



HALL GREEN SCHOOL

MEDICATION POLICY DECEMBER 2018

Adopted:	12 December 2018
Next Review:	12 December 2020
Governing Committee:	Full Governing Body
Responsibility:	Mr D Adams - Headteacher Mrs J Owen - Chair of Governors

Hall Green School

Policy on Administration of Medicines in School

General

The governing body recognises that many pupils will at some time need to take medication at school. While parents/carers retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote pupil's welfare.

Responsibilities

The governing body takes responsibility for the administration of medicines during school time in accordance with the LEA's policies and guidelines.

The Headteacher will implement the policy and report as required to the governing body.

Medication will normally be administered by the Lead First Aider, or in her absence, by another named member of staff who has received relevant training on administering medication.

All staff is expected to maintain professional standards of care, but have no contractual or legal duty to administer medication. The governing body does not require staff to administer medication (The Administering of Medicines in Schools and Settings Document February 2018). However, under the Common Law Duty of Care Act, we have a responsibility to act like any reasonable prudent parent in an emergency situation.

However, some specified staff (e.g. Care Assistants, PE and games staff, or staff taking educational visits) that volunteer their services, will be given training to administer first aid and/or administering medication to pupils.

Staff Indemnity

The governing body fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and training and following governing body guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The governing body will meet any claims in these circumstances.

Records

On admission of the pupils to the school, all parents will be required to provide information giving full details of:

- medical conditions;
- allergies;
- regular medication;
- emergency contact numbers;
- name of family doctor/consultants; and
- Special requirements (e.g. dietary).

At the beginning of each academic year all parents will be required to up-date the medical forms.

Administration of the Medication

The school expects that normally parents/carers will administer medication to their children before the start of the school day.

Any requests for medicine to be administered must come from a parent/carer in writing on the school's (Parental agreement for school to administer medicine) form and each request will be considered on an individual basis.

A separate form must be completed for each medicine to be administered.

Parents/carers will be expected to notify any requests for the administration of medicines at the earliest opportunity and to discuss with the Headteacher and the school nurse and anyone else the Headteacher deems necessary as to what can be done in the school, before the Headteacher makes a decision see the '**The Administration of Medicines in Schools and Settings**'.

The Headteacher (or person authorised by the Headteacher) will decide whether any medication will be administered in school. In appropriate cases the Lead First Aider and the parents/carer in consultation with the school nurse will draw up a healthcare plan.

The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the pupil's name and instructions for administration printed clearly on the label. If the medication or the dosage changes or discontinues the school must be informed in writing by the parent/carer. The school will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents/carer.

If the pupil is required and able to administer his/her own medicine (eg inhaler for asthma) the school nurse will check that the pupil fully understands what has to be done.

Normally medication will be kept under the control of the lead first aider unless other arrangements are made with the parent/carer, and then a request form for the pupil to carry their own medication would have to be completed.

Normally the administration of medication will only be done in school at the following times:

- immediately before school;
- breaks and lunch time; and
- Exceptionally, immediately after the end of the school day.

Intimate or Invasive Treatment

The school will not normally allow these to take place in school, but in exceptional circumstances the Headteacher is authorised to agree to it. Two adults must be present when this takes place, at least one of whom must be of the same gender as the pupil.

Long- term medical needs

The governing body and Headteacher will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents/carer, and in most case the

family doctor or the pupil's consultant. The governing body also reserves the right to discuss the matter with the school's medical adviser.

Records

The school form 'Administration of Medical Record' must be completed in every instance. It will be kept in the medical room.

The school will ensure that the medical record form is filled in and checked regularly.

Training

The governing body is committed to providing appropriate training for staff who volunteers to participate in the administration of medicines.

Monitoring and Review

The Headteacher will be responsible for monitoring the implementation of the Policy, and reporting annually to a prescribed committee of the governing body.

MANAGING MEDICINES - GUIDANCE NOTES FOR STAFF

Please read The Policy on Administration of Medicines in School

Administering Medicines

No pupil under 16 should be given medicines without the parent/carer's consent. Any member of staff giving medicines to a pupil should check:

- the pupils identity ;
- that there is written consent from a parent/carer;
- that the medication name, strength and dose instructions match the details on the consent form and the label on the medication;
- that the name on the label is that of the pupil being given the medication;
- that the medication to be given is in date;
- that the pupil has not already been given the medication;
- To be aware if there are any special precautions e.g. to be given with food.

