Berrow Primary Church Academy

MANAGING MEDICATION PROCEDURES

Purpose of the procedure
This procedure aims to provide clear guidance and procedures to staff, parents and pupils. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in education.

The key aims of the procedure are to ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education;
- Consultation with appropriate persons is undertaken, such as health and social care professionals, parents and pupils to ensure the needs of children with medical conditions is fully considered;
- Pupils are kept safe from harm and abuse;
- Safe practices and procedures in place to ensure that the school meets its statutory responsibilities for health and safety.

The leadership team is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented.

The Headteacher is responsible for overseeing all of the arrangements in place and ensuring that the policy is implemented effectively. The Headteacher will designate relevant staff to carry out the specific roles within the policy and ensure that there are sufficient deputies to allow for staff absence.

Berrow Primary Church Academy have added to Appendix 1 a policy specifically concerning *Sick children and Managing Medication* within our Pre School setting – Little Learners @ Berrow Pre School

Safeguarding
Berrow Primary Church Academy (including Berrow Pre-School) is committed to the welfare and safeguarding of all pupils. This policy should be read in conjunction with our Safeguarding Policy.

Individual Healthcare Plans
Individual Healthcare Plans (IHPs) will be drawn up where needs are complex or where it is necessary to clarify what support children require. The plan will be developed with the pupils' best interests in mind to ensure that the risks to the child's wellbeing, health and education are managed. Plans will be drawn up by the school in consultation with parents and medical professionals.

The Headteacher is responsible for deciding, in consultation with staff, parents, health professionals as to how the school can support a pupil with medical needs.

- The SENCO will be responsible for writing Individual Healthcare Plans in consultation with all relevant parties and ensure that information is disseminated to relevant staff on individual pupil needs as required, including any emergency procedures. IHPs will be reviewed at least annually or when the child's medical / health needs have changed;
- Medical information will be sought from the relevant medical professionals in order to inform the nature and content of the IHP;

- Where a child has a special educational need identified in a statement or Education Health Care (EHC) plan, the IHP should be linked to or become part of that statement or EHC plan.
- Where a child has special educational needs, but no Statement or EHC plan, their special educational needs should be mentioned in their IHP;
- The content of the Health Care Plan will follow the format as required in Template 1, in order to ensure the required level of support is provided to adequately reflect the child's medical needs;
- During visits off-site visits or extra-curricular activities the medical needs of pupils will be considered as part of the planning process and first aid requirements for the activity will take into account any medical or health care needs of the pupils taking part. Where required, sufficient essential medicines and health care plans will be taken as part of the activity and controlled by a suitable designated member of school staff. Individual pupil risk assessments will be undertaken where additional controls are required to reduce risk of accident or ill health during the visit/activity to an acceptable level.

Training
The Headteacher will ensure that staff are appropriately trained, including any whole school awareness training, and that individual staff are equipped to administer medical treatment to pupils with medical needs as required.

The strategic identification and co-ordination of training will be the responsibility of the SENDCO and reviewed at least annually.

Staff involved in supporting pupils with medical conditions will be provided with general in-house training by the SENDCO covering the school policy requirements and relevant school procedures. Staff must not give prescription medication or undertake health care procedures without training.

Where staff require additional training in order to deal with a specific medical condition, this will be undertaken by a school nurse or relevant health care professional as deemed necessary.

All training will be recorded. Staff training records with be managed by the School's Operational Manager and will be stored on the school drive. Staff have the responsibility to make the Headteacher aware if they don't feel adequately trained in the procedures of administering medication.

Coordination of Information
The Headteacher will ensure that all relevant staff are aware of individual pupils' medical needs and any emergency arrangements. The SENDCO will be responsible for coordinating and disseminating information as required.

Long Term Medical Absence
Where pupils are absent for 15 days or more (either consecutively or cumulatively) they will be considered to have long term medical absence.

All cases of long term medical absence will be supported by a multi-agency approach. This multi-agency response and planning will, as a minimum, involve school staff, a representative from the local authority, a healthcare professional as well as parents/carers. The SENDCO will be responsible for co-ordinating multi-agency response to a long term medical absence, including completing a referral to tuition when a child is too ill to attend school.

Managing Medications
- Medicines will only be administered at school when it would be detrimental to a child's health or their attendance not to do so. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- Each request for administration of medication to a pupil in school will be considered individually. No medication will be administered without prior consultation with, and written permission from the parent or guardian (Template 2).

