# Holy Trinity C of E Junior School

**Procedure for:** **Medicine & First Aid Procedures**
**Written by:** **Premises/Pupils' Committee**
**Reviewed:** **Summer 24 (JS/LE)**
**Review Date:** **Summer 2025**

**Practice**: Administering Medicine
All office staff have the administration of medicines written into their job descriptions.

Office staff will administer medication which has been formally prescribed by a GP or hospital, provided all the medical paperwork is as it should be, as the Department of Health guidelines suggest.
However, where a child may require short term medication requested by a parent, which means that it enables a child to attend school, e.g. period pain, then within reasonable parameters this will be administered within the ethos of the department of health guidelines. It is advisable that all medication be prescribed by a G.P. even if you can buy it over the counter. There shouldn't be a problem if the parent tells the G.P. it's for a school. Ibuprofen or any derivative will not be administered unless prescribed, and a paracetamol derivative will be sought as an alternative. Aspirin is not permitted under any circumstances. The Managing Medicines in School Policy (2005) stipulates "A child under **16** should never be given Aspirin or medicines containing Ibuprofen unless prescribed by a doctor"

Any medicines should be brought into school and taken home when appropriate **by the parents and not the child**. The parent must also provide clear, written instructions on the form and non prescription medicines must be clearly labelled with the child's name.

- Parents will need to complete a form giving the school basic information. A copy of this form is available in the school. (refer to Appendix 2) and on the school website.

  - Information is shared on a need to know basis, which may include children in the class.

- Records should be kept when medicine is administered. These forms are completed by the school office staff.

- Medicines/sickness tablets on School Journeys – A permission note must be signed by the Parent/Carer and given to the Journey Leader. Cover staff are not to administer personal medication. (See appendix 11).

  - Children who have medical needs i.e. Asthma, Epilepsy, Diabetes, Anaphylaxis, ADHD (this is not an exhaustive list), may have an Individual Health Care Plan copied to the class teacher (e.g. a child who has asthma will have a health care plan only if they have been hospitalised with asthma twice in a year). This may be obtained from the School Nurse and copies are kept in the First Aid area in the Office, the class register and a copy is kept in the pupil file. Health care plans have the child's photo on them.

  - When we have a child with a medical condition, Breakfast Club, Afterschool Club and Midday Supervisors need to be educated.

  - If staff notice any unusual health issues, report them to the first aiders in the office, who will record on O:\Health Concerns. The first aiders with then discuss these with the SBM and inform the parents.

**Storage of Medicine**

- It is the responsibility of the Headteacher to ensure medicines are stored safely.

- Any medicines we agree to administer in school must be kept in the container provided and this should be clearly labelled with the name of the child and clear instructions for use. Some medicines may need to be kept in the refrigerator.

- Storage of controlled drugs such as Ritalin must be in a locked cupboard and labelled clearly with the name of the child and clear instructions for use.

- Apart from asthma inhalers, medicines must not be kept in the classrooms or children's bags.

Within school we have a range of medical needs. There is a statutory policy for children who have asthma and there is guidance for children with diabetes, who may suffer epilepsy and those who may suffer anaphylaxis. The guidance for the latter 3 are found in appendices.

**For those with long term medical conditions**

**Office staff support**

- When we have any new pupils, whether in Year 3 or other year groups, we meet the family and volunteer our prospectus and a welcome pack. In the welcome pack we request that parents inform us of any medical information.
- The Office Team, will annually summarise the children with significant medical conditions and those with health care plans that we need to monitor. This will be checked and updated termly in case of mid-term admissions. The report will include a note about those who are trained to care for the condition and how regularly this training requires to be updated. prepare a termly report for the Pupils and Curriculum Committee.
- The School Office Administrator enters/updates pupil medical records on Sims at the start of each academic year.
- The School Office Administrator will supply each class teacher with 3 records of those who have medical conditions – one which stays in the register, one for the class teacher to keep and one for the class teacher to put in to the supply folder. They will also provide a list for the Kitchen staff, Breakfast club and Kick London which will also include dietary needs.
- The School Office Administrator will monitor the attendance of those on the list with significant medical conditions and ensure that the head teacher and class teacher have monthly notes of the attendance and note of absence for those children.

