



PHILIPS HIGH SCHOOL POLICY MEDICAL & MEDICAL CONDITIONS

Contents

□ Policy statement	3
□ Support for pupils with medical needs	4
○ Roles and responsibilities	
○ Short term medical needs	
○ Long term medical needs	
○ In an emergency situation	
□ Procedure regarding medicines	7
○ Administration of medicines	
○ Prescription medicines	
○ Non-prescription medicines	
○ Access to medicines	
○ Storage of medicines	
○ Disposal of medicines	
□ Individual health care plans	11
□ Coordinating information	11
□ School trips and visits	12
□ First Aid	13
□ Medical Conditions	14
○ Asthma	14
○ Anaphylaxis	16
○ Diabetes	17
○ Epilepsy	19

Policy statement

- The school is an inclusive community that aims to support and welcome pupils with medical conditions.
- This school aims to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure they can:
 - Be healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
 - Achieve economic well-being
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken by pupils as prescribed.
- All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

Medical and Medical Conditions Policy

Support for pupils with Medical Needs

This school's medical and medical conditions policy has been drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings. These key stakeholders include: pupils with medical conditions, parents/carers, school nurse, head teacher, teachers, SENCO, members of staff trained in first aid, SEN Manager with responsibility for pupils with physical disabilities and medical conditions, local healthcare staff, professionals and school governors.

Pupils, staff, parents/carers and external stakeholders will be informed and regularly reminded about the school's medical and medical conditions policy.

Roles and Responsibilities

The Governing Body through the Head Teacher accepts responsibility, in principle, for any member of staff who volunteers to give or supervise pupils taking prescribed medicine during the school day.

Parents/carers – are responsible for providing sufficient information about their child's medical needs if treatment or special care is needed. They should jointly with the school staff/Head Teacher reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. The Head Teacher/staff with responsibility will seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a pupil, information is also shared from transition from primary school and transition from school, when required. For a pupil with medical needs the Head Teacher will need to agree with the parents exactly what support can be provided. Parents/carers should keep any child at home when they are acutely unwell in order to reduce the spread of infection. This is to protect other pupils with medical conditions such as asthma and diabetes, for whom illness can produce complications.

They have a responsibility to tell the school if their child has a medical condition and ensure the school has a complete and up-to-date health care plan if one is needed. They also have to inform the school about the medication their child requires during school hours and inform the school of the medication their child requires while taking part in visits, outings, field trips and other out-of-school activities. They have to inform the school about any changes to their child's medication, what they take, when and how much and inform the school of any changes to their child's condition. They have to ensure that their child's medical devices are labelled with their child's full name and that all their child's medication is labelled with their child's name, the required dose, the frequency to take the prescribed dose and the expiry date. They should ensure that their child catches up on any school work they have missed and attend any reviews the school holds regarding their child's medical condition. A parental agreement for the administration of medicines in school must be completed by the parent/ carer, part 1 gives permissions for medicines to be administered by staff in school and form 2 gives parental permission for students to carry prescribed medication. Medicine kept in school must have been prescribed, it should be in the original box including a label with the name of the prescribing doctor/ pharmacist.

The Head Teacher – is responsible for ensuring that staff who volunteer to assist in medical administration or procedures receive instruction, training and support as guided by the medical professionals and the Advisory teacher for pupils with physical difficulties and medical conditions. The Headteacher is responsible for ensuring that all staff are aware of the medical policy and procedures to follow in the event of an emergency.

The SENCO – is responsible for managing and updating the policy and liaising with parents/carers, medical professionals and the Advisory teacher for pupils with physical difficulties and medical conditions.

The SEN Manager (with responsibility for Medical/Physical) – is responsible for supporting pupils with known long term disabilities or medical needs and liaising with parents/carers, medical professionals and the LA advisory teacher for pupils with physical difficulties and medical conditions. The SEN Manager is also responsible for overseeing the reviewing of the individual health care plans. Some pupils with medical needs may have a PEEP (Pupil Emergency Evacuation Plan).