- A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil. Any surplus medication will be returned to the parents to arrange for safe disposal.
- Medicines received will be logged onto the school's drug file, and held securely within the school. All essential staff will be able to access medicines in case of emergency. Pupils will be informed of who to go to in order to access their medication and where it is stored.
- Medication must be delivered to school by the parent or responsible person (not sent to school in the child's bag) and given to a member of the School Office team. The exception would be where there is signed agreement for the pupil to carry their own medication (see Template 3).
- Medicines brought into school should be in **original packaging** and clearly marked on a label **by the dispenser** with:-
    - the name of the medicine
    - the pupil's name
    - dosage (including method of administration and times)
    - any special storage requirements
    - date

The school will establish a medication chart, used in conjunction with the pupil's Individual Health Care Plan. Persons administering medication will check medication type is correct then log the time and date, and sign the chart upon administering medication (See Template 4)

Some pupils may be competent to manage their own medication e.g. inhalers. This will be discussed with parents where it is felt that this is appropriate. Permission must be obtained from parents by completing the form 'Request for a pupil to carry his/her own medication' (Template 3). Where a pupil has an Individual Health Care Plan the method of administration will be detailed within this document.

Unacceptable practice

The Trustees and Headteacher are responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented.

Staff recognise their duty under the DfE statutory guidance Supporting Pupils at School at School with Medical Conditions and are committed to upholding best practice

The following examples would be considered unacceptable practice:

- Pupils will not be prevented from easily accessing their inhalers and required medication
- Assuming every child with the same condition requires the same treatment
- Ignoring views of parents or pupils
- Sending pupils home frequently or preventing them from staying for normal school activities (unless specified in their IHP)
- Sending unwell pupils to the school office unaccompanied
- Penalising children for their attendance if justifiably related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking breaks in order to manage their medication
- Requiring parents to attend school to provide medical support
- Preventing children from participating, or creating unnecessary barriers, in any aspect of school life, including school trips.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue the school's complaints procedure should be followed.

Template 1

BERROW PRIMARY Church Academy

Individual Health Care Plan

Child's name	
Class/ Year	
Date of Birth	
Medical condition	
Date	
Review Date	

Family / Contact information

Name	
Home tel number	-
Mobile number	
Relationship to child	
Name	
Home tel number	-
Mobile number	
Relationship to child	

Doctor/ clinic contract

Doctor's surgery	
Doctor's name	**-**
Tel number	
Specialist clinic/ Hospital contact	**-**

Describe medical needs, symptoms, triggers and equipment needed	
Name of medication, dose, method of administration, when to be taken, administered by child or staff.	-
Are there any side effects of this	-

medication?	
Specific support for the pupil's educational, social and emotional needs	-
Arrangements for school visits/trips etc	-

Emergency procedure

Describe what constitutes an emergency, and the action to take if this occurs	-
Who is responsible in an emergency (state if different for off-site activities)	-

Plan developed with	
Staff training needed / undertaken if required	-

Parent name
Date
_____
Signature
_____

Head of School signature
_____
Date
_____

Template 2

Berrow Primary Church Academy

Parental Agreement for school/setting to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date	
Child's name	
Class/Year	
Name of medicine	
Expiry date	
Dosage / number of tablets	
When to be given	
Any other instructions	

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

Day time phone number of parent	
Name and phone number of doctor	
Agreed review date	

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

Parent's signature _____

Print name _____

Date

Template 3

Berrow Primary Church Academy

'Request for a pupil to carry his/her own medication'

Date	
Child's name	
Class/Year	
Name of medicine	
Expiry date	
Dosage to be taken	
Any other Instructions	

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

Day time phone number of parent	
Name and phone number of doctor	
Agreed review date	

I will inform the school immediately if there is a change of dosage or the frequency of the medication, or if the medication is stopped.

Parent's signature _____

Print name _____

Date

Template 4

BERROW PRIMARY Church Academy

Record of medicine administered to a child

No medicine can be administered to a child unless a parental agreement form has been completed and signed in accordance with the school policy.

Date medicine provided by parent	
Child's name	
Class/ Year	
Name of medicine	
Expiry date	
Dosage / number of tablets	
When to be given	
Any other instructions	

Date			
Time given			
Dose given			
Name of staff member			
Staff signature			

Date			
Time given			
Dose given			
Name of staff member			
Staff signature			

Date			
Time given			
Dose given			
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Dose given			
Name of staff member			
Staff signature			

Date			
Time given			
Dose given			
Name of staff member			
Staff signature			

APPENDIX 1 – Little Learners @ BERROW PRE-SCHOOL - SICK CHILD POLICY AND MEDICATION GUIDANCE

This policy should be taken and used as part of Berrow Primary Church Academy's overall strategy and implemented within the context of our vision, instrument of government aims and values as a Church of England School.