**The school nurse**

- "School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school." DFE December 2015.
- Should a **health care plan** either be in place or need to be in place we will immediately involve our school nurse.

DFE guidance December 2015 states that when a health care plan is drawn up the following should be considered:

☐ the medical condition, its triggers, signs, symptoms and treatments;

☐ the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

☐ specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
☐ the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

☐ who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

who in the school needs to be aware of the child's condition and the support required;

☐ arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

☐ **separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate**, eg risk assessments;

☐ where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

☐ **what to do in an emergency, including whom to contact, and contingency arrangements.** Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

As a result of a health care plan the school will:

- Seek medical confirmation from a local doctor or health care professional if required, seeking advice about how best to support the child in their care.
- If necessary, a risk assessment will be carried out to enable the child to function adequately in the building to ensure his/her safety and that of all pupils and staff.
- Make any alterations to the physical environment be required the school will make the necessary adjustments as best they can.
- Support the child in the everyday running of the class or school with all relevant people being informed. Once informed, the class teacher will lead in this and will work with any other relevant professional in the school, e.g. SENDco or site supervisor, etc.

**The class teacher**

- Children with medical needs will be highlighted on any register in the class as above.
- Notes about children with medical conditions are included in notes for supply teachers.
- The class teacher, supported by the year group staff, will take responsibility for noting absence of any child with medical conditions and the learning that took place. A copy of the planning for that lesson will be filed in a particular file for that child. Upon the child's return from absence, the most appropriate adults (e.g. class or set teacher or teaching assistant) will be freed from an appropriate lesson or lessons in order to spend 1-1 time with the child to explain what they have missed and make any other relevant plans for further support in ensuring that the learning missed can be caught up.

- Meetings with parents of the child will be accommodated as requested. Parents will be asked if they wish to meet annually, bi-annually, termly etc.

N.B Children feeling unwell must be accompanied to the office.

**Parents** "should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times." DFE December 2015
Parents are also responsible for ensuring that the child's medication is up to date.

"Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure." DFE December 2015

**Pupils** "with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan."

"Wherever possible, children should be allowed to carry their own inhalers or should be able to access their inhaler for self-medication quickly and easily. Children who can take their inhalers themselves or manage procedures may require an appropriate level of supervision." DFE December 2015
NB A child under 16 should never be given aspirin unless prescribed by a doctor.

Records must be kept of all medicine that is administered.

Use of emergency inhalers
For those with asthma, parents must sign to say that an emergency inhaler can be administered, within the protocol in appendixes.
The head teacher ensures that there are 4 emergency inhalers in schools at any one time.
When an emergency inhaler is used, the parents is informed in writing.

**Appendices**

| | |
|---|---|
| Appendix 1 | Individual Health Plan |
| Appendix 2 | Parent request to administer medicine. |
| Appendix 3 | First Aid in school |
| Appendix 4 | Staff Training Record |
| Appendix 5 | Notes from Adrenaline Auto-Injector (AAI) training / Anaphylaxis |
| Appendix 6 | Epilepsy |
| Appendix 7 | Diabetes |
| Appendix 8 | ADHD |
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| Appendix 10 | Procedures for school journey |
| Appendix 11 | Protocol for the use of emergency inhalers |

**APPENDIX 1**

**HOLY TRINITY C.E. JUNIOR SCHOOL**

**HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS**

Name:……..

Date of Birth:……..

Condition:……

…….

…….

……..

Class:……..

Date:……

Review Date:…….

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## CONTACT INFORMATION

**Family Contact 1**

Name:……

Phone No (work):……..

(home):……

Relationship:……..

**Family Contact 2**

Name:……

Phone No (work):……..

(home):……

Relationship:……..

**Clinic/Hospital Contact**

Name:……..

Phone No:…….