The designated First Aiders – are the school's designated first aiders. They have responsibility to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school. When necessary they will ensure that an ambulance or other professional medical help is called.

All staff – all staff who have a pupil with medical needs in their class should understand the nature of the condition and when and where that pupil requires additional attention (provided the parents have given consent for this). Staff will take all reasonable care to accommodate medical needs in their lesson planning. In particular staff should be aware if an emergency is likely to occur and what measures they should take. Staff who know of a situation where an emergency is likely to occur should report this information to the SEN Manager and the designated First Aiders so should an emergency occur they have the information to deal with the situation in an appropriate way. Staff will liaise with the SEN Manager regarding pupils with medical needs during the planning stage of a school trip.

The school nurse or school healthcare professional – has a responsibility to help update the school's medical and medical conditions policy, help provide regular training for school staff in managing the most common medical conditions at school and provide information about where the school can access other specialist training.

The pupils – have a responsibility to treat other pupils with and without a medical condition equally, let a member of staff know if either they or another pupil is feeling unwell, treat all medication with respect, know how to gain access to their medication in an emergency and ensure a member of staff is called in an emergency situation.

Support for children with medical needs

Parents/carers have the prime responsibility for their child's health and should provide information to the school about their child's medical condition and medical needs, including details on medicines their child needs. Parents/carers should obtain details from their child's doctor if needed.

Medical / first aid incidents that occur in school will be recorded electronically on the school's system. This list will include information from incidents that affect pupils with both short and long term medical needs. Only the SEN Manager and designated First Aiders have access to this list but will share the information on a need to know basis.

Confidentiality

The Head Teacher and staff will always treat medical information confidentially. The Head Teacher will agree with the pupil where appropriate, or otherwise the parent, who else should have access to records and other information about a pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Short term medical needs

Emergency procedures: Pupils who have sustained an injury or are ill will be assessed by the staff who are designated first aiders. They will decide on the appropriate course of action and every effort will be made to consult parents and medical staff when required. If a pupil needs to be taken to hospital a member of staff will accompany them if possible until the parents arrive. Health professionals are responsible for any decisions on medical treatment when parents are not available. Generally, staff should not take pupils to hospital in their own car.

Pupils who have sustained a fracture or short term physical injury will be assessed in terms of mobility by the SEN Manager or a first aider whilst the parents are present, in particular the pupil's ability to use crutches on the stairs. Parents must inform school of their child's injury and arrangements should be made for them to come into school for an assessment before they return to school. If there is a health and safety risk surrounding the pupil's ability to use the stairs, then the pupil will work in the downstairs, where possible. Pupils who are deemed to be safe on the stairs will be allowed to leave lessons a few minutes early.

At some time during a pupil's school life, he/she may need to take medication – e.g. to finish a course of antibiotics or apply a lotion. Arrangements will be made for these medications to be stored temporarily in the school office.

Long term medical needs

The school needs to know about any particular needs before a child is admitted to the school roll, or when a child first develops a medical need. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. Written care plans will be developed when required, involving the parents/carers and sometimes relevant health professionals and the advisory teacher for pupils with physical disabilities and medical conditions. Staff will be made aware of information.

A log will be kept of medical issues relating to pupils identified on the medical list as having a long term medical need. This log will be located in a file in the learning support office. The SEN Department will transfer information from this file to the electronic log kept on the school's systems.

In an emergency situation

Staff will reassure the pupil, making them comfortable and safe. They will ensure emergency medication is taken if appropriate. Staff would press the 'on call' button to notify that they require assistance. First aid staff will then be contacted. Parents/carers will be contacted and advice requested and if necessary the emergency medical services will be contacted.

If a pupil has a prolonged absence due to a long or short term medical condition

The pastoral heads will liaise with home tutors and provide work on request. If we have prior knowledge of any extended medical absence, work will be provided. We will endeavour to provide continuity of learning.

