St Botolph's Church of England Primary School

Medicines Management in School Policy

Celebrating Faith,
Learning and Success

Date: January 2016
Review Date: January 2018

St Botolph's Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Links to:

First Aid Policy
Safeguarding Vulnerable Children's Policy
Accessibility Policy

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1.0	22 Sept 2014	22 Sept 2014	Head Teacher	Policy Review
2.0	TBC	TBC	TBC	Policy Review and change of name

Policy Statement

At St Botolph's Church of England Primary School we recognise the importance of providing suitable and appropriate procedures for children with medical needs. We recognise that children will have both short and long term illnesses which may result with treatment in the form of medication.

Policy Aim

To outline the policy and procedures for managing medicines in schools so it is understood by staff, parents and children and so that all children, including those with medical needs receive proper care and support in our school.

Children with medical needs

St Botolph's Primary School recognises that:

- Children with medical needs have the same rights of admission to a school or setting as other children. 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 on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

- 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.

- Most children with medical needs can attend school or a setting regularly and 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.

- 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.

- Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.
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- Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school clubs and activities. The school makes responsible adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

- Schools are also under a duty to plan strategically to increase access, over time to pupils. This will include planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility. See Accessibility Policy for detailed provision.

Supporting Children with Medical Needs

Parents have the prime responsibility for their child's health and are required to provide the school 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 nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from healthcare professionals. There will be robust systems in place to ensure that medicines are managed safely.

The School requires parents of children with medical needs to update their child's medical information annually.

Procedures

1. <u>On Admission</u>

All parents and carers are asked to complete a record card (Appendix 1) giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details must be updated every 12 months.

2. <u>Emergency Medications</u>

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency

treatment for allergies eg. Epipen, emergency treatment for epilepsy, emergency treatment for diabetes.

3. Administration of medicines in school

a. Should a child need to receive medication during the school day parents or carers will be asked to come into school and personally hand over the medication to Reception Office.

b. Medications will only be administer to the child if prescribed **Four** times daily. For children who attend the after school club (Kidsbiz), Medications will be administer to the child if prescribed **Three** times daily.

c. On receipt of medication, a 'Medicine Record Sheet' should be completed and signed by the Parent/Carer, See appendix B - (a separate form should be completed for each medication). Completed forms will be kept with medications in the Main School Office.

d. The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:

i. The child's name
ii. Name of medication
iii. Strength of medication
iv. How much to be given
v. When to be given
vi. Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
vii. Length of treatment
viii. Any other instructions, for example, a label 'to be taken as directed' does not provide sufficient information.

e. Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.

f. A record of the administration of each dose will be kept and signed by Main School Office staff, on the reverse of the Medicine Record Sheet (Appendix B).

g. Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified in writing by the parent/carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

h. Should the supply need to be replenished this should be done in person by the parent or carer.

4. Application of Creams

a. Non-prescribed creams and lotions may be applied at the discretion of the Head teacher in line with this policy but only with written consent from parents and carers.

b. Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.

c. Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.

d. Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams but parents and carers must ensure it is in

date and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility to apply.

5. Controlled Medications

a. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.

b. A member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instruction.

c. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

d. The school keeps controlled drugs in a locked non-portable container and only named staff have access. A record is kept for audit and safety purposes.

e. A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist.

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

6. Non Prescription Medications

a. Staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and prior approval of the Head teacher.

b. A child under 16 should never be given aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

7. Self-Management Medications

a. Some older children with long term illness may, where possible, assume a level of responsibility with permission from their parent; where necessary, this will be under the supervision of staff.

b. If children can take their medicine themselves, staff may only need to supervise. Parental consent is needed.

c. Where children have been prescribed prescription and/or controlled drugs staff need to be aware that those must be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

8. Refusing Medication

a. If a child refuses medication staff must not force them to take it.

b. The refusal will be noted and parents contacted by telephone.

c. In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of school staff will accompany the child to hospital to allow parents time to arrive.