If in doubt about any procedure staff should not administer the medicines but check with the parent/carer or a health professional before taking further action. If a member of staff has any other concerns related to administering medicine to a particular pupil, the issue should be discussed with the parent/carer, if appropriate, or with a health professional attached to the school or setting, and any action taken needs to be documented.

Self Management

It is good practice to support and encourage a pupil, who is able to take responsibility to manage their own medicines from a relatively early age and school should encourage this. The age at which a pupil is ready to take care of, and be responsible for their own medicines varies. As a pupil develops they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older pupils with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent/carer. Pupils can develop at different rates and so the ability to take responsibility for their own medicines varies. This should be in mind when making a decision about transferring responsibility to a pupil.

There is no set age when this transition should be made. 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/carer and pupil's, the appropriate time to make this transition. However the parent/carer would need to complete a request form for consent for the pupil to carry his/her own medication.

Where pupils have been prescribed controlled drugs, only named member of staff need to be aware that these should be kept in safe custody. However a pupil could access them for self-medication if it is agreed that it is appropriate. The pupil would still need to be supervised when taking the medication and for documentation reasons. However all named members of staff must have received specialist training/instructions before administering a controlled drug.

Refusing Medicines

If a pupil refuses to take medication, staff should not force them to do so, but should document it in the records and follow agreed procedures. The procedures may either be set out in the policy or in

an individual pupil's health care plan. Parents/carers should be informed of the refusal on the same day. If a refusal to take medication results in an emergency, the school's emergency procedures must be followed. Also this would need to be documented.

Record Keeping

Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. The parents/carers should be given a "**Parental agreement for school to administer medication**" to complete. However, staff should make sure that this information is the same as that provided by the prescriber.

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 are clear and include:

- name of child
- name of medication
- strength of medication
- how much to be given i.e. dose
- when it should be given
- length of treatment/finish date, where appropriate
- any other instructions
- expiry date or where there is no expiry date the medication should have been dispensed within the last 6 months
- Any side effects.

If the instructions appear to be unclear then the pharmacist can be contacted for advice. Liquid medicines should be accompanied by a 5 ml medicine spoon or syringe.

Educational Visits

If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on a visit, they should seek parental/carers views and medical advice from the school health service or the pupils GP. Information and advice is also available from the Senco or the Lead First Aider. If medication is required during a school trip it should be carried by the pupil if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication and documented on appropriate paper work, or not the case if the parent/carer are present. If a pupil requires a travel sickness remedy, parent/carers should provide written consent and a suitable medication in its original container.

Sporting Activities

Most pupils with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil'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 pupils with particular needs.

Some pupils may need to take precautionary measures before or during exercise, and may also need to be able to be allowed immediate access to their medicines such as asthma inhalers. More details

about specific health conditions can be found at the back of this document. Staff supervising sporting activities should consider whether risk assessments are necessary for some pupils, and be aware of relevant medical conditions and any preventative medicine that may need to be taken as well as emergency procedures.

The full guidance for Managing Medicines is available from the Lead First Aider. Listed below is a selection of the most pertinent paragraphs for all the staff.

Roles and Responsibilities

Teachers and other school staff

Teachers who have pupils with medical needs in their class should understand the nature of the condition and when and where the pupil may need extra attention. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

All information concerning pupils with medical needs can be accessed by the staff in the “**send register**”. It is recommended that staff highlight names of such pupils in their class register and ensure that they familiarise themselves with the procedures involved with these pupils.

Teaching Assistants with Care Responsibilities will be made fully aware of all pupils’ medical needs. They will be fully aware of all procedures in connection with the medical needs of all pupils they support.

Students on teaching practice will have a meeting with the SENCO department before they begin their teaching practice, in order to discuss any particular pupils in their groups who may have medical needs. At the same time they would also be shown how to access the “**Send Register** “and advised about not printing confidential files.

The SENCO will inform dinner time staff/taxi drivers of the medical needs of any pupil if this is appropriate.

