

Shireland Collegiate Academy Trust Policy

# Medical Needs Policy

## Secondary

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**The Trust, all Academies within the Trust and Shireland Learning Limited must comply with this policy.**

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## Introduction

These guidelines aim to provide advice for the Shireland Collegiate Academy Trust on the management of students with medical needs. These are important to ensure these students are able to access the curriculum when in the Academy, and are not excluded unnecessarily. With increasing inclusion, more students with complex medical conditions will attend mainstream school.

Schools need to know information about the routine management of a student with a chronic condition or the emergency management of a student with a medical problem. There will be occasions where Academy staff may be asked to administer medication either in an emergency situation or to facilitate a student's attendance. The administration of medicines by Academy staff is voluntary and is not a contractual duty.

For students who have serious medical conditions such as diabetes, epilepsy, severe allergies or severe asthma, or who need regular prescribed medication, an individual health care plan should be drawn up. This should be done in collaboration with the student (if appropriate), the parents/carers, the Academy first aider, the school health nurse and the student's consultant/general practitioner.

## Legal Framework

The Trust is responsible for the health and safety of students in its Academies. The legal framework for the Trust dealing with the health and safety of all their students is based in health and safety legislation. The law imposes duties on employers.

The Education Act, 1996 and the Medicines Act, 1968, also guide schools in dealing with student's medical needs. The Health and Safety at Work Act, 1974 makes employers responsible for the health and safety of their employees as well as for anyone else on the premises. In the Academy, this includes the Principal and Teachers, non-teaching staff, students and other visitors.

The subsequent Management of Health and Safety at Work Regulations 1999 place a duty on employers to assess and manage risk. (For the legal purposes of the Health and Safety at Work Act, all students are considered visitors to the site.)

It is the responsibility of the employer to ensure that safety measures cover the needs of all students at the Academy.

This could involve making special arrangements for individual students. The employer is responsible for making sure that all staff supporting students with specific medical needs know about their condition's and are trained to provide the support needed by

students for a student with special educational needs, which may include medical needs, whether a child is placed in a mainstream or special school. The Health Services have a responsibility to provide advice and training for the Academy staff in procedures to deal with a student's medical needs and to support that child's access to education.

Health Services and the Academy should work together, in close partnership with parents, to ensure proper support in the Academy for students with medical needs. The Medicines Act, 1968 places restrictions on the administration of medicines. For prescription medicines, anyone administering these should be a GP or must act in accordance with the GP's instructions. The exception being in an emergency in order to save life.

There is no legal or contractual duty on the Academy staff to administer medicine or supervise a student taking it. THIS IS A VOLUNTARY ROLE.

Employers should ensure that their insurance policies provide appropriate cover for staff to support students with medical needs.

The Academy will provide appropriate insurance cover for staff who volunteer to administer medicines within these guidelines. Any claims would then be directed against the insurance holder i.e. the Academy. This will be covered by the Indemnity Statement.

Academy staff in charge of students have a common law duty to act as any reasonably prudent parent would to ensure that students remain healthy and safe on the Academy premises. In exceptional circumstances, this may include administering medication and/or taking action in an emergency. This duty also extends to staff leading activities taking place off the Academy site, such as educational visits, Academy outings or field trips. The Children Act, 1989 describes what is reasonable for promoting or safeguarding children's welfare. This also gives some protection to staff acting reasonably in emergency situations.

The Education (School Premises) Regulations, 1999 state that every school should have accommodation for medical examination and treatment and for the care of students during school hours. The Academy is equipped with a medical room which has private facilities to allow students to receive appropriate medical care.

## Responsibilities

- Provide a general policy framework of good practice on supporting students with medical needs for governors and teachers
- Maintain appropriate insurance cover

- Provide explicit reassurance to staff who volunteer to assist with any form of medical procedure that they are acting within the scope of their employment and are indemnified (see indemnity statement in indemnity forms)
- Provide access to named staff for advice
- Have in place procedures to monitor and review management of children with medical needs in Academy
  - Work collaboratively with the Health Services
  - Ensure training needs have been addressed
  - Facilitate training in conjunction with health professionals

## The Governing Body

Responsibilities include:

- Ensure that the Academy has a policy for supporting students with medical needs (in accordance with health and safety/education guidance)
- Ensure that the policy is appropriately implemented and monitored within the Academy
- Ensure that staff are provided with appropriate training
- Work alongside Health Services regarding policy in general or its application to a specific student

## The Principal

The Principal should:

- Implement the Academy's policy for the management of student's medical needs
- Sign the Indemnity Statement (in indemnity forms). Ensuring that the insurance arrangements provide full cover for staff acting within their scope of employment. In the event of legal action over an allegation of negligence, the Principal rather than the employee is likely to be responsible. Therefore, insurance arrangements should provide cover in respect of any actions.
- Ensure staff receive appropriate training to support student's medical needs
- Ensure health care plans are reviewed and updated at appropriate times
- Ensure that all staff are familiar with the policies of the Academy
- Ensure that accurate records are kept
- Ensure that the nominated person within the Academy, in liaison with other health professionals, the parents, and the Academy, completes health care plans Annually review, specific medical needs of children in the Academy including the need for Health Care Plans and training for staff
- Be responsible for making decisions about administering medication in the Academy, guided by the Academy's policy
- Share information with parents to ensure the best care for the student
- Seek parents' agreement before passing on information about their child's health to other school / health service staff in line with Data Protection requirements
- Ensure that parents' cultural and religious views are always respected
- Ensure all parents are aware of the Academy's policy and procedures regarding medical needs

The Principal will provide staff with the appropriate training to support students with medical needs and will ensure that any training undertaken has given staff sufficient understanding, confidence and that arrangements are in place to update training on a regular basis. By putting the above points into action the Academy aims to improve student's attendance who have medical needs.