If flexible timetables are appropriate for a young person following a period of illness or following a medical procedure they will be put in place in order to ensure continuity of learning. If necessary, reintegration packages will be put in place following meetings with outside agencies, parents/carers and the pupil. These will be in accordance of need and resources available.

Public examinations: For public examinations the school will endeavour to support the pupil in sitting appropriate examinations. This may be with the support of the home tutor service.

Monitoring:

Pupils with medical needs will be monitored via school procedures.

Procedure regarding medicines

Administration of medicines

No pupil under 16 can be given medicines without their parent's written consent either by letter or using form 1. Where medication is administered in school on a regular basis a record will be kept.

There is no legal or contractual obligation for staff to administer medication unless this is stated in their contract. **The LEA insurance cover will pick up any liability from the administration of medicines subject to all procedures and training being complied with and a risk assessment has been carried out on the procedure being undertaken.**

Staff may volunteer to give medicines and assist with treatment. If they do so they should be provided with suitable and sufficient training to enable them to carry out their voluntary duties safely and responsibly. Training should be arranged in conjunction with the local

health trust.

Any member of staff giving or overseeing the administration of medicines should check;

- The pupil's name
- That there are written instructions on the original container provided by the doctor/pharmacist
- The prescribed dose and the time/frequency of administration
- The expiry date of the medicine

If there is any doubt about these details, or they are not provided, the advice is not to give the medication. If staff have any other concerns related to administering medicine to a particular pupil, then the issue will be discussed with the parent/carer if appropriate or with a health professional attached to the school or setting.

Where invasive or intimate treatments are required the person carrying out such treatment should, where possible, be of the same gender as the pupil receiving the treatment. Irrespective of gender, two adults should always be present whilst the treatment is carried out on a pupil. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained. Where invasive or intimate treatments are required, but no member of staff volunteers to provide it, the Head Teacher and parents must respect the staff's wishes not to do so, and not put any pressure on staff to assist in such treatment. Diabetic pupils, self-administer insulin supervised by staff.

Medicines may cause harm to anyone for whom they were not prescribed and be harmful for the person for whom they were prescribed if that person takes an incorrect dose. The Control of Substances Hazardous to Health (COSHH) regulations 1994 require that no person is placed at risk from the use of any hazardous substance. A medicine is a hazardous substance. The Head Teacher will assess the risk presented by a hazardous substance to any person who may come into contact with it. She will determine the method/s by which that risk may be removed, reduced or controlled. Some medicines can have serious ill health effects on those giving the medicine. Where staff are at risk the Head Teacher should advise them not to proceed. When necessary, suitable personal protection such as disposable gloves, face mask etc should be provided.

Non-Prescription Medicines

Non-prescription medicines should not be brought to school. No member of staff can supervise or authorise the taking of non-prescription medication including painkillers. In exceptional cases, where a doctor confirms in writing that the medication is required for a pupil, but can't prescribe the medicine due to funding, then the medicine can be taken. This must include details including the name of the medication, dosage and frequency of dosage. If a parent/ carer wishes to come into school to administer non- prescription medication for their child this can be accommodated.

Prescribed Medicines

Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

School cannot accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions. It must be kept secure, unless there are valid reasons for the pupils to keep that medication with them (eg asthma inhaler) this will be discussed with parents. If it is essential for the medication to be taken in school, the pupils should normally only bring a single dose of medicine with them.

It is advisable that the dose-frequency is prescribed 3 times per day rather than 4 times a day, so that the pupil need not take the medication whilst at school.

Access to Medicines

Some pupils will need to have immediate access to their medicines when required and will therefore be allowed to carry their own medication (e.g. epi-pens and inhalers) this be agreed on an individual basis. Pupils with long term medical conditions may have additional medication and this will be stored in the learning support office.

Self-Management

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines.

Pupils with a long term illness should, whenever possible, assume complete responsibility under the supervision of their parent. There may be circumstances where it is not appropriate for a pupil of any age to self-manage. Health professionals need to assess, with parents/carers and pupils, the appropriate time to make this transition.

