency inhalers and Auto Adrenaline -Injectors held by the school:

2.3 The Principal, is responsible for:

- ensuring that appropriate procedures are in place;
- ensuring the formulation of individual healthcare plans where necessary;
- appointing a school nurse or other appropriately trained staff;

- in consultation with the School Welfare Officer (or trained staff), for drawing up and implementing emergency medical procedures and first aid arrangements;
- ensuring that staff who agree to accept responsibility for administering prescribed medication to a pupil, have proper training and guidance organised by a registered nurse, a medical practitioner or other appropriately qualified health professional;
- ensuring that all parents are aware of the school's policy and procedures for dealing with medical need;
- ensuring that a system is in place for keeping staff up-to-date with information and names of pupils who need access to medication; and
- ensuring that arrangements are in place for requesting and receiving information from parents.

In the absence of the SWO, the Principal is responsible for trained staff giving prescribed medication during the school day.

2.4 **The Principal** is responsible for:

- putting appropriate arrangements in place in consultation with the SWO ;
- arranging regular reports from the SWO or person appointed to oversee the taking of medication by pupils and/or administration of medicines to pupils;
- ensuring the suitability of the procedures;
- implementing a system for keeping staff up-to-date with information and names of pupils who need access to medication; and
- ensuring annually that all staff know how to call for help in an emergency; and
- reporting on progress to the Principal.

2.5 **The School Welfare Officer**

The SWO is responsible for:

- collating information provided by parents;
- administering all prescribed medication;
- ensuring the safe storage;
- providing school staff with guidance and training for staff and volunteers on medical conditions and how they may affect the education of individual pupils; and
- reporting regularly to the HSM.

The SWO may be involved, in conjunction with parents/guardians and medical advisers in the formulation of individual health care plans.

In conjunction with the local NHS Trust and the Principal, the SWO, will be involved in advising/providing support for staff training on medical issues.

2.6 **The teachers in charge of particular activities** are responsible for ensuring that appropriate arrangements are made for pupils with medical needs and liaising with the SWO during:

- educational visits/learning outside the classroom
- sporting activities

2.7 **All staff** are responsible for:

- knowing the arrangements and following the procedures;
- knowing how to call for help in an emergency; and
- reporting any problems to the nurse or the person appointed to oversee the administration of medication.

3. **POLICY ON SPECIFIC MEDICAL ISSUES**

3.1 The school welcomes all pupils and encourages them to participate fully in all activities.

3.2 The school will advise staff on the practical aspects of management in school of:
i asthma attacks;

- ii diabetes;
- iii epilepsy; and
- iv an anaphylactic reaction

Further, detailed information is contained in the appendices to this document.

- 3.3 The school will keep a record of pupils who may require such treatment.
- 3.4 The school expects all parents whose children may require such treatment to ensure that the school is informed of their child's condition so they can be effectively supported in school.
- 3.5 The school will ensure that any IHCP is in place to support the pupil's medical needs. The school would involve the pupil, parents, school nurse or another healthcare professional involved in providing care for their child.
- 3.6 The school will store all medication in clearly labelled boxes along with the pupils IHCP in the main school office. Parents will be responsible for replacing medication and the school will request the IHCP to be renewed yearly.
- 3.7 The school, pupil and parents may agree that some pupils will be able to take responsibility for their own medical needs and do not require a IHCP but may carry their own medication.

4. EQUAL OPPORTUNITIES

In making, reviewing and implementing this policy the school will have regard to its equal opportunities policies, and in particular will have regard to the needs of any pupil with disabilities.

5. MONITORING AND REVIEW

The principal in conjunction with the SWO will determine the monitoring and review arrangements in the school.

The school health and safety committee will consider the working of the policy and make any relevant recommendations to the Principal.

The principal will report on the management and progress of the policy to the governing body annually.

The school health and safety committee will review the policy at least every three years, or when it considers it appropriate.