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

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a pupil should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case, and any administering of medication should always be documented.

Dealing with Medicines Safely

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Large volumes of medicines should not be stored. The lead first aider or named member of staff should only store, supervise and administer medicine that has been prescribed for an individual

pupil. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the pupil, the name and dose of the medicine and the frequency of administration and any other special requirements. 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 pupil needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. Parents/carer should also complete a "**Parental agreement for school to administer medication Consent Form**". A separate form should be completed for each medication.

Pupils should know where their own medicines are stored and who holds the key. The Headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers, adrenaline pens and diabetic medication, should be readily available to pupils in the medical room and should not be locked away. Non-emergency medicines should generally be kept in a secure place not accessible to pupils.

Where ever possible pupils should be responsible for their own inhalers which must be clearly marked with their name. When a pupil is not capable of being responsible for an inhaler, it is kept in the medical room.

The Lead First Aider is responsible for ensuring that the information on medication is accurate and up to date.

Some medications may need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled with the pupils name. There should be restricted access to a refrigerator.

The Inclusion Manager for PD pupils is responsible for checking equipment and that devices are kept in working order.

Pupils need to have immediate access to their medicines when required. The school or setting may want to make special arrangements for emergency medicines that are kept. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about pupils carrying their own medicines. If this is the case then the parent/carer would need to complete a **consent form requesting for the pupil to carry their own medication**.

The lead first aider should not dispose of medicines. Parents 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 term. However, if the parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal by the lead first aider. All medication returned or disposed of, even empty bottles should be recorded.

Sharps boxes should always be used for the disposal of needles or glass ampoules. Collection and disposal of the sharps boxes are arranged with the Local Authority's environmental services.

The lead first aider takes responsibly of the keys to the medication storage facility. Records should be kept of the named staff who are authorised to have access to the medication. The Lead First Aider should check the medication cupboard at least once every term, to ensure that medication has not reached its expiry date. Medication which is no longer required should be disposed of correctly.

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedure. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressing or equipment in a yellow hazardous waste bag then put into a bin and the local authority will then collect.

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

Individual health care plans should include instructions as to how to manage a pupil in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

There should be specific guidance on:

- Calling for an ambulance
- Where emergency medication is stored
- Who should administer the medication?
- Who should stay with the pupil?
- Supervision of other pupils nearby

Common Conditions

School procedures for pupils with asthma

Pupils suffering from asthma and using inhalers are identified in the school medical list which staff can access in the “**Send Register**” and they are requested to **highlight any pupils suffering from severe asthma in their registers.**

Pupils with asthma must have immediate access to their inhalers when they need them. Pupils who are able to use their inhalers themselves should usually be allowed to carry them with them. If the pupil is not able to do this, the inhaler will be kept in the medical room which is readily accessible.

Inhalers should be clearly marked with the pupil’s name and year.

Inhalers should be available during physical education and sports activities and school trips.

If necessary, parents/carers can provide school with a spare inhaler for their child’s use in case the inhaler is left at home accidentally or runs out. Spare inhalers must be clearly labelled with the pupil’s name and year and stored in the medical room.

Pupils should not take medication which has been prescribed for another pupil and school will take appropriate disciplinary action if inhalers are misused by the owner or other pupils.

Any pupil suffering from severe asthma and needing to use an electrically powered nebulizer to deliver their asthma medication will keep the nebulizer in the medical room and will use it under supervision.

A pupil’s health care plan will identify the severity of a pupil’s asthma, individual symptoms and any particular triggers, such as exercise or allergies.

