



Policy

Supporting Children
with Medical Needs

**A Policy Statement for
Supporting Children with Medical
Needs**

This policy was reviewed and re-written based on a model provided by the School Nursing Service:	January 2015
Next review:	January 2017

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Introduction

South Benfleet Primary School is an inclusive community that aims to support and welcome pupils with medical conditions. We will encourage and help all children to participate fully in all aspects of school life. Children with medical needs have the same rights of admission as other children.

Children with Medical Needs

There are different categories of medical need:

Short –Term Medical Need

While in school, many children will at some time have short-term medical needs. This could be needing to finish a course of prescribed medicine such as antibiotics.

Medical Need in Specific Circumstances

Other children may require medicines in particular circumstances. This could include children with severe allergies (e.g. nut) who may need an adrenaline injection or children with asthma who may need their inhaler during times of excessive exercise or when they have a bad cold.

Longer-Term Medical Need

Some children have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or diabetes.

Staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.

South Benfleet Primary School is committed to ensuring equality of education and opportunity for disabled pupils, staff and all those receiving services from the school. All pupils and staff will have an equal opportunity to meet their aspirations, realise their full potential and improve their life chances. The school embraces a culture of inclusion and diversity, in which people feel free to participate fully in school life.

See also South Benfleet Primary School Equality and Diversity Policy

We will make reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in practices, procedures and policies. We will ensure access to the school premises, the curriculum and the provision of written materials in alternative formats.

Support for Children with Medical Needs

For any child to be successful, achieve well and make good progress, good communication with parents/carers is vital. When a child has any medical need, it is the parent/carers responsibility to provide as much information as possible about their child's medical condition so that a plan can be made for their child's health and wellbeing while in school. Where necessary, parents should obtain details from their child's General Practitioner (GP) or paediatrician, the school nurse or a health visitor and other outside

agencies who may also be able to provide additional background information for staff. It is important to work together to make sure that children with medical needs and school staff have effective support.

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between the school, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

Staff Involvement and Training

All staff working with children with medical needs must have appropriate training to support children. All information about children with medical needs will be shared with staff. Complex medical assistance is likely to mean that the staff will need specialised training. This should be arranged in conjunction with local health services or other health professionals.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Additional staff will always be trained to ensure appropriate cover should the main member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.

Prescribed Medicines

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. Medicines will only be accepted that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist with the original printed label and include the child's name, prescriber's instructions for administration and dosage.

Medicines will not be accepted that have been taken out of the container as originally dispensed so that the child's name isn't clearly printed on the pharmacist's label. We also won't make changes to dosages on parental instructions.

Where appropriate, medicines that are prescribed in dose frequencies should be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

It is permissible to look after a prescribed controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

All controlled drugs should be kept in a locked non-portable container and only named staff should have access. A record must be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence. See the drugs policy.

Non-Prescription Medicines

Staff should never give a non-prescribed medicine to a child unless there is specific permission from the parent/carer. The Headteacher needs to agree to administer a non-prescribed medicine. This is acceptable for short term (one week) or a one off incident ensuring the illness isn't contagious. The medicine and details of doses given must be recorded. If a child suffers regularly from frequent or acute pain the parent/carer should be encouraged to refer the matter to the child's GP.

Extra care must be taken if being asked to administer aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time. This will usually be for a short period only, perhaps to finish a course of antibiotics or apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be in school where it would be detrimental to a child's health if it were not administered during the day

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. A letter from a relevant professional, stating details of medication is required. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

South Benfleet Primary School need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written health care plan is necessary for such children, involving the parents and relevant health professionals.

Administering Medicines

At South Benfleet Primary School, no child in our care should be given medicines without their parent/carer's consent. Any member of staff giving medicines to a child should carefully check the following before administering:

1. the child's name - which should match the name written on the original pharmacy label on the medicine
2. the prescribed dose – as stated on the original pharmacy label not the parents instructions
3. the expiry date – on the original pharmacy bottle/container
4. the written instructions provided by the prescriber on the original pharmacy label.

It only requires one parent/carer to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent/carer with whom the school has day-to-day contact.

Where parent/carers disagree over medical support, the disagreement may have to be resolved by the Courts. In such extreme and rare cases, the school will continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

If a child is 'looked after' by a local authority, the child may either be on a 'Care Order' or be voluntarily accommodated. A 'Care Order' places a child in the care of a local authority and gives the Local Authority parental responsibility for the child.

