

Athelstan Community Primary School

Supporting Pupils with Medical Needs Policy

Introduction

Pupils with Medical Needs

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and can take part in most normal school activities. School staff however may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk.

Support for Pupils with Medical Needs

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if he/she is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The school doctor or nurse and specialist voluntary bodies may also be able to provide additional background information for school staff. The School Health Service can provide advice on health issues to pupils, parents and teachers.

There is no legal duty which requires school staff to administer medication; this is a voluntary role.

Parents and Guardians

Parents, as defined in the Education Act 1944, are a child's main carers

- They are responsible for making sure that their child is well enough to attend school.
- Parents should provide the head with sufficient information about their child's medical condition and treatment or special care needed at school.
- They should, jointly with the head, reach agreement on the school's role in helping with their child's medical needs.
- Parents' cultural and religious views should always be respected.
- Ideally, the head should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil.
- Some parents may have difficulty understanding or supporting their child's medical condition. The School Health Service may be able to provide additional assistance in these circumstances.

Governing Body

The school governing body is responsible, under the Health and Safety at Work etc Act 1974, for making sure that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs, including managing medication.

Medication in Schools: Who is Responsible?

The Governing Body

The **governing body** has general responsibility for all of the school's policies.

The Headteacher

The head is responsible for implementing the governing body's policy in practice and for developing detailed procedures. The head should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The school's policy should make it clear that parents should keep children at home when they are acutely unwell. Provision is required for those parents who have difficulty in reading or understanding the policy.

The policy should also cover the school's approach to taking medication at school. The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

For a child with medical needs, the head will need to agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, the head can seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the LA. Complex medical assistance is likely to mean that the staff who volunteer will need special training.

Teachers and Other School Staff

Some school staff are naturally concerned about their ability to support a pupil with a medical condition, particularly if it is potentially life threatening. Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. The pupil's parents and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the school day other staff may be responsible for pupils (e.g. lunchtime supervisors). It is important that they are also provided with training and advice.

School Staff Giving Medication

Teachers' conditions of employment **do not include giving medication or supervising a pupil taking it**. At Athelstan Community Primary School it is only expected that school staff will be involved in medication administration in exceptional circumstances, which would have been discussed / agreed previously with the Head Teacher. Where applicable appropriate training will be made available to relevant staff members.

The Local Authority

In county and controlled schools the LA, as the employer, is responsible for all health and safety matters. The LA can provide a general policy framework of good practice to guide county and controlled schools in drawing up their own policies on supporting pupils with medical needs.

Health Authorities

Health Authorities (HAs) have a statutory duty to purchase services to meet local needs. National Health Service (NHS) Trusts provide these services. HAs, LEAs and school governing bodies should work in cooperation to determine need and plan and coordinate effective local provision within the resources available. Health Authorities normally designate a medical officer with specific responsibility for children with special educational needs.

(SEN). Some of these children may have medical needs. NHS trusts, usually through the School Health Service, may provide advice and training for school staff in providing for a pupil's medical needs.

The School Healthy Child Service

The Healthy Child Service links health, education and social care to improve the health of all children aged 5-19 and plays an important role by working with school and families to address the health and special educational needs of children and young people. They work with parents, carers and teaching staff and other agencies to give confidential health advice and support to children, young people and families. You can find more information about the service at www.nhschoices.gov.uk

The Healthy Child team offers

- Confidential health advice and support
- Height and Weight screening in FS2 and Year 6
- Vision and hearing screening in FS2 and Year 6
- Support for health and wellbeing concerns
- Advice on safeguarding
- Services for Looked After Children
- Individual support for children and families with special needs
- Advice and support for Health conditions, personal hygiene and self esteem

The General Practitioner (GP)

GPs are part of primary health care teams. Most parents will register their child with a GP. A GP has a duty of confidentiality to patients. Any exchange of information between GPs and schools about a child's medical condition would only be with the consent of the child (if he/she has the capacity) or otherwise that of the parent or guardian. In some cases parents may agree for GPs to liaise directly with the Head Teacher or the Schools Health Service

Other Health Professionals

Other health professionals may also be involved in the care of pupils with medical needs in schools. Some work closely with local authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling and disposal of medicines. Some pupils with medical needs will receive dedicated support from a specialist nurse or therapist. These nurses often work as part of an NHS Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines.

