



# **DAYSPRING TRUST**

## **Venerable Bede CE Academy**

### **Supporting Pupils with Medical Conditions Policy**

Ratified by: Board of Directors  
Date of review: May 2019  
Date of next review: September 2020

The Dayspring Trust aims to serve its community by providing an education of the highest quality within the context of Christian faith and practice. It encourages an understanding of the meaning and significance of faith, and promotes Christian values through the experience it offers to all its pupils. We believe that our Christian values spring from the two great commandments, 'Love God and love your neighbour'. We seek to live this out through the power of the Holy Spirit. St Paul reminds us in Galatians 5.22-23 that the fruit of the Spirit is "Love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control". These are also underpinned by the Old Testament injunction to "Do justly, love mercy and walk humbly with our God" Micah 6.8. These values rooted in the Christian Faith come as a package and we aim to embed them in the life of our academies in a worked out way. We recognise that at times we may highlight particular values to bring them into greater prominence within our academies and these are currently the five values of Forgiveness, Hope, Joy, Perseverance and Wisdom. We believe these values to be in accordance with British values springing from our Judeo-Christian roots. Collective worship will play a major and vital part in assisting with this process of embedding these values in the life of our academies.

The Multi Academy Trust Members and Directors are aware of their responsibilities in law and are committed to the provision of an excellent education within its academies in accordance with our Anglican foundation. This is embraced in our Dayspring Trust vision statement:

- **Forge a supportive and challenging family of academies**
- **Provide excellent education within a strong Christian community**
- **Resource our pupils for wise and generous living**

In addition, each academy also has its own distinctive mission statement, flowing out from the vision statement of the Dayspring Trust.

**At Ian Ramsey CE Academy:**

"Together to learn, to grow, to serve."

This is embodied in scripture:

*'Each of you should use whatever gifts you have received to serve others, as faithful stewards of God's grace in various forms.' 1. Peter 4.10*

**At Venerable Bede CE Academy:**

"Soar to the heights together"

This is embodied in scripture:

*'But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.' Isaiah 40:31*

This policy has been developed to take into consideration our ethos as well as local and national policy and guidance.

**Relevant staff applicable to this policy**

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Assistant Headteacher & SENDCo	Miss S Holt Email: <a href="mailto:sally.holt@venerablebede.co.uk">sally.holt@venerablebede.co.uk</a>
Assistant SENDCo	Miss L Brough Email: <a href="mailto:laura.brough@venerablebede.co.uk">laura.brough@venerablebede.co.uk</a>
SEND Lead Practitioner For Physical and Mental Health First Aid and Medication	Mrs J Chipp Email: <a href="mailto:jackie.chipp@venerablebede.co.uk">jackie.chipp@venerablebede.co.uk</a>
Inhaler disposal	Mrs J Chipp Email: <a href="mailto:jackie.chipp@venerablebede.co.uk">jackie.chipp@venerablebede.co.uk</a>

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## Introduction

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. All reasonable arrangements for a child's medical condition will be made so that wherever possible no child with a medical condition should be denied admission or prevented from taking up a place in school.

This policy sets out the procedures to be followed when:

- a pupil with a medical condition is admitted
- the pupil's medical needs change
- a pupil is re-integrated following a diagnosed medical condition

Supporting a pupil with a medical condition is not the sole responsibility of one person. Partnership between academy staff, healthcare professionals, local authorities, parents, carers and pupils is critical.

This policy sets out the roles and responsibilities of all those involved in the arrangements made to support pupils in the academy with medical conditions.

## Roles and Responsibilities

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### Responsibility of Parents/Carers

Parents/carers have the principal responsibility for the administration of medication to their children, who have the right to be educated with their peers, regardless of any short or long-term needs for medication whilst at the academy.

It is preferable that medication be given at home whenever possible. If prescribed medicines are to be taken three or more times per day, parents/carers should ask the prescribing doctor if the administration of the medication can occur outside normal academy hours. Non-prescription medication (such as cough medicines) should not be administered in the academy. However, in certain circumstances, analgesics can be given.

Parents/carers have a duty to inform the academy of their children's medical conditions and to make a request for the Headteacher to make arrangements for medication to be administered in the academy. This can occur if the child:

- has been newly diagnosed
- is due to return after a long absence and has a chronic illness or long-term complaints, such as asthma, diabetes, epilepsy or another condition
- is recovering from a short-term illness and is well enough to return to the academy whilst still receiving a course of antibiotics or other medication.
- has needs that have changed

## Responsibility of Health Care Professionals

In situations where the condition requires a detailed individual healthcare plan or specific specialist training is required for academy staff, this will often require direct input from Healthcare Professionals with clinical responsibility for the child. Examples include community or specialist nurses and, in the case of children with mobility needs, occupational therapists or physiotherapists.