At Berrow Pre-School we follow the guidelines below regarding medication:

- Medication may be administered. It must be in-date and prescribed for the current condition.
- Children taking prescribed medication must be well enough to attend the setting.
- As a setting we adhere to the Early Years Foundation Stage, Safeguarding and Welfare Requirements 2021 and we have agreed that no un-prescribed medication will be given to children. If your child has a health reason to need medication such as Paracetamol or Calpol a GP or nurse should be able to prescribe this.
- No medication containing aspirin will be given to any child attending this setting, unless it has been prescribed by a health professional e.g. doctor, dentist, nurse or pharmacist.
- Children's prescribed drugs are stored in their original containers, in accordance with product and prescriber's instructions and are clearly labelled and are inaccessible to the children. All medication will be securely stored and out of reach of children in a locked box in the staff room fridge
- Parents/carers give prior written permission for the administration of medication.
- This states the name of the child, name/s of parent(s), date the medication starts, the name of the medication and prescribing doctor, nurse, dentist or pharmacist, the dose and times, or how and when the medication is to be administered.
- If the administration of prescribed medication requires medical or technical knowledge, tailored training is provided for at least 2 relevant members of staff by a health professional prior to the child attending the setting.
- We use the Medication log to record any administration of medicine and record; time, date, dosage and the form is signed by both the staff member administering the medication and the parent/carer on collection of the child.
- If a practitioner at this setting is taking medication which they believe may affect their ability to care for children, they should inform the manager and only work directly with children after seeking medical advice and a thorough risk assessment being carried out. The provider will require evidence of this before the practitioner is able to work directly with children.
- All staff medication whether prescribed or unprescribed will be securely stored and out of the reach of children in a locked box in the staff room fridge
- Medicine will only be administered for a maximum of five consecutive school days without renewal of consent.

Sickness Policy
This procedure is shared with all parents so that they are aware of our procedure on the exclusion of ill or infectious children.

We do not provide care for children who are unwell, have a temperature, or sickness and diarrhoea, or who have an infectious disease. This is in line with the Health Protection Agency's 'Guidance on Infection Control in Schools and other Childcare Settings September 2014'.

The setting adopts a 48-hour rule for sickness and diarrhoea. This means that babies, children and staff cannot return to the setting until 48 hours after their last bout of sickness and/or diarrhoea.

Young children's nappies will be individually monitored. If a child is displaying obvious sickness and diarrhoea they will be sent home. However, loose nappies will be monitored and after two loose nappies, parents will be notified and asked to take the baby home. For older children, with obvious sickness and diarrhoea, the parents/carers will be contacted and asked to collect them immediately.
In the event of your child/children becoming ill whilst at the setting, the staff will follow the outlined procedure below:

- Keyperson and person in charge to be informed.
- Description of the symptoms/problem to be relayed to the appropriate staff.
- Keyperson to assess the child/ren and decide on appropriate action required.
- If the child is thought to have an infectious disease or is deemed too unwell to attend the setting, the Keyperson/Back up Keyperson will contact the child's parents/carers to ask them to collect the child.
- If the child's parent/carers are unavailable emergency contact numbers will then be used.
- While the child is deemed well enough to attend the setting, or is awaiting collection by his/her parents, the child will be offered fluids and supported in a quiet or rest area.

All absent staff need to inform the School Office by 12pm (Midday) if they are fit for work the following day.

The Public Health England South Region (Tel 0300 303 8162) is notified of any infectious disease that a qualified medical person considers notifiable. (Infectious Disease (Notification) Act 1889)

Child needs to be sent home immediately	Child does not need to be sent home immediately
Contact parent/ carer Make child suitably comfortable, Encourage rest/ fluids, whatever is required/ appropriate to their illness symptoms Move child to a more appropriate area of the Pre School Dress/ undress appropriately	Make child suitably comfortable Encourage rest/ fluids, whatever is required/ appropriate to their illness symptoms Encourage quiet activity Inform all staff of the situation and advise close monitoring if child moves away to play

Comfort and reassure child/ren Update and inform parents/ carer on collection Advise Doctors appointment if this is felt necessary Request the parent/ carer phones later/ next day/ after Dr. appointment to inform Pre School / School Office of diagnosis	Dress/ undress appropriately Regularly assess child/ ren Update and inform parents/ carer on collection Advise doctors appointment if felt necessary Request parent/ carer phones later/ next day if there is any developments or diagnosis

Notify other users of the Pre School if the child is discovered to have an infectious/contagious condition/illness respecting the privacy of the ill child/family

Advise parent/carer on the agreed time of return to Pre School, taking into consideration the illness and required incubation periods.