**GP**

Name:…….

Phone No:……..

Describe condition and give details of pupil's individual symptoms:

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……
……..

Daily Care requirements (eg before sport, lunchtime):

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Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

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Follow up care:

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……

Who is responsible in an Emergency: (state if different on off-site activities)

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……
……
……

Form copied to:

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……
……
……



**APPENDIX 2**

**HOLY TRINITY C.E. JUNIOR SCHOOL**

**Record of medicine administered to an individual child**

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

**DETAILS OF PUPIL**

Surname:…….

Forename(s):……..

Class:……..M/F:…….. Date of Birth:……..

Address:……. ……

…….

Condition or illness:……..…….

**MEDICATION**

Name/Type of Medication (as described on the container):……..……

How long will your child take this medication:……..……

Date Dispensed:…… Doctor's Name: ……

**Full Directions for Use:**

Dosage and method:……..……..

Timing:……...…….

Special Precautions:……..……..

Side Effects:……...…….

Procedure to take in an emergency:……..……

**CONTACT DETAILS**

Name:…….. Daytime Tel No:……..

Relationship to Pupil:……

Address:……..

I understand that I must deliver and collect the medicine personally to the office staff, and accept that this is a service which the School is not obliged to undertake.

Date:……. Signature(s):……

Signature of member of office staff_____Date_____

Signature of Headteacher: _____ Date _____

**NAME OF CHILD: ……..**

**Record of medicine administered to an individual child**

| Date | | | |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | / / | / / | / / |
| Time Given | | | |
| Dose Given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|---|---|---|---|
| Date | / / | / / | / / |
| Time Given | | | |
| Dose Given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|---|---|---|---|
| Date | / / | / / | / / |
| Time Given | | | |
| Dose Given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|---|---|---|---|
| Date | / / | / / | / / |
| Time Given | | | |
| Dose Given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

**APPENDIX 3**

# HOLY TRINITY C.E.JUNIOR SCHOOL
# First Aid in School

**First Aid Boxes**

- The First Aid area and boxes are located in the kitchen area of the School Office.
- The School Secretary has overall responsibility for equipping these boxes.
- A list of designated first aiders is in the first aid area in the office and in places around the school.

**Administering First Aid**

- Larger cuts are dealt with by First Aiders in the office.
- Bruises are dealt with by applying a cold compress. Ice packs are kept in the Office cupboard.
- All known bumps to the head area will be treated by cold compress. A pink bumped head letter is given to the child to show their class teacher and take home to their parent, and the child is also given a sticker, with "I've bumped my head" on it, to wear in school so that other staff and class teacher are aware to ensure continuous observation. Parents are also sent a text and email message to let them know that their child has bumped their head, a telephone call is made to parents if it is a more serious injury.
- All children treated for accidents in the medical room should be entered in the First Aid Book, which is signed by the person making the entry. A yellow accident form is completed each time and given to the child to show their class teacher and take home to their parent/carer.
- At lunchtime Midday Supervisors will deal with minor abrasions, (Karen Hagon & Clair Smith will deal with any injuries at lunchtime which may require further assistance) cuts etc. by washing with water or applying a cold compress. If plasters are used then they are only hyper allergic plasters.
- A separate log is kept by the Midday Supervisors and kept with their box in the Office when not in use. Each day after lunch this book is looked at by a first aid trained member of staff so that office staff are aware of the events that have occurred and any potential serious injury. Any concerns are reported back to the office by the Midday Supervisors.
- Injured children will receive an accident form from the Office or Midday Supervisors every time they receive attention. The form is filled in with the nature of the injury and is given to the child to take home to the parent/carer.
- More serious concerns/accidents must be brought to the attention of a First Aider.
- If further treatment is needed i.e. by doctor or hospital, staff should fill in an accident report form obtained from the Office. There is an accident form for legal purposes which is completed online for Corporate Health & Safety.
- Specific incidents of sickness need the appliance of appropriate powder (available from the office) and the Site Supervisor asked to implement cleaning. In his absence the area is made safe until he arrives or staff scoop up the liquid absorbed in powder.
- Concerns after an incident may result in a member of office staff being asked to phone parent/carer and parent/carer being given the opportunity to visit school to see child and possibly be taken home.