If in doubt about any procedure, staff should not administer the medicines but check with the parent/carer or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent/carer, if appropriate, or with a health professional (school nurse).

Written records must be kept each time medicines are given showing the following information:

- Date
- Name of child
- Medicine administered
- Dosage
- Time of administration
- Name of the member of staff administering the medicine.
- Signature of the member of staff administering the medicine.

Date	Name of child	Medicine	Dosage	Time given	Administered by	Signed

Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of adrenaline in the case of an anaphylactic shock, if medicine has to be administered to a sensitive part of the body or in the case of administering any controlled drug it is good practice to have the dosage and administration witnessed by a second adult. Where this is necessary they would put their name and signature in the row below on the written record and score through the other columns.

Storing Medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the original pharmacy label showing the name of the child, the name and dose of the medicine and the frequency of administration. Medicines are only to be accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions with the original pharmacist's label. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. Large volumes of medicines should not be stored in school.

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to children and are not be locked away. Other non-emergency medicines are to be kept in a secure place not accessible to children.

A few medicines need to be refrigerated. They will be kept in a refrigerator in an airtight container and clearly labelled. Access to the refrigerator holding medicines is restricted.

Local pharmacists can give additional advice about storing medicines.

Access to Medicines

Children need to have immediate access to their medicines when required, ensuring that access is for those children for whom they have been prescribed.

Disposal of Medicines

Staff will not dispose of medicines. Parent/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parent/carers do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

‘Sharps’ boxes will always be used for the disposal of needles. ‘Sharps’ boxes can be obtained by parent/carer’s on prescription from the child’s GP or paediatrician as required. Collection and disposal of the boxes will be arranged with the school’s waste disposal company.

Hygiene and Infection Control

All staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

In relation to hygiene and infectious control, all nappies, sickness and dressings used in school are to be double bagged.

Emergency Procedures

As part of general risk assessment, arrangements are in place for dealing with emergency situations:

- All children are regularly reminded what to do in the event of an emergency - such as telling a member of staff immediately.
- All staff know how to call the emergency services.
- All staff know who is responsible for carrying out emergency procedures in the event of need – usually the office staff (Mrs Hartland, Mrs Bewers, Mrs Price & Mrs West)
- A member of staff will always accompany a child taken to hospital by ambulance if parents/carers have not been able to get to school, and will stay until the parent/carer arrives.
- Health professionals are responsible for any decisions on medical treatment when parent/carer’s are not available.
- Staff should avoid taking children to hospital in their own car; it is safer to call an ambulance.
- Individual health care plans include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground, a lunchtime supervisor would need to be very clear of their role.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and this should be encouraged. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent/carer. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self manage. Health professionals need to assess, with parent/carers and children, the appropriate time to make this transition. Children in years five and six should be encouraged to self-administer in preparation for secondary school.

If children can take their medicines themselves, staff may only need to supervise. All medicines should be stored and administered in accordance with instructions in the medical room. A parent/carer consent form is required.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. (See section about 'Controlled Drugs' for further information) However children could access them for self-medication if it is agreed that it is appropriate.

Any child taking their medicine themselves must be supervised by a member of school staff and a record made.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but note this in the records and follow the agreed procedures in the child's health care plan. If there is no health care plan, the following procedures should be followed:

- Parent/carers to be informed immediately of the refusal and the time and conversation documented.
- If a refusal to take medicines results in an emergency, an ambulance will be called.

Record Keeping

It is the parent/carers responsibility to tell the school about the medicines that their child needs to take and to keep the school updated and informed of any changes to the prescription or the support required.

Staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of the child
- Name of the medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

Consent must be obtained from the parent/carer and all of the above information is to be recorded on 'Parental agreement for school to administer medicine' form. Staff are also to sign this form to acknowledge agreed procedures.

Staff will check that any details provided by parent/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

A Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parent/carers may be all that is necessary.

An individual health care plan clarifies for staff, parent/carers and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff and parents decide how often they will jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Staff judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

Developing a health care plan will not be onerous, although each plan will contain different levels of detail according to the need of the individual child.

In addition to input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- The Headteacher
- The parent(s) or carer(s).
- The child (if appropriate)
- Class teacher
- Support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency situations

The Healthcare plan will include:

- Details of a child's condition
- Special requirements eg, dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

The school nurse/specialist nurse will help draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parent/carers and the child's GP. The nurse may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support.

Educational Visits

All children are encouraged to participate in safely managed visits. South Benfleet Primary School will consider what reasonable adjustments to make to enable children with medical needs to participate fully and safely on visits. Planning arrangements and risk assessment will include the necessary steps to include children with medical needs.