Often the specific details in an individual healthcare plan can only be provided by professionals who have access to the confidential notes that the Consultants and other healthcare professionals working with the child in question have prepared.

The Academy Nursing Team is able to provide training on anaphylaxis and can provide a 'signposting role' should the academy have difficulty accessing professional medical assistance or if there is uncertainty about which consultant to contact.

## Responsibility of Academy Staff

Each request for medicine to be administered to a pupil in the academy will be considered on its merits. The Headteacher will give consideration to the best interests of the pupil and the implications for the academy.

It is generally accepted that academy staff may administer prescribed medication whilst acting in loco parentis. However, it is important to note that this does not imply that there is a duty upon academy staff to administer medication and the following should be taken into account:

- No member of staff will be compelled to administer medication to a pupil.
- No medication can be administered in the academy without the agreement of the Headteacher or her/his nominated representative.
- The Headteacher has nominated a member of staff to assume the role of Lead Practitioner, who will have overall responsibility for the implementation of this policy. The named person is listed at the front of this policy. Where the named member of staff is absent from the academy, another member of staff will be assigned this responsibility.
- Staff who administer medication will receive appropriate guidance and training.
- Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of the pupils with medical conditions they teach.
- Parents/carers requesting administration of medication for their children should be referred to the academy's webpage where they can access a copy of this document. They should be asked to make an appointment with the Lead Practitioner to complete the form medications record sheet, agreement between parent/carers and the academy on school premises, (Appendix 1.) Completion of this form safeguards staff by allowing only **prescribed** medication to be administered. For administration of 'over the counter' medicines, please see section below. Parents/carers will be required to make an appointment with the Lead Practitioner to complete and sign the above form in school.
- Academy staff may consult with the prescriber to ascertain whether medication can be given outside of academy hours.

## Responsibility of Pupils

Pupils with medical conditions are often best placed to provide information about how their medical condition affects them. They should be fully involved in discussions about their medical needs and contribute as much as possible to their individual healthcare plan.

## General Procedures

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1. If medication cannot be given outside of academy hours, parent/carers should fill in an Individual Healthcare Plan, (Appendix 2) with the Lead Practitioner.
2. The parent/carer **not** the pupil should bring all essential medication to and from the academy with the exception of inhalers, EpiPens and insulin. Pupils are not permitted to bring in their own medication or take medication home with the exception inhalers, EpiPens and insulin. It should be delivered to the Lead Practitioner listed at the front of this policy and be signed for, only the smallest practicable amount should be kept in the academy.
3. All medication stored in the academy will be stored wherever possible in its original containers. All medication must be labelled by the pharmacy with the pharmacy name, the pupil's name, the name of the medication, the expiry date and the prescribers' instructions for administration, including dose and frequency.
4. Whilst medication is in the academy, it will be kept in a locked cupboard or a fridge within a locked room/cupboard (if so required), either in the medical room or school office. The exceptions to this are inhalers, adrenaline auto-injectors and insulin. These medications should be carried by the child or may be kept in the classroom, depending on the child's age and developing independence.
5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.
6. When medication is given, the name of the drug, the dose, the mode of administration, the time that treatment is required to be given and date of expiry should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving more than the recommended dose.
7. Where any change of medication or dosage occurs, parents/carers must inform the Lead Practitioner and complete new documents at the academy. If a pupil brings any medication to the academy for which consent has not been given, academy staff can refuse to administer it. In such circumstances the Headteacher or his representative should contact the parent/carer as soon as possible.
8. Renewal of medication which has passed its expiry date is the responsibility of the parent/carer. Nevertheless, if parents/carers are unable to collect expired medication then academy staff will take it to the local pharmacy so that it can be disposed of safely. The medication will not be disposed of in any other way.

9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice will be sought immediately and the parents/carers informed.
10. Where a pupil transfers to another school, all records relating to their medical condition will be transferred to the new school. Any existing medication will be handed back to the parent/carer.

## **Refusal or Forgetting to Take Medication**

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If pupils refuse medication or forget to take it, the academy will inform the child's parent/carer as a matter of urgency. If necessary, the academy will call the emergency services.

## **Non-prescribed Medication**

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As a rule, non-prescribed (over-the-counter) medication, such as cough medicines, will not be administered. However, there is one notable exception to this rule, namely, paracetamol.