APPENDIX A

A POLICY ON RESPONDING TO ASTHMA

General

The charity, *Asthma UK*, estimates that on average there are 3 pupils with asthma in every classroom in the UK. Asthma is the most common long-term condition in children, affecting more than one million youngsters. In 2007 asthma claimed the life of 21 children under the age of 14 and the year before as many as 40 deaths were recorded. A child is hospitalised with an asthma attack every 19 minutes.

School staff are not required to administer asthma medicines to pupils (except in an emergency), but where staff are happy to administer asthma medicines the school will ensure that they are covered by insurance and will receive any necessary training

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Pupils with asthma should be encouraged to carry their own inhalers as soon as the parent/carer, doctor or asthma nurse agrees that they are mature enough.

This policy sets out the school's response to the problems posed by asthma, taking into account its responsibility for ensuring as far as is reasonably practicable the health and safety of employees and pupils.

AIM

The policy sets out the system for ensuring that:

- staff and pupils with asthma are known;
- a register of pupils kept
- appropriate training is given to staff and pupils;
- all staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively; and
- governors, staff, pupils and parents know what the system is and the part they have to play.

RESPONSIBILITIES

The Principal is responsible for:

- ensuring that a system is in place and is properly managed and reviewed;
- ensuring that a system is in place for recording asthma sufferers;
- ensuring a register of pupils is kept for the use of emergency spare inhalers
- ensuring that a system is in place for training staff; and
- reporting annually to the school council on any incidents and the general working of the system.

The School Welfare Officer (SWO) is responsible for:

- the management of the system;
- ensuring that asthma sufferers are known and care plans, parental consent forms for the use of an emergency inhaler and a register are kept appropriately ensuring that appropriate training is given;
- obtaining and circulating appropriate guidance;
- ordering supplies of the *Asthma UK* School Asthma Cards;
- ensure that the *Asthma UK* procedure in the event of an asthma attack is visibly displayed in the staffroom;
- ensuring annually that all staff know how to call for help in an emergency;
- reviewing the system periodically;
- ensuring that appropriate storage for medicines is provided, where necessary;
- liaising with medical staff as necessary;
- communicating with teaching and support staff, and parents; and
- reporting to the Principal.

All staff will:

- know which of their pupils is on the asthma register and know where their care plan is kept;

- know which pupils have parental consent to use an emergency inhaler in the event of an Asthma attack if they are unable to use their own;
- allow pupils to take their own medicines when they need to;
- know what to do in the event of an asthma attack in school;
- know how to call for help in an emergency;
- know where the spare inhalers are kept and which staff are trained to use them;
- who to inform, parents/school nurse when a pupil has had to use the emergency inhaler or their own in the event of an Asthma attack.
- where appropriate store a child's spare inhaler in a named container with their IHCP;
- make a note (and inform parents/school nurse/asthma nurse - as agreed and set out in in school policy) when a pupil has had to use the inhaler.

Parents/carers of asthma sufferers are responsible for informing the school of their child's Asthma and providing up to date information;

- providing their child with their own reliever;
- completing and returning to the school the asthma care plan.

All pupils will:

- be told about asthma at times designated by the SWO.

Record keeping

Parents will be asked to complete a medical questionnaire at the beginning of the school year. This will include asthma.

All pupils with asthma will then be sent an *Asthma UK* School Asthma Card to give to the doctor or asthma nurse to complete. The card must then be returned to the school.

The names of sufferers will be kept on the school register maintained by the SWO

The SWO will ensure that parents/carers are requested * to update the Asthma Card, or supply a new one if the pupil's medicines, or how much they take, change.

PE and games

Taking part in PE activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in PE activities.

All PE staff will know who has asthma from the school's asthma register.

Before each lesson PE staff will remind pupils whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson.

The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

School environment

The school will do all it can to make the environment favourable to pupils with asthma.

The school will not keep furry or feathery animals. There is also a rigorous no smoking policy.