If a pupil is having an asthma attack, the first aider should prompt them to use their inhaler if they are not already doing so. They should also reassure them whilst, at the same time, encouraging them to breathe slowly and deeply. The first aider should not put his/her arm around the pupil as

this may restrict breathing. The pupil should sit rather than lie down and can lean forward with arms resting on the back of a chair. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

The school now has an Emergency Asthma Kit that can only be administered to pupils who have been confirmed as being Asthmatic. If a pupil with Asthma needed an inhaler and they had forgotten their own, and we did not have a spare one, they would be able to use the Emergency kit but we have to have consent from the parent/carer first. This is done by a form that is sent out to the parent/carer for them to complete and send back to school. When the Emergency inhaler is used the pupil are given a disposable spacer this is then thrown away so there is no cross infection. A first aider needs to stay with the pupil and document it all down i.e. how often it was used and how many puffs of the inhaler was needed each time so the information can then be passed onto the parent/carer. The kits can also be taken on any school trips

School procedures for pupils with epilepsy

Information concerning the procedures for individual pupils with epilepsy can be accessed by staff in the “**send register**” **and staff are requested to highlight them in their registers.**

A Health Plan will be completed in liaison with parents/carer, the school nurse, and both parties may be invited into school to talk to staff.

Pupils with epilepsy will not be unnecessarily excluded from any school activity. Extra care/supervision may be needed to ensure their safety in some activities such as swimming or working in science/technology departments.

Off-site activities will need additional planning, particularly overnight stays. Any concerns about potential risks will be discussed with the pupil’s parents/carer, and if necessary, the school will seek additional advice from the GP or school nurse.

If a pupil has a seizure in school the teaching assistant or first aider will immediately time the start of the seizure. The pupil should not be moved unless they are in a dangerous place, although something soft can be placed under their head. The pupil’s airway must be maintained at all times. Once the seizure has stopped the pupil should be turned on their side and put into the recovery position.

An ambulance should be called if the seizure lasts longer than usual or if one seizure follows another without the pupil regaining consciousness, or where there is any doubt. Parents/carer must be informed of any seizures their child has had in school.

School procedure for Attention Deficit Hyperactivity Disorder (ADHD)

When medication is prescribed for ADHD it is usually as part of a comprehensive treatment programme, and always under the supervision of a specialist in childhood behavioural condition. A lunch time dose of medication may be required to control the pupil’s symptoms during the afternoon, allowing effective learning to take place.

Methylphenidate (e.g. Ritalin, Concerta XL, and Equasym) is a stimulant medication that is used in the UK for the treatment of ADHD. Although methylphenidate is legally categorised as a Controlled Drug, in schools it should be treated in exactly the same way and with the same safeguards as any other medication which the school agrees to administer. However, even when a

pupil is self-managing their medication, Controlled Drugs should be kept securely in a locked non-portable container. Only the first aider, and other named staff should have access to Controlled Drugs. Further advice can be obtained from the school nurse.

Storing and administering ADHD medication

Make sure you follow all the instructions, and document it has a controlled drug.

The parents/carers need to complete and sign a consent form **for the administration of the medication.**

The tablets need to be in the original container with the pupil's name on, and still containing the original instruction slip.

A log needs to be made of how many tablets are brought into school and kept in a sealed container with a copy of any written consent.

Each time any tablets are administered it has to be logged down on the pupil's "**Administration of Medication Sheet**".

If a tablet is dropped that must also be logged down.

If the pupil refuses to take the medication then that must be logged also and parents/carers informed.

This medication can suppress the pupil's appetite, and therefore that is why they should eat before they take the medication.

School procedure with diabetes

Information about pupils with diabetes can be accessed via the **Send Provision file under Medical.**

Any pupil needing to regularly monitor their blood glucose levels using a "Blood Monitoring Machine" may do this while being supervised during break time,

And lunchtime in the medical room. Each reading should be documented down and also the insulin intake.

Pupils with diabetes need to eat regularly during the day and this may include eating snacks during class time or prior to exercise. If pupils do have a high sugar reading they may need to check their sugar levels more regular, and they will also need to drink plenty of water.

Staff are made aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes: hunger, sweating, drowsiness, pallor, glazed eyes, shaking, lack of concentration, irritability.

Staff in charge of any physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

If a pupil has a hypoglycaemia episode it is important that a fast acting sugar, such as glucose tablets, a sugary drink or 5 sweets e.g. jelly babies, or a chocolate bar is given immediately. Slower acting starchy food such as a sandwich or two biscuits and a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance and always contact the parent/carer.

Individual pupils may experience different signs and symptoms, and this will be discussed with the school nurse and the parent/carer when drawing up a care plan.

School procedures for pupils suffering from severe allergic reactions (anaphylaxis)

Staff are informed of any pupils suffering from allergic reactions via the **Send Provision file under Medical**, and is requested to highlight them in their register if they teach them.