At the discretion of the Headteacher or his representative, paracetamol can be issued, provided the practice is strictly controlled by adopting the same standards as for prescribed medication. Once again, a formal agreement should be made between the academy and the parents/carers who should complete a short term Medications Record Sheet. In order to monitor and prevent the danger of any individuals overdosing on the medication the member of staff dispensing the paracetamol will will contact parents/carers to determine when the last dose was administered at home. Before administering the medication members of staff should always ask the child whether any side effects or allergic reactions have been experienced.

The paracetamol will be kept securely under lock and key and dispensed with care since over-dosage is dangerous. Paracetamol will not be kept in first-aid boxes.

On no account will aspirin or preparations that contain aspirin be given to pupils unless a doctor has prescribed such medication.

## **Individual Healthcare Plan**

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This section of the policy covers the role of individual healthcare plans in supporting pupils at academy who have long-term, severe or complex medical conditions. The new statutory guidance imposes a requirement to identify the member of staff who is responsible for the development of these plans. In this academy it is the SENDCO, listed at the front of this policy.

Healthcare plans will be developed with the child's best interests in mind and the academy will ensure that it assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Personalised risk assessments, moving and handling risk assessments, emergency procedures and other such documents will be used to supplement the individual healthcare plan, as appropriate.



A model healthcare plan is given (Appendix 3.) To ensure compliance with the new statutory guidance, the following issues have been taken into account:

- the medical condition, its triggers, signs, symptoms and treatments.
- the pupil's resulting needs, including medication (with details of dose, side-effects and storage arrangements) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage his/her condition, dietary requirements and environmental issues such as crowded corridors, travel time between lessons.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a healthcare professional, together with an indication of the arrangements for cover that will be available when those supporting are unavailable.
- who in the academy needs to be aware of the child's condition and the support required.
- the need to establish arrangements which enable written permission from parents/carers and the Headteacher to be drawn up, thus authorising a member of staff to administer medication or allowing the pupil to self-administer during academy hours.
- the designated individuals to be entrusted with information about the child's condition where the parent/carer or child has raised confidentiality issues.
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- the separate arrangements or procedures required for academy trips, educational visits or other extra-curricular activities. In practice, these should be logged on the EVOLVE system, together with supporting information, such as personalised risk assessments. These arrangements enable the child to participate fully in such activities and ensure social inclusion, as recommended by the Outdoor Education Advisory Board's National guidance 3.2e 'Inclusion'.

## **Practical Advice for Common Conditions**

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A small number of children need medication to be given by injection, auto-injectors or other routes. The most appropriate arrangements for managing these situations effectively will be determined by agreement between the academy, parent/carer, school nurse (where there is one) and the doctor who prescribed the medication.

Members who have this in their job description or are willing to administer medication will be made fully aware of the procedures and will receive appropriate training from competent healthcare staff. More information on training requirements is given below in the sections of this policy covering common medical conditions. The majority of parents/carers will be aware of the contact details for their child's specialist nurse. The academy will contact them directly in the first instance. The school nursing team will be contacted for advice and is able to direct inquirers to other health agencies, where necessary. An individual healthcare plan for each pupil with a medical need will be completed and conform to the procedures described on pages 6 and 7. Information in the appendices should prove helpful.

The medical conditions in children that most commonly cause concern in academy are asthma, epilepsy, diabetes and anaphylaxis. Essential information about these conditions is provided within this policy. More detailed information can be obtained from the following organisations:

- [Asthma UK](#)
- [Epilepsy Society](#) (formerly The National Society for Epilepsy)
- [Epilepsy Action](#) (formerly the British Epilepsy Association)
- [Diabetes UK](#)
- [Anaphylaxis Campaign](#)
- [National Electronic Library for Medicines](#) (NHS)
- [Resuscitation Council \(UK\)](#)

## **Anaphylaxis**

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### **What is Anaphylaxis?**

Anaphylaxis is an extreme allergic reaction that occurs rarely in people who have an extreme sensitivity to a particular substance known as an allergen. It can affect the whole body, including the airways and circulation. Often it occurs within minutes of exposure to the allergen, though sometimes it does not arise until many hours later.

### **What Causes It?**

Common causes of anaphylaxis include:

- Edible triggers, such as peanuts, tree nuts, fish, shellfish, dairy products and eggs.
- Other triggers, such as natural latex, the venom of stinging insects (for example wasps, bees and hornets), penicillin and any other drugs or injections.
- Anaphylactic shock is the most severe form of allergic reaction. This occurs when the blood pressure falls dramatically and the patient loses consciousness.

## **What are the Signs of the Condition?**

Common signs of anaphylaxis in children include:

- swelling in the throat, which can restrict the air supply thus causing breathing difficulties.
- severe asthma.
- dizziness.
- itchy skin, generalised flushing of the skin, tingling or itching in the mouth or hives anywhere on the body.
- swelling of the lips, hands and feet.
- abdominal cramps, nausea and vomiting.