The school will as far as possible not allow the use of aerosols of any kind.

The school will as far as possible not use chemicals in the school that are potential triggers for asthma.

Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

Dealing with the effects of asthma

When it is known that a pupil has to miss a lot of school time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil's teacher will talk to parents/carers to determine how best to ensure that the pupil does not fall behind.

If appropriate the teacher will also talk to the school nursing team, SWO or SEND co-ordinator about the pupil's needs.

In the event of an asthma attack the school will follow the procedure outlined by *Asthma UK*

Guidance

The School Asthma Pack – *Asthma UK*
Asthma Awareness for School Staff
Asthma Resources for Pupils

Monitoring and review

Staff will report incidents of asthma to the SWO.

The SWO will keep a record of incidents.

The SWO will report to the Principal as agreed;

The Principal will report annually to the governing body; and

The policy will be reviewed every two years.

APPENDIX B

A policy for helping children with epilepsy

What is epilepsy?

Epilepsy is a common serious neurological condition where there is a tendency to have seizures that start in the brain. It is important to note that not all seizures are due to epilepsy. Seizures can happen for many different reasons, such as diabetes or a heart condition. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20. There are over 40 types of epilepsy, so just knowing that a child 'has epilepsy' does not tell you very much about their epilepsy and the type of seizures they have.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 children in the UK. Eighty per cent of children with epilepsy attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition. However, the National Centre for Young People with Epilepsy (NCYPE) says that up to half of such children (approximately 30,000 children in the UK) have real difficulties in school, resulting in a negative impact on their future lives. However, the Epilepsy Society, which is a medical research charity, says that many children with epilepsy find that their epilepsy and medication does not impact on their learning. However, for other children, epilepsy might affect their learning. Problems with learning could be due to the cause of the epilepsy or because they are having seizures.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning.

What causes epilepsy?

There are also many genetic conditions that can lead to epilepsy. Seizures may occur at any age from birth onwards. Some children have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. Some symptomatic epilepsies may occur because of a genetic condition such as *tuberous sclerosis*, which causes structural abnormalities in the brain and other organs.

For other children there is no known or identifiable cause, although there are many genetic conditions that can lead to epilepsy. This type is known as idiopathic epilepsy.

Some people develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy; depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

The outlook for someone with epilepsy varies. Some children have few attacks and lead a normal life, others grow out of their epilepsy, while for some it becomes a chronic condition that impacts on every aspect of their lives.

Triggers

If the child has had seizures for some time the parents, or indeed the child if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- tiredness;
- lack of sleep;
- lack of food;
- stress;
- photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual children. Schools should obtain detailed information from parents and healthcare professionals on the particular pattern for the individual child. The information should be recorded in an individual healthcare plan, setting out the particular pattern of an individual child's epilepsy.

Medication

Children with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well-controlled. Up to 66% could have their epilepsy controlled with anti-epileptic drugs (AEDs). AEDs aim to prevent seizures from happening, but they do not, and cannot, cure epilepsy. Around 66% of children will achieve seizure control (stop having seizures) once the best medication is found for them. This depends on the type of epilepsy they have.

Managing epilepsy can often be a balance between stopping seizures and keeping side effects to a minimum. Also, getting seizure control can sometimes take a while to happen (to find the right drug at the right dose) and this can vary from one child to another.

Most children therefore need to take medicine to stop or reduce the number of seizures they have. Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff except in boarding schools. There are some children who require medicine three times daily but even then it is usually taken before school, after school and before going to sleep.

The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the child goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening.

If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

Schools with children who require rectal diazepam should have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

AIM

The policy sets out the system for ensuring that;

- staff and pupils with epilepsy are known;
- appropriate training is given to staff;
- all staff know what to do in the event of a seizure;
- governors, staff, pupils and parents know what the system is and the part they have to play.