### Teachers and other Academy staff

Academy staff are required to:

- Participate in training provided concerning students medical needs
- Be aware of students in their lessons with medical needs and be aware under what circumstances the student may require monitoring
- Understand the likelihood of an emergency arising and what procedures to follow
- Be aware of the staff in the Academy who are qualified first aiders
- Be aware of the times in the Academy day where other staff have responsibility for students e.g. during break time
- All staff should ensure they have read and understood the policy the Academy has for students with medical needs

### The Health Service

Health Services have a statutory duty to:

- Purchase services to meet local needs
- Work with the governing body to identify need, plan and co-ordinate effective local health provision in respect to the resources available
- Designate a medical officer with specific responsibility for children with SEN, some of whom may have medical needs

The Health Service (e.g. school health nurse) will:

- Provide clear and accurate information when communicating with student's families and the Academy
- Advise the Academy about appropriate training for staff and administer training as required
- Provide guidance for the Academy on student's medical conditions and provide support for children with medical needs while attending the Academy

### The Academy First Aider/Nominated Person

The Academy First Aider/Nominated Person will:

- Liaise with health professionals when necessary to gather information about a child's medical needs to ensure that students needs are known and addressed
- Advise the Academy on the need for Health Care Plans for students with medical needs and provide information about student's medical conditions to the Academy as required e.g. trips
- Liaise with School Health Nurses about health care plans for students with medical needs with the family, Academy, the school health nurse and if necessary other health professionals

- Advise and help to organise training and support for Academy staff
- Review students with medical needs in the Academy regularly where indicated by their condition
- Work with regard to Data Protection regulations
- Administer medication when required in accordance with regulations and Academy policy
- Give advice and support to families on relevant health issues and communicate effectively

## The General Practitioner

The child's GP will have an overview of their health needs.

The GP should:

- Inform the Academy First Aider/Nominated Person when asked about a child's medical condition, where consent has been given by the parent or the child
- Liaise with the Academy first aider/Nominated Person (with the family's consent) when they know of a child with a significant medical problem

## The Parents/Carers

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. The phrase 'care of a child' includes any person who is involved in the full-time care of a child on a settled basis e.g. foster parent.

Parents should:

- Ensure their child is well enough to attend the Academy. It will be the responsibility of the parent to keep their child at home when they are acutely unwell.
- Provide the Academy first aider/Nominated Person with information about their child's medical condition and treatment or special care needed when at the Academy and complete consent forms detailing their child's needs.
- Agree jointly with the Principal and Academy First Aider/Nominated Person on the Academy's role in helping with their child's medical needs
- Parents should ensure they are aware of the school policy regarding medical needs of students attending the Academy

When medication is to be administered in the Academy parents are required to:

- Update the Academy in writing of any changes in their child's condition or medication
- Provide sufficient medication and ensure that it is in the original packaging and correctly labelled
- Replace supplies of medication as required
- Dispose of/return to family any unused medication
- Give permission when their child is to self-administer the medication

## Health Care Plans

An individual health care plan for a student with medical needs is completed to identify the students' needs and the support required while attending the Academy.

Care plans will need to be reviewed on an annual basis unless changes need to be made earlier due to the student's particular needs. A multi-disciplinary approach is adopted when completing care plans. Not all students require an individual health care plan, a short agreement or a modified individual care plan may be all that is required. This will be at the discretion of the School Health Nurse and any specific Consultant Doctor.

## Management of Medications

### Agreement to give medication in Academy

A request form should be completed each time there is a parental request for a medication to be administered in the Academy. The agreement to administer the medication must be agreed by the Academy first aider/Nominated Person. Where a child is self-administering medication there should still be a written request. Other than asthma inhalers, it is unusual to need to give medication in the Academy (antibiotic courses can be given outside Academy hours).

When the medication is to be on a long-term basis, a letter needs to accompany the request from the child's GP or consultant. When the medication is short-term, parents need to include instructions for use on the request form.

The request form, which should be signed by the Academy and parent/carer, must be kept on file, with a copy of the form retained by the parent/carer.

Changes to the administration of medication should only be accepted when received in writing.

### Receiving Medication in the Academy

No medication will be accepted into the Academy unless it is clearly labelled with the following:

- The child's name
- The name and strength of the medication
- The dosage and time when the medication needs to be administered
- The expiry date
- Any special storage arrangements

All medication must come into the Academy in the original, labelled, container.

The medication should be handed to the Academy first aider/receptionist by the parents.

Some medicines may be needed by the students at short notice e.g. asthma inhaler students must be allowed to carry inhalers with them to ensure easy access.