Notify Public Health England of any notifiable disease followed by Ofsted (including what steps are being taken to minimise the risk).

APPENDIX 2 - FIRST AID PROCEDURES

ANAPHYLAXIS AT SCHOOL

There are many hundreds of children in the nation's schools who are at risk of anaphylaxis. The vast majority of children with anaphylaxis are happily accommodated in mainstream schools, thanks to good communication and consensus between parents, schools, teachers, doctors and education authorities.

The following information is intended to assist schools who face the challenge of managing a child at risk of anaphylaxis. It is based on the good practice that exists in many schools around the country.

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin and the venom of stinging insects (such as bees, wasps or hornets). In it's most severe form, the condition is life-threatening.

Symptoms

Symptoms which usually occur within minutes of exposure to the causative agent may include the following:-

- ✓ Itching or a strange metallic taste in the mouth
- ✓ Swelling of the throat and tongue
- ✓ Difficulty in swallowing
- ✓ Hives anywhere on the body
- ✓ Generalised flushing of the skin
- ✓ Abdominal cramps and nausea
- ✓ Increased heart rate
- ✓ Sudden feeling of weakness or floppiness
- ✓ Sense of doom
- ✓ Difficulty in breathing – due to severe asthma or throat swelling
- ✓ Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

Medication

When a child is at risk of anaphylaxis, the treating doctor will prescribe medication for use in the event of an allergic reaction. These may include antihistamines, an adrenaline inhaler or an adrenaline injection. The adrenaline injections that are most commonly prescribed are the 'Epinen' and the 'Anapen'. These devices are preloaded and simple to administer.

Working Together

When a school has a child at risk of anaphylaxis or when admission for such a child is sought, it is important to ensure that the child is treated normally and the parents' fears are allayed by the reassurance that prompt and efficient action will be taken in accordance with medical advice and guidance. Many schools which manage a child at risk of anaphylaxis have drawn up an individual protocol, (Health Care Plan) agreed by the parents, the school, the treating doctor and the education authority. The Health Care Plan deals with all of the important issues:-

- ✓ Emergency procedure
- ✓ Medication
- ✓ Food management
- ✓ Staff training
- ✓ Precautionary measures
- ✓ Professional indemnity

- ✓ Consent and agreement

This Health Care Plan forms an agreement that the best possible support is in place for both the child and the school staff. The partnership of parents, school, medical practitioner and education authority is crucial in formulating such an agreement.

N.B. Some school caterers now exclude peanuts and peanut derivatives from their products. Parents may wish to make enquiries about the situation at their child's school.

Day-to-Day Measures

Day-to-day measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school.

When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. A code of practice can be formulated with the help of The Anaphylaxis Campaign.

Appropriate arrangements for outdoor activities and school trips should be discussed in advance by parents and the school.

Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed.

The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

Conclusion

A child at risk of anaphylaxis presents a challenge to any school. However, with sound precautionary measures and support from the staff and the doctor responsible, school life may continue as normal for all concerned.

ASTHMA AT SCHOOL

This school:-

- ✓ Welcomes all pupils with asthma
- ✓ Will encourage and help children with asthma to participate fully in all aspects of school life
- ✓ Recognises that asthma is an important condition affecting many school children
- ✓ Recognises that immediate access to reliever inhalers is *vital*
- ✓ When planning activities such as PE/School Trips etc. will ensure that either the medication is carried by the child, or if children are too young, teachers will carry the reliever with them.
- ✓ Will do all it can to make sure that the school environment is favourable to children with asthma
- ✓ Will ensure that other children understand asthma so that they can support their friends and so that children with asthma can avoid the stigma sometimes attached to this chronic condition
- ✓ Has a clear understanding of what to do in the event of a child having an asthma attack
- ✓ Will work in partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of a school asthma policy.

NB. If children are too young to carry/administer their own relievers they must have access to them at all times and know where they are stored and who to go and see. Sometimes children will feel embarrassed putting their hand up to tell a teacher, they feel reluctant to draw attention to themselves. However, if this has been discussed previously with the parents they may feel comfortable coming up to your desk or going to their draw and fetching the inhaler. This needs to be considered when drawing up your policy.