For conditions such as asthma and severe allergies pupils are allowed to carry their own medication around school. If required, staff will supervise pupils administering their medicine. Pupils carrying medicines will be expected to store and use their medicines responsibly and not abuse, share or give their medicine to others. Form 2 should be completed.

Where pupils have been prescribed controlled drugs these should be kept in safe custody in the learning support office. However, pupils can access them for self-medication if it is agreed that it is appropriate.

Refusal to take medicines

If a pupil refuses to take medicine, staff will not force them to do so. In the case of epi-pens, the individual pupil's care plan will be followed. If a pupil refuses to take medicine and the information provided by the pupil's parent/carer and/or GP suggests that the pupil is at great risk if they do not take their medication, school will contact the parents/carers immediately. If a parent/carer cannot be contacted the school will seek medical advice and/or call the medical services.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent/carer has informed the school that their child

should receive their medication, the parents/carers should be informed of the refusal as soon as possible.

Record Keeping

It is the responsibility of parents/carers to tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required in writing. They should also inform the school of any side effects of the medicine and method of administration.

Where medication is administered in school on a regular basis a record will be kept in a file kept in the learning support office.

Storage of medicines

Large volumes of medicines should not be stored. Staff may only store, supervise and administer medicine that has been prescribed for an individual pupil. Medicines will be stored strictly in accordance with product instructions, paying particular notice to temperature, and in the original container in which dispensed. Parents should ensure that the supplied container is clearly labelled with the name of the pupil, the dose of the medicine, the expiry date and the frequency of the administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container.

The pupils will be made aware of where their own medicines are stored and who holds the key. The Head Teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and epi-pens should be carried by the pupil and a spare kept in the learning support office if necessary. Other non-emergency medicines will be kept in a secure place in the learning support office, not accessible to children. When the learning support office is not occupied the room should be locked so that access to the room is denied to everyone except those authorised by the Head Teacher. Medications that need to be refrigerated are to be kept in a refrigerator in the learning support office.

Disposal of medicines

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each school academic year. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Disposal of soiled dressings and used needles/sharps

Disposal of soiled dressings – these are bagged separately and disposed of in the soiled waste bin / sanitary bins safely.

Used needles/sharps and strips used to test blood sugar levels should be disposed of in the pupil's clearly labelled sharps bin. When the sharps bin is full it should be sealed by the pupil and the parent/carer will be notified to collect the bin and return it to the hospital. The parent/carer should replace the sharps bin straight away.

Individual Health Care Plans

The main purpose of an individual health care plan for a child with medical/physical needs is to identify the level of support that is needed. Not all pupils who have medical needs will require an individual plan.

An individual health care plan clarifies for staff, parents/carers and the pupil the help that can be provided. The staff drawing up the plan will be guided by information received by parents/carers, the school nurse, other medical professionals.

Care plans will be reviewed regularly and updated when necessary by Mrs Newsham (SEN Manager) in consultation with parents/carers and sometimes relevant health professionals and the advisory teacher for pupils with physical disabilities and medical conditions. These staff will agree with parents how often they should review the health care plan. It will be reviewed as required but at least yearly, much depends on the nature of the pupil's particular needs.

The staff will draw up the plan using the pro-forma recommended by the LEA. Any particular training needs required by those who are administering the medication will be addressed by the school nurse and advice from medical professionals working with the pupil.

The plan will reflect the physical and emotional needs of the pupil.

What the individual health care plan will contain

- Details of a child's condition
- Special requirements / daily care requirements e.g. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who is responsible in an emergency
- Who to contact in an emergency
- Any follow up care that may be needed.

Copies of these individual health care plans are available for staff.

Medical list

All pupils identified as having a long term medical condition are listed on the medical list which can be found on the staff shared areas. The medical list will contain the pupil's name, year group, medical condition and treatment, unless permission is withheld.

Medical passes

Some pupils with a long term medical condition may require a medical pass. Medical passes are for pupils to show to staff in order to leave the lesson when they need to e.g. going to the toilet. Please note, Toilet Passes are stamped upon receipt of Medical Evidence, on page 13 of the Pupil Planner. The requirement of the pupil will be written on the back of the medical pass for staff information.