### Storage of Medication

Any medication received into the Academy must be stored in a locked wall mounted cabinet. The Academy First Aider/Nominated Person holds the key with the Safeguarding Officer holding a spare set. The cabinet must be located in a designated area of the Academy (medical room). Some medication may need to be stored at low temperatures and must therefore be kept in a lockable fridge located in a designated area of the Academy (medical room).

In the case of sixth form Academy students it may be appropriate for them to carry emergency medication with them. The Academy should make such decisions based on individual circumstances in liaison with the family and the Academy First Aider/Nominated Person.

### Administering Medication

Teachers' conditions of employment do not include the administration of medication or the supervision of students who administer their own medication; this is also true of most non-teaching staff. Some staff may however volunteer to administer medication.

Any staff willing to accept this responsibility must receive proper training and guidance, and be made aware of the possible side effects of the medication where these occur.

Before a student is given a medication, the following should be checked;

- The students name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label
- Written instructions on consent form signed by parents and signed by the Academy First Aider/Nominated Person

Once the medication has been administered the log sheet should be completed and signed both by the student and the member of staff to acknowledge the medication has been administered

### Emergency Medication (Epipen kits)

This type of medication must be readily available in an emergency. A copy of the consent form and the care plan must be kept with the medication.

The emergency kits for the students in the Academy are kept in reception to enable ease of access.

## Analgesia (Pain Killers)

When a student regularly requires analgesia (e.g. for migraine) they will need to have a health care plan outlining when they need to take analgesics. An individual supply of their medication prescribed by the general practitioner should be kept in the Academy in accordance with the above guidelines on consent / record keeping etc.

Academy aged children should never be given aspirin or any medicines containing aspirin.

## Over the counter medicine

(E.g. cough mixture, hay fever remedies.)

At present, it is not Academy policy to administer these types of medications.

## Controlled drugs for ADHD

Controlled drugs are sometimes prescribed for children with attention-deficit hyperactivity disorder (ADHD). The standard drug is short lasting and children will need a dose at lunchtime in the Academy. The Academy guidelines must be followed as above paying attention to locked storage and the careful recording of administration. (Only small stocks of these medications are to be kept in the Academy).

## Homeopathic Medicines

Many homeopathic medicines need to be given frequently during the day and often at short intervals. This is difficult to manage in an Academy situation. The Academy will only agree to administer medicines which have been prescribed by a General Practitioner.

## Record Keeping

A request form needs to be completed with each request for the Academy to administer medication. The form should include the following details:

- Students name
- Reason medication is required in school
- Name and strength of medication
- Dose to be administered
- Date and time when the medication is to be administered
- Contact names and telephone numbers
- The form needs to be signed by the parent/carer and the Academy First Aider/Nominated Person and must be kept on file, with a copy of the form to be given to the parent/carer.
- A student medicine record must be kept, which includes the above details.

- Reasons for not administering regular medication should be recorded and parents informed. A child should never be forced to take medication. Changes to the administration of medications should only be accepted when received in writing.
- Where a child is self-administering medication there should still be a written request for example with diabetic students. Self-administration may require supervision and the child should always tell a designated member of staff when they are taking medication so that a record can be kept.
- On off-site visits the teacher in charge should carry copies of any relevant health care plans and medication details.

### Staff and visitors requiring medication

If Academy staff need medication during the course of the working day they are required to bring this to the Academy with them. Staff who require medication should self-administer. Any medication brought into the Academy should be kept in a suitable locked cabinet/cupboard.

NB: 'Staff' in this case includes all teaching, non-teaching, contract staff, visitors and volunteers.

### Safe Disposal of Medicines

Medicines should be returned to the parents when:

- Treatment is finished
- The label becomes detached or unreadable
- The expiry date is reached

At the end of every term a check should be made of the medicine cabinet. Any medicine, which has not been returned to parents and is no longer required, out of date, or not clearly labelled should be disposed of safely by returning it to the parents or local pharmacy. All medication returned needs to be recorded.

No medicine should be disposed of into the sewerage system or into the refuse as this practice is illegal.

### Safe Disposal of Medical Waste

If a student requires injections it is the parent's responsibility to provide the equipment required in order that these can be given. Parents may provide sharps containers, for use to dispose of any needles. Sharps containers must be used for disposal of any sharp implements which may have become contaminated with bodily fluid. Sharps containers must be kept in the medical room in the Academy

### Storage, use and transportation of oxygen cylinders

It is rare for oxygen to be required in the Academy. A risk assessment would need to be completed to ensure appropriate storage, arrangements for supply use and maintenance,

and training. The specialist paediatric team which cares for the child will be able to assist with this.

## Infection control

### Spillage of Bodily Fluid

When there is a likelihood of coming into contact with bodily fluids, the following precautions should be adopted:

- Disposable gloves and apron should be worn.
- Open wounds on staff dealing with a spillage should be covered with a waterproof dressing.
- Spillages of blood or body fluids should be cleaned up immediately.
- Blood spillages should be cleaned up using the approved hazard spill kit.
- Cover wet spillage with Haz Tab granules; remove after 2 minutes using the scoop provided then discard in a yellow bag NB: do not use on urine. If the spillage is dry or following the use of powder, make a solution using Haz Tabs and cold water in the dilution bottle as indicated on the instructions.
- Wipe over the area with the solution and paper towels, discard the towels into a clinical waste bag.
- Discard protective clothing as clinical waste.
- For spillage of urine, soak up large spillage with paper towels and dispose of into a clinical waste bag. Flood area with 1% sodium hypochlorite e.g. Milton or Sanichor, see label for dilution. Leave for ten minutes. Rinse area with hot water and detergent.
- If there is broken glass involved, never pick it up with fingers, even if wearing gloves. Dispose of glass in a Sharps container.