Arrangements for taking any necessary medicines will be taken into consideration, along with relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parent/carers views and medical advice from the school health service or the child's GP.

At least one trained first aider will always accompany any educational visit. An up-to date list of trained first aiders is available from Mrs Bewers at the school office.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities.

For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults need to be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities need to consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Home to School Transport

This is the responsibility of the Local Authority.

Local Authorities arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary. Guidance should be sought from the child's GP or paediatrician.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. South Benfleet Primary School will advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

This policy will be issued to all members of staff and governors.

Re-written and reviewed: January 2015

Next review: January 2017

FORM 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number: **01268 793276**
2. Give your location as follows: **South Benfleet Primary School**
High Road
Benfleet
3. State that the postcode is: **SS7 5HA**
4. Give exact location in the school/setting **Where is the casualty?**
5. Give your name/position
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control where the main school car park entrance is: **Opposite Grove Road/Co-op Supermarket**
8. State that the crew will be met by the main school car park gate and taken to the casualty by a member of staff
9. OPEN THE AUTOMATED CAR PARK GATES
10. Arrange for a member of site staff or office staff to go out and wait by the car park gate.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Medicines must be supplied in the original container with the original printed pharmacy label showing the child’s name and complete instructions.

Unless there are exceptional circumstances we will usually only administer medically prescribed medication- e.g. antibiotics

Name of Child: _____

Date of Birth: _____

Class: _____

Medical condition/illness: reason for medication (PTO if needed)

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Dosage and method:

A spoon etc must be included with medication _____

Timing: when to be given in school _____

Special Precautions: e.g. storage –fridge? _____

Are there any side effects that the school/setting needs to know about?

PTO if needed _____

Self Administration: Can the child take this under adult supervision? Yes/No (delete as appropriate)

Procedures to take in an Emergency:

PTO if needed _____

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

I understand that I must notify the school of any changes in writing.

Date: _____

Signature(s): _____

Relationship to child _____

Common Conditions

Practical Advice and policy on Asthma, Anaphylaxis, Epilepsy and Diabetes

The medical conditions in children that most commonly cause concern in schools and settings are asthma, severe allergic reaction (anaphylaxis), epilepsy and diabetes. This appendix provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

Further information, including advice specifically for schools and settings, is available from leading charities.

Appendix One – Asthma Policy

Appendix Two – Anaphylaxis Policy

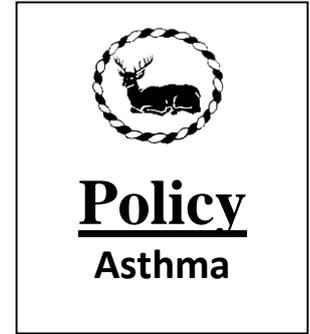
Appendix Three –Epilepsy Policy

Appendix Four – Diabetes Policy

South Benfleet Primary School (Academy Trust)
Safeguarding

A Policy statement for Asthma

Part of Supporting Medical Needs



What is Asthma?

Asthma is a common, long term condition and appears to be increasingly prevalent in children and young people.

Asthma is caused by inflammation of the small tubes, called bronchi, which carry air in and out of the lungs. If you have asthma, the bronchi will be inflamed and more sensitive than normal.

When you come into contact with something that irritates your lungs – known as a trigger – your airways become narrow, the muscles around them tighten, and there is an increase in the production of sticky mucus (phlegm).

Common asthma triggers include:

- house dust mites
- animal fur
- pollen
- cigarette smoke
- exercise
- viral infections

One in ten children have asthma in the UK.

Medicine and Control

There are two main types of medicines used to treat asthma:

- Relievers - blue inhalers. These taken immediately to relieve asthma symptoms during an asthma attack. They are sometimes taken before exercise
- Preventers – brown/red/orange inhalers or sometimes tablets. These are usually taken outside of school hours.

Usually a child will only need a reliever during the school day.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

Storage of Inhalers

Inhalers are stored on shelves in the medical room by the school office. Each child's inhaler is in a named box. Inhalers are always available during the school day until 4.30pm.

In Year 6 children may carry reliever inhalers clearly labelled with them in order to prepare them for secondary school with a spare, second inhaler in medical room in case of emergency Preventer inhalers will still be kept in medical room.

