Stonegate Primary School and Little Acorns Pre-School

Policy on the Administration of Medicines

(Supporting pupils with medical conditions)

Adopted: September 2022
Reviewed: September 2023
Next Review – September 2024

ESCC model Policy Guidance was used in the completion of this Policy

Policy on the Administration of Medicines

Jonathan Elms, received Administration of Medicines training in October 2021.
Charlotte Jackson, received Administration of Medicines training in May 2023

Jonathan Elms and **Tamsin Heard** have training booked for 13th October 2023

They should be the only members of the staff team to Administer Medicines.

Contents Page

Policy statement

At Stonegate Church of England Primary School and Little Acorns Pre-School (both establishments known as 'The School') all pupils are treated with respect, and the safety and well-being of each individual pupil in the school's care are of prime importance. This policy sets out the school's procedures for managing medicines safely and appropriately in school.

The Law

The areas of legislation that must be adhered to in relation to the administration of medicines in school are:-

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Health and Safety at Work Act 1974
- Section 3 & 17, Children Act 1989
- Section 19, Education Act 1996
- Management of Health and Safety at Work Act 1999
- The Education (School Premises) regulations 1999
- Part 4, The Disability Discrimination Act as amended by the Special Educational Needs and Disability Act 2001
- Control of Substances Harmful to Health Regulations 2002
- Section 21 7 175, Education Act 2002
- The Education (Independent Schools Standards) (England) Regulations 2003
- Section 10, Children Act 2004
- The NHS Act 2006
- Equalities Act 2010
- Regulation 5, School Premises Act 2012
- Section 100, Children and Families Act 2014

Policy framework

1. The School is an inclusive community that aims to support and welcome pupils with medical conditions.

2. The School's Administration of Medicines Policy is drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings, where appropriate.

3. The Administration of Medicines Policy is supported by a clear communication plan for staff, parents (The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority), and other key stakeholders to ensure its full implementation.

4. Staff, where appropriate, understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.

5. All staff understand and are trained in the school's general emergency procedures.
6. We have clear guidance on the administration of medication at school.

7. We have clear guidance on the storage of medication at school.

8. We have clear guidance about record keeping.

9. The School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.

10. We are aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

11. Each member of our school and health community knows their roles and responsibilities in maintaining and implementing an effective Administration of Medicines Policy.

12. The Administration of Medicines Policy is regularly reviewed, evaluated, and updated. Updates will be produced every year.

13. The school also has separate procedures in place for asthma, anaphylaxis, epilepsy, and diabetes. See appendix 2.

Policy guidelines

1. The School is an inclusive community that aims to support and welcome pupils with medical conditions

a. We understand that we have a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

b. We aim to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
• be healthy
• stay safe
• enjoy and achieve
• make a positive contribution
• achieve economic well-being.

c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

d. We aim to include all pupils with medical conditions in all school activities.

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

f. The School ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff feel confident in knowing what to do in an emergency.

h. We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill-managed or misunderstood.

i. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.

j. The Administration of Medicines Policy is understood and supported by the whole school and local health community.

2. The School's Administration of Medicines Policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings

a. We have consulted on the development of this medical condition policy with key stakeholders within both the school and health settings, where appropriate. These key stakeholders may include:
▪ Pupils with medical conditions
▪ Parents and/or carers
▪ Head teacher
▪ Teachers
▪ Special educational needs coordinator
▪ Members of staff trained in first aid
▪ All other school staff
▪ Local emergency healthcare staff (such as accident & emergency staff and paramedics)
▪ Local healthcare professionals
▪ School governors.

b. The views of pupils with various medical conditions were sought and considered central to the consultation process, where appropriate.

c. All key stakeholders were consulted, where appropriate, in two phases:
• Initial consultation during development of the policy
• Comments on a draft policy before publication.

d. We recognise the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

3. The Administration of Medicines Policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

a. Pupils are informed and reminded about the Administration of Medicines Policy:
• In personal, social and health education (PSHE) classes
• Through school-wide communication about results of the monitoring and evaluation of the policy.

b. Parents are informed and reminded about the Administration of Medicines Policy:

• By including the policy statement in the school's prospectus and signposting access to the policy
• At the start of the school year when communication is sent out about Healthcare Plans, where needed
• In the school newsletter, when required, in the school year
• When their child is enrolled as a new pupil
• Through school-wide communication about results of the monitoring and evaluation of the policy.

c. School staff are informed and regularly reminded about the Administration of Medicines Policy:
• Through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents
• At scheduled medical conditions training
• Through the key principles of the policy being displayed in several prominent staff areas at this school
• Through school-wide communication about results of the monitoring and evaluation of the policy
• All supply and temporary staff are informed of the policy and their responsibilities.
d. All external stakeholders are informed and reminded about the school's Administration of Medicines Policy, where appropriate:
• Through communication about results of the monitoring and evaluation of the policy.