### Prevention of Cross Infections

In order to avoid cross infection, the following procedures must be followed:

- Hand washing: before and after all medical contact after skin is contaminated with bodily fluid.
- Protective clothing: wear gloves for direct contact with body fluids and wear plastic apron to protect clothing. Change protective clothing between procedures.
- Keep cuts covered: always cover cuts/skin lesions with a waterproof dressing.
- Use clinical waste bags for infected waste
- Don't ask other students to help with cleaning wounds

### Children with Personal Care needs

Some students in the Academy may require help with their personal care needs. This may include feeding and toileting needs. These situations will pose a risk of cross infection.

Where students require help with toileting or feeding the following procedures must be adopted:

- All surfaces must be wiped down after use with warm soapy water e.g. tables, medical bed, etc.

## First aid

Under the Health and Safety Regulations (First Aid) 1981 employers are required to provide for employees adequate and appropriate equipment, facilities and qualified first aid personnel. The regulations do not oblige employers to provide first aid for non-employees but Health and Safety Guidance to the regulations recommends that organisations such as schools should provide for students and other visitors to the Academy and include them in their risk assessments.

The DfE's document 'Guidance on First Aid in Schools' says:

"In the light of their legal responsibilities, schools should consider carefully the likely risks to students and visitors, and make allowances for them when drawing up policies and deciding on the number of first aid personnel."

The Academy will consider:

- Workplace hazards and risks.
- The size and nature of the school and whether the school is on split sites.
- The nature and distribution of staff and students.
- Whether staff and students have special needs or disabilities.
- The remoteness of the school from emergency medical services.
- The needs of any remote or lone working staff.
- Annual leave and absences of first aiders and appointed persons.

The Academy will choose appropriate staff who volunteer from the different departments around the Academy to ensure all areas are covered for first aid needs. All of the staff will complete appropriate training and will receive regular updates in accordance with current guidelines.

## Communication

Communication is important for effective first aid therefore the following information will be made available:

The Academy First Aider/Nominated Person will keep a list of first aid trained staff and ensure they receive training at the appropriate times. The list of first trained staff at the Academy is also published on the Health and Well Being Site.

First aid boxes are also located at key points around the Academy and a list of these can also be found on the Health and Well Being Site.

The emergency guidance when calling an ambulance will be on display in the reception area and will also be available to staff on the Health and Well Being Site.

Records of first aid treatment should be kept and should include:

- The date and time.
- The name and class of the injured student.
- Details of the injuries/illness and the first aid treatment given.
- What happened to the injured/ill student after treatment i.e. did they need to go home.

The first aider administering the first aid should record this and inform the Academy First Aider by email so the treatment can be logged on the system.

## Emergency situations

Staff are expected to use their best endeavours at all times in an emergency situation. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

It is important that staff are aware of what the procedure is in an emergency situation. Staff should be aware of the individual health care plans which will include instructions of how to manage a student who has specific medical needs. These are on display on the Health and Well Being Site.

It will be the responsibility of the Academy first aider to determine as to whether a student should go home in the event of illness or to the hospital in the event of an emergency situation. The Academy First Aider/Nominated Person will make the necessary contact with the parent/guardian.

The Academy First Aider/Nominated Person should always where possible accompany a student to the hospital and should stay until the parent arrives. Health care professionals are responsible for decisions on medical treatment when parents are not available.

Advice and training is available from the School Health Service regarding possible medical emergencies.

These are mainly related to four conditions:

- Prolonged epileptic seizures requiring Rectal Diazepam.
- Anaphylactic reaction requiring Adrenaline (Epipen).
- Diabetic hypoglycaemic attack requiring Glucose (glucose tablets or hypo stop).

- Acute asthmatic attack requiring more inhalers/attention than usual routine doses

More detailed guidance on these conditions is given in the following pages on specific conditions.

## Jehovah's Witnesses

Families who are Jehovah's Witnesses may not want their child to receive a blood transfusion. It must be clarified in advance what procedure would be followed in an emergency situation where a blood transfusion would normally be required. This decision should be made in consultation with the Consultant Paediatrician and the family. This is particularly relevant in relation to offsite activities. This should be recorded on the confidential data checking sheet and then this information is recorded on the school system.

## Information about specific conditions

### Anaphylaxis

Anaphylaxis is a severe allergic reaction requiring immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, other nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps or hornets). In its most severe form the condition is life-threatening

### Symptoms

Symptoms which usually occur within minutes of exposure to the causative agent may include:

- Itching, hives anywhere on the body, generalized flushing of the skin.
  - A strange metallic taste in the mouth, swelling of the throat and tongue difficulty in swallowing.
  - Abdominal cramps and nausea.
  - Difficulty in breathing due to severe wheezing or throat swelling.
  - Increased heart rate, sudden feeling of weakness.
- Collapse and unconsciousness. Not all of these symptoms need be present at the same time or in every child.