Pupil's suffering from severe allergic reactions may be prescribed an Epipen for injecting adrenaline. An Epipen for any such pupil will be kept in the medical room. Each pupil will have their own individual container clearly marked with their name; it will contain their own Epipen, any other medication they may require, and a copy of their alert card.

Staff have regular training in administering this injection to pupils, and the names of the trained members of staff who volunteer to administer the Epipen in an emergency are displayed in the medical room, and a copy in the staff room.

Staff in charge of out of school activities or trips will need to collect the individual pupil's container from the Medical Room to take with them.

Each pupil's symptoms and allergens will vary and need to be discussed with the school nurse and parent/carer, when drawing up an alert card/health care plan.

An ambulance should be called immediately a pupil has a severe allergic reaction. However, if it is only a mild reaction and only allergy medication is required parents/carers should always be informed straight away as a more severe reaction can always occur later in the day.

The school now has an Emergency Epipen kit but this can only be administered to a pupil who already carries an Epipen or has a diagnosed allergy. If a pupil has already been administered their own Epipen and their symptoms had not improved then we would need to administer the school Emergency one. Before we are allowed to do this we have to have consent off the parent/carer and this is done by a form that is sent home and returned back to school. If the form had not been returned and the first aider and the ambulance service felt the pupil's life was being compromised then the ambulance service or controller can give the consent to use it. If any Epipen is ever administered it must be kept to one side to show to the ambulance service when they arrive and the information also has to be documented at school. The Epipen can only be administered by a trained member of staff.

Further information

The medical conditions in pupils that most commonly cause concern in school are asthma, diabetes, epilepsy and severe allergic reactions (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 the pupils are assessed on an individual basis.

Asthma

What is Asthma

Asthma is common and appears to be increasingly prevalent in children and young people. One in twenty children has asthma in the UK.

The most common symptoms of asthma are coughing, wheezing, shortness of breath, and tight feelings in the chest. Not everyone will get all these symptoms, and some pupils may only get symptoms from time to time.

Medicine and Control

There are two main types of medicine used to treat asthma, relievers and preventers. Usually a pupil 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. Exercise and stress can also precipitate asthma attacks in susceptible people. Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Pupils with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the pupil may need some help to do this. It is good practice to support a pupil with asthma to take charge of and use their inhaler from an early age, and many do.

Pupils who are able to use their inhalers themselves should be allowed to carry them. If the pupil is too young or immature to take personal responsibility for their inhaler, then their inhalers should be stored in the medical room, which is readily accessible at all times, and clearly marked with the pupil's name. Inhalers should always be available during physical education, sports activities and educational visits.

All asthmatic pupils should have a spare inhaler in school, which the health care professional may prescribe, and this would be stored in the medical room.

The signs of an asthma attack include:

- Coughing
- Difficulty breathing, especially breathing out.
- Wheezy breathing
- Feeling tightness of chest

When a pupil has an attack they should be treated according to their individual health care plan or an asthma alert card as previously agreed with the parent/carer and the school nurse.

An ambulance should be called if:

- The symptoms do not improve sufficiently in 5-10 minutes
- The pupil is too breathless to speak
- The pupil is becoming exhausted
- The pupil's skin and lips may become blue.

It is important to agree with parents/carers of a pupil with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma school card (available from Asthma UK) is a useful way to store written information about the pupil's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent/carer and the pupil's doctor. Any pupil with asthma will have this information on an Alert Card, which is in a marked red folder in the staffroom.

A pupil should have a regular asthma review with their GP or other relevant healthcare professional. Parents/carers should arrange the review and make sure that a copy of their child's management care plan is available to the school and the school nurse. Pupils should have a reliever inhaler with them when they are in school, and a spare one in the medical room.

Pupils with asthma should participate in all aspects of the school or setting 'Day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits pupils with asthma in the same way as other pupils. Swimming is particularly beneficial, although endurance work should be avoided. Some pupils may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parent/carer, Head of House, school nurse and the pupil. However, a pupil with asthma should not be forced to take part if they feel unwell. The pupil should be encouraged to recognise when their symptoms inhibit their ability to participate.