## **What is the Treatment for the Condition?**

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine) into the muscle of the upper outer thigh via a pre-loaded injection device, such as an epiPen, anapen or jext. An injection should be given as soon as a reaction is suspected.

Anaphylaxis should always be regarded as a medical emergency which requires that an ambulance be called immediately.

## **Arrangements in Place at our Academy**

### **Healthcare Plan**

Anaphylaxis is manageable. With sound precautionary measures, the development of a suitable healthcare plan and support from members of staff, academy life may continue as normal for all concerned.

Our procedures to manage the use of adrenaline auto-injectors are:

- awareness among all members of staff that the child has this particular medical condition
- awareness of the symptoms associated with anaphylactic shock
- knowledge of the type of injector to be used
- labelling of injectors for the child concerned, for example adrenaline, anti-histamine
- knowledge of the locations where the injector is stored, preferably in an easily accessible place such as a medication box
- the provision of appropriate instruction and training to nominated members of staff

- familiarity with the names of those trained to administer treatment
- an understanding of the need to keep records of the dates of issue
- knowledge of emergency contacts

This information is displayed in the areas where the medication is to be kept. This information includes the name of the child and, ideally, a photograph. Care must be given to ensure confidentiality. The information will be accessible but not publicly displayed – this will be by way of photograph in the staffroom. The information required will accompany the medication on school trips. The arrangements for swimming and other sporting activities will also be considered as part of the risk assessment for the trip/visit/event.

Collectively, it is for the Headteacher, the child's parents/carers and the medical staff involved to decide how many adrenaline devices the academy should hold, and where they should be stored.

Where children are deemed sufficiently responsible for carrying their own emergency treatment with them, it is nevertheless important that a spare set should always be kept safely on site in the school office. This should be accessible to all staff and stored in a secure place. In large academy or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location. In an emergency situation it is important to avoid any delay.

## **Food Management**

Where a pupil has a food allergy, the catering team will be informed and measures put into place for food management.

Although not always feasible, where possible, food to which pupils may be allergic to will be excluded from the menu and premises. Where exclusion is not possible, appropriate steps will be taken to minimise any risks to allergic pupils.

Please note that nuts of any kind are **not** allowed in the academy.

## **Training**

Where members of staff are either willing (or have this in their job description) to inject adrenaline in an emergency, the academy will contact the school nurse to arrange for them to deliver an appropriate training session in the use of the auto-injectors.

## **Asthma**

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### **What is Asthma?**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes breathing difficulties.

### **What Causes It?**

There are many things that can trigger an asthma attack. Common examples include:

- viral infections
- house dust mites
- pollen
- smoke
- fur
- feathers
- pollution
- laughter
- excitement
- stress

## **What are the Signs of the Condition?**

The most common symptoms of an asthma attack include:

- coughing
- wheezing
- difficulty breathing
- nasal flaring
- a tight feeling in the chest (younger children may express this as ‘tummy ache’ or feeling like someone is sitting on their chest)
- Inability to talk or complete sentences (some children will go very quiet).

## **What is the Treatment for the Condition?**

The main types of medicines used to treat asthma are discussed briefly below:

### **Relievers**

Usually it is a reliever that a child will need during the school day. Relievers (usually blue inhalers) are medicines that are taken immediately to relieve the symptoms of asthma during an attack. They quickly relax the muscles surrounding the narrowed airways thus allowing them to open wider, making it easier for the child to breathe. They are sometimes taken before exercise.

### **Preventers**

Preventer inhalers can be brown, red or orange in colour and can sometimes be in the form of tablets. Preventers are usually used out of academy hours and it is rare for them to be needed during the school day.

Preventers protect the lining of the airways, help to calm the swelling and stop the tubes in the lungs from being so sensitive.

### **Spacers**

Both kinds of inhalers are often used in combination with spacers which help deliver medicine to the lungs more effectively. Where prescribed, the spacer will be individually labelled with the child’s name and kept with the inhaler.

## **Nebulisers**

A nebuliser is a machine that creates a mist of medicine that is then breathed through a mask or mouthpiece. They are becoming increasingly less common. Pupils with asthma should not normally need to use a nebuliser in the academy. However, if they do have to use one, then members of the academy staff will receive appropriate training from a healthcare professional.

## **Training**

Since emergency treatments vary in each case, the parents/carers will often be best placed to inform the academy of the child's treatment regime. There may be a specialist nurse from the local NHS Trust who can deliver training and will have access to the medical advice that has informed the healthcare plan.