What is asthma?
Asthma, which is sometimes described as wheezing, causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces what is usually called an attack of asthma. Lesser or more persistent narrowing leads to less dramatic, but more frequent symptoms.

People with asthma have airways which are persistently inflamed (red and swollen) and therefore very sensitive to a variety of common stimuli. Asthma is not an infectious, nervous or psychological condition, although stress may sometimes make symptoms worse.

Inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. Asthma triggers vary from child to child ; most children will be affected by several. Some common triggers are:

- ✓ Viral infections (especially common colds)
- ✓ Allergies (for example grass pollen, house-dust mites and furry or feathery animals)
- ✓ Exercise
- ✓ Cold weather, strong winds or sudden changes in temperature
- ✓ Excitement or prolonged laughing or crying
- ✓ Fumes and strong smells such as glue, paint, tobacco smoke and 'fresh air' aerosol sprays
- ✓ Cigarette smoke

Certain substances which do not affect other people can cause symptoms to develop in those with asthma. As the substance does not affect most others, it is described as an allergen.

The following are some common allergens:

- ✓ House-dust mites which live in soft furnishings, carpets and beds
- ✓ Furry or feathery animals
- ✓ Grass pollen
- ✓ In rare cases, foods like peanuts, milk and eggs

Other allergic symptoms include itching and redness of the skin (eczema), watery eyes (allergic conjunctivitis) and a runny nose or sneezing (hayfever, allergic rhinitis). These symptoms can occur with or without the symptoms of asthma.

How Asthma affects children

Children with asthma may have episodes (attacks) of breathlessness and coughing, and sometimes wheezing or whistling noises can be heard coming from the chest. They feel a 'tightness' inside their chest, which can be frightening and may cause great difficulty in breathing.

Individual children are affected by their asthma in different ways. One child may occasionally experience minor coughing bouts and breathlessness, while another is unable to participate in games and is sometimes forced to stay off school. Sometimes a cough can be the only symptom of asthma.

Avoiding attacks of Asthma

The use of modern treatments will help to avoid the symptoms of asthma, but it is important for individuals to be aware of their triggers so that they can avoid them or take precautions.

- ✓ Grass pollen can cause attacks from about late May to the end of July and children who are allergic to pollen may need to keep clear of flowering grass.
- ✓ Do not keep furry or feathery animals such as gerbils or hamsters in the classroom. Certain school pets can trigger a child's asthma.
- ✓ Fumes from science experiments can provoke symptoms.
- ✓ Food allergy is rare, but if the doctor asks a child to avoid certain foods it is important to follow this advice and not regard it as a 'food fad'.

When a child with Asthma joins your class

- ✓ Ask the parents about their child's asthma and current treatment. This information can be recorded on a National Asthma Campaign school card. If the child has severe asthma it may be helpful for teachers to consult either the school nurse and doctor, or the child's own GP.
- ✓ Allow the child easy access to his or her medication: do not lock it away in the school office. Even the slightest delay in taking medication can cause unnecessary distress and can be dangerous. Ideally, children should carry their own reliever inhaler. Most children above the age of seven or eight are able to decide when they need it.
- ✓ Let the school nurse know if a child is often absent with chest problems or seems tired in class (which could result from disturbed sleep due to asthma).
- ✓ Some children need a discreet reminder to take medication (especially before exercise); it is worth remembering that some children are shy of taking medication in front of others.
- ✓ Remind the child to carry his or her medication at all times and include this information on school circulars and in advice to parents.
- ✓ Always inform the parents if the child is taking frequent reliever medication in school.

How sports affect Asthma

'Total normal activity' should be the goal for all but those with the most severe asthma. Children with asthma become wheezy during exercise. After a five-minute run a child can get a severe attack of wheezing and coughing. If this happens, they must take their reliever inhaler. This type of asthma is called exercise-induced asthma. Teachers can help to identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising, especially in the winter.

The type of sport and the weather conditions are often crucial:

- ✓ Wheezing due to asthma is usually worse on cold, dry days than when the air is moist and warm.
- ✓ Prolonged spells of exercise are more likely to induce asthma than short bursts.

Swimming is an excellent form of exercise for children with asthma and seldom provokes an attack unless the water is very cold or heavily chlorinated.

The symptoms of exercise-induced asthma may be prevented if the child takes a dose of reliever bronchodilator medicine before beginning exercise. A dose of sodium cromoglycate before

taking exercise may also reduce the symptoms. Children should warm up before playing games; several 30-second sprints over five to ten minutes may protect the lungs for up to an hour or so.