## Care Plan

A child at risk of anaphylaxis will need a specific care plan for the condition and also a standard health care plan. These should be drawn up in collaboration with the Academy First Aider, the school health nurse and the doctor supervising the child. The plans should give details of the symptoms the child experiences during an attack, the treatment required and who can administer it. The care plans the Academy use are from the Management of Children with Medical needs in Schools document issued by Sandwell Council.

## Medication

A child at risk of anaphylaxis may be prescribed oral antihistamines, an inhaled bronchodilator, and / or an adrenaline injection (EpiPen). This injection is in a preloaded syringe and is simple to administer. This type of emergency medication is kept in the reception area of the Academy to ensure it is easily accessible. A copy of the student's care plan is kept with the medication along with a flow chart of the procedure to follow.

The school health nurse attends the Academy on an annual basis and runs an educational session on anaphylaxis and how to administer the EpiPen. All staff are asked to attend these sessions; a list of staff who attend the session is kept on file by the school health nurse and the Academy First Aider/Nominated Person.

## Day to Day Measures

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in the Academy.

The catering supervisor will need to be fully aware of a child's particular requirements. Appropriate arrangements for outdoor activities and Academy trips should be discussed in advance between the parents and the Academy.

Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed. The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

## Emergency care

If contact with an allergen known to cause an allergic reaction has occurred, or the child is showing symptoms of a reaction, summon another member of staff.

Once in contact with the allergen the signs of a reaction occur usually within a few minutes and almost always within 30 minutes. Watch the child carefully during this period.

**(A) If no reaction occurs within 30 minutes:**

Continue to observe.

Do not leave the child alone for the following 3 hours due to the possibility of a later reaction. Reactions after 30 minutes are uncommon, and unlikely to be as severe as true anaphylaxis. Contact parents.

**(B) During a mild reaction, the symptoms are likely to be:**

- Red blotchy rash on face or hands.
- Mild swelling of face especially around eyes/mouth.
- Tickly or tight feeling in throat / tingling in tongue.
- Tummy ache / feeling sick.
- Irritability.

**Treatment of mild reaction**

Ensure that one person stays with the child and observes for further reaction.

Give a dose of oral antihistamine medicine if indicated on the care plan.

Ensure that the Epipen box is brought to the child in case the reaction becomes severe, symptoms described below.

Get someone to contact parents

If parents are unavailable and you have any concerns about the child's condition dial 999.

**(C) During a severe reaction, the symptoms are likely to be:**

- Swelling of mouth, lips or tongue.
- Difficulty speaking.
- Difficulty swallowing.
- Difficulty breathing or wheezing.
- Feeling faint or loss of consciousness.

**Treatment of severe reaction**

Put the child in the recovery position if child becomes unconscious.

Ensure that one person stays with child and observes for improvement or deterioration of the reaction.

Dial 999 and state "ANAPHYLAXIS" child to be transferred to nearest Accident and Emergency Department.

Give Adrenaline Injection. The injection is in a pre-packed syringe. The dose is set so no calculation is necessary. Administer the whole amount into the outer mid-thigh. Note the time given and give the EpiPen to the ambulance service for disposal.

Get someone to contact parents. **DO NOT** delay management by trying to contact parents/carers first.

If in doubt call ambulance and give medication and note the time, you can do no harm by giving it.

## Asthma

**Please see the Asthma Policy and Guidance on the use of Emergency Salbutamol Inhalers for comprehensive guidance.**

### General Information about Asthma

About one in ten children have asthma at some time in childhood but not all of these will be severely affected enough to require inhalers to be kept in the Academy. A few children may have severe asthma and may require regular medication in the Academy to prevent them from getting symptoms. For this small number, an individual care plan would be appropriate. The care plans used for students with asthma in the Academy are taken from the Management of Children with Medical Needs in Schools document by Sandwell Council.

### Asthma Medication

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies.<sup>1</sup> This will be for any student with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK.<sup>2</sup> Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Please note that only those institutions described in regulation 22 of the Human Medicines (Amendment) (No. 2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may legally hold emergency asthma inhalers containing salbutamol.

Regulation 27 of the Human Medicines (Amendment) (No. 2) Regulations 2014 amends Schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools.

The emergency salbutamol inhaler should only be used by students:

- Who have been diagnosed with asthma and prescribed a reliever inhaler AND for whom written parental consent for the use of the emergency inhaler has been given

Asthma medication is usually given by inhalers. There are different types of inhalers; the doctor prescribing the inhaler will ensure that the child has the correct technique to use it properly. Spacers may also be prescribed for use for students of Academy age due to poor technique and a spare one for the student to use may be needed in the Academy. (Occasionally tablets are used in addition to inhalers but these are only given once or twice a day and will not be required in the Academy).

Reliever Inhalers - Relievers are normally blue in colour. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe. Children need to take this inhaler immediately when asthma symptoms appear. Children need to have immediate access to reliever medication. Delay in taking reliever treatment can lead to a severe attack and in very rare cases have proved fatal.

Academy students are advised to keep their reliever inhaler with them at all times.

Preventer Inhalers - Preventers may be brown, orange, or sometimes other colours but not blue. As they are only required two or three times a day and do not have any immediate effect on wheeze/cough they are not required in the Academy.