Children with asthma will often be looked after solely by their GP or Asthma Nurse. Although the GP would be unable to provide training it is likely that they will provide the information that would help academy staff to complete the healthcare plans. Children with complex conditions may have access to a specialist nurse with expert knowledge in oncology, nephrology, gastroenterology, urology or cystic fibrosis, who may be able to assist.

## **Designated Members of Staff**

Designated members of staff will be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- keeping appropriate records of asthma attacks

## **ALL Members of Staff**

In addition to this, **ALL** members of staff will be:

- briefed on how to recognise the symptoms of an asthma attack and, ideally, how to distinguish them from other conditions with similar symptoms. This will usually be carried out during staff inset at the start of a new academic year.
- aware of this policy, usually as part of their induction process.
- aware of how to check if a child is on the asthma register.
- aware of how to access the emergency inhaler and who the designated members of staff are, and the policy on how to access their help.

**Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.**

**<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>**

## **Arrangements in Place at our Academy**

### **Healthcare Plan**

Pupils with asthma have an Asthma Healthcare Plan, (Appendix 3.)

### **Carrying the Medication**

Pupils with asthma need to keep their reliever inhalers with them at all times. The academy requests that parents provide the academy with a spare reliever inhaler.

If pupils are not able to do so then inhalers will be stored safely away and members of staff will issue them when the pupil needs the medication.

All asthma medicine will be clearly labelled with the pupil's name. The expiry date of the medicines will be checked every six months by the Lead Practitioner.

### **Emergency Salbutamol Inhalers in Schools**

As indicated above, the academy is now permitted to keep a supply of salbutamol inhalers on site for use in an emergency. This is a sensible contingency arrangement in the event that children lose, forget or break their inhalers.

The emergency salbutamol inhaler should only be used by children:

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

Information on the use of the emergency inhaler will be recorded in a child's individual healthcare plan.

Academies are not required to hold an inhaler – this is a discretionary power enabling them to do so if they wish. Those which choose to keep an emergency inhaler should use the guidance below to establish a protocol for its use.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital and, potentially, save the child's life. Having a protocol that sets out how and when the inhaler should be used will also protect members of staff by ensuring they know what to do in the event of a child having an asthma attack; this should include:

- Establishing arrangements for the supply, storage, care and disposal of the inhaler. Assigning these responsibilities to at least two staff members who are listed at the front of this policy.

- Maintaining a register of pupils who have been diagnosed with asthma or prescribed a reliever inhaler. The register should confirm that parental consent has been obtained for use of the emergency inhaler and a copy of it should be kept with the emergency inhaler. The responsibility for this is the medication co-ordinator.
- Having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan, which should be updated regularly, ideally annually, to take account of changes to a child's condition.
- Arranging for appropriate support and training for staff in the use of the emergency inhaler in line with this policy.
- Keeping a record of use of the inhaler (including when and where the attack took place, how much medication was given and by whom) and informing parents or carers that their child has used the emergency inhaler (this should be in writing so the parent/carer can pass the information onto the child's GP – a sample letter is attached as Appendix 7)

The medication co-ordinator will monitor the protocol to ensure compliance with it.

## Supply

The academy can buy inhalers and spacers from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. The academy can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the Headteacher (ideally on appropriately headed paper) stating:

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

## Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild, temporary and not likely to cause serious harm. The child may feel a bit shaky or may tremble, or may say that they feel their heart is beating faster. The main risk of allowing academies to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential, therefore, that academies follow the advice on page 14 in relation to whom the emergency inhaler can be used by.

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

## Storage and Care of the Inhaler



The academy will ensure that the inhaler is kept in a safe central location, such as the school office and medical room, which is known to all members of staff, and to which they have access to at all times. However, the inhaler must be stored out of the reach and sight of children. The inhaler should not be locked away.

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

To avoid possible risk of cross-infection, the inhaler will only be used by one child, it can be given to the parent to take home for future use.

The Lead Practitioner listed at the front of this policy should have responsibility for ensuring that replacement inhalers are obtained when expiry dates approach and that the inhalers are present.

## **Disposal**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Academies should be aware that to do this legally, they will need to register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal.

Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years. The hyperlink to enable schools to register is provided below:

<https://www.gov.uk/waste-carrier-or-broker-registration>

As a general rule however, the academy will dispose of spent inhalers via its recycling and rubbish bins.

## **PE and Off-site Activities**

Children with asthma should participate in all aspects of academy life, including physical activities. They need to take their reliever inhaler with them on all off-site activities and these should also be available during physical education and sports activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work may need to be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

The emergency inhaler should be easily accessible should the child's primary inhaler not be available.