It is important that PE Teachers encourage children with asthma to take part in sport, to take their medication beforehand, where appropriate, and to keep it with them during the class. Children who are forced into inactivity may become psychologically and socially isolated and a child who is physically fit is probably better able to cope with an asthma attack.

Children who have lost confidence in their ability to participate should be encouraged to take part in active sports. It may help them to know that people with asthma (such as Ian Botham and Adrian Moorhouse) do succeed in competitive sports.

No child should be forced to continue games if they say that they are too wheezy or breathless to continue.

Asthma Treatments
There are two types of treatments:

- ✓ Preventers – These medicines are usually taken twice daily outside school hours to make the airways less sensitive to the triggers. Generally speaking, preventers come in brown, orange, red and sometimes white inhalers. Preventers are rarely taken during school hours.
- ✓ Relievers – These medicines, sometimes called bronchodilators, quickly open up the narrowed airways and help the child's breathing difficulties. It is this inhaler a child needs immediately at the onset of an attack so it should never be locked away but always be accessible.

Methods of Taking Asthma Medicines
Currently, the best way of taking asthma medicines is to inhale them. Children need to use their inhalers properly to ensure that the correct does of medicine reaches their lungs. Many children need to use a large plastic chamber called a spacer, into which the aerosol spray is released. Some children use a dry-powder device and many find this easier to take than an aerosol.

If you think that a child is having problems with taking his or her medication correctly, please let the parents and the school nurse know.

If another child gets hold of an inhaler and uses it, it will not cause any damage to that child. All the inhaled treatments are extremely safe.

How to help during the attack
Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone; however, the following guidelines may be helpful:

1. Taking the Reliever Ensure that the reliever medicine is taken promptly and properly. A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventer medicine is of no use during an attack; it should be used only if the child is due to take it.

2. Stay Calm Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants, the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but do not put your arm around the child's shoulder as this is restrictive.

3. Breathing In an attack, people tend to take quick, shallow breaths, so encourage the child to try to breathe slowly and deeply. Most people find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their back.

In addition, loosen tight clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing.

4. Call a Doctor A doctor should be called urgently if any of these apply:

- ✓ The reliever has no effect after five to ten minutes
- ✓ The child is either distressed or unable to talk
- ✓ The child is getting exhausted.
- ✓ You have any doubts at all about the child's condition

If a doctor is not immediately available, *call an ambulance*. Repeat doses of reliever as needed (every few minutes if necessary until it takes effect) while awaiting help. Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can easily alter the child's medication and make him or her well again.

5. After the Attack Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue as normal.

EPILEPSY AT SCHOOL

About one in 100 children have epilepsy. In the UK around 80% live a normal life with medication, keeping their epilepsy under control.

What is Epilepsy?

Epilepsy is 'repeated seizures of primal cerebal origin'. This medical definition simply means that someone with epilepsy has a tendency to experience seizures, which originate in the brain.

Communications

The disability due to epilepsy can be substantially reduced if there is good communication between professionals, parent, the child with epilepsy and school friends. A free interchange between teachers, parent and carers is essential and parents should not be reluctant to disclose and discuss their child's epilepsy. Teachers need to know more than that a particular child 'has epilepsy', this fact alone is inadequate for correct understanding and supportive care.

Detailed information will be recorded on an individual health care plan for the pupil. (See Healthcare Plan within this pack). This will detail description of the seizures and their frequency, the normal speed of recovery, the most appropriate management for that child, any treatment and possible side effects etc.

Taking Risks

The presence of any disability in a child may alter the normal dynamics in a family, and lead to the child being over-protected. Whereas this is an understandable reaction, particularly if the seizures are accompanied by injury, it is often harmful in the long run and may lead to inappropriate behaviour and an over-dependence on the parents. In addition, parents and teachers may try to protect the child from stress if this is felt to precipitate seizures. A more productive approach is to teach the child the skills necessary to cope with stress, which is an inevitable part of everyday life.

Concern about safety may also lead to a child being barred from workshops, science labs and sporting activities. Blanket restrictions on all children with epilepsy are unacceptable and the risks to each child must be assessed individually on the basis of accurate knowledge of that child's epilepsy (information from Health Care Plan and discussions with parents).

Epilepsy manifests itself differently in people. If the seizures are completely controlled or only occur during sleep, then no restrictions are needed. Even if seizures occur during the day, almost all activities, including swimming and climbing can be undertaken providing the risks have been assessed and adequate supervision is in place.