Medical Policy

1. School staff will **NOT administer non-prescription medicines** to a child during the school setting.
2. School staff with responsibility for the administration of medicines are under no obligation to do so under the terms of their contract of employment but will be given appropriate training and guidance to do so.
3. It is the policy of the school not to accept medicines that have been taken out of the container as originally dispensed or to make changes to dosages on parental instructions.
4. Staff should **never** give a non-prescribed medicine to a child. If a child suffers regularly from frequent or acute pain parents will be encouraged to refer the matter to the child's GP. (Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for

or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.)

5. It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or setting has day-to-day contact.
6. Prescription medicines will only be administered if essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. Only prescribed medicines that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber will be accepted. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
7. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime and will therefore not be administered by school staff.
8. The issue of antibiotics or lotion will only be administered where it would be detrimental to a child's health not to.
9. No child under 16 will be given medicines without their parent's written consent. (**Instruction and Authorisation for the administration of medication must be completed**)
10. Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.
11. Risk assessments are completed for each child who requires prescribed medicine .
12. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and advise parents accordingly.
13. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.
14. Whilst on off site visits necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency and the necessary medicine carried by the authorised group leader and records kept of the administration whilst off site.
15. Whilst on residential visits only, if the need to administer non-prescription medicines is required this will be done only with prior consent from parents and under the manufacturers guidance
16. The Headteacher is responsible for making sure that staff have appropriate training to support children with medical needs The Headteacher will ensure that there are appropriate systems for sharing information about children's medical needs The Headteacher will ensure that staff have sufficient understanding, confidence and expertise and that arrangements are in place to update training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure.
17. If the administration of prescription medicines requires technical or medical knowledge then individual training should be provided to staff from a qualified health professional. Training is specific to the individual child concerned.
18. Parents should keep children at home when they are acutely unwell.
19. For a child with medical needs, the Headteacher will need to agree with the parents exactly what support can be provided. Where parents' expectations appear

- unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer.
20. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.
 21. The school nurse or doctor will help schools draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support.
 22. The head teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers should be readily available to children and should not be locked away. Children may carry their own inhalers and they should be readily available during all aspects of the school day.
 23. **Children 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 may need some help to do this. Children with asthma are encouraged to take charge of and use their inhaler from an early age.
 24. Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. (Classroom store cupboard) Inhalers will always be available during physical education, sports activities and educational visits.
 25. Other non-emergency medicines will be kept in a secure place not accessible to children. Medicines will be clearly labelled with the child's name, prescribed dose, expiry date and written instructions provided by the prescriber on the label or container.
 26. A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.
 27. Staff will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.
 28. When staffs agree to assist a child with specific medical needs, the Head teacher will arrange appropriate training in collaboration with local health services.
 29. The head and staff will always treat medical information confidentially. The head will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they will not be held responsible if they act incorrectly in giving medical assistance in good faith.
 30. A child's medical needs should be noted on the schools admission form and any changes to the condition advised to school immediately. For children who attend hospital appointments on a regular basis, special arrangements may be necessary; this can be discussed in conjunction with the school nurse.
 31. All medicines may be harmful to anyone for whom they are not appropriate. The Head teacher will ensure that the risks to the health of others are properly controlled. (COSHH)
 32. In case of an emergency staff have been advised how to call an ambulance this can be accessed by all internal phone lines in school. Guidance on calling an ambulance

is provided and is located at all phone points. The Head teacher or authorised person (in case of absence) will carry out emergency procedures if required. A member of staff will always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

33. Staff will not take children to hospital in their own car; it is safer to call an ambulance.
34. Staff with Business use on their car insurance may drive children to the local doctors if parents are unavailable and in agreement
35. Individual health care plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor will need to be very clear of their role. Walkie talkies are issued for lunch time supervision.