A pupil with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the pupil's parent/carer, Head of House and school nurse as appropriate.

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

Epilepsy

What is epilepsy?

Epilepsy is a neurological condition (affecting the brain and nervous system) where a person has a tendency to have seizures that starts in the brain. This can start at any age including childhood, but some children can develop epilepsy as a result of their brain being injured in some way. In the UK, around one in 130 children are diagnosed with epilepsy, and about 80% of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual pupils experience. Parents/carers and health care professionals i.e. school nurse, should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual pupils epilepsy. If a pupil does not experience a seizure in a school, details should be recorded and communicated to parents/carer including:

- Any factors which might possibly have acted as a trigger to the seizures-e.g.
- Computer graphics, flashing or flickering of lights, emotion (stress or being upset) lack of sleep or missed medication.
- Any unusual 'feelings' reported by the pupil 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 pupil lost consciousness
- Whether the pupil was incontinent

This will help parents/carers to give more accurate information to the pupil's specialist about the seizures and the frequency of them.

What the pupil 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 affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb, to experiencing unusual sensations such as pins and needles, strange taste in the mouth, or a strange smell. 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.

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

After a seizure a pupil may feel tired, be confused, frightened because they may not understand what has happened to them, or even remember. They may have a headache and need time to rest or sleep. Recovery times vary. Some pupils feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A pupil 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 a seizure happens frequently they could be a cause of deteriorating academic performance.

Medicine and Control

Most pupils with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Triggers such as anxiety, stress, tiredness and lack of sleep, not taking their medication or being unwell may increase a pupil'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 pupils with epilepsy can use computers and watch television without any problems.

A pupil 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 pupil's parents/carer and the school nurse as part of the health care plan. During a seizure it is important to make sure the pupil is in a safe position, not to restrict a pupil's movement and to allow the seizure to take its course. In a convulsive seizure putting something soft under the pupils head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the pupil should be placed in the recovery position and covered with a blanket, and stayed with until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- It is the pupils first seizure
- The pupil has injured themselves badly

- They have problems breathing during or after a seizure
- A seizure lasts longer than the period of time set out in the pupils health care plan
- A seizure lasts for five minutes or more and we do not know how long they usually last for that pupil
- There are repeated seizures, unless this is usual for the pupil as set out in the pupil's health care plan.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some pupils 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, as well as the school nurse. If this was ever to be given it should be two members of staff that have been trained and one should be preferably the same gender as the pupil. Parents/carers would need to complete a “**Parental agreement for school to administer medication**” form and if the procedure had to ever be carried out then documentation would need to be completed and signed by both members of staff.

Pupils who are at risk of prolonged seizures may be prescribed emergency rescue medication e.g. buccal Midazolam or rectal Diazepam. Training in the administration of the above medication would be available from the local health services. Staying with the pupil afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use **must** come from the prescribing doctor.

Any pupil requiring rectal diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If arrangements can be made for two adults, at least one of the same genders as the pupil, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

Diabetes

What is Diabetes?

Diabetes is a condition where the pupil's normal hormonal mechanisms do not control their blood sugar levels. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the pupils needs or the insulin is not working properly (Type 2 diabetes).

About one in 700 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their

Blood glucose level, and need to eat regularly according to their personal dietary plan. A pupil with Type 2 diabetes is usually treated by diet and exercise alone.

Medicine and Control

The majority of pupils control their diabetes with an injection 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 they will need to be given during school hours, although for those who do have to administer insulin, can do so from a very early age and may simply need supervision. Older children may be on multiple injections and others may be controlled on an insulin pump. Most pupils can manage their own injections, but may need supervision if different doses are required, and also a suitable private place to carry it out.

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

Pupils with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. The pupil would be able to do this themselves, and will simply need a suitable place to do so, which would be the medical room. However, the sugar level reading and insulin intake would need to be documented, in case it was requested by the diabetic nurses. However, younger pupils may need adult supervision to carry out the test and /or interpret test results.

Where a member of staff agrees to administer blood glucose tests, they should be trained by an appropriate health professional and all appropriate paper documentation completed.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupil 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 the pupil with diabetes to have glucose tablets or a sugary drink to hand.