4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at The School.
a. All staff are aware of the most common serious medical conditions at The School.

b. Staff here understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

c. All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.

d. Training is refreshed for all staff at least once a year.

e. Action for staff to take in an emergency for the common serious conditions at The School is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.

f. The School uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
g. We have procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

5. All staff understand and are trained in the school's general emergency procedures, where appropriate.

a. All staff, where appropriate, know what action to take in the event of a medical emergency. This includes:
• How to contact emergency services and what information to give
• Who to contact within the school.

b. Training is refreshed for all staff at least once a year.

c. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.

d. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

6. The School has clear guidance on the administration of medication at school

Prescription medicines

These medicines should only be brought into school where essential, i.e. that is where it would be detrimental to the child's health if the medicine were not administered during the school day.

Parents should be encouraged to look at dose frequencies and timing so that if possible, medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

We will not administer medicine to any child unless provided by that child's parents.

If medicines need to be brought into school the following procedure must be followed:

1. All medicines must be in their original container.

2. All medicines MUST be clearly labelled with:
• The child's name
• The name and strength of the medication
• The dosage and when the medicine should be given
• The expiry date
• Side effects

3. Staff must never accept medicines that have been taken out of their original container or make changes to the dosages even on parental instruction.

4. Long term medicines (including Homeopathic) must be accompanied by a written parental agreement for the school to administer medicine (appendix 1). A health care plan (appendix 2), must be formulated between the appointed first aider and the parents.

5. If two or more medicines are required, these should be in separate, clearly and appropriately labelled containers.

6. On arrival at school all medicines must be handed to the appointed first aider or the designated member of staff.

7. All medicines received into school must be counted and documented in an individualised pupil medication record this must then be completed for every dose administered. A running stock level must also be recorded.

8. Some medicines may be prescribed on an 'as required' basis i.e. only to be administered under certain circumstances. Most commonly this may be reliever inhalers for asthma, and ibuprofen as pain control.

9. The circumstances for which the medicines should be administered should be entered on the child's health care plan. A parental agreement form should be completed and signed. This obviates the necessity of contacting the parent before administering such medicines.

Administration – emergency medication

a. All pupils at The School with medical conditions have easy access to their emergency medication.

b. All pupils who require Reliever Inhalers or Epipens will be expected to carry one with them at all times in their school bag. In addition to this the parent are advised to provide a spare for the school to store in case the original is lost or damaged

c. This type of medication (spares) must be readily available. The pupils care plan with parent consent should be stored with the medicine, giving clear instructions on how to manage a pupil in medical crisis. All staff must be made aware of where the emergency medication is stored. (Inhalers / Epi Pens will be stored in an easy access bag (Out of children's reach) in each classroom for School Visits or Offsite visits to the field).

d. It is the responsibility of the parents/guardians to ensure that their child is trained and competent to self-administer their emergency medicines.
e. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

f. Pupils who require medicines for urgent life-threatening conditions MUST have these available in school or they will be unable to remain in school.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act, and its associated regulations. Some may be prescribed as medication for use by children at school. The most common is
Methylphenidate (Ritalin, Equasym) or Insulin.

The school should be in agreement with the parents of a child prescribed a controlled drug to store it safely and administer it to the child for whom it has been prescribed.

A record must be kept of all supplies received, all doses administered, and all unwanted supplies returned to parents for audit and safety purposes. If we are not able to return a controlled drug to parents they will be returned to a pharmacist and a receipt obtained.

Controlled drugs must be kept in a locked non-portable cupboard with only named staff having access. Only a suitable trained member of staff, as named in the designated persons list, may administer a controlled drug to a child for whom it has been prescribed. The drugs must be administered within the prescribed instructions.

Misuse of a controlled drug, such as passing it to another child for use (including 'borrowing' another child's identical drug) is an offence.