Medical IPs

Pupils with the most severe medical conditions will be placed on the school SEN list. They could be placed at school support, school support plus or EHCP level depending on their level of need and support. These IPs will be reviewed at least annually or as and when a medical condition changes.

School trips and visits

School will encourage pupils with medical needs to participate in school trips as long as the safety of the pupil, other pupils and/or staff placed at significant risk. It may be necessary to take additional measures for outside visits. This may include additional staff supervision, adaptations for bus or coach seats and entrances, provision of cool bags to store medication and provision of properly labelled single dose sets of medication.

When trips and visits are planned it is the responsibility of the member of staff running the trip to meet with the SEN Manager to ensure the health and safety of the pupils with medical conditions. Risk assessments may need to be carried out. All staff supervising the trip need to be aware of the medical conditions and any emergency procedures to be followed. If difficulties are anticipated, then it will be advisable for staff to discuss these with staff on the location being visited. Should there be any doubt regarding a school trip, the school should discuss the trip with the parent, and also, if necessary, seek medical advice. Wherever possible, preventative measures should be taken prior to the visit. This could include a risk assessment of the venue concerned.

A copy of the pupil's individual health care plan should be taken on visits in the event of the information being needed in an emergency.

Risk assessments

If it is felt appropriate, then an individual risk assessment will be carried out for the school trip.

Sports activities

Most pupils with medical needs should be able to participate in sporting activities. Some pupils will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards. Staff supervising pupils involved in PE and sporting activities must be aware of the relevant medical conditions, medical information and emergency procedures for any pupil participating in the lesson or activity.

Staff training

All staff will know what action to take in the event of a medical emergency. This includes; how to contact emergency services, what information to give and who to contact within the school. Training is refreshed for all staff regularly. Staff who have volunteered to administer medication will be trained where specific training is needed. For medication where no specific training is necessary, any staff may administer prescribed medication to pupils under the age of 16 but only with the written consent of the pupil's parent. All staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation, e.g. administering the epi-pen. Staff are aware what action to take in the event of an emergency.

First Aid

The school's first aiders will be qualified in 'First Aid at Work' and renew every three years as per current regulations. Other key members of staff will also be offered training in 'Emergency Aid' every three years.

Infection Control

Disposable gloves will be worn when cleaning wounds to prevent cross-contamination.

Disposal of Waste

Disposal of clinical waste and bodily fluids will be carried out in accordance with the protocols laid down in the Health and Safety Policy.

Medical Conditions

Philips High School is an inclusive community that aims to support and welcome students with medical conditions. This school aims to provide all children with all medical conditions the same opportunities as others at school. Pupils with medical conditions are encouraged to take control of their condition and pupils feel confident in the support they receive from the school to help them do this. This school aims to include all students with medical conditions in all school activities.

Parents/carers of pupils with medical conditions feel secure in the care their children receive at this school.

The school ensures all staff understand their duty of care to the pupils in the event of an emergency and feel confident in knowing what to do in an emergency. This school understands that common medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on students. The school understands the importance of medication being taken as prescribed.

Asthma

Asthma is a widespread, serious but controllable condition affecting many of our pupils. It is a long term medical condition that affects the airways. The staff are kept informed of all pupils with asthma and the medicines they take.

All staff are aware that the following triggers might cause symptoms or an asthma attack:

- House dust mites

- Grass pollen
- Exposure to high winds and extreme cold
- Fumes such as glue, paint or tobacco
- Exercise, laughter or upset can cause symptoms

Common signs and symptoms of an asthma attack include:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in chest
- Being unusually quiet
- Difficulty in speaking in full sentences
- Express the feeling of tightness in the chest.

Pupils with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. It is good practice to support pupils with asthma to take charge of and use their inhaler from an early age.

Pupils who are able to use their inhalers themselves will be allowed to carry them with them. The inhaler should be clearly marked with the pupil's name. Inhalers should always be available during physical education, sports activities and educational visits.

