# Robertswood School

# Managing children with medical needs

## INTRODUCTION

### Children with Medical Needs

1. Robertswood School is an inclusive community that understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions. The school aims to provide all pupils with any medical condition the same opportunities as others and include them in all school activities. Most children will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines or interventions on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

2. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

3. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

4. An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. Buckinghamshire Health Professionals have advised that parents of all children who have long term or complex medical needs should complete a Health Care Plan, e.g. asthma, epilepsy, anaphylaxis, diabetes etc.

### Support for Children with Medical Needs

5. Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

6. The school health service can provide advice on health issues to children, parents, education and early years staff, education officers and Local Authorities. NHS Primary Care Trusts (PCTs) and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school staff have effective support.

7. Robertswood School does consider the issue of managing administration of medicines and supporting children with more complex health needs as part of their accessibility planning duties.

8. There is no legal duty that requires school staff to administer medicines. Specific staff manage the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

9. Robust systems are in place to ensure that medicines are managed safely. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

### Prescribed Medicines

10. Medicines should only be taken 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'. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are accompanied by written permission to administer the medication from a parent using the school's form or letter. Parent representatives are able to complete the school's form or deliver the parent's written

consent along with the medication. If this is not received then the medication will not be administered. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. Although it is parental responsibility to ensure their child's medication remains in date, Robertswood advises parents before medication expires.

11. Schools should never accept medicines and tablets that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

12. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. However, Robertswood will administer prescribed medicines that require the dose to be taken at lunchtimes in addition to emergency medication that has to be administered at any time, for example, to children with severe allergies or asthma. Health Professionals have advised that during periods of high pollen count, children who have antihistamines should be encouraged to take their medication before school so that their condition can be better controlled. Schools should not be responsible for providing 'routine' treatment on a day to day basis.

13. The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:
• Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
• Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school, avoiding the need for repackaging or re-labelling of medicines by parents

## Controlled Drugs

14. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate.

15. Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. Administration of controlled drugs must be witnessed by a second person.

16. Robertswood keeps controlled drugs in a locked non portable container. A record should be kept for audit and safety purposes, i.e. total number of tablets given and the number remaining and initialled. Buckinghamshire Health Professionals have advised that:
• where the dose is half a tablet then this must be cut using a tablet cutter at the time that the medication is required; tablet cutters are available from pharmacies who will also provide training;
• half tablets should be retained but not issued at the time of the next dose; a fresh tablet should be cut;
• half tablets should be returned to the parent for disposal.

17. A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal.

18. Misuse of a controlled drug, such as passing it to another child for use, is an offence.

## Non-Prescription Medicines

19. Staff will not give non-prescribed medicine or tablets to a child, the exceptions being on school residential visits when it acts in loco parentis and essential medication for children with health care plans where doctors are no longer prescribing treatments that can be obtained over the counter. These are restricted to

- medicated emollient creams for children with severe eczema
- antihistamines for children with allergies where preventative doses taken out of school hours are either inappropriate or inadequate.
- additional medication for children with severe hay fever e.g. nasal sprays and eye drops.

Children should not bring to school any non-prescribed medication including hay fever treatments, cough sweets or throat lozenges, even if it is their intention to self-medicate without informing staff.

The application of suntan cream does not fall under the guidance of the Buckinghamshire Health Professionals but parents should be encouraged to apply suntan cream before the start of the school day.

Parents or their representative have the right to visit the school to administer non-prescription medication.

### Short-Term Medical Needs

20. Many children will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion or cream. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school if they are prescribed and it would be detrimental to a child's health if it were not administered during the day.

### Long-Term Medical Needs

21. It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

22. The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

23. Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals where applicable.

24. As noted before, Buckinghamshire Health Professionals have advised that parents of all children who have long term or complex medical needs should complete a Health Care Plan.
Health Care Plans can include:
- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### Administering Medicines

25. No child under 16 should be given medicines without their parent's written consent. By completing a health care plan, parents give their permission for Robertswood staff to administer medication relating to that plan. In all other cases, parents or their representative should complete a form, available from the school office requesting the administration of medication. Any member of staff giving medicines to a child should check:
- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

26. If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school. Some children are able to administer their own medication themselves. Staff need to supervise and records should be kept because medication is held in the Medical Room or classroom even though it is self-administered by the child.

### Refusing Medicines

27. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

### Self-Management

28. For the safety of others, under no circumstances should children at Robertswood hold in their possession any prescribed or non-prescribed medication or access their medication held in the classroom or the medical room without supervision by a member of staff.

### Record Keeping

29. Parents should 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. However staff should make sure that this information is the same as that provided by the prescriber.

30. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

31. Parents should be asked to complete a form to record details of medicines in a standard format. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

32. Early years settings must keep written records each time medicines are given.

33. Although there is no legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Buckinghamshire Health Professionals have advised that records of administration of medicines should be kept in a bound book to reduce the likelihood of tampering with the records.