Children should not be prevented from taking part in physical activities because they have asthma. If a child is consistently unable to take part because of symptoms - cough, wheeze, breathlessness, and tiredness - you should ask the Academy First Aider/Nominated Person to discuss their treatment with the asthma nurse/parent.

## Management of an Asthmatic Attack

### Classroom First Aid

- Ensure that the reliever inhaler is taken immediately. (One to two puffs)
- Stay calm and reassure the child.
- Encourage the child to breathe.
- Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened.
- Record the dose(s) of medication given.
- After the attack: Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities.

- The child's parents must be informed about the attack.

**If the student does not start to feel better, take two puffs of the reliever inhaler (one puff at a time) every two minutes.**

**You can take up to ten puffs.**

**If an ambulance does not arrive after 10 minutes and you are still worried, the above step can be repeated.**

### Emergency Situation

Dial 999 and call an ambulance urgently if:

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting worse / exhausted
- you have any doubts at all about the child's condition

Continue to give reliever medication every few minutes until help arrives. A child should always be taken to hospital in an ambulance.

**SCHOOL STAFF SHOULD NOT TAKE THEM IN THEIR CAR AS THE CHILD'S CONDITION MAY DETERIORATE VERY QUICKLY.**

## Diabetes

- **Definitions**

**Type 1 Diabetes;** immune mediated diabetes mellitus associated with B-Cell destruction usually leading to insulin deficiency and a requirement to have lifelong insulin injections. In most cases, children will be on two injections of insulin a day. The injections will be taken at home, before breakfast and before the evening meal.

Occasionally children will be taking more than two injections of insulin a day, in which case one of the injections may be taken at lunchtime. If a child needs to inject whilst at school, they will need to know how to do the injection without the help of an adult. If this situation occurs it is advisable to check with the diabetes nurse to ensure the child's competence. Injections of insulin are given by means of a syringe, a pen device or an insulin pump. The method used depends on the age of the child, and the time since diagnosis. The injections of insulin will lower the blood glucose level and they need to be balanced with food intake.

For students attending the Academy they are given the privacy of the medical room which has hand washing facilities to do their lunch time blood sugar check and self-administer their insulin. Students record their results and these are kept by the Academy First Aider/Nominated Person who then reports these results back to the family. Parents will

ensure the student has all the equipment with them to care for their diabetes during the Academy day.

**Type 2 Diabetes;** a condition in which the aetiological factor may range from predominantly insulin resistance with relative insulin deficiency to a predominantly defect with insulin deficiency. These children may require treatment ranging from dietary modification up to insulin regime.

- **Diet**

An essential part of the treatment of diabetes is an appropriate diet. Food choices can help keep the blood glucose level near normal. The diet recommended for people with diabetes is based on the healthy, varied diet recommended for the whole population. Meals should be based on starchy foods. Food choices should be generally low in sugar and fat and high in fibre.

The child with diabetes will have been given guidance on food choices. These will be a balance of different foods, with particular attention being paid to carbohydrate foods, such as bread, rice, pasta, chapattis, yams, plantain, potatoes and cereals.

- **Snacks**

Most children with diabetes will also need snacks between meals. These could be cereal bars, fruit, crisps or biscuits. The snacks may occasionally need to be eaten during class time. It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children. Equally important as the type of food eaten is the timing of meals and snacks. The child with diabetes will need to eat their food at regular times during the day. This will help to maintain a normal blood glucose level.

Because the child needs to eat on time she/he may need to be near the front of the queue (and at the same sitting each day) for the midday meal. If a meal or snack is delayed for too long the blood glucose level could drop, causing hypoglycaemia.

- **Hypoglycaemic Reaction**

Hypoglycaemia means low blood glucose. Hypos are a part of living with diabetes. Isolated incidents are inevitable. But if a student has a hypoglycaemic episode at the Academy the Academy First Aider/Nominated Person will inform the family. The possibility of a child having a hypoglycaemic episode (a hypo) is a worry to many people supervising children with diabetes. In most cases most hypos can be identified and treated without calling for professional medical help. It is important to know what causes hypoglycaemia, how to recognize it and what action to take. The Academy First Aider/Nominated Person will work in collaboration with the specialist diabetes nurses and the student's family to ensure the care plan held by the Academy is accurate and tailored to the individual student's needs, as each student's signs,

symptoms and treatment will differ. When a student with diabetes has a hypoglycaemic episode their care plan should be followed.

The common causes of hypoglycaemia are:

- a missed or delayed meal or snack
- extra exercise (above that normally anticipated)
- too much insulin

It has been noticed that hypoglycaemia may occur more frequently when the weather is very hot or very cold.

How to recognize hypoglycaemia:

- hunger
- sweating
- drowsiness
- pallor/gloomy
- glazed eyes
- shaking
- mood changes/lack of concentration

How to treat Hypoglycaemia: Fast acting sugar should be given immediately. This will raise the blood glucose level. Students at the Academy are required to keep a supply of fast acting sugars with them at all times. The Academy First Aider will keep a supply of fast acting sugars in the medical room and a supply is also to be kept in the reception area.

Examples of fast acting sugars are:

- Lucozade 50mls
- Sugary drinks, e.g. Coke, Fanta (not diet drink) 150mls
- Mini chocolate bar
- Fresh fruit juice 100mls
- Glucose tablets x3
- 'Hypo stop' - a glucose gel which is prescribed by the medical team.