A pupil should have a regular asthma review with their GP or other relevant healthcare professionals. An individual health care plan will be written if necessary.

Medication and treatments

Reliever Inhalers – Every pupil with asthma should have a reliever inhaler. Medication can then be taken as soon as the asthma symptoms start. This medication relaxes the muscles surrounding the narrowed airways making it easier for the pupil to breathe. The pupil needs to keep their reliever inhaler with them, have access to their inhaler, or keep it close to hand, at all times. If the pupil is on the sports field the reliever inhaler can be left with the teacher. Pupils should have their reliever inhaler with them for all out of school activities. The medication should be clearly labelled. It is advisable that spare reliever inhalers are kept in school.

Preventer inhalers – this medication will protect the lining of the airways. Taking preventer medication means that a pupil with asthma is less likely to react badly when they come into contact with an asthma trigger. Not all pupils with asthma will have a preventer inhaler. Preventer inhalers are usually corticosteroids.

Spacers – are used with aerosol inhalers to help deliver the medication to the lungs.

Steroid tablets – a short course of steroid tablets is sometimes needed to bring severe symptoms of asthma under control quickly, but it is rare that these tablets are taken in school.

Nebulisers – are machines that create a mist of medication that is then breathed through a mask. These are only used in emergency situations.

Responsibilities

It is the responsibility of the parent/carer to ensure that their child has their asthma medication with them at all times. **If the pupil does not have their emergency asthma medication with them then the school may not allow the pupil to go on a school trip or complete a sporting activity.** Parents should arrange the review and make sure that a copy of their child's management plan is available to the school if required. Pupils should have a reliever inhaler with them when they are in school. The school environment endeavours to be asthma friendly, by removing as many potential triggers for pupils with asthma as possible e.g. spray deodorants. Staff will be aware of the procedures surrounding a pupil who has asthma. Staff will inform the parents/carers if they feel that the pupil is using their inhaler more than usual. Parents/carers will be informed if their child has an asthma attack whether it is minor or major.

In an emergency

The staff will encourage the pupil to remain calm, sit slightly forward, make sure that they take their medication, ensure tight clothing is loosened and contact First Aid via the school procedures. The staff will never leave a pupil having an asthma attack. Following minor attacks, the pupil can return to normal activities when they feel better.

Anaphylaxis

Anaphylaxis is a severe and potentially life threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life threatening if not treated quickly with adrenaline. Anaphylaxis can be accompanied by shock (anaphylactic shock) this is the most extreme form of an allergic reaction.

All pupils with severe allergies who are at risk of anaphylaxis have an individual health care plan.

All staff are aware that the triggers of anaphylaxis include:

- Peanuts and tree nuts
- Other foods – e.g. dairy products, egg, fish, shell fish and soya
- Insect stings
- Latex
- Drugs
- On rare occasions there may be no obvious trigger

Signs and symptoms include:

- Generalised flushing of the skin anywhere on the body.
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Weakness or floppiness
- Swelling of the throat and mouth
- Alterations in the heart rate
- Severe asthma symptoms (see asthma section)
- Abdominal pain, nausea and vomiting
- A sense of impending doom
- Sudden feeling of weakness – due to a drop in blood pressure
- Steady deterioration leading to collapse and unconsciousness

When to administer adrenaline

If the pupil is experiencing the symptoms stated above, they should use their epi-pen. If they are unable to self-administer then staff will administer. Staff will inject the adrenaline into the pupil's muscle – into the upper outer aspect of the thigh. Staff will only administer the medicine if they have received training from a healthcare professional. Staff will then need to monitor the pupil carefully and contact S Newsham/ First Aid via the school procedures. If there is no improvement or the symptoms are getting worse a second injection may be administered after 5-10 minutes. If adrenaline has been given, an ambulance must be called and the pupil taken to hospital.

Medication and treatments

Anti-histamines – These will be in liquid or tablet form. If the anti-histamines are prescribed as part of the emergency procedure they should be kept together with the pupil's adrenaline. Spare tablets will be in the pupil's medical box kept in the learning support office.