### Residential Educational Visits

34. On school residential visits, Robertswood staff act in loco parentis and obtain written permission from a parent to administer prescribed and non-prescribed medicines as required. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor. All medicines administered are documented and parents informed on return. It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

35. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.

Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

36. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

37. The national standards for under 8s day care and childminding mean that the registered person must take positive steps to promote safety on outings.

### Sporting Activities

38. Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

39. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Consideration should be made as to whether risk assessments are necessary for some children, staff should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### Home to School Transport

40. Local Authorities arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport.

## ROLES AND RESPONSIBILITIES

41. It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

### Parents and Carers

42. Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff. Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition and report immediately any changes regarding the child's health, medical condition, medication or dosage. They must ensure the child's medication remains in date and return date expired medication to a pharmacy for safe disposal. Parents with children with long-term or complex medical needs must complete a health care plan annually.

43. Robertswood requires prior written agreement for any medicines to be given to a child. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

### The Employer

44. Under the Health and Safety at Work etc Act 1974, employers, including Local Authorities and school governing bodies, must have a health and safety policy. This should incorporate managing the

administration of medicines and supporting children with complex health needs, which will support schools and settings in developing their own operational policies and procedures.

45. With the exception of Local Authorities, employers must take out Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment. Local Authorities may choose instead to "self-insure" although in practice most take out Employers Liability Insurance.

46. In the event of legal action over an allegation of negligence the employer, rather than the employee, is likely to be held responsible. Employers should therefore make sure that their insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their employment. It is the employer's responsibility to make sure that proper procedures are in place; and that staff are aware of the procedures and fully trained. Keeping accurate records is helpful in such cases.

47. Complex medical assistance is likely to mean that the staff will need specialised training. Managing Medicines in Schools training is available every term, please contact the Health and Safety Team, telephone 01296 383223. Robertswood contacts their School Nurse or other health professionals for training in the administration of medicine, e.g. use of an adrenaline injector (epipen / jext), asthma inhalers, managing diabetes etc.

### The Governing Body

48. The governing body will generally want to take account of the views of the head teacher, staff and parents in developing a policy on assisting pupils with medical needs. Where the Local Authority is the employer, the school's governing body should follow the health and safety policies and procedures produced by the Local Authority.

### The Head Teacher

49. The head is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the head or to whosoever they delegate this to, as set out in their policy.

50. The head should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school

51. For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer.

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

### Teachers and Other Staff

53. Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

54. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.

55. Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

56. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side affects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case. Staff understand their duty of care to pupils and will act like a reasonably prudent parent.

### Ofsted

57. During school inspections Ofsted inspectors must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether 'administration of medicines follows clear procedures'

58. During LEA inspections Ofsted will look at support for health and safety, welfare and child protection. Ofsted will look to see that 'Schools are well supported in developing their health and safety policies and receive comprehensive guidance on dealing with medical needs.' From September 2005, LEAs' services will be inspected within multi-inspectorate joint area reviews of children's services. Inspectors propose to assess that steps are taken to provide children and young people with a safe environment, including that the safe storage and use of medicines is promoted.

## DEALING WITH MEDICINES SAFELY

### Safety Management

59. Where a school agrees to administer any medicines the employer must ensure that the risks to the health of others are properly controlled.

### Storing Medicines

60. Large volumes of medicines are not stored at Robertswood. Staff should only store, supervise and administer medicine specifically provided for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature). Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. Buckinghamshire Health Professionals advise that medication should never be prepared ahead of time and left ready for staff to administer.

61. Children should know where their own medicines are stored and who holds the key if required. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicines should generally be kept in a secure place not accessible to children.

62. A few medicines need to be refrigerated. These are kept in a separate medication fridge in the medical room. There should be restricted access to a refrigerator holding medicines.

### Access to Medicines

63. Children need to have immediate access to their medicines when required, especially those with asthma and those with a severe allergy.

64. Inhalers, adrenaline injectors and antihistamines are stored in classroom medical boxes which accompany the children when away from the classroom e.g. P.E. lessons on the school field or playground, and off-site activities e.g. swimming lessons and educational visits. Where possible, second adrenaline injectors, antihistamines and inhalers are stored in an unlocked cabinet in the medical room so that they are available at lunchtimes. If a child only has one inhaler in school kept in the classroom, they can access this with help of a lunchtime supervisor.

65. It is important to make sure that medicines are only accessible to the appropriate child. Children should not have access to the medical room unless accompanied by an adult. Classroom medication is kept in a clearly labelled box out of the reach of the younger children.

### Disposal of Medicines

66. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. However, if parents do not collect their child's expired medicine, Roberstwood will arrange for its safe disposal at the local pharmacy with the agreement of the pharmacist.