Administration – general

a. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of an appropriate member of staff at this school.

b. We understand the importance of medication being taken as prescribed.

c. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

d. There are several members of staff at this school who have been specifically contracted to administer medication.

e. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

f. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.

g. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

h. In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.

i. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

j. If a child refuses to take their medicines, staff should not force them to do so, but should note this in their records and follow any procedures set out in the health plan. Parents should always be informed of the refusal on the same day. If a refusal to take medicines results in a medical emergency the schools emergency procedures should be followed.

k. If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication, they are properly trained and have access to the relevant Healthcare Plans.

l. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

m. If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

n. If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

Appendix 1

PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINSTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Date medicine provided by Parent	/ /
Child's Name	
Child's Date of Birth	
Class/Year	
Name & strength of Medicine	
Expiry Date	/ /
How much/Dose to be given	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime contact number of Parent	
GP name & phone number	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing. I accept that I must deliver the medicine personally to (agreed member of staff). I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the Parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Parent's Signature: _____

Print Name: _____

Date: _____

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Child's Name:

Date	/ /	/ /	/ /
Time given			
Dose given			
Any reactions			
Name of Member of Staff			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any reactions			
Name of Member of Staff			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any reactions			
Name of Member of Staff			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any reactions			
Name of Member of Staff			
Staff Initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any reactions			
Name of Member of Staff			
Staff Initials			

Appendix 2

Health Care Plan

Name of Child/Young Person:.....

Date of Birth:.....

Address.....

.....

Medical Diagnosis or Condition:.....

Date: .....

Class/Form: .....

Review Date: .....

Contact Information

Family Contact 1 Family Contact 2

Name: ..... Name: .....

Phone: Work:..... Phone: Work: .....

Home: ..... Home:.....

Relationship: ..... Relationship: .....

Clinic/Hospital Contact HEALTHCARE PROFESSIONAL

Name: ..... Name: .....

Tel No: ..... Tel No: .....

Describe medical needs or condition and give details of child/young person's individual symptoms:
.....

.....

Daily care requirements (e.g., before sport/at lunchtime):
.....

.....

Describe what constitutes an emergency for the child/young person and the action to take if this occurs:
.....

.....

Follow-up Care:
.....

.....

Who is responsible in an emergency: (state if differ on off-site activities):

.....

.....

Procedures to be followed when transporting the child/young person (e.g. home to School/setting transport, off-site visits):

.....

.....

.....

Form copied to:

.....

.....

Signed (Headteacher) .....

Date: .....

Signed (parent) ……...

Date: ……

Appendix 3

Specific Medical Conditions
The medical conditions that most commonly cause concern in schools/settings are:

- Diabetes;
- Epilepsy;

- Asthma;
- Anaphylaxis (severe allergic reaction).

This appendix provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children/young people are assessed on an individual basis.

Diabetes (See School Diabetes Policy)

Diabetes UK Helpline 0845 120 2960 www.diabetes.org.uk

What is Diabetes?
Diabetes is a condition where the level of glucose in the blood rises due to a lack of insulin (Type 1 diabetes).

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

Medicine and Control
The diabetes of the majority of children/young people is controlled by injections of insulin each day. Most children will be on a twice a day regime of a longer acting insulin and it is unlikely that these will need to be given during school/setting hours, although for those who do it may be necessary for an adult to administer the injection.

Young people may be on multiple injections and others may be controlled on an insulin pump. Most children/young people can manage their own injections, but if doses are required at school/setting supervision will be required along with a suitable, private place to carry it out.

Increasingly, young people 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 before bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child/young person is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this regime when they were confident that the child/young person was competent. The child/young person is then responsible for the injections and the regime would be set out in the individual health care plan.

Children/young people 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/setting lunch break, before PE or more regularly if their insulin needs adjusting. Young people will be able to do this themselves and will simply need a suitable place to do so. However, young children may need adult supervision to carry out the test and/or interpret test results.

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

Children/young people with diabetes need to be allowed to eat regularly during the day.

This may include eating snacks during class time or prior to exercise. Special arrangements for children/young people with diabetes will need to be made if the school/setting has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child/young person 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 should be aware of the need for a child/young person 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 child/young person with diabetes:

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

Each child/young person may experience different symptoms and this should be discussed when drawing up the health care plan.

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

Alternative intervention strategies should be discussed and agreed and training given in the event of the child/young person being unconscious and unable to swallow.

An ambulance should be called if:

- the child/young person's recovery takes longer that 10 – 15 minutes;
- the child/young person becomes unconscious.