Injectable adrenaline – every pupil who is at risk of anaphylaxis should be prescribed an adrenaline injector.

Treatment of anaphylaxis – requires an injection of adrenaline into the upper outer aspect of the thigh.

Responsibilities

It is the responsibility of the parent/carer to ensure that their child has their medication with them at all times. Parents should arrange medical reviews and attend reviews in school when required. Parents should inform school of any changes to their child's medication or medical condition. Pupils should have emergency medication with them when they are in school. Pupils should not share food. The school environment endeavours to be friendly, by removing as many potential triggers for pupils with allergies as possible. Staff will be aware of the procedures surrounding a pupil who has severe allergies. Staff who work in the school's laboratories, kitchens and dining areas should endeavour to be aware of allergen avoidance.

Diabetes

Diabetes is a long term medical condition where the amount of glucose in the body is too high because the body cannot use it properly. This happens because the pancreas does not make any or enough insulin or the insulin does not work properly or sometimes it can be a combination of both.

There are two types of diabetes:

Type one – develops if the body is unable to produce any insulin. Pupils will need to take insulin.

Type two – develops if the body can make some insulin but not enough. In most cases this is linked to being overweight.

All pupils who have diabetes will have a medical pass and will be allowed to: eat regularly during the day (may need to go to the front of the dinner queue or be allowed to leave the lesson for a snack), go to the toilet or test their blood sugar when they need to. The pupils are aware of where to go for additional snacks or to test their blood sugar. If the pupil feels generally unwell or they have just completed exercise, then they may have medical complications.

All pupils with diabetes have an individual health care plan.

Complications to look out for:

Pupils with diabetes can often have short-term complications as a result of their condition, including:

Hypoglycaemia (hypo) – this occurs when the level of glucose in the blood falls too low. This may occur if the pupil has taken too much of their medication, delayed or missed a snack or not eaten enough carbohydrate. Hypos are usually unexpected, sudden and unpredictable. Warning signs include:

- Hunger
- Trembling, sweating, anxiety, irritability, mood change, difficulty concentrating
- Rapid heartbeat
- Tingling of the lips, blurred vision, paleness, vagueness, drowsiness

Hyperglycaemia (hyper) – this occurs when the level of glucose in the blood is too high. The parent will be contacted and extra insulin may be requested to be given. Warning signs include:

- Thirst, frequent urination
- Tiredness
- Nausea
- Blurred vision

Ketoacidosis – this occurs if the body starts to use up its fat store as an alternative source of energy and produces ketones as a by-product. **If the pupil develops ketoacidosis then this is an emergency situation, parents/carers will be contacted and the emergency medical services will be contacted.** If the pupil becomes unconscious, then this can be life threatening. Ketoacidosis is recognised by symptoms such as:

- Vomiting
- Deep and rapid breathing
- Breath smelling of nail polish remover

If staff have any concerns about the pupil, staff will monitor the pupil carefully and contact the SEN manager and/or the First Aiders via the school procedures.

Medication and treatments

For type one diabetes – insulin pens are used. Spare insulin is stored in a fridge. The pupil will need to test their blood sugar regularly throughout the day.

For type two diabetes – this is often treated by lifestyle changes, however tablets (metformin is mostly prescribed) and sometimes insulin may sometimes be required to achieve normal blood glucose levels.

Managing the condition

Pupils will need to regularly test their blood sugar. If the pupil needs to take a snack during lesson time they will show the teacher their medical pass and then ask the teacher to go to the learning support office for their snack. Pupils will be allowed to carry snacks in their bag. They will have an emergency snack box in school which will be kept in the learning support office. Pupils with type two diabetes will not have the same need to snack. If the pupil feels the need to check their blood sugar they will show their medical pass to the member of staff. If they feel they need the assistance of the SEN manager/ First Aid, they will show their medical pass to the member of staff.