## **Action During an Attack**

When a child has an attack they should be treated according to their individual healthcare plan or asthma card, as previously agreed. If the child does not have his/her prescribed reliever inhaler available, then the academy's emergency inhaler can be used in the circumstances described previously.

An ambulance should be called if:

- the symptoms do not improve sufficiently after 10 puffs on the inhaler
- the child is too breathless to speak
- the child is becoming exhausted
- the child has a blue/white tinge around the lips
- the child has collapsed

Because asthma varies from child to child, it is impossible to provide emergency guidance that will apply uniformly in every single case.

## **Diabetes**

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### **What is Diabetes?**

Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly.

### **What Causes It?**

Diabetes is a disorder caused when the pancreas produces an insufficient amount of the hormone insulin or when insulin production is absent. There are two main types of diabetes which are discussed briefly below:

#### **Type 1 Diabetes**

Type 1 diabetes develops when the insulin-producing cells have been destroyed and the body is unable to generate any of the substance. It is treated with insulin either by injection or pump, a healthy diet and regular physical activity. The majority of affected children have Type 1 diabetes.

#### **Type 2 Diabetes**

Type 2 diabetes develops when the body does not produce enough insulin or the insulin that is produced does not work properly.

This type of diabetes is treated with a healthy diet and regular physical activity, though medication (and/or insulin) is often required.

In both instances, each child may experience different symptoms and these should be discussed when drawing up the healthcare plan.

### **What is the Treatment for the Condition?**

For most children diabetes is controlled by injections of insulin each day. Some children may require multiple injections, though it is unlikely that they will need to be given injections during academy hours.

In some cases, the child's condition may be controlled by an insulin pump. Most children can manage their own injections, however, if doses are required at the academy then supervision may be required and a suitable, private place to inject will need to be identified.

It has become increasingly common for older children to be taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime and then insulin with breakfast, lunch and evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. The child is then responsible for administering injections and the regime to be followed would be detailed in the individual healthcare plan.

It is essential that children with diabetes make sure that their blood glucose levels remain stable. They may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the academy lunch break, before PE or more regularly if their insulin needs to be adjusted. The majority of older children will be able to undertake this task without assistance and will simply need a suitable place to do it. However, younger children may need adult supervision to carry out the test and/or interpret the results.

When members of staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional, usually a specialist nurse with clinical responsibility for the treatment of the particular child.

## **What Arrangements are in Place at our Academy?**

### **Healthcare Plan**

A healthcare plan will be needed for pupils with diabetes (Appendix 4.)

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. The academy may need to make special arrangements for pupils with diabetes if the academy has staggered lunchtimes. Members of staff need to be made aware that if a child should miss a meal or snack he/she could experience a hypoglycaemic episode (commonly known as a 'hypo') during which the blood glucose level falls too low. It is, therefore, important that staff should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand. After strenuous activity a child may experience similar symptoms, in which case the teacher in charge of physical education or other sessions involving physical activity should be aware of the need to take appropriate action.

## **What are the Signs of a Hypoglycaemic Episode?**

Staff should be aware that the following symptoms, either individually or in combination, may be an indicator of low blood sugar:

- Hunger
- Sweating
- Drowsiness
- Pallor

- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up individual healthcare plans.

## **Emergency Action**

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

An ambulance should be called if:

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

## **Hyperglycaemia**

Some children may experience hyperglycaemia, which is a high glucose level.

The underlying cause of hyperglycaemia will usually be from loss of insulin producing cells in the pancreas or if the body develops resistance to insulin.

More immediate reasons for it include:

- Missing a dose of diabetic medication, tablets or insulin
- Eating more carbohydrates than the body and/or medication can manage
- Being mentally or emotionally stressed
- Contracting an infection

The symptoms of hyperglycaemia include thirst and the passing of large amounts of urine. Tiredness and weight loss may indicate poor diabetic control. If these symptoms are observed, members of staff should draw these signs to the attention of parents/carers. If the child is unwell, is vomiting or has diarrhoea, this can lead to dehydration. If the child is giving off a smell of pear drops or acetone, this may be a sign of ketosis and dehydration and he/she will require urgent medical attention.

Further information on this condition can be found on the [Diabetes UK](#) website.

## **Epilepsy**

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## **What is Epilepsy?**

Epilepsy is characterised by a tendency for someone to experience recurrent seizures or a temporary alteration in one or more brain functions.

## **What Causes It?**

An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons and can result from a wide variety of disease or injury.

Triggers such as anxiety, stress, tiredness and illness may increase the likelihood that a child will have a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. The latter is called photosensitivity and is very rare. Most children with epilepsy can use computers and watch television without any problem.

## **What are the Signs of the Condition?**

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience.