RESPONSIBILITIES

The Principal is responsible for;

- ensuring that a system is in place and is properly managed and reviewed;
- ensuring that a system is in place for recording epileptics;
- ensuring that staff are suitably trained; and
- reporting annually on any incidents and the general working of the system.

The SWO is responsible for;

- the management of the system;
- ensuring pupils with epilepsy are known and IHCPs are in place;
- ensuring sufficient staff are trained to deal with epilepsy;
- ensuring annually that all staff know how to call for help in an emergency;
- ensure that appropriate storage for medicines is provided and where necessary liaise with medical staff;
- communicate with teaching and support staff, and parents; and
- reporting to the Principal

All staff will:

- know which pupils have seizures and where their care plan is kept;
- allow pupils to take their own medication if they need to;
- know what to do in the event of a seizure;
- know how to call for help in an emergency.

Parents/carers of pupils suffering from epilepsy are responsible for informing the school and providing up to date information.

Record keeping

Parents will be asked to complete a medical questionnaire at the beginning of the school year. This will include seizures/epilepsy.

What the school should do

Most teachers during their careers will have several children with epilepsy in their class. Therefore, all staff should be aware that any of the children in their care could have a seizure at any time and therefore should know what to do. It is important that cover supervisors and new staff are also kept informed and up-to-date.

All individual children with epilepsy should have a health care plan that details the specifics of their care. The Principal should ensure that all class and subject teachers know what to do if the child has a seizure.

The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

If a child does experience a seizure in a school, the details should be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

Children with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan.

During a seizure it is important to make sure that:

- the pupil is in a safe position;
- the seizure is timed
- the pupil's dignity is maintained
- the pupil's movements are not restricted; and
- the seizure is allowed to take its course.

In a convulsive seizure something soft should be put under the* head to help protect it. Nothing should ever be placed in the mouth.

After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- it is the pupils first seizure;
- the pupil has injured itself badly;
- they have problems breathing after a seizure;
- a seizure lasts longer than the period set out in the pupil's health care plan;
- a seizure lasts for five minutes - if you do not know how long they usually last for
- there are repeated seizures - unless this is usual for the child as set out in the child's health care plan.

This information should be an integral part of the school's general emergency procedures but also relate specifically to each IHCP

Disability and epilepsy

Some children with medical needs are protected from discrimination under the *Disability Discrimination Act (DDA) 1995* (subsumed into the *Equality Act 2010*). As epilepsy is a long-term condition all children with epilepsy are considered disabled and are therefore covered by the *Equality Act 2010*, even if their seizures are controlled by medication.

Whether children with epilepsy also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress. The majority of children with epilepsy can attend mainstream schools. Only a minority with severe or complex learning difficulties, or severe epilepsy, need to attend special schools.

Under the law on disability responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with epilepsy at different levels of school life. Thus children with epilepsy should take part in all activities organised by the school, except any specifically agreed with the parents and/or relevant health adviser.

Whether or not the epilepsy means that an individual child is disabled, the school must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

If it is likely that a child will have a seizure at school, it is often worthwhile educating the other children in the class about seizures and epilepsy. Of course such a lesson can only mention the child with epilepsy by name if the parents, and the child where appropriate, have given their consent.

Accessing the curriculum

For some children, having epilepsy will not affect their ability to learn or achieve academically, but others may need extra time or support in class. For example, a child who has absence seizures may miss key points in lessons. Having a chance to catch up on what they have missed in class can be helpful if seizures happen frequently. Sometimes a child may need time to recover after a seizure, and may need time to sleep. Seizures at night can disrupt sleep patterns and affect memory for some time afterwards. AEDs can also cause side effects that include tiredness and problems with memory or concentration.

As children with epilepsy are considered disabled under the *Equality Act 2010* schools should be aware that the Act covers how the curriculum is delivered and therefore methods of teaching need to treat all pupils fairly and not put any pupils with a disability at a disadvantage. However, the *Equality Act* does not cover the content of the curriculum.