Responsibilities

Parents/carers should ensure that the school are kept informed about any changes in their child's medical condition and attend medical reviews and reviews at school when required. The parent/carer should ensure that their child has an emergency snack box and snacks when in school and when on a school trip. Also they should ensure that school has the correct medication, blood testing kits, sharps bins to be used as and when required. Pupils should carry snacks for use in an emergency at all times. They should use their medical pass responsibly. They will be aware of the procedures they need to follow for their daily care (including before exercise) and also the procedures to follow if they become unwell. Staff will be aware of the procedures surrounding a pupil who has diabetes. Staff should allow the pupil to leave the lesson if the pupil needs to check their blood sugar, eat a snack or go to the toilet. The pupil will be allowed to drink water during the lesson. Staff will ensure that the medical condition is taken into consideration when planning school trips.

Disposal of sharps and contaminated strips

The pupil will have their own named sharps bin which they will use to dispose of all waste. When the bin is full it will be sealed and returned to the parent/carer and a replacement bin will be provided by the parent/carer.

Epilepsy

Epilepsy is a tendency to have seizures. A seizure is caused by a sudden burst of intense electrical activity in the brain causing a temporary disruption to the way that messages are passed in the brain. There are many different types of epilepsy and about 40 different types of seizure.

Seizures can happen at any time. Seizures can be divided into two groups – generalised and partial.

Generalised seizures (affecting the whole brain) signs and symptoms include:

Absence seizures – the pupil may stare, blink or look vague for a few seconds, it can be mistaken for daydreaming.

Myoclonic seizures – involve contractions of the muscles. Usually no first aid is needed unless the pupil has been injured.

Tonic-clonic seizures – the pupil loses consciousness, the body stiffens and then they fall to the ground. This is followed by jerking movements. Sometimes the pupil will become incontinent. The pupil may feel confused and need to sleep after the convulsions and may take some time to recover.

Atonic seizures – all muscle tone is lost and the person drops to the ground. First aid may be needed following a head injury.

Partial seizures (only affect part of the brain) signs and symptoms include:

Simple partial seizures – the pupil may go pale and/or sweaty and may report tingling or a strange smell or taste. The pupil remains fully conscious and the seizure is brief. This type of seizure may be a warning that the seizure may spread to other parts of the brain.

Complex partial seizures – it may appear that the person is fully aware of what they are doing but they may act strangely, e.g. chewing or smacking their lips.

Status epilepticus

Sometimes a pupil with a seizure can experience a longer seizure and do not regain consciousness. This is an emergency situation. These pupils are usually prescribed emergency medication.

Triggers:

- Stress, anxiety or excitement
- If the pupil has not taken the medication
- Unbalanced diets
- Hormonal changes
- Late nights.
- Use of alcohol and recreational drugs
- Illness
- Photosensitive epilepsy – when seizures are triggered by flickering or flashing light (only 5% of people with epilepsy suffer with this).

Medication and treatments

The majority of pupils with epilepsy take regular medication with the aim of controlling their seizures. Generally, these medications are taken outside of school hours. Emergency medication such as rectal diazepam or buccal midazolam are used for pupils at risk of status epilepticus. These medicines are used to bring the pupil out of the seizure before they enter status epilepticus. These medicines need to be administered by a properly trained member of staff.

Responsibilities

Parents/carers will keep school informed of their child's medical needs and attend medical reviews and school reviews as required. Pupils have a responsibility to take medication if it is prescribed. School will ensure that an individual health care plan is completed and regularly updated and reviewed when required. Staff will be informed of the pupils with epilepsy and will understand what to do in the event of an emergency.

In an emergency

In this situation all equipment and furniture should be moved out of the way. Contact the SEN manager and/or the First Aiders via school procedures. If you can, it would be helpful if the length of time the pupil has with the seizure could be taken. When the seizure is over, place the pupil in the recovery position and stay with the pupil until they have recovered completely. Don't restrain the pupil or put anything in the pupil's mouth and don't move the pupil unless they are in danger.

This policy will be reviewed, evaluated and updated annually.