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 pupil with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Mood changes, especially angry or aggressive behaviour.

Each pupil may experience different symptoms and this should be discussed when drawing up a health care plan, which would be done by the diabetic nurse and parent /carer.

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

Anaphylaxis

What is anaphylaxis?

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.

Common triggers include peanuts, eggs, fish, certain fruits such as kiwifruit, dairy products, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young pupils, and they can go through the whole of their school lives without any incidents. More commonly among pupils there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

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 pupil should be watched carefully. They may be heralding the start of a more serious reaction.

Staff should be aware of the signs and symptoms which normally appear within seconds or minutes after exposure to the allergen. They are:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The devices are available in two strengths adult and junior.

Should a severe allergic reaction occur, the adrenaline injection will need to be administered, **and an ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices; can be reassured that they are simple to administer. 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. Even after the adrenaline has been administered, and the pen withdrawn from the outer thigh, the needle is not revealed. In cases of doubt it is better to give the injection than to hold back.

Pupils do not carry their own Epipens in school they are kept in an unlocked cupboard in the medical room, and each pupil has their own individual box with their own medication in and a copy of their treatment plan.

Studies have shown that the risks of an allergic reaction happening 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 pupil's parent/carer and the school nurse.

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

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

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S Harvey (Lead First Aider)

Handling People with Special Needs (Education)

Manual Handling Policy Statement

Hall Green School recognises its responsibility to ensure the health, safety and welfare of its employees as far as is reasonable practicable.

To this end, Hall Green School aims:

1. To avoid annual handling operations which are a risk to its employees as far as is reasonably practicable;
2. To assess all operations involving manual handling procedures judged to be potentially hazardous, and reduce the risk to the lowest level which is reasonable practicable;
3. To ensure that all potentially hazardous operations involving manual handling are assessed on an annual basis and reports of these Annual Risk Assessments are forwarded to the Senior Risk Assessment Manager;
4. To provide all employees involved in manual handling of pupils with a thorough training covering all the key elements for safe handling process.

This policy will be reviewed annually by the LINC Department and the Senior Risk Assessment Manager in order to keep it in line with operational changes and any future legal obligations.

Handling People with Special Needs (Education)

Summary of key points

1. Avoid- Never manually handle unless you have no other alternative.
'Avoidance: First thought
Manual Handling; Last resort'.

Despite what you might believe, there is no such thing as a 'safe' manual handling procedure. All handling tasks, being physically demanding activities, always contain a degree of risk.

Therefore your first step when faced with a handling operation should be to ask yourself 'do I need to handle manually?'

2. Assess- What if the handling procedure in question cannot be avoided?

In such situations it is essential that you are capable of choosing an appropriate handling method based on informed judgement of the risk associated with a given handling procedure. It is important to remember that you are responsible for ensuring that every handling task you perform is undertaken safely and correctly.

This 'informed judgement' is established by performing a personal, on-the-spot assessment of the risks present in any handling situation prior to attempting to complete it. This means that you should perform the task twice-once in your head, by thinking about what needs to be done, where it will be performed, who is involved and how you plan to do it. Then once in practice, if anything should go wrong you want it to occur during the 'thinking' stage not the 'practical' stage.

3. Plan/Prepare- Before an appropriate handling method can be applied safely and successfully, you must plan and prepare. Then-and only then-is the operation ready to be performed.

The exact planning and preparation required will largely be dictated by the outcome of the assessment stage.

The planning and preparation phase is therefore an extension of the assessment phase.

4. Execute - having assessed the tasks in hand, selected the safest and most efficient method of undertaking it, and completed all of the preparatory stages; the manoeuvre is now ready to be performed.
5. Evaluate - after you've executed the technique, it is time to evaluate. It is likely that the procedure you have carried out will have to be repeated by either yourself or a colleague at some time in the future. It is therefore clearly important to consider the success with which the task was performed on this occasion so that any mistakes, however minor, can be rectified prior to the procedure being repeated.

REMEMBER!

IF IN DOUBT AT ANY TIME – SEEK ADVICE.