Administration

Times and dosage of inhaled medication will be recorded on the 'Parental Agreement for the school to administer medicine' form which should list the actions agreed by the general practitioner and parents/or carers. Asthma triggers will also be recorded with any other useful information e.g. individual symptoms. Each time a child has to have their inhaler, the time and dosage given is recorded in the schools Medicines Record Book kept in the medical room.

If a child has to use an inhaler on an Educational Visit, it is the duty of the named first aider to record the time and dosage given in the school's Medicines Record Book on their return to school.

Parents must keep the school informed of any changes in their child's illness or any changes of medication.

The school will inform parents if a child has an asthma attack (severe or frequent).

Recognising an Attack

The signs of an asthma attack include:

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

Not everyone will get all these symptoms, and some children may only get symptoms from time to time. Younger children may not be able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. Staff have a vital role in identifying when symptoms are getting worse and what to do.

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed

A common action plan tends to be:

If an asthmatic child becomes breathless and wheezy or coughs continually:

- a) Keep calm. If possible take child to office. If not possible get help and the inhaler needs to be taken to the child.
- b) Let the child sit in a comfortable position. Do not make them lie down.
- c) Let the child use the normal reliever treatment. If the child has forgotten the inhaler use the emergency one or call the parents/carers. Check permission slip for any other advice by Parent/Carer
- d) If that fails call the family GP
- e) Wait 5-10 minutes and if symptoms disappear send child back and ask class teacher to monitor.
- f) Inform the parents
- g) If symptoms improve but don't completely disappear call the parents/carers and give another dose of inhaler.
- h) If normal medication has no effect the following symptoms are present – the child is too breathless to speak, the child is becoming exhausted, lips are becoming blue and the pulse is very rapid **SEEK URGENT MEDICAL ATTENTION.**

Call the:

1. Ambulance
2. Parents/carers (if not already informed)

RELIEVER MEDICATION MAY BE GIVEN CONTINUALLY WHILST WAITING FOR AN AMBULANCE USING A SPACER TO HELP.

Inclusion

Children with asthma should participate in all aspects of the school 'day' including physical activities. Their reliever inhaler needs to be taken with them for all 'off-site' activities. Physical activity benefits children with asthma in the same way as other children and this will be encouraged. Swimming is particularly beneficial, although endurance work should be avoided. Teachers must be aware of children who suffer from exercise induced asthma. 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.

Regular reluctance to participate in physical activities will be discussed with parents and the child. However, children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms affect their ability to participate and learn what to do to help themselves as they get older and take increased responsibility for their condition.

Off Site Activities

It is the duty of the named first aider for any Education Visit, Sporting Event etc. to collect inhalers from the medical room and carry with them in the green medical bag at all times. They must also make themselves aware of the times and dosage of inhaled medication as set out in the 'Parental Agreement for the school to administer medicine' form. Year 6 children can be encouraged to take charge of their own inhaler where possible with the named first aider carrying the spare.

Reviewed:Jan 2013

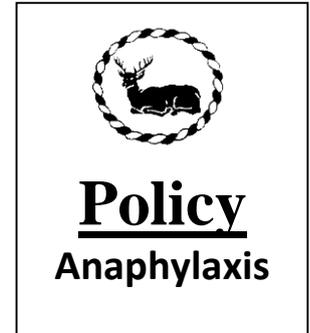
Reviewed & re-written: Jan 2015

Next Review: Jan 2017

South Benfleet Primary School (Academy Trust)
Safeguarding

A Policy statement for Anaphylaxis

Part of Supporting Medical Needs



What is anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or cause severe asthma. Any symptoms affecting the breathing are serious.

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

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

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices (epi-pens) containing one measured dose of adrenaline. The devices are available in two strengths – adult and junior.

At South Benfleet Primary, children with anaphylaxis have individual care plans which should be followed in the event of a severe reaction. Each child has a named box in the medical room which should contain:

- 2 Adreneline Injection devices (epi-pens)
- Antihistamine Medicine
- A copy of the child's Anaphylaxis Care Plan
- A copy of the school's 'Permission to Administer Medicine' form

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor.

Storage of Adrenaline Devices (Epi-pens)

Adrenaline injectors (epi-pens) are stored on shelves in the medical room by the school office. Each child's epi-pen is in a named box. Epi-pens are always available during the school day until 4.30pm.

Administration

The individual care plan should always be followed for each child.

If a mild reaction occurs, a dose of antihistamine medicine is often the first thing to be administered. The child needs to be closely monitored for the agreed amount of time if symptoms are improving.