Computers and lighting

For most children with epilepsy, using a computer will not trigger a seizure. However up to 5% will have photosensitive epilepsy, where seizures are triggered by flashing or flickering lights or by geometric patterns such as checks or stripes.

Computers and televisions with a flat screen do not flicker and are less likely to trigger seizures than screens that flicker. However, fast-moving or flashing images on the screen could still be a trigger.

Other photosensitive triggers include flickering overhead lights and sunlight creating a pattern through blinds.

Sporting and off-site activities

All schools should have agreed policies about what to do when any pupil with a medical condition or disability takes part in PE and sports, or is on a school activity off-site or outside school hours.

The policy could be part of the general suite of health and safety, medicines and disability policies, or a stand-alone policy for sporting and off-site activities. Such policies should include details of each child's individual needs. All staff accompanying the group should ensure that they know the school policy and what is expected of them in relation to each child. The parents and child should be involved in drawing up the details for the individual and know exactly what the policy is.

The majority of children with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in his/her individual health care plan.

Schools should encourage children with epilepsy to participate in safely-managed visits. Schools should consider what reasonable adjustments they might make to enable such children to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include the children and might also include risk assessments for such children.

Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

References

Supporting pupils at School with medical conditions DfES 2015

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to complement the original DCSF guidance. This free pack can be downloaded at <http://www.medicalconditionsatschool.org.uk/>

Epilepsy Action www.epilepsy.org.uk publishes ***Epilepsy - A teacher's guide*** - <http://www.epilepsy.org.uk/info/education/index.html>. This looks at classroom first aid, emergency care, and medication and school activities.

APPENDIX C

A policy for:

ALLERGIC REACTIONS/ANAPHYLAXIS.

What are allergies?

Allergies are multi-organ diseases that affect about a third of the UK population at some time in their lives. Each year the numbers are increasing by 5% with as many as half of all those affected being children. *Allergy UK* says that about 50% of children in the UK now have some form of allergic condition.

There are many types of allergic conditions, including allergies to food, drugs, airborne allergens and those affecting the skin. Allergies or allergic conditions are generally characterised by a range of symptoms. Where these symptoms are known to be caused by an allergic reaction the condition is known as an atopic disease. Allergic reactions take many forms and can vary in severity from the mildest of hay fever to life-threatening anaphylaxis.

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

Causes

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis.

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

Symptoms

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness. This is rare in young children but does occur in adolescence.

More common symptoms in children are:

- nettle rash (hives) anywhere on the body;
- sense of impending doom;
- swelling of throat and mouth;
- difficulty in swallowing or speaking;
- alterations in heart rate;
- severe asthma;
- abdominal pain, nausea and vomiting;
- sudden feeling of weakness (drop in blood pressure).

A child would not necessarily experience all of these symptoms.

Even where only mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medication

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior.

Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips.

Should a severe allergic reaction occur, the adrenaline injection needs to be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

What the school should do

Children who are at risk of severe allergic reactions are not ill and neither are they disabled. They are normal children, except that if they come into contact with a certain food or substance, they may become very unwell. It is important that such children are not made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

AIM

The policy sets out the system for ensuring that;

- staff and pupils with severe allergies are known;
- a register is kept for pupils with consent to use an emergency adrenaline auto-injector
- appropriate training is given to staff and pupils and sufficient staff are trained in the use of adrenaline auto-injectors
- all staff know their roles in ensuring that pupils with severe allergies are dealt with quickly and effectively and;
- governors, staff, pupils and parents know what the system is and the part they have to play.

The Principal is responsible for:

- ensuring that a system is in place and is properly managed and reviewed;
- ensuring that a system is in place for recording pupils with severe allergies;
- ensuring a system is in place for training staff; and reporting annually on any incidents and the general working of the system.