**More serious accidents**

- If any accident is more serious than above and requires the parent to decide what should happen or it is felt the child needs to go to hospital then the office staff will telephone the parents. In the event of not being able to contact the parents then the Headteacher or designated person in charge of the school at the time will be consulted.

**Please Remember**

- Staff can only wash the cut and cover it – do not apply any creams (there will not be any in the First Aid Kit).

- Do not use any eye lotion; we can only bathe with water.

- Do not give any medication for headaches – there is not any in the First Aid Kit. (Never give any of your own medication to a child).

- Only use what is in the First Aid Kit.

**Emergency**

- In the event of an emergency or in a case where the First Aider has serious concerns, an ambulance should be called immediately by the appropriate member of staff.

- Procedures for contacting an ambulance are the office staff (or Headteacher/Deputy) to call 999, and to pass on a brief description of the person's symptoms

- The Office will print out child's details from Sims including address and doctor's details to be passed on to the person accompanying the child to the hospital

- A child taken to hospital by ambulance should be accompanied by a member of staff who should remain until the child's parent arrives.

- If time allows it is preferable to contact the child's parent to take them to hospital.

- In the event of a school evacuation it will be the responsibility of the Office First Aiders to take out a basic first aid kit located in the 'grab bag' situated under the chairs in the first aid area.
- In the event of a school evacuation the registered First Aiders will set up a triage point to assess any medical needs. This point will be top in the playground or if a further distance for safety is required then in Beddington Infants School
- Emergency procedures will be followed for communication links between staff using mobile phones and SLT team.

**Hygiene**

- The normal precautions are taken to avoid infection and basic hygiene procedures are always followed. Hand gel is available in the First Aid area.

- Disposable gloves are available for all staff dealing with first aid and must be used at all times for dealing with blood and other bodily fluids.

- Antiseptic hand gel is used before lunch by all children (administered as they leave the classroom).

**APPENDIX 4**

**Staff Training Record**

| | **Adrenaline Auto-Injector (AAI) Training** | **First Aid Training** |
|---|---|---|
| Lisa Eden | December 2022 | December 2022 |
| Debbie Williams | May 2021 | November 2024 |
| Karen Hagon | December 2021 | December 2021 |

| | | |
|---|---|---|
| Claire Smith | June 2022 | June 2022 |
| Jill Savill | December 2021 | December 2021 |
| Maria Lawrence | May 2020 | May 2020 |
| Kim Harrington-Tucker | March 2023 | March 2023 |
| Samantha Pate | June 2023 | June 2023 |
| Abida Bharj | | July 2024 |

Whole staff INSET 4th September 2012 – Anaphylaxis, epilepsy and asthma, including Adrenaline Auto-Injector (AAI) Training with **School nurse: Laura Spurling**.

3rd September 2013 Anaphylaxis, epilepsy (buccal medazalam) and asthma, including Adrenaline Auto-Injector (AAI) Training with **School nurse: Laura Spurling**.

22nd February 2016 Anaphylaxis, epilepsy and asthma, including Adrenaline Auto-Injector (AAI) Training with School nurse: Sara Chrysostomou

## Anaphylaxis / Adrenaline Auto-Injector (AAI) Training

### What is anaphylaxis?

1. "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.

2. 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).

3. 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.

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

### Medicine and Control

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

6. 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.**

7. Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

8. The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved." This is included in a health plan.

9. "Where children are considered to be sufficiently responsible to carry their emergency treatment on their person[1], there should always be a spare set kept safely which is not locked away and is accessible to all staff.

10. Parents often ask for the head to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.

11. Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they

[1] See paragraph 47

may become very unwell. It is important that these children 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.