Safe Management of Medications

1. Storing Medicines

a. Large volumes of medicines will not be stored. Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Main School Office staff will 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. Where a child needs two or more prescribed medicines each should be in a separate container.

b. All medication (with the exception of any requiring refrigeration) will be kept in the Main School Office.

c. Children prescribed with an auto-injector will need to have TWO pens in school – one to be kept with them in the classroom and the other as a 'back up' to be kept in the Main School Office.

d. Children should know where their own medicines are stored. The Head teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, will be stored readily available to children in the green first aid box and must not be locked away. Other non-emergency medicines will be kept in a secure place not accessible to children.

e. Emergency medications in the class room should be stored in a green Box 'Marked First Aid'. Each child with emergency medication should have a wallet with their name clearly marked on it.

f. Auto-injectors should be kept in a clearly labelled box and must travel with the children at all times including PE lessons and off-site visits. Parents are responsible for ensuring that Auto-injector they supply to school are 'in date'.

g. A few medicines need to be refrigerated. These may be kept in a refrigerator containing food but will be in an airtight container and clearly labelled. There will be restricted access to any refrigerator holding medicines.

h. A regular check of all medicines in school (Main School Office and classrooms) will be made every 6 weeks and will be completed by an appointed person. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

2. Disposal of Medicines

a. Staff 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. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

b. Sharps boxes are always used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes will be arranged with the Local Authority's environmental services.

3. **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff 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.

Offsite Activities and Educational Visits

The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also include asthma inhalers and other relief medication such as auto-injector. Record forms are also taken to ensure normal administration procedures are followed.

For residential visits parents and carers are required to complete a consent form for all forms of medication. This includes over the counter medication such as travel sickness.

All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded and parents are informed.

Appendix A – Pupil Health Care Record

Medical Information

Name of Doctor	
Address of Surgery	
Telephone Number	

If any of the following apply to your child please tick the first box and give further information in the space provided. If there is insufficient room please continue on a supplementary sheet.

Hearing (*e.g. hearing aid worn)*		
Sight (*e.g. spectacles worn)*		
Speech/Language (*e.g. stammer)*		
Does your child have an EHC Plan (formerly known as a Statement of Special Educational Needs)		
Does your child suffer from asthma/eczema/any allergies? Please specify.		

**** Please note:- If your child requires any medication to be taken during school hours you will need to complete a medication form available from the school office.***

****I give permission for School to seek any necessary emergency medical advice or treatment whilst my child remains at St Botolph's. Please tick*** ☐

Appendix B – Pupil Medication Form

ST BOTOLPHS C OF E PRIMARY SCHOOL

PUPIL MEDICATION PERMISSION FORM

Children who require medication during the day can be given medication in school provided a permission form is completed. School staff can only administer medicine, which has been prescribed by a doctor and which needs to be administered four times a day.

DETAILS OF PUPIL

NAME …….. CLASS …… DATE OF BIRTH …….

MEDICATION

NAME/TYPE OF MEDICATION (as described on the container)

……

DATE DISPENSED ……

DOSAGE REQUIRED ……

TIMING …….

STORAGE METHOD – EG FRIDGE ……...

I understand that medicines must be given to the school office and accept that this is a service which the school is not obliged to undertake.

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medications(s) supplied by me and prescribed by the child's doctor is/are correctly labelled, in date, with storage details on them and that the school will be informed of any changes.

SIGNATURE …… DATE ……..

RELATIONSHIP TO PUPIL ……

Date	Time	Given By	Comments

Appendix C – Responding to Asthma

General

The charity, Asthma UK, estimates that on average there are 3 pupils with asthma in every classroom in the UK.

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

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

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

Aim

The policy sets out the system for ensuring that:

- Staff and pupils with asthma are known
- Appropriate training is given to staff and pupils
- All staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively
- Governors, staff, pupils and parents know what the system is and the part they have to play

Responsibilities

The Head Teacher is responsible for:

- Ensuring that a system is in place and is properly managed and reviewed
- Ensuring that a system is in place for recording asthma sufferers
- Ensuring that a system is in place for training staff
- Reporting annually to the governors on any incidents and the general working of the system.