Some children/young people may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parents' attention. If the child/young person is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child/young person is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child/young person will need urgent medical attention. Nothing should be given by mouth.

The child/young person should never be sent home while in a reaction, as any form of exertion will make the reaction more severe.

Such information should be an integral part of the school/setting's emergency procedures as highlighted earlier in this document.

Procedures

When a child/young person has been identified as being at risk of a **hypoglycaemia** or **hyperglycaemia** episode, the school/setting need to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. An emergency procedure and protocol should be developed and agreed by the parents, the school/setting and the child's doctor.

The protocol includes:

- emergency procedure;
- medication, if agreed;
- staff training;
- precautionary measures;
- consent and agreement.

A protocol forms an agreement that the best possible support is in place for both the child/young person and staff. It may be necessary that child/young persons in secondary schools/settings wear a form of

identification of their medical condition a teachers may not be familiar with the child/young person's medical needs, e.g. med bracelet to alert staff of ill health risk.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health.

Once an agreement has been made to administer medication the school/setting will have a responsibility to do so if hypoglycaemia or hyperglycaemia episode occurs

Training
There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff. Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained. This can be organised by contacting the healthcare professional.

The medication should be kept in school/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication.

When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher/parent.

Epilepsy

The National Society for Epilepsy 01494 601400 www.epilepsy.org.uk

What is Epilepsy?

Children/young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes call a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 % attend mainstream school/setting. Most children/young people with diagnosed epilepsy never have a seizure during the school/setting 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 patter for the individual child/young person. Parents and health care professionals should provide information to schools/settings, to be incorporated into the individual care plan, setting the particular pattern of an individual child/young person's epilepsy.

If a child/young person does experience a seizure during the school/setting day, details should be recorded and communicated to parents including:

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

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

What the child/young person experiences depends on whether all or which part of the brain is affected. Not all seizures involve a loss of consciousness. When only a part of the brain is affected, a child/young person will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected, the child/young person 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 noises 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 child/young person loses consciousness. Such seizures might start with the child/young person crying out, then the muscles becoming stiff and rigid. The child/young person may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child/young person's colour may change to a pale blue or grey colour around the mouth. Some child/young persons may bite their tongue or cheek and may wet themselves.

After a seizure a child/young person may feel tired, be confused, have a headache and need time to rest or sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child/young person may appear' blank' or 'staring' sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class.

If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control
Most children/young people with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school/setting hours.

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

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

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

An ambulance should be called during a convulsive seizure if:

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

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

Most seizures last for a few seconds and minutes and stop of their own accord. Some child/young persons 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.

Training in the administration of rectal diazepam is needed and will be available from healthcare professionals. Staying with the child/young person 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.

Children/young people requiring rectal diazepam will vary in age, background and ethnicity and will have differing levels of need, ability and communication skills. It is strongly recommended that arrangements are made for two adults, at least one of the same gender as the child/young person, 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 child/young person as far as possible, even in emergencies. The criteria under the National Standards for under 8's day care require the registered person to ensure the privacy of child/young person's when intimate care is being provided.

Procedures
When a child/young person has been identified as being at risk of epilepsy, the school/setting needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. A protocol should be developed and agreed by the parents, the school/setting and the child's doctor/paediatrician.

The protocol includes:

- emergency procedure;
- medication, if agreed;
- staff training;
- precautionary measures;
- consent and agreement.

A protocol forms an agreement to ensure that the best possible support is in place for both the child/young person and staff. It may be necessary that children/young peoples in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the child/young person's medical needs, e.g. medi bracelet to alert staff of severe ill health risk.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health.

Once an agreement has been made to administer medication, the school/setting will have a responsibility to do so if epileptic seizure occurs.

Training
There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff. Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained. This can be organised by contacting the healthcare professional. The medication should be kept in school/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication

When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher / parent.

Asthma

Asthma UK Helpline 08457 010203 www.asthma.org.uk

What is Asthma?

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

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children/young people may only get symptoms from time to time.

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

Children/young people with significant asthma should have an individual health care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers.
Usually a child/young person will only need a reliever during the school/setting day.

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise.

Whilst **preventers** (brown, red, orange inhalers, sometimes tablets) are usually taken out of school/setting hours.

Children/young people 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 child/young person may need some help to do this. It is good practice to support children/young people with asthma to take charge of and use their inhaler from an early age and many do.