Paracetamol Policy

Rationale

The Headteacher, with the support of the Governing Body, agrees to the administration of medicines in school. However, parents/carers should be encouraged to ask their GP if it is possible for the timing of each dose be set for outside normal school hours.

Administering Paracetamol in the School Setting

The school keeps its own stock of paracetamol tablets. It is not recommended for pupil's to carry their own paracetamol.

Paracetamol is stored securely in the same way as all other medicines, and is not kept in first aid boxes.

The lead first aider should be responsible for deciding whether or not to administer paracetamol avoiding the risk of giving a double dose; in the absence of the lead first aider it would then be another first aider, a member of the pastoral team or a senior member of staff.

Records are kept for each pupil for the administration of all medicines, including paracetamol, to prevent double doses from occurring. In the absence of the lead first aider, the member of staff administering the paracetamol must be relieved from other duties whilst preparing or giving the medicine; this would reduce the likelihood of error.

The record includes:

- The name of the medicine
- The dose given, and if tablet or syrup
- The name of the child
- The time and date it was given
- Name and signature of the person administering the medicine to the pupil.

Before Administering Paracetamol to the Pupil

First Aiders, the pastoral team, or a senior member of staff must be wary of routinely giving paracetamol to pupils when deciding whether to administer it. If a pupil complains of pain as soon as they arrive at school and asks for painkillers, they should not be given paracetamol straight away unless it is absolutely necessary. The pupil should be encouraged to:

1. Get some fresh air or have a drink of water.
2. Sit down in a quiet room for a while.
3. Have something to eat.

Paracetamol is only considered if these actions do not work.

There must be prior written parental consent or verbal consent from a parent or carer on the day. Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered unless the pupil has prescribed medication from the doctor, then the parent or carer would need to complete a “**Parental agreement for school to administer medication**” form giving the first aider, pastoral team, or a senior member of staff,

permission to do so stating what dose and at what time the pupil must take it. This consent form should then be kept and attached to the record sheet.

Certain Questions to Ask the Pupil First

Before a pupil is administered paracetamol, it is recommended that you ask the pupil certain information to make sure they have not taken any other non-prescription medication i.e. cold relief medication, as this could contain paracetamol also. If you feel concerned at all then always check with the parent/carer.

Ascertain:

1. What the pupil is complaining of e.g. headache, stomach ache.
2. If they have taken any painkillers that day and if so, how many, at what time, and what they were.
3. If they are taking any other medication.
4. If they have eaten before giving paracetamol.

Only 1x paracetamol should be given during the school day, if the pupil requests 2 paracetamols, or another dose and 4 hours have passed always make a call to the parent/carer before administering the paracetamol. Four hours should have passed since the first dose of paracetamol.

There should be at least four hours between any two doses of medicines containing paracetamol. If paracetamol alone is taken soon after taking these remedies; it could cause an unintended overdose. No more than four doses of any remedy containing paracetamol should be taken in any 24 hours. If in any way you are concerned or if the pupil is not sure then always speak to the parent/carer first.

It is recommended that the school should only administer paracetamol three times in a term to an individual pupil. If a pupil requests more than this, parent/carer should be advised to seek medical guidance. If parent/carer have specifically requested it because of a medical condition, for a limited period of time, the paracetamol has to be prescribed off the doctor, and be in the original container, and the parent/carer has to complete a “**Parental agreement for school to administer medication**” form giving permission for the lead first aider, another first aider, the pastoral team or a senior member of staff to do so.

Administering Paracetamol

1. Pupils can only be given one dose of paracetamol during the school day: If this does not relieve the pain, contact the parent/carer.
2. The Lead first aider or another first aider, the pastoral team or a senior member of staff who are responsible for giving medicines must witness the pupil taking the paracetamol and make a record of it. That person must then write down the time, the date and the dose of paracetamol on information slip then sign it and give that slip to the pupil for them to give to their parent/carer.
3. The pupil should be made aware that paracetamol should only be taken when absolutely necessary; it is an ingredient in many cold and headache remedies and great care should be taken to avoid overdosing.

Following a Head Injury

If a pupil has a bang to the head in school then paracetamol **should not be given unless authorised by a qualified practitioner**, and always follow the guidelines on the paracetamol container.

Written March 2011

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S Harvey (Lead First Aider)