### Hygiene and Infection Control

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

### Emergency Procedures

68. As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision. Staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

69. Staff should never take children to hospital in their own car; it is safer to call an ambulance.

## DRAWING UP A HEALTH CARE PLAN

### Purpose of a Health Care Plan

70. The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. The parents' signature and date on the health care plan gives Robertswood on-going permission to administer any medication or medical procedure required without the need to complete additional forms.

71. An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Robertswood requires parents to complete an updated health care plan annually, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

72. Staff should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

### Information for Staff and Others

73. Staff who may need to deal with an emergency will need to know about a child's medical needs. The head ensures that supply staff know about any medical needs by including medical information in the register.

### Staff Training

74. A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine, or medical intervention or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the employer should arrange appropriate training in collaboration with local health services. Local health services will also be able to advise on further training needs. In every area there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services, by health professionals for all conditions and to all schools and settings.

## COMMON CONDITIONS – PRACTICAL ADVICE ON ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

### INTRODUCTION

75. The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This chapter provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

76. From April 2004 training for first-aiders in early years settings must include recognising and responding appropriately to the emergency needs of babies and children with chronic medical conditions.

### ASTHMA

77. At Robertswood children with significant asthma have an individual health care plan and keep a reliever inhaler at school in the medical box in the classroom and, if possible, a spare inhaler in the medical room.

78. The signs of an asthma attack include:

- Coughing
- Being short of breath
- Wheezy breathing
- Feeling of tight chest
- Being unusually quiet

79. When a child has an attack they should be treated according to their individual health care plan. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

80. In early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by regular training and support for staff.

### Medicine and Control

81. There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours. Inhaler devices usually deliver asthma medicines. A spacer device is used with some inhalers, and the child may need help to do this. It is good practice to support children with asthma to use their inhaler themselves from an early age, and many do.

82. Staff make sure that inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name.

83. Children with asthma should participate in all school activities. However, they need to have immediate access to their reliever inhalers including lunchtimes and during PE. Therefore, classroom medical boxes containing inhalers will be taken out to PE and all off site activities and educational visits. Robertswood has an adequate number of staff at lunchtimes to assist children to access their classroom inhalers.

84. All staff, particularly PE teachers, should have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

## EPILEPSY

85. Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children has epilepsy and around 80 per cent of them are in mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

86. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure
  – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual "feelings" reported by the child prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

87. What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

88. In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

89. After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

90. Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

### Medicine and Control

91. Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine may need to be given during school hours.

92. Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

93. Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

94. An ambulance should be called during a convulsive seizure if:

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

95. Such information should be an integral part of the school emergency procedures but also relate specifically to the child's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

96. Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.

97. Training in the administration of rectal diazepam is needed and will be available from local health services.

## DIABETES

98. Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

99. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

100. Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

### Medicine and Control

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

102. Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting.

103. When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

104. Children with diabetes need to be allowed to eat regularly during the day. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

105. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a hypoglycaemic reaction (hypo) in a child with diabetes:

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

106. Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

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

108. An ambulance should be called if:

- the child's recovery takes longer than 10-15minutes
- the child becomes unconscious
- or for other reasons stated on the individual's health care plan

109. Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

110. Such information should be an integral part of the school emergency procedures but also relate specifically to the child's individual health care plan.

ANAPHYLAXIS

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

112. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

113. The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

114. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

### Medicine and Control

115. The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

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

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

118. Robertswood has been advised by the school nursing team that two adrenaline injectors should be held in school. One device is kept in the classroom medical box which accompanies the children when they are away from the classroom both within the school and on all offsite activities. The second device is stored in the medical room in an unlocked cabinet so it is immediately available at lunchtimes and is taken on all educational visits as the child may need two injections in the event of allergic reaction.

119. Where parents are unable to obtain a second prescription for an adrenaline injector, the single device will be stored in the most appropriate place according to the nature of the child's allergy, for example, devices for children with food allergies will be in the medical room which is adjacent to the dining area. If the adrenaline injector is not stored in the classroom medical box, then it must be collected from the medical room for all off site activities.

120. Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor.

121. Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

122. Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices. Refresher training is provided annually.

123. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements by parents completing the relevant sign up forms. For pupils with food allergies, parents have control of their children's lunches either by providing a packed lunch or by pre-ordering a hot meal. Robertswood does not allow children to swap or share food items. Parents are also encouraged to make available to teachers appropriate sweets and snacks so that their children do not feel excluded when other pupils bring treats to school to share with their class.

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

Confidentiality

125. Robertswood considers that the sharing of medical information is essential for a child's safety and well-being. However, staff will respect and comply with any parent or child's wishes for discretion and confidentiality.

| | | |
|---|---|---|
| Reviewed by: | E. Richings / J.Smith | Date: February 2015 |
| Next review: | | Date: February 2018 |
| Agreed by<br>Premises Committee: | ................................. | Date:........................ |