The vast majority of children with epilepsy can watch television and use VDU's quite safely. However, it is essential to find out from parents/doctor etc. if the child is known to be sensitive to flashing lights. This should be discussed at the early stage when the Individual Health Care Plan is being drawn up.

What To Do During A Seizure

Seizures can be frightening to watch, but the child having the seizure is not in pain and will have little or no memory of what has happened. At the start of the attack, the person may cry out as the air from the lungs is expelled through the voice box. During the early phase of the seizure, breathing may stop and the child may go slightly blue. Although this looks frightening, it is to be expected until normal breathing resumes.

The attack cannot be stopped or altered so the best thing to do is follow these guidelines:-

- ✓ Call a first aider/school nurse to the scene
- ✓ Prevent others from crowding around
- ✓ Put something soft under the child's head (eg. Jacket or cardigan) to prevent injury
- ✓ Only move the child if he/she is in a dangerous place such as the top of a flight of stairs or in the road
- ✓ Remove any objects/equipment that the child is likely to bang into

- ✓ Do not attempt to restrain the convulsive movements
- ✓ Do not put anything in the child's mouth
- ✓ Check there has been no injury
- ✓ Roll the child if he/she is sick and place them in the recovery position
- ✓ Wipe away any excess saliva and if breathing is still laboured, check that nothing is blocking the airways
- ✓ Stay with the child until he/she is fully recovered
- ✓ Record how long the seizure has lasted. This can be communicated on to the parents/doctor and also importantly recorded in the pupil's Health Care Plan.

Seizures can sometimes manifest in a different way when consciousness is not lost or when the muscles stiffen and the child falls to the ground.

As these seizures can take many different forms, the response of observers will need to vary. If a person falls during a seizure you should make sure that there is no injury which needs medical attention. If prolonged confusion occurs:-

- ✓ Gently guide the child away from obvious dangers like wandering into the road
- ✓ Keep others from crowding around
- ✓ Speak gently and calmly to the child to help re-orientation to surroundings as quickly as possible.
- ✓ Remember that the child may be confused for some time after the seizure and it is better to leave well alone than to keep offering help and have it rejected with what might be misunderstood as aggression.
- ✓ Stay with the child until he/she is able to resume activities

When To Call For Help

Medical assistance should be called if any of the following have occurred:

- ✓ The child has injured themselves badly in a seizure
- ✓ The child has trouble breathing after a seizure
- ✓ One seizure is immediately followed by another, or the seizure lasts more than 5 minutes and you do not know how long they usually last
- ✓ The seizure continues for longer than usual
- ✓ If in any doubt at all call an ambulance

DIABETES AT SCHOOL

What is diabetes?
One in 700 children of school age has diabetes. It is therefore likely that staff in schools will teach or supervise a child with the condition at some time.

Diabetes cannot be cured, but it can be treated effectively. Children with diabetes will have treatment consisting of:

- ✓ Insulin injections
- ✓ Appropriate diet

The aim of this treatment is to keep the blood glucose level close to the normal range so that the blood glucose is neither too high (hyperglycaemia) nor too low (hypoglycaemia).

Insulin Injections
All children with diabetes will need injections of insulin. Insulin cannot be taken by mouth because it is destroyed by the digestive juices in the stomach.

In most cases, children will be on two injections of insulin a day. The injections will be taken at home, before breakfast and before the evening meal. When diabetes is newly diagnosed and the child and parents are learning how to do injections, they may take a little longer than expected in the mornings, this may mean that the child is occasionally late for school.

Some children will be taking more than two injections of insulin a day, in which case one of the injections may be taken at lunchtime. If a child needs to inject whilst at school, he or she will know how to do the injection without the help of an adult. If the child injects using a disposable syringe, the school must have a safe system of work on 'disposal of sharps'. Children with diabetes need to balance their insulin with the food they eat and their level of physical activity.

Injections of insulin are given by means of a syringe or a pen device. The method used depends on the age of the child, the hospital he or she attends and the time since diagnosis. The injections of insulin will lower the blood glucose level and they need to be balanced with food intake.

If the blood glucose level is high, the child may need to pass urine frequently. If this happens regularly, the parents should be informed. It is important that requests to visit the lavatory are allowed.