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

**Holy Trinity Practice**

Adrenaline Auto-Injector (AAI) use is for the treatment of Anaphylaxis. Anaphylaxis is where there is a severe allergic reaction. In anaphylactic shock the whole body is affected, usually within minutes of exposure, and the symptoms can vary in severity.

The most common allergy affecting children with this condition is nuts. For this reason, we do not have nuts in school for parties or packed lunch etc.
Medication for this condition is kept in the Office and should only be used for the child for whom it is prescribed. Adrenaline Auto-Injectors (AAI) are stored in the cupboard above the sink in named containers, with a copy of the health care plan and the photo of the child – see below.

All medication should be taken when the child goes off site on a class outing. A copy of the health care plan should also be taken on every outing.
The person giving first aid needs to read the care plan.

**What to do**

- Calm the child
- Sit the child down and listen to what they are saying.
- One adult treats the child, another adult – preferably the office, calls the ambulance
- Administer the Adrenaline Auto-Injector (AAI) (NB If the Adrenaline Auto-Injector (AAI) is out of date when it is about to be used, tell the emergency services this when the phone call is made and ask their advice as to whether to use the out of date Adrenaline Auto-Injector (AAI).
- Note the time of the injection
- Ring parents

Can give second injection after 5 minutes if the ambulance has not arrived if a second Adrenaline Auto-Injector (AAI) has been provided by the parent and it is on the care plan.

**REMEMBER – PAM** = Pen – Ambulance – Mum

**Where to give the injection**

- Administer the Adrenaline Auto-Injector (AAI) into the outer thigh just above the trouser seam, through clothing if necessary.
- Press firmly until a loud click is heard
- Hold for a count of ten

A child **MUST** go to hospital once an Adrenaline Auto-Injector (AAI) has been used. If the member of staff accidentally injects themselves, they must also go to hospital. The used Adrenaline Auto-Injector (AAI) should go to hospital with the child as well as the health care plan.
**We do not inject children with another child's Adrenaline Auto-Injector (AAI) if they do not have one, even if we feel it is needed.** If an Adrenaline Auto-Injector (AAI) has not been prescribed for a child we should not use it as we do not always know if the child has any other condition that may react badly with the effect of an Adrenaline Auto-Injector (AAI), e.g. a slight heart condition.

The school has a spare Adrenaline Auto-Injector (AAI)* which can be used in accordance of the Department of Health guidelines below.

In 2017, the law was changed: **the Human Medicines (Amendment) Regulations 2017 now allows schools to obtain, without a prescription, "spare" AAI devices for use in emergencies**, if they so wish. "Spare" AAIs are in addition to any AAI devices a pupil might be prescribed and bring to school. The "spare" AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

"Spare" AAI devices can be used in any pupil known to be at risk of anaphylaxis, so long as the school have medical approval for the "spare" AAI to be used in a specific pupil, and the child's parent/guardian has provided written authorisation.

**Not all children with food allergies and at risk of anaphylaxis are prescribed AAIs.** These children *can* be given a spare AAI in an emergency, so long as:

- the school has a care plan confirming that the child is at risk of anaphylaxis
- a healthcare professional has authorised use of a spare AAI in an emergency in that child
- the child's parent/guardian has provided consent for a spare AAI to be administered.

*Staff in school will administer if told to do so by a healthcare professional in an emergency.

**Storage of Adrenaline Auto-Injectors (AAI)**

- Children with Adrenaline Auto-Injectors (AAI) should have these in a box, e.g. an empty ice cream carton
- On the outside should be the child's name, and a photograph of the child and the expiry date.
- Inside – ideally two Adrenaline Auto-Injectors (AAI), instructions for use and a copy of their health care plan
- On the inside of the lid – child's home contact telephone numbers and doctor's telephone number.
- This box is kept in the school office in a cupboard above the sink in their first aid area - at room temperature away from extreme heat and light. In a classroom where a child is known to have an Adrenaline Auto-Injector (AAI), a red card with the child's name on is located, pinned to the wall behind the teacher's desk. Teachers in that year group and children in that class are drilled that the card is there and this card is sent to the office immediately to request the pen if it is required. This information is also left in notes for supply teachers.
- This box should go to all off-site visits, including swimming.