Children/young people who are able to use their inhalers themselves should be allowed to carry them with them. If the child/young person is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe by readily accessible place, and clearly marked with the child/young person's name.

Inhalers should always be available during PE, sports activities and educational visits.

For a child/young person with severe asthma, the health care professional may prescribe a spare inhaler to be kept in school/setting.

The signs of an asthma attack include:

- coughing;
- being short of breath;
- wheezy breathing;
- feeling of tight chest;
- being unusually quiet.

When a child/young person has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5 – 10 minutes;
- the child/young person is too breathless to speak;
- the child/young person is becoming exhausted;
- the child/young person looks blue.

It is important to agree with the parents how to recognise when the child/young person's asthma gets worse and what action will be taken. An asthma school/setting card (available from Asthma UK) is a

useful way to store written information about the child/young person's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and child/young person's healthcare professional.

A child/young person should have a regular asthma review with their healthcare professional. Parents should arrange the review and make sure that a copy of the child/young person's management plan is available in school/setting.

Children/young people with asthma should participate in all aspects of the schools/settings day including physical activities. They need to take their reliever inhaler with them on all offsite activities. Physical activity benefits children/young people with asthma in the same way as other children/young people. Swimming is particularly beneficial, although endurance work should be avoided. Some children/young people may need to take their reliever asthma medicines before any physical exertion. Warmup 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 parents, staff and the child/young person. However, children/young people with asthma should not be forced to take part if they feel unwell. Children/young people should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children/young people with asthma may not attend on some day due to their condition and may also at times have some sleep disturbance due to night symptoms. This may affect their concentration. Such issues should be discussed with the parents or attendance officers as appropriate.

All schools/settings should have an asthma policy that is an integral part of the whole school/setting on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken. The school/setting environment should be asthma friendly by removing as may potential triggers for children/young people with asthma as possible.

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

Procedures

When a child/young person has been identified as being at risk of asthma, the school/setting needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance.

Appendix 1 is an example of a health care plan that could be used to record the severity of the child/young person's asthma, individual symptoms and allergies, details of medication to be taken and any assistance or emergency action which may be necessary for staff to implement.

Anaphylaxis

The Anaphylaxis Campaign 01252 542029 www.anaphylaxis.org.uk
Allergy UK 01322 619864 www.allergyuk.org
www.kidsallergies.co.uk

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

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 children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

Even where mild symptoms are present, the child/young persons should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

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

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.

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 instructions, are a well-understood and safe delivery mechanism.

It is not possible to give too large a dose using this device. The needle is not seen until after it is has been withdrawn from the child/young person's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school/setting should hold and where to store them has to be decided on an individual basis between the headteacher, parents and the healthcare professionals.

Where children/young people are considered sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools/settings or split sites, it is often quicker for staff to use an injector that is with the child/young person rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic reaction are reduced where an individual 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 parents, the school/setting and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

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

Once staff have agreed to administer medicine to an allergic child/young person in an emergency, a training session will need to be provided by the school/setting health service. Staff should have the opportunity to practice with trainer injection devices.

Day to day policy measures are needed for food management, awareness of the child/young person's needs in relation to the menu, individual meal requirements and snacks in school/setting. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child/young person's particular requirements.

Parents often ask for the headteacher/manager to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risk to allergic child/young persons should be taken.

Children/young people who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children/young people in every respect – except that if they come into contact with a certain food or substances, they may become unwell. It is important that these children/young people are not stigmatised or 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.

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

Procedures

When a child/young person has been identified as being at risk of anaphylaxis, the school/setting need to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance.

Whether the responsibility to administer medicines is accepted or not, an emergency procedure and protocol should be developed and agreed by the parents, the school/setting and the child's doctor.

The protocol includes:

- emergency procedure;
- medication, if agreed;
- food management (if food allergy)
- staff training;
- precautionary measures
- consent and agreement.

A protocol forms an agreement that the best possible support is in place for both the child/young person and staff. It may be necessary that children/young people in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the child/young person's medical needs, e.g. medi bracelet to alert staff.

All staff should be informed of the protocol and advised of their responsibilities in case of a reaction.

Once an agreement has been made to administer medication the school/setting will have a responsibility to do so if anaphylactic shock occurs

Training

There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff. Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained. This can be organised by contacting the healthcare professional. The medication should be kept in school/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication.

As in all cases of administering medication, a parental consent form should be completed and kept in school/setting.

When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher/parent.