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

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

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

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

## **What is the Treatment for the Condition?**

The great majority of seizures can be controlled by anti-epileptic medication. It should not be necessary to take regular medicine during school hours.

## **What Arrangements are in Place at our Academy?**

### **Healthcare Plan**

An individual healthcare plan is needed when a pupil has epilepsy.

Parents/carers and health care professionals should provide information to the Lead Practitioner at the academy so that it can be incorporated into the individual healthcare plan, detailing the particular pattern of an individual child's epilepsy. If a child experiences a seizure whilst at the academy, details should be recorded and communicated to parents/carers including:

- any factors which might possibly have acted as a trigger to the seizure – for example visual/auditory stimulation, anxiety or upset.
- any unusual 'feelings' which the child reported prior to the seizure
- the parts of the body demonstrating seizure activity, such as limbs or facial muscles
- the time when the seizure happened and its duration
- whether the child lost consciousness
- whether the child was incontinent

The above information will help parents/carers to give the child's specialist more accurate information about seizures and their frequency. In addition, it should form an integral part of the academy's emergency procedures and relate specifically to the child's individual healthcare plan. The healthcare plan should clearly identify the type or types of seizures, including descriptions of the seizure, possible triggers and whether emergency intervention may be required.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or participating in science lessons. The Lead Practitioner should discuss any safety issues with the child and parents/carers as part of the healthcare plan, and these concerns should be communicated to members of staff.

### **Emergency Action**

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured him/herself badly
- the child has problems breathing after a seizure
- a seizure lasts longer than the period identified in the child's healthcare plan
- a seizure lasts for five minutes and members of staff do not know how long the seizures usually last for a particular child

- there are repeated seizures, unless this is usual for the child, as described in the child's health care plan

During a seizure, it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. Putting something soft under the child's head during a convulsive seizure will help to protect it from injury.

Nothing should be placed in the child's mouth. After a convulsive seizure has stopped, the pupil should be placed in the recovery position and a member of staff should stay with him/her until the child has fully recovered.

## **Status Epilepticus**

Status epilepticus is a condition described as one continuous, unremitting seizure lasting longer than five minutes or recurrent seizures without regaining consciousness between them for greater than five minutes. It must always be considered a medical emergency.

A five minute seizure does not in itself constitute an episode of status and it may subsequently stop naturally without treatment. However, applying emergency precautions after the five minute mark has passed will ensure that prompt attention will be available if a seizure does continue. Such precautions are especially important if the child's medical history shows a previous episode of status epilepticus.

Any child not known to have had a previous seizure should receive medical assessment as soon as possible. Both medical staff and parents/carers need to be informed of any events of this nature.

## **Emergency Medication**

Two types of emergency medication are prescribed to counteract status, namely:

- Rectal diazepam, which is given rectally (into the bottom). This is an effective emergency treatment for prolonged seizures.
- Buccal (oromucosal) midazolam. This is a new authorised treatment for prolonged acute convulsive seizures, which is placed via syringe into the buccal cavity (the side of the mouth between the cheek and the gum). It may be considered as an alternative to rectal diazepam for this purpose.

These drugs are sedatives which have a calming effect on the brain and are able to stop a seizure. In very rare cases, these emergency drugs can cause breathing difficulties so the person must be closely watched until they have fully recovered.

Training in the administration of buccal midazolam and rectal diazepam is essential and is provided by the specialist nurse with clinical responsibility for the treatment of the particular child. Special training should be updated annually.

## **Administration of Buccal Midazolam and Rectal Diazepam**

Any child requiring rectal buccal midazolam or diazepam should have his/her medication reviewed every year. As an additional safeguard, each child requiring buccal midazolam or rectal

diazepam should have his/her own specific healthcare plan that will focus exclusively on this issue.

Buccal midazolam and rectal diazepam can only be administered in an emergency if an accredited 1<sup>st</sup> aider, trained in mouth to nose/mouth resuscitation, is easily accessible (that is only one or two minutes away). At least one other member of staff must be present as well.

Arrangements should be made for two adults to be present for such treatment, at least one of whom is the same sex as the child; this minimises the potential for accusations of abuse. The presence of two adults can also make it much easier to administer treatment. Staff should protect the dignity of the child as far as possible, even in emergencies.

Staying with the child afterwards is important as buccal midazolam and diazepam may cause drowsiness. Moreover, those who administer buccal midazolam and rectal diazepam should be aware that there could be a respiratory arrest: if breathing does stop, a shake and a sharp voice should usually start the child breathing again; if this does not work, it will be necessary to give mouth to mouth resuscitation.