Diet
An essential part of the treatment of diabetes is an appropriate diet. Food choices can help to keep the blood glucose level near normal. The diet recommended for people with diabetes is based on the healthy, varied diet recommended for the whole population. Meals should be based on starchy foods. Food choices should be low in sugar and fat and high in fibre. The child with diabetes will have been given guidance on food choices. These will be a balance of different foods, with particular attention being paid to carbohydrate foods, such as bread, rice, pasta, potatoes and cereals.

Snacks
Most children with diabetes will also need snacks between meals and occasionally during class time These could be cereal bars, fruit, crisps or biscuits. It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children.

Timing of Meals and Snacks
Equally important as the type of food eaten is timing of meals and snacks. The child with diabetes will need to eat his or her food at regular times during the day. This will help to maintain a normal blood glucose level. Because the child needs to eat on time, he or she may need to be near the front of the queue and at the same sitting each day for the midday meal. If a meal or snack is delayed for too long, the blood glucose level could drop, causing hypoglycaemia.

HYPOGLYCAEMIA (OR HYPO)

Hypoglycaemia means low blood glucose. The possibility of a child having a hypoglycaemic episode (a hypo) is a worry to many people supervising children with diabetes. People have visions of children passing out or ending up unconscious. This is rarely the case and most hypos can be identified and treated without calling for professional medical help.

It is important to know what causes hypoglycaemia:

These are common causes of hypoglycaemia:

- ✓ A missed or delayed meal or snack
- ✓ Extra exercise (above that normally anticipated)
- ✓ Too much insulin

It has been noticed that hypoglycaemia may occur more frequently when the weather is very hot or very cold:

Symptoms can include:

- ✓ Hunger
- ✓ Glazed eyes
- ✓ Sweating
- ✓ Shaking
- ✓ Drowsiness
- ✓ Mood changes
- ✓ Pallor
- ✓ Lack of concentration

Each child's signs and symptoms will differ and the parents will be able to tell you how hypoglycaemia affects their child. This needs to be recorded in the child's Individual Health Care Plan. All staff supervising should be aware of the contents of the Health Care Plan.

If the child displays any of these signs and you are not sure whether it is hypoglycaemia, talk to the child. If you are in doubt, treat it hypoglycaemia.

How to treat Hypoglycaemia

Fast acting sugar should be given immediately. This will raise the blood glucose level. It is most important that you do not send a child who is hypo unaccompanied to get sugary food. Always make sure that he or she is accompanied.

Here are some examples of fast acting sugars:

- ✓ Lucozade
- ✓ Sugary drink, such as Coke, Fanta (not diet drinks)
- ✓ Mini chocolate bar, such as Mars, Milky Way
- ✓ Fresh fruit juice
- ✓ Glucose tablets
- ✓ Honey or jam
- ✓ 'Hypo-Stop' – a glucose gel which is available from the medical team. The child's parents will be able to provide this.

The parents will be able to tell you what is appropriate for their child, together with the quantity. Most children with diabetes have their own preferred fast acting sugars. It is important that this information is recorded on the Health Care Plan and communicated to staff. Teachers can help by having fast acting sugar in their desk and, when out of the classroom, readily available at all times.

If the child is unable to swallow, try rubbing sugary jam, honey or Hypo-Stop (a special hypo preparation described above) inside the cheek, where it can be absorbed. In the unlikely event of the child losing consciousness, place him or her in the recovery position and call an ambulance. You can rest assured that if the child does lose consciousness, he or she will come round eventually and should not come to any immediate harm.

Recovering from Hypoglycaemia

When the child recovers, he or she will need to eat some slower acting starchy food (such as a couple of biscuits and a glass of milk, or a sandwich) in order to maintain the blood glucose level until the next meal or snack. Recovery from hypoglycaemia should take about ten to fifteen minutes. The child may feel nauseous, tired or have a headache. Hypos are a part of living with diabetes. Isolated incidents are inevitable. However, if the child is having hypos at school, you should inform the family.

Blood Testing

Children with diabetes can check the level of glucose in their blood by means of a simple blood test. The child will have been shown how to do this. The test involves a simple finger prick to produce a small drop of blood. The drop is put on to a prepared reactive strip, which will indicate the level of glucose in the blood. The level can be read either by sight or by a small machine. The child will have his or her own container for disposing of used blood testing equipment. This test takes about two minutes and can be done in the classroom, on the school bus or in any other convenient place.

It is important to talk to the parents about blood testing. The frequency with which children carry out tests will vary. Depending on the child, you may or may not see a blood test carried out at school. If the child displays any of the signs of hypoglycaemia it would be sensible to advise the child to do a blood test.