The SWO is responsible for:

- the management of the system;
- ensuring pupils with severe allergies are known and IHCPs and any medication are kept in the main office in a named box; some pupils may also carry their own medication for self-administration;
- ensuring the anaphylaxis register is up to date and parental consent is stored for use of the emergency adrenaline auto-injectors
- ensuring the emergency medication is checked and stored appropriately in the main school office.
- ensuring that appropriate training is given;
- ensuring annually that all staff know how to call for help in an emergency;
- reviewing the system periodically;
- communicating with teaching and support staff, and parents; and
- reporting to the Principal.

All staff will:

- know which pupils have severe allergies and where their IHCP is kept;
- know which pupils are on the anaphylaxis register and where it is kept
- know which staff are trained in the use of emergency adrenaline auto-injectors;
- allow pupils to take their own medication when they need to; and
- know what to do in the event of a reaction and how to call for help in an emergency.

Parents/carers of pupils with severe allergies are responsible for informing the school and providing up to date information:

- providing their child with their medication if they are sufficiently responsible to carry their own medication.
- consulting with the school, their GP and /or outside health practitioners in the formulation of an IHCP.

Record keeping

Parents will be asked to complete a medical questionnaire at the beginning of the school year. This will include severe allergies.

Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

Sporting and off-site activities

Whenever a severely allergic child goes out of the school building, even for sports in the school grounds, his/her emergency kit must go too. A staff member trained to treat allergic symptoms must accompany the child. Having the emergency kit nearby at all times is a habit the child needs to learn early, and it is important the school reinforces this.

Where a child has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the child is not excluded from trips. For example, for a day trip a child can take a lunch prepared at home, and for longer visits some children take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic child should always take plenty of safe snacks.

Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the child should wear shoes at all times and all food or drink should be covered until it is time to eat. Adults supervising activities must ensure that suitable medication is always on hand.

References:

Supporting pupils at school with medical conditions DfES 2015

The **Anaphylaxis Campaign** website at <http://www.anaphylaxis.org.uk/> contains *Guidance for schools*, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol.

The Anaphylaxis Campaign Helpline is 01252 542 029.

The Anaphylaxis Campaign **Allergy in schools** website at:

<http://www.anaphylaxis.org.uk/information/schools/information-for-schools.aspx> has specific advice for pre-schools, schools, school caterers, parents, students and nurses.

APPENDIX D

A policy for children with diabetes.

Contents

What is diabetes?

Types of diabetes

What the school should do

Medication

Sporting and off-site activities

Disability and diabetes

References

What is diabetes?

Most education staff will encounter children with diabetes as about one in 550 school-age children have diabetes.

- Diabetes mellitus, usually called diabetes, is a condition in which the body does not produce enough, or properly respond to, insulin, a hormone that enables the body to absorb glucose in order to turn it into energy.
- In diabetes, the body either fails to properly respond to its own insulin, does not make enough insulin, or both. This causes glucose to accumulate in the blood, often leading to various complications.

Types of diabetes

Diabetes is either due to a lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the person's needs or the insulin is not working properly (Type 2 diabetes).

The majority of children have Type 1 diabetes. They normally need to have daily insulin injections or a pump to monitor their blood glucose level and to eat regularly according to their personal dietary plan. .

Recognising Type 1 diabetes - The 4 Ts

- Thirsty.
- Toilet (needing to urinate more often).
- Tired.
- Thinner (unexplained weight loss).

Type 2 diabetes, once described as adult-onset diabetes, is now also found in young adults and children. The links between Type 2 diabetes and obesity are firmly established. Without the intervention of a healthy diet and appropriate exercise, obesity may develop into diabetes over a relatively short period of time.

The symptoms of Type 2 can develop extremely quickly (over the course of weeks or even days) even in children and adolescents who were previously healthy. Children with Type 2 diabetes are usually treated by diet and exercise alone.

What the school should do

Children and young people with diabetes do not have any associated special educational needs. With a sympathetic staff they should all be able to attend any mainstream school, eat ordinary school food (providing the balance of intake is maintained) and take a full part in school life including all extra-curricular activities. Whether a child with diabetes also has special educational needs will depend on how the diabetes impacts on their access to education and their ability to make adequate progress.