Long Term Medical Needs

It is important for us to have sufficient information about the medical condition of any pupil with long term medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. We need to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will draw up a written health care plan for such pupils, involving the parents and relevant health professionals.

This can include:

- details of a pupil's condition
- special requirements e.g. dietary needs whether inclusion or exclusion
- medication and any side effects
- what to do, and who to contact in an emergency
- the role the school can play

See Healthcare Plan Sheet

Sporting Activities

Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE will be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Hygiene/Infection Control

All staff will be made familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. For more information about infectious diseases and control procedures please follow the link. http://athelstan.n-yorks.sch.uk/data/documents/Infection_controlSherburn.pdf

Emergency Procedures

All staff will know how to call the emergency services. The Headteacher or in their absence, the most senior member of staff will be responsible for carrying out emergency procedures in the event of need. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain until the pupil's parent arrives. Generally staff will not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult.

Health Care Plan

The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. We will agree with parents how often we will jointly review the health care plan. This will be at least once a year. The school will judge each pupil's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, our medication policy will be applied uniformly. The head will not make value judgements about the type of medication prescribed by a registered medical or dental practitioner. Drawing up a health care plan will not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil.

Those who may need to contribute to a health care plan are:

1. the Headteacher
2. the School Business Manager
3. the parent or guardian
4. the child (if sufficiently mature)
5. class teacher
6. care assistant or support staff (if applicable)
7. school staff who have agreed to administer medication or have been trained in emergency procedures
8. the school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

Coordinating Information

The School Business Manager will coordinate disseminating information on an individual pupil with medical needs and this person will be a point of first contact for parents and staff, and will liaise with external agencies.

Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a pupil's medical needs. Class Teachers must make sure that supply teachers know about any medical needs.

Staff Training

A health care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff will not give medication without appropriate training from health professionals

Drawing up a Health Care Plan for a Pupil with Medical Needs

Confidentiality

The head and school staff will treat medical information confidentially. The head will agree with the parent, who else should have access to records and other information about a pupil. If information is withheld from staff they will not be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Intimate or Invasive Treatment

It is anticipated that no member of staff will administer invasive or intimate treatment to any pupil unless in an emergency situation. See Intimate Care Policy

Common Conditions

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, specially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue. About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise). Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do. A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication. Each pupil's needs and the amount of assistance they require will differ.

Children with asthma must have immediate access to their reliever inhalers when they need them.

Pupils who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips. It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the pupil's name and stored safely.

Asthma, Epilepsy, Diabetes and Anaphylaxis: Common Concerns

The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication. Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other pupils. Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site

activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell. The health care plan should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air. If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school.

A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support. Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness. Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:

- **Tonic Clonic Seizures**

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

- **Absence Seizures**

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

- **Partial Seizures**

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- **Simple Partial Seizures** (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

- **Complex Partial Seizures** (when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be

strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for non known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them. Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories.

Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor. Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given. Diazepam causes drowsiness so pupils may need some time to recover after its administration. When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place. Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates. Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness or where there is any doubt.

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so. Pupils with diabetes must 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 pupil may experience a hypoglycaemia episode (a hypo) during

which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan. If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional. For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment. Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen.

These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan. Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

Emergency Planning

Dial 999, ask for ambulance and be ready with the following information.

- Your telephone number (01977 684037)
- **Give your location as follows:**
Athelstan Community primary School, Rose Ave, Sherburn in Elmet, LS25 6AY
- **Give exact location in the school**
- **Give your name**
- **Give brief description of pupil's symptoms**
- **Inform Ambulance Control of the best entrance and state that the crew will be met and taken to speak clearly and slowly and be ready to repeat information if asked**

September 2015

Medical Information for a pupil at Athelstan Community Primary School. Please complete and return to the school office.

Child's Name	
Date of Birth	
Condition	
Class in school	
Family Contact No 1 Name	
Phone Nos	
Relationship to child	
G.P. Name	
GP. Telephone No	
Describe condition & give details of symptoms	
Family Contact No 2 Name	
Contact Nos	
Relationship to child	
Date form Completed	