The Administrator for Medicine Management is responsible for:

- The management of the system
- Ensuring that asthma sufferers are known and records and register kept appropriately
- Ensuring that appropriate training is given
- Obtaining and circulating appropriate guidance
- Ensuring Asthma UK School Asthma Cards are issued to parents of children with Asthma
  https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf
- Ensuring Asthma UK School Child Action Plan for Asthma are issued to parents of children with Asthma
  https://www.asthma.org.uk/globalassets/health-advice/child-asthma-action-plan.pdf
  Ensure the emergency inhaler pack is up to date and rescue ready
- Reviewing the system periodically
- Ensuring that appropriate storage for medicines is provided, where necessary
- Liaising with First Aiders as necessary
- Communicating with teaching and support staff, and parents
- Reporting to the Head teacher

All Staff will:

- Know which of their pupils is on the medical register – including asthma (this information will be accessible via red classroom folders and the school's MIS)
- Allow pupils to take their own medicines when they need to
- Know what to do in the event of an asthma attack in school
- Ensure that an asthma inhaler is clearly labelled with the child's name and kept in a box in the classroom (this must travel with the children at all times including PE lessons and off site visits). ***All children with a respiratory condition such as asthma must have TWO inhalers in school – one to be kept in the classroom/with them at all times and another as a 'back-up' to be kept in the School Reception Office.***
- Be aware of the emergency school inhaler and the procedure for its use.
- Make a note to the First Aider when a pupil has had to use the inhaler

Parents/Carers of asthma sufferers are responsible for:

- Completing and returning the Asthma cards to the School
- Ensuring that the inhalers are in date
- Providing the school with two inhalers, labelled with the pupil's name
- Providing the school with a completed child action plan for asthma https://www.asthma.org.uk/globalassets/health-advice/child-asthma-action-plan.pdf

Record Keeping

Parents will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually. All pupils with asthma will then be sent an Asthma UK School Asthma Card to give to the doctor or asthma nurse to complete. The card must then be returned to the school.

The Administrator for Medicine Management will ensure that parents/carers are requested annually to update the Asthma Card, or supply a new one if the pupil's

medicines, or how much they take, change. The names of sufferers will be kept on the school register managed by the Administrator for Medicine Management.

Physical Education and Games

Taking part in Physical Education activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in Physical Education activities. All staff will know who has asthma from information in red classroom folders and the school's MIS.

Before each lesson staff will remind pupils whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson. The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

School Environment

The school will do all it can to make the environment favourable to pupils with asthma. There is a rigorous no smoking policy. The school will as far as possible not use chemicals in the school that are potential triggers for asthma. Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

Procedure for dealing with the Effects of Asthma

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

In the event of an asthma attack the school will follow the procedure outlined by Asthma UK
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward
3. Use the child's own inhaler – if not available, use the emergency inhaler
4. Remain with the child while the inhaler and spacer are brought to them
5. Immediately help the child to take two separate puffs of salbutamol via the spacer
6. If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
7. Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
8. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
9. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Emergency Inhaler Procedure

Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

The Emergency Kit

The school will have 2 emergency inhaler kits, these should remained sealed using a First Aid kit seal as per the school First Aid Policy. One kit should be kept in the school Main office and one kept in Mr Bumps room. These emergency kits should **NOT** be locked away.

The emergency asthma inhaler kit **must** include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;

- a note of the arrangements for replacing the inhaler and spacers (see below); Guidance on the use of emergency salbutamol inhalers in schools
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;

Storage and care of the inhaler

It is the reasonability for one of the schools appointed persons to ensure:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler

returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Who can use the emergency inhaler?

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler; AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

St Botolph's will seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency.

Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent should be updated regularly – ideally annually - to take account of changes to a child's condition.

Who can administer the emergency Inhaler?

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

It would be reasonable for **ALL** staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Dear Parent / Carer,

In the event that your child shows symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date: ……

Name (print)……

Child's name: ……

Class: ……

Parent's address and contact details:

……..

……..

……..

Telephone: ……..

E-mail: ……

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: ……

Class: ……

Date: ……

Dear……,

[Delete as appropriate]

This letter is to formally notify you that…….has had problems with his / her breathing today. This happened when …….. …….

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Appendix D – Responding to Epilepsy

What is epilepsy?

Pupils 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. Five per cent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils in the UK.

Eighty per cent of pupils with epilepsy attend mainstream schools. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

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

What causes epilepsy?

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

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

Triggers

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

- Tiredness
- Lack of sleep
- Lack of food
- Stress
- Photosensitivity

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil.

Schools should obtain detailed information from parents and health care professionals. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

Medication

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures.

Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff.

There are some pupils who require medicine three times daily but even then it is usually taken before the school day, after the school day and before going to sleep.

The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the pupil goes into 'status epilepticus'.

Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

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

What the School should do

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

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

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

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

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

Procedure

During a seizure it is important to make sure that:

- The pupil is in a safe position
- The pupil's movements are not restricted
- The seizure is allowed to take its course

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

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

An ambulance should be called if:

- It is the pupil's first seizure
- The pupil has injured him/herself badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the pupil's health care plan
- A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil)
- There are repeated seizures - unless this is usual for the pupil as set out in the pupil's health care plan.

Physical Education and off-site activities

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

Such procedures should include details of each pupil's individual needs. All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil. The parents and pupil should be involved in drawing up the details for the individual and know exactly what the procedure is.

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

Schools should encourage pupils with epilepsy to participate in safely managed visits.

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

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

Disability and epilepsy

Some pupils with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Epilepsy is a long-term medical condition and therefore

pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress.

Under Part 4 of the DDA, schools must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of school life. Thus pupils with epilepsy should take part in all activities organised by the school, except any specifically agreed with the parents and/or relevant health adviser.

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

Appendix E – Responding to Allergic Reactions and Anaphylaxis

What is anaphylaxis?

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

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat. Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

Causes

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

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

Symptoms

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

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body
- Sense of impending doom
- Swelling of throat and mouth
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Severe asthma
- Abdominal pain, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)

A pupil would not necessarily experience all of these symptoms.

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

Medication

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

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

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

What the School should do

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

All staff should have at least some minimum training in recognising symptoms and the appropriate measures. Schools should have this procedures known to staff, pupils and parents.

The general policy could include risk assessment procedures, day-to-day measures for food management, including awareness of pupil's needs in relation to the menu, individual meal requirements and snacks in school. It is important to ensure that the catering supervisor is fully aware of each pupil's particular requirements. A 'kitchen code of practice' could be put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular pupil may be allergic.

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

Staff are not obliged to give injections, but when they volunteer to do so training should be provided by an appropriate provider.

Procedure

ANAPHYLAXIS EMERGENCY ACTION PROCEDURE

IMPORTANT: All EMERGENCY PENS MUST ONLY BE GIVEN TO THE PRESCRIBED NAMED INDIVIDUAL

Epipens / Jext / Anapens - the generic word 'auto-injectors' will be referred to in the procedure

1. Stay with the patient and give reassurance.
2. Collect the 'auto-injector' from the green First Aid Box in the classroom
3. Dial 999 and give the following details
   - State anaphylaxis
   - Request a paramedic ambulance
   - State name, address, and access to the school as per the First Aid Policy

4. Administration of the Auto-injector
   - Check the prescribed dose
   - Check it is for the named patient
   - Remove any safety caps
   - Administer the Auto-injector as directed in the instructions
   - Once the Auto-injector is administered massage the area where the Auto-injector was used to help absorption
   - Make a note of the time the Auto-injector was given
   - Put the Auto-injector in a container or on a tray and give it to the ambulance crew when they arrive

5. Post Auto-injector Administration
   - If the patient is breathless allow to sit up
   - If the patient is listless, collapsed or unconscious place in the recovery position.

- Commence cardio-pulmonary resuscitation (CPR) if necessary
- Keep the patient warm until the Ambulance arrives
- An Auto-injector will reverse the effects of Anaphylaxis but the side effects it may cause are increased heart rate (palpitations), dry mouth, cold extremities.
- Occasionally a second dose of adrenaline may be required as its effects can wear off after 5 – 10 minutes. **Liaise with the Ambulance service and they will advise about using the 2nd Auto-injector.**
- Give a full handover of events to the Ambulance crew.
- Inform the Head teacher / Deputy Head and the parents as soon as possible
- Anyone who has had an Auto-injector administered must be taken by the Ambulance to hospital and be accompanied by an adult, regardless of the circumstances.

6. All staff involved in the administration of an Auto-injector must:
    - Complete an accident form.
    - Be given time to be sensitively de-briefed about the situation
    - Ensure the parents organise an Auto-injector replacement as soon as possible

Sporting and off-site activities

Whenever a severely allergic pupil goes out of the school building, even for sports in the School grounds, his/her emergency kit must go too.

A staff member trained to treat allergic symptoms must accompany the pupil.

Having the emergency kit nearby at all times is a habit the pupil needs to learn early, and it is important the school reinforces this.

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

Insect sting allergies can cause a lot of anxiety and will need careful management.

Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat.

Adults supervising activities must ensure that suitable medication is always on hand.