Every six months' office (September and February) staff who are first - aid trained check the dates of all prescribed medicine. Although medicine being in date is the responsibility of the parent, this is an extra precaution taken by staff.

**EPILEPSY Department of Health: Managing Medicines in School Guidance December 2015**

**What is Epilepsy?**

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

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

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

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

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

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

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

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

**Medicine and Control**

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

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

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

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

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

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

23. Such information should be an integral part of the school or setting's emergency procedures as discussed at paragraphs 115 - 117 but also relate specifically to the child's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

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

25. Children and young people requiring rectal diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If arrangements can be made for two adults, at least one of the same gender as the child, 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 as far as possible, even in emergencies. The criteria under the national standards for under 8s day care requires the registered person to ensure the privacy of children when intimate care is being provided.

**Holy Trinity Practice**

- For each child who has epilepsy a health care plan is in place
- If a child has what appears to be an epileptic fit in class, the adult in charge would send for a first aider straight away and evacuate the class at the first opportunity to preserve the dignity of the child.
- Timings of the fit etc and advice as above should be followed.
- **If medication has crystals or is expired, it should not be administered.**
- Put half of the quantity prescribed in to one buccal cavity and the other half in to the other buccal cavity.
- If medication is applied, an ambulance should be called. Give a copy of the health care plan and the details of the medication and the time of the fit to the emergency services when they arrive.

## DIABETES

### What is Diabetes? Department of Health: Managing Medicines in School Guidance December 2015

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

27. About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

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

### Medicine and Control

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

30. Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child 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 type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

31. Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

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

33. Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood

glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

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

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

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

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

37. An ambulance should be called if:

- the child's recovery takes longer than 10-15minutes
- the child becomes unconscious

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

39. Such information should be an integral part of the school or setting's emergency procedures as discussed at paragraphs 115 – 117 but also relate specifically to the child's individual health care plan.

**Holy Trinity Practice**

- The school nurse and the child's parent advise staff how to support children in managing their condition. This is done on an individual basis following the guidance above.
- E.g. where a child needs to check their blood sugar levels at regular times, timers are set in the office and are set to go off in the office if the child does not come to office having followed their own alert system such as a watch that goes off.
- Children have the privacy of the First aid area to check their blood sugar levels.
- The child reports their level to the office staff; if the level is within the correct range, no action is taken or required. If the child reports any level which causes concern First aid staff respond according to the health care plan.

## ADHD

- **Attention Deficit Hyperactivity Disorder (ADHD)**

A description of this can be found in the Guidance from Sutton.

Various medications are used to treat this condition, Ritalin being the best known. Ritalin can be a short acting drug and therefore a further dose usually needs to be taken at lunchtime. It may also be in the form of a long acting drug.

Medication is kept in the Office in a **locked** cupboard, clearly labelled with the child's name and instructions for administering. It is the parent's responsibility to keep this medicine up to date. A record should be kept when a child takes their medication using the school form.

**The role of the school nurse**

The service level agreement.

Each school can expect the following from the School Nursing Service regarding children's medical needs reflected in the Service Level Agreement.

- The health status of all children will be reviewed on entry to primary school through health questionnaires.
- Children who have identified health problems may be offered a health interview with their parents.
- School Health Care Plans will be prepared, in partnership with parents and children, for children with complex health needs.
- Training will be provided to teaching and school staff so that they can support children in school with complex medical needs.

**Appendix 10**

**Procedures for school journey**

**The trip leader informs parents of the circumstances of the trip via a year group meeting. The medical records are checked and where there is a need to meet with a parent about an individual members' needs, this takes place between the trip leader, the parents and the person who is allocated to look after medication before the trip.**

# Appendix 11

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
**HOLY TRINITY CE JUNIOR SCHOOL**

**Child showing 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'sname: …….

Class: ……

Parent's address and contact details:

……

……

……..

Telephone: ……

Email: ……