## Unacceptable Practice

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The DfE's statutory guidance makes it very clear that governing bodies and/or Trust boards should ensure that the academy's 'Policy on Supporting Pupils with Medical Conditions' is explicit about what practice is not acceptable. Though most schools have for many years implemented exemplary practice to ensure that children with medical needs are fully supported, it is, nevertheless, recommended that they retain the information listed below which is taken from the DfE document. If nothing else, it will enable governors to demonstrate unequivocally to a scrutinising authority that they are not adhering to or advocating practices that are deemed unacceptable, prejudicial or which promote social exclusion.

Although academy staff should use their discretion and judge each case on its merits whilst referencing the child's individual healthcare plan, it is **NOT** considered acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, such as hospital appointments



- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents/carers, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child, including assisting with toileting issues. No parent/carer should have to give up working because the academy is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers which would hinder their participation in any aspect of academy life, including school trips by, for example, requiring parents/carers to accompany the child

## **Complaints**

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Similarly, to the stance adopted above, the DfE's statutory guidance requires that governing bodies ensure that the academy's policy is crystal clear. It needs to set out how complaints concerning the support provided to pupils with medical conditions may be made and how they will be handled.

Should parents/carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the academy. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the academy's existing complaints procedure which can be found on the academy's website.

# Appendix 1

## Venerable Bede CE Academy

### Medications Record Sheet



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

If non-prescribed, please explain why and when you feel this medication should be administered to your child:

\_\_\_\_\_

Date	Name of person who has brought in medication	Name of person receiving medication	Name of Medication	Amount Supplied	Form Supplied	Expiry Date	Dosage regime

I give consent to school staff administering medicine in accordance with the school policy. I also give consent for information relating to my child to be exchanged with the relevant key staff. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent/Carer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date	Name of medication	Amount given	Amount left	Time	Administered by	Witnessed by	Comments/action/side effects

## Appendix 2

### Venerable Bede CE Academy

### Individual Healthcare Plan



Key Information	
Pupil's Name:	
Year Group/Class:	
Date of Birth:	
Pupil's Address:	
Medical Diagnosis/Condition:	
Date:	
Review Date:*	

\*Please contact the academy by this date to review the care plan

Family Contact Information	
Parent/Carer's Name:	
Relationship to child:	
Phone Number (Home):	
Phone Number (Work):	
Mobile Phone Number:	
Name (Second Contact):	
Relationship to child:	
Phone Number (Home):	
Phone Number (Work):	
Mobile Phone Number:	
Clinic/Hospital Contact	

Name:	
Clinic/Hospital:	
Phone Number:	
<b>GP Contact</b>	
Name:	
Phone Number:	
Who is responsible for providing support in school?	

<b>Describe medical needs and give details e.g. symptoms, triggers, signs etc.</b>
<b>Name of medication, dose, method of administration, when to be taken, side effects, administered by (e.g. self-administered with/without supervision)</b>
<b>Daily Care Requirements (e.g. before sport/lunchtime)</b>
<b>Specific support for the pupil's educational, social and emotional needs:</b>

<b>Other information including warning signs:</b>
<b>Arrangements for school visits/trips etc.</b>
<b>Describe what constitutes an emergency for the child, and the action to take if this occurs:</b>
<b>Follow-Up Care/other information</b>

<b>Plan developed with:</b>
<b>Staff training needed/undertaken – who, what, when:</b>

Copies of care plans are stored centrally on the school computer system and can be accessed by staff when required. Hard copies are also stored confidentially in the Medication Room.

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to academy staff administering medicine in accordance with the school policy. I also give consent for information relating to my child to be exchanged with the relevant key staff. I will inform the academy immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carers name: \_\_\_\_\_

Parent/Carers signature: \_\_\_\_\_

Member of staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Appendix 3 Venerable Bede CE Academy Asthma Healthcare Plan



Pupils' Name:	
Year Group/Class:	
Date of Birth:	
Pupils' Address:	
Description of type of Asthma and frequency of symptoms:	
Date:	
Review Date*:	

\*Please contact school by this above date to make an appointment to review the care plan.

Family Contact Information:	
Name:	
Relationship to child:	
Phone Number (Home):	
Phone Number (Work):	
Mobile Phone Number:	
Name:	
Relationship to child:	
Phone Number (Home)	
Phone Number (Work)	
Mobile Phone Number	







**Appendix 4**  
**Venerable Bede CE Academy**  
**Medication Record Sheet: Diabetes**



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Name of person who brought medication in	Name of Medication	Amount Supplied	Form Supplied	Expiry Date	Dosage Regime

Register of medication administered:

Date	Name of Medication	Blood Glucose Level	Amount of Insulin	Time	Site Administered	Witnessed by	Comments/Action/Side effects