Aim

The policy sets out the system for ensuring that:

- staff and pupils with diabetes are known;
- that a pupil's school life should be made as normal as possible;
- enable pupils with diabetes to look after themselves with minimal supervision during the school day.

RESPONSIBILITIES

The Principal is responsible for;

- ensuring a system is in place and is properly managed and reviewed;
- ensuring a system is in place for training staff; and
- reporting annually on any incidents and the general working of the system.

The SWO is responsible for:

- the management of the system;
- ensuring diabetics are known and IHCPs are set up;
- ensuring medication is stored in a labelled box in the main office;
- ensuring that appropriate training is given to staff;
- ensuring annually that all staff know how to call for help in an emergency;
- reviewing the system periodically;
- liaising with the pupil, parents and the diabetic medical staff as necessary;
- communicating with the teaching and support staff and reporting to the Principal.

All staff will:

- know which of their pupils are diabetic and where their IHCP is kept;
- allow pupils to use their testing kit and take their insulin if required;
- allow pupils to eat a snack in lesson if needed or take their medication;
- know what to do in the event of an emergency and how to call for help;
- know what to do in the event of a pupil becoming hypoglycaemic or hyperglycaemic
- who to inform should their pupil become unwell.

Parents/carers of diabetics are responsible for informing the school of their child's diabetes and providing up to date information;

- providing their child with their medication for use in school;
- completing and returning an IHCP.

Record keeping

Parents will be asked to complete a medical questionnaire at the beginning of the school year. This will include diabetes.

Children with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which the blood glucose level falls too low.

Hypoglycaemia - the symptoms of hypoglycaemia are variable and can start to manifest at widely-varying levels of blood glucose. Symptoms include:

- hunger;
- sweating;
- drowsiness;
- pallor;
- glazed eyes;
- shaking or trembling;
- lack of concentration;
- irritability;
- headache;
- mood changes, especially angry or aggressive behaviour.

If these symptoms are ignored the child will rapidly progress to loss of consciousness and a hypoglycaemic coma. If a child has a 'hypo', it is very important that the child is not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10 -15minutes;
- the child becomes unconscious.

Hyperglycaemia (high glucose level) may also be experienced by some children. Hyperglycaemia (the opposite of a 'hypo' insulin reaction) is usually slow to develop. Symptoms include:

- a dry skin;
- a sweet or fruity smell on the breath rather like pear drops or acetone;
- excessive thirst, hunger or the passing of urine;
- deep breathing;
- fatigue.

Treatment is the administration of insulin.

Where there are any changes to the child's behaviour, staff should draw such signs to the parents' attention and/or discuss such symptoms with the child's specialist diabetic nurse or doctor.

Medication

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

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

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. The majority of older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test result

Sporting and off-site activities

Children with diabetes can participate in all physical activities and extra-curricular sports. Staff in charge of physical education or other physical activity sessions or taking children out of school should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand in case the child has a 'hypo'.

Children with diabetes can also participate in safely-managed visits. Schools should consider what, if any, reasonable adjustments they might make to enable such children to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps for children to access medication as and when required. Staff supervising excursions should always be aware of medical needs and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Disability and diabetes

Some children with medical needs are protected from discrimination under the *Equality Act 2010*. Diabetes is a long-term and permanent medical condition and therefore all children with the condition are considered disabled.

Under the law on disability responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with diabetes at different levels of school life.

Thus children with diabetes should take part in *all* activities organised by the school, except any specifically agreed with the parents and/or relevant health adviser.

The school **must** take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

References

Supporting pupils at school with medical conditions Df ES 2015

Diabetes UK is the foremost UK diabetes charity. Diabetes UK works to help people suffering from diabetes, as well as providing funding for research, raising awareness and campaigning.

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk