



Catholic Primary School

ACHIEVING EXCELLENCE TOGETHER

Inspiring independent learners with Jesus by our side

MANAGING MEDICAL CONDITIONS POLICY

Reviewed 2024

POLICY STATEMENT

St Bede's Catholic Primary School is an inclusive community that welcomes and supports pupils with medical conditions. We aim to provide all pupils with any medical condition the same opportunities as others at school and achieve this by ensuring that:

- ✓ All staff understand their duty of care to children and young people in the event of an emergency.
- ✓ All staff feel confident in knowing what to do in an emergency.
- ✓ The school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- ✓ The school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- ✓ All staff understand the medical conditions that affect pupils at this school.
- ✓ The school allows adequate time for staff to receive training on the impact medical conditions can have on pupils.
- ✓ Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Healthcare Plan (IHCP)
- ✓ The named member of school staff responsible for this medical conditions policy and its implementation is the SENDCo

GUIDELINES

- a. We welcome and support pupils with medical conditions providing the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

- b. We listen to the views of pupils and parents.
- c. Pupils and parents/carers feel confident in the care they receive and the level of that care meets their needs.
- d. Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- e. All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- f. The whole school and local health community understand and support this medical conditions policy.
- g. We understand that all children with the same medical condition will not have the same needs.
- h. We recognise that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions is anticipator

1. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

- a. Pupils, parents/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels:
 - staff meetings and by accessing the school's intranet
 - scheduled medical conditions updates
 - supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or IHCPs related to the children in their care and how to respond in emergencies
 - Staff are made aware of any Individual Health Care Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

2. Relevant staff understand and are trained in what to do in an emergency for children with the most common serious medical conditions at this school.

- a. Relevant staff are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- b. Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an IHCP
- c. Children with a serious medical condition at this school have an individual health care plan (IHCP), which explains what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings.
- d. If a pupil needs to attend hospital, a member of staff will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car unaccompanied. If necessary a taxi could be ordered to ensure staff are supported when travelling to a hospital.
- e. A defibrillator is part of the first aid equipment and is stored in the medical room.

3. Providing care and support and administering medication at school.

ADMINISTRATION OF MEDICATION

- a. We understand the importance of medication being taken and care received as detailed in the pupil's IHCP.
- b. We are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- c. Other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent/carer.
- d. All school staff in this school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation.

This may include taking action such as assisting in administering medication or calling an ambulance.

- e. This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child and ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.
- f. The Governing Body has made sure that there is the appropriate level of insurance and liability cover in place.
- g. Medication (prescription or non-prescription) will not be given to a child under 16 without a parent/carers written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carers, while respecting their confidentiality.
- h. When administering medication, school will check the maximum dosage and when the previous dose was given which is recorded on the '*Request for school to give medication form*'. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.
- i. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours
- j. If a pupil at this school refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.
- k. This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- l. Parents understand that they should let the school know immediately if their child's needs change.
- m. If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

4. Storage of medication and equipment at school

- a. Emergency medication/equipment is readily available wherever the child is in the school and on off-site activities. Pupils may carry their emergency medication with them if this is appropriate.
- b. Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- c. Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training.
- d. This school will make sure that all medication is stored safely in the medical room and locked fridge (if required), and that pupils with medical conditions know where they are at all times and have access to them immediately.
- e. This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- f. Parent/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- g. This school disposes of needles and other sharps appropriately. Sharps boxes are kept securely and will accompany a child on off-site visits. They are disposed of appropriately following guidance from local health advisors
- h. Parents/carers are asked to collect out of date medication. If out of date medication is not collected it is taken to the local pharmacy for safe disposal

5. Record keeping.

- a. Parents are asked if their child has any medical conditions on the enrolment form.
- b. Where appropriate an IHCP is used to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

Examples of complex health needs which may generate an IHCP:

- i. Anaphylaxis
 - ii. Asthma (severe – which has required a hospital admission within the last 12 months)
 - iii. A Central Line (or other long term venous access)
 - iv. Diabetes
 - v. Epilepsy with rescue medication
 - vi. Gastronomy feeds
 - vii. Tracheostomy
- c. There is a centralised register of IHCPs, and an identified member of staff has the responsibility for this register.
 - d. IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change.
 - e. Parent/carers, specialist nurse and relevant healthcare services (where appropriate) hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.
 - f. This school makes sure that the pupil's confidentiality is protected.
 - g. This school seeks permission from parent/carer before sharing any medical information with any other party.
 - h. This school meets with the pupil (where appropriate), parent/carer, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHCP which accompanies them on the visit.
 - i. This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
 - j. This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom

6. The whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- a. This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- b. This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

- c. Medi-alerts (bracelets/necklaces alerting others to a medical conditions) As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.
- d. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- e. This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- f. This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- g. This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- h. This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- i. All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- j. This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENDCo who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- k. A risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

7. School is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

- a. This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- b. School staff have been given training on medical conditions which includes avoiding/reducing exposure to common triggers.
- c. The IHCP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- d. This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

8. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- ✓ This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Governors have a responsibility to:

- ✓ ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ✓ ensure the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually.
- ✓ make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated
- ✓ ensure that the school has robust systems for dealing with medical emergencies and critical incidents at any time when pupils are on site or on out of school activities.