The child's parents will be able to provide the fast acting sugars required.

If the child is too confused to help themselves, try rubbing 'Glucogel' (a special hypo preparation described above) inside the cheek, where it can be absorbed. Remember never to place anything into the mouth of someone who is unconscious as this carries the potential risk of choking as the person is unable to swallow. In the unlikely event of the child losing consciousness, place them into the recovery position and call an ambulance.

Once the fast acting sugar has been given the blood glucose level will need to be rechecked after 5 minutes.

- If the result is 4mmol or above then the student will need to have a starchy snack such as biscuits.

- If the result is below 4mmol then repeat the fast acting sugar. This can be repeated until the child feels better and then follow up with the starchy snack.

## Hypoglycaemic Reaction

Hyperglycaemia is a raised blood sugar; the most common symptoms of this are thirst and an increased need to go to the toilet.

## Treatment

Extra insulin can be given if the child is on a multiple daily regime. Correction doses can be calculated as extra amounts of insulin to be given along with their normal lunch time dose to bring down the blood glucose level.

For Academy students, their individual correction doses given to them by the specialist nurses will be kept with their insulin medication in the medical room and another copy will be kept with the students care plan.

## Illness management

If a child with diabetes is vomiting or unable to eat their meals due to nausea or illness then the parents need to be contacted immediately for them to collect the child from school as they will need close monitoring at home.

The blood glucose level will need to be checked. If low then the child needs to be given Lucozade to sip and if the results are high inform parents upon arrival. If the parents are not able to come immediately and the result is high then call the specialist diabetic nurse for advice.

## Exercise

Before activity the child will follow their individual care plan and have an extra sugary snack. The child will also have with them their 'hypo' kit.

## Epilepsy

### Medication

Children known to be epileptic may be taking one or more anti-epileptic medications. These are only ever given two or three times a day and it is therefore very unlikely that they will need to be administered in the Academy.

### Rectal Diazepam

A few children who are prone to episodes of status epilepticus have a supply of rectal diazepam to use during a prolonged seizure. It may be agreed that a supply is kept in the

Academy. If this is the case a specific care plan for the child should be kept with instructions about when to give the diazepam, who can give it, where to keep it etc.

## School Activities

Placing restrictions on children with epilepsy will only serve to make them feel and appear different. With adequate supervision, no activity need be barred, although it is unwise to allow a child to climb ropes and wall bars if he has a history of frequent, unpredictable seizures. Swimming is to be encouraged and should cause no problems provided there is a qualified and informed lifeguard in, or adjacent to, the water to affect an immediate rescue should it be necessary.

## Management of Epileptic Seizures

Children who have epilepsy should have a health care plan giving details of the type of seizure they usually have, and what management of this is likely to be necessary in the Academy. Some children may have an additional care plan for the administration of rectal diazepam.

There are different types of seizures. "Absence seizures" simply cause the child to become unresponsive for up to a few minutes, but do not cause falls or unconsciousness. Tonic-clonic seizures require first aid or, on some occasions, emergency care:

## Classroom First Aid Procedure

1. Stay calm, reassure others and call for help.
2. If the student is not already on the floor gently ease them to the floor.
3. Remove any hazards.
4. Turn the student onto their side to ensure the airway is kept clear.
5. Loosen any tight clothing for example ties.
6. Stay with them until the seizure ends.
7. Do not offer and food or drink until you are sure they are fully conscious.
8. Inform parents of seizure as they may wish to take them home.
9. If the seizure lasts more than 5 minutes or another seizure starts without them regaining consciousness then an ambulance should be called and then the parents informed of the situation.

It is not always necessary to send a child home after a seizure, but each child is different, and it depends on factors such as how often fits occur, whether the typical course is followed etc. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed and a procedure established.

## Emergency Care for an unknown epileptic

If a child who is not known to have epilepsy experiences a convulsive seizure - even if the seizure stops naturally after a few minutes. In such a case, the condition may be caused by some underlying infection or metabolic problem.

## Sickle Cell Disease

Sickle cell disease is an inherited chronic illness which results in anaemia, episodes of pain and increased susceptibility to infections. When symptoms are mild they can be managed with minimal impact on school absence but severe symptoms will result in needing hospital care.

Students in the Academy with sickle cell disease have an individual health care plan drawn up in collaboration between the specialist haemoglobinopathy nurses, the consultant, the Academy first aider, the general practitioner, the parents and the student.

## Preventing painful episodes

- Child needs to be kept well hydrated. Student in the Academy have a special pass to ensure access to fluids at all times even during lessons.
- As both heat and cold affect the condition they should not be exposed to severe changes in temperature. During the summer students at the Academy can remove their blazers and during the winter if they need to keep gloves on in class then this is permitted.
- Due to the nature of the condition they may tire more easily and therefore need rest periods especially in subjects such as PE. All PE staff at the Academy is aware of which students have this condition and will ensure that this is taken into consideration.
- Access to pain relief medication. Students at the Academy keep pain relief medication in the medical room in accordance with Academy policy. If after receiving medication there is no improvement parents should be called.

## Offsite / Out of Hours Activities

Cross reference with Sandwell LA Document: "Guidelines for Offsite/Out of hours Educational Activities" 2003

Risk assessments undertaken before arranging offsite / out of hour's activities must include consideration of participating student's medical needs. See section on students with medical needs for details of what to check.

If a child has specific needs it must be clear how these are going to be met during the activity (this may include the need for a trained member of staff or parental attendance).

A Parental consent form must be completed for all students involved in an offsite / out of hour's activity. A parental request form for administration of medication or treatment

during an offsite / out of hour's activity should be completed the group leader should have details of a child's medical needs including copies of the above form and any other health care plans.

It is essential that all staff members who will be involved with a child with medical needs during an event are informed of the child's requirements.

The Academy procedures for administering medicines must be followed. It should be clear whether the child is competent to self-administer medication or not. If this is not the case it will be necessary to either train a member of staff to do this or ask the parent to accompany the child

Medication required can be carried by the child if this is normal practice (e.g. asthma inhalers).

If not, then the Principal or group leader should decide how medication will be carried during the activity by a member of staff, or the parent if present. All teachers supervising activities should be aware of procedures to follow in an unexpected medical emergency.

## Sporting Activities

Most students with medical conditions can participate in physical and extra-curricular sport. Any restrictions on a student's ability to participate in PE should be recorded in their individual health care plan and PE staff informed.

Some students may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines such as asthma inhalers. Staff organizing sporting activities will consider whether risk assessments are necessary for some students and be aware of relevant conditions and emergency procedures.

## CAMHS

The Child and Adolescent Mental Health Service can be directly accessed by the Academy.

## Training

The Academy should arrange training to cover the main medical conditions which students at the Academy have and also a general overview of the health needs of students.

To cover this the Academy, hold an annual all staff training session during which specialist trained staff attend the Academy and provide a short educational session covering the following conditions;

- Asthma

- Diabetes
- Sickle Cell Disease
- Epilepsy
- Anaphylaxis

Information and guidance on these conditions and more information on general health issues is also uploaded to the health and wellbeing site.

## The Law

Legislation notably the Education Act 1996, the Disability Discrimination Act 1995, the Care Standards Act 2000 and the Medicines Act 1968 are also relevant to the Academy in dealing with students with medical needs. The following information outlines the provisions of these Acts that are relevant to students with medical needs.

### The Medicines Act 1968

This places restrictions on the handling of drugs and medications, including their administration. Specifically, where medication has been prescribed by a medical practitioner it must be administered in accordance with the specific instructions of that practitioner. This means that the Academy cannot adjust dosages or timings of medication from either a student or a parent.

Where the medication is administered by injection this can only be undertaken by an appropriate medical practitioner, or the direction of such a person. The only exception to this is the administration of certain prescriptions in an emergency situation e.g. epi pens.

### Misuse of Drugs Act 1971 and other associated regulations.

The supply, administration, possession and storage of certain drugs are controlled by the Misuse of Drugs Act 1971 and associated regulation. This is of relevance to the Academy as there may be a student that has been prescribed a controlled drug.

### Health and Safety at Work Act 1974

This act places overall responsibility for health and safety onto the employers for all employees and others including students.

In relation to students with medical needs this means:

- Ensuring that safety measures are in place for any student who might be at more risk than their fellow students.
- Arranging training for staff that might need it to enable them to deal with medical and first aid matters in the work place

## The Management of Health and Safety at Work Regulations 1999

These regulations require the employer to;

- Make an assessment of the risks of activities
- Introduce measures to control these risks
- Tell their employees about this measure
- The regulations also apply to employees and they require that employees must;
- Take reasonable care of their own health and safety and others health and safety
- Cooperate with their employers
- Carry out activities in accordance with training and instructions
- Inform the employer of any serious risk

Some students with medical needs maybe more at risk than others, staff may need to take additional steps to safeguard the health and safety of such students. The employer will be responsible for making sure that all relevant staff know about and are if necessarily trained to provide additional support these students require.

## Control of Substances Hazardous to Health Regulations 2002 (CoSHH)

The CoSHH Regulations require employers to control exposures to hazardous substances to protect both employees and others. Some medicines maybe harmful to any one for whom they have not been prescribed. Where the Academy has agreed to administer medicine, the employer must ensure that the risks to the health of staff and others are properly controlled.

## The Disability Discrimination Act 1995.

This sets a requirement not to discriminate against an individual because of a disability. This would include students with medical needs. This means that the Academy must consider how best to support such students not just on the Academy premises but during Academy trips and educational visits.

## The Special Needs and Disabilities Act 2001, Part 1 and 2

Part 1 of the act reinforces the right of students with special needs to access a mainstream school education. It gives support for parental choice of schools. Part 2 deals with disability discrimination and places duties on the Academy. The act also reinforces the need to consider the overall welfare of the student and aspects of discrimination when schools are considering whether or not to administer a required medication.

## The Education (School Premises) Regulations 1999

These state that every school should have accommodation for medical or dental examination and treatment and for the care of students during school hours. It need not be used solely as medical accommodation but it should be appropriate for that purpose and readily available for use when needed.

## The Education (Independent Schools Standards) (England) Regulations 2003

These regulations require that independent schools have and implement a satisfactory policy on first aid and appropriate facilities for students in accordance with the Education (School Premises) Regulations 1999