If a severe allergic reaction occurs, the adrenaline injection should be administered into the muscle of the upper outer thigh and held in place for 10 seconds. Instructions for how to use these auto-injectors can be found on the side of each device. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

AN AMBULANCE MUST ALWAYS BE CALLED IF ADRENALINE IS ADMINISTERED

If the child is conscious, place them in a position where they are comfortable and able to breathe easily until the ambulance arrives. If they are feeling faint, they should be laid flat with their legs elevated, if possible.

If the child is unconscious, you should place them in the recovery position (on their side, supported by one leg and one arm, with the head tilted back and the chin lifted).

If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed.

All trained first aiders in school have received training on how to use an adrenaline injector (epi-pen). This includes practising with trainer injection devices.

Any medication administered to a child will be recorded in the school's Medicines Record Book kept in the medical room. If a child receives their medication on an educational visit, it is the duty of the first aider to record the time, medication and dosage given in the school's Medicines Record Book on their return to school.

Recognising Anaphylaxis

Signs of anaphylaxis include:

- itchy skin or a raised, red skin rash
- swollen eyes, lips, hands and feet
- feeling lightheaded or faint
- narrowing of the airways which can cause wheezing and breathing difficulties
- abdominal pain, nausea and vomiting
- collapse and unconsciousness

Inclusion

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Appropriate steps to minimise any risks to children with severe allergies are always taken.

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

Off Site Activities

It is the duty of the named first aider for any Educational Visit, Sporting Event etc. to collect adrenaline devices (Epi-pens), antihistamine medicine and a copy of the child's individual care plan from the medical room and carry these with them in the green medical bag at all times.

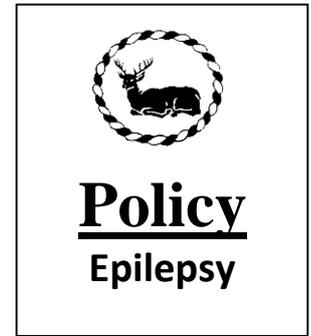
Written: Jan 2015

Next Review: Jan 2017

South Benfleet Primary School (Academy Trust)
Safeguarding

A Policy statement for Epilepsy

Part of Supporting Medical Needs



What is Epilepsy?

Epilepsy is a condition that affects the brain and causes repeated seizures, which are sometimes referred to as ‘fits’.

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

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. The severity of seizures can differ from child to child. Some children simply experience an odd feeling with no loss of awareness, or may have a "trance-like" state for a few seconds or minutes, while others lose consciousness and have convulsions (uncontrollable shaking of the body).

Some children may only have a single seizure at some point during their life. If they do not have a high risk of having further seizures, they would not be regarded as having epilepsy.

Medicine and Control

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

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

Parents and health care professionals should provide information to the school, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child’s epilepsy. If a child should experience a seizure in school, details should be recorded and communicated to parents including:

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

Recognising a Seizure

There are many different types of seizure. The care plan for individual children should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Not all seizures involve loss of consciousness. Some children remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles.

Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

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

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', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

What to do

The individual care plan should always be followed for each child.

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

An ambulance should be called during a convulsive seizure if:

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

It is important to remember that most seizures last for a few seconds or minutes, and stop of their own accord.

Inclusion

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

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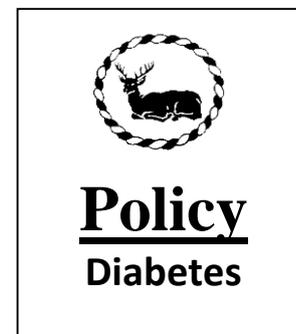
Next Review: Jan 17

South Benfleet Primary School (Academy Trust)

Safeguarding

**A Policy statement for
Diabetes**

Part of Supporting Medical Needs



What is Diabetes?

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

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

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

Medicine and Control

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

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

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

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. 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. Special lunchtime arrangements may be needed for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. During PE or other sporting activities, teachers and other staff should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Recognising a Hypoglycaemic Reaction (Hypo)

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

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

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

What to do if a child has a Hypo

The individual care plan should always be referred to for each child.

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

An ambulance should be called if:

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

Recognising a Hyperglycaemia Reaction (Hyper)

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

What to do is a child is having a Hyperglycaemia Reaction

If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Off Site Activities

Any staff taking a child with diabetes off site for an Educational Visit, sporting event etc. must ensure they are fully aware of the individual child's needs as set out in their care plan. Staff should liaise carefully with parents/carers to ensure that additional needs for the day are fully understood and any snacks and medication are taken with them and available while off-site.

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