The Headteacher has a responsibility to:

- ✓ ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- ✓ ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors
- ✓ ensure every aspect of the policy is maintained
- ✓ ensure that if the oversight of the policy is delegated to another senior member of staff ensure that the reporting process forms part of their regular supervision/reporting meetings
- ✓ monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders
- ✓ report back to governors about implementation of the health and safety and medical conditions policy.
- ✓ ensure through consultation with the governors that the policy is adopted and put into action.

Parents/carers have a responsibility to:

- ✓ tell the school if their child has a medical condition or complex health need
- ✓ ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
- ✓ inform the school about the medication their child requires during school hours
- ✓ inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- ✓ tell the school about any changes to their child's medication, what they take, when, and how much
- ✓ inform the school of any changes to their child's condition
- ✓ ensure their child's medication and medical devices are labelled with their child's full name
- ✓ ensure that the school has full emergency contact details for them
- ✓ provide the school with appropriate spare medication labelled with their child's name
- ✓ ensure that their child's medication is within expiry dates
- ✓ keep their child at home if they are not well enough to attend school
- ✓ ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ✓ if the child has complex health needs, ensure their child has a written Individual Health Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- ✓ have completed/signed all relevant documentation and the Individual Health Plan if appropriate

All St Bede's school staff have a responsibility to:

- ✓ be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- ✓ call an ambulance in an emergency
- ✓ understand the school's medical conditions policy
- ✓ know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan
- ✓ know the schools registered first aiders and where assistance can be sought in the event of a medical emergency
- ✓ know the members of the schools Critical Incident Team if there is a need to seek assistance in the event of an emergency.
- ✓ maintain effective communication with parents/carers including informing them if their child has been unwell at school
- ✓ ensure pupils who need medication have it when they go on a school visit or out of the classroom
- ✓ be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- ✓ understand the common medical conditions and the impact these can have on pupils.
- ✓ ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ✓ ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed.
- ✓ follow universal hygiene procedures if handling body fluids
- ✓ ensure that pupils who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an IHCP and if they have any medication. The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are *in loco parentis* and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.

Teaching staff have an additional responsibility to also:

- ✓ ensure pupils who have been unwell have the opportunity to catch up on missed school work
- ✓ be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENDCo.
- ✓ liaise with parents/carers and SENDCo if a child is falling behind with their work because of their condition
- ✓ use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions

School nurse or healthcare professional has a responsibility to:

- ✓ help provide regular updates for school staff in managing the most common medical conditions at school at the schools request
- ✓ provide information about where the school can access other specialist training.
- ✓ update the IHCP in liaison with appropriate school staff and parents/carers.

First aiders have an additional responsibility to:

- ✓ give immediate, appropriate help to casualties with injuries or illnesses
- ✓ when necessary ensure that an ambulance is called.
- ✓ ensure they are trained in their role as first aider
- ✓ ensure that 'First Aider Teaching Assistants' are trained in paediatric first aid.

SEND coordinators have the additional responsibility to:

- ✓ ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.

Pupils have a responsibility to:

- ✓ treat other pupils with and without a medical condition equally
- ✓ tell their parents/carers, teacher or nearest staff member when they are not feeling well
- ✓ let a member of staff know if another pupil is feeling unwell
- ✓ treat all medication with respect
- ✓ know how to gain access to their medication in an emergency
- ✓ ensure a member of staff is called in an emergency situation.

9. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- a. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- b. assume that every child with the same condition requires the same treatment;
- c. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- d. send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- e. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- f. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- g. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- h. require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- i. prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

10. The medical conditions policy is regularly reviewed, evaluated and updated.

- ✓ The medical conditional policy is reviewed, evaluated and updated in line with the school's policy review timeline – or earlier if necessary.

- ✓ The views of pupils with various medical conditions may be sought and considered central to the evaluation process.

This policy has been updated in line with the DfE statutory guidance

Supporting Pupils at School with Medical Conditions December 2015

Equality Act 2010

Children and Families Act 2014

Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five.

Agreed by Governing Body: Spring 2024

Reviewed by staff: Spring 2024

Reviewed by SCCA Committee Spring 2024

no changes

Useful Websites:

www.anaphylaxis.org.uk

www.asthma.org.uk

www.diabetes.org.uk

www.epilepsy.org.uk

Appendix

Asthma Policy

In developing this asthma policy the school acknowledges the advice and guidance of the National Asthma Campaign. The school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school welcomes all pupils with asthma and through the policy pupils will be able to achieve their full potential in all aspects of school life. All relevant staff will be given training on asthma management and will be expected to update this.

- ✓ An asthma record card is kept for each student with their inhaler in the classroom.
- ✓ The teacher will keep pupil's inhalers in a labelled container in their classroom.
- ✓ The school will store spare inhalers for individual children in a labelled container in the office as required.
- ✓ Staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack.
- ✓ A list of students with asthma is produced annually and made available to school staff in the class register

Asthma

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflamed and starts to swell. Sometimes sticky mucous or phlegm builds up which can further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Recognising an asthma attack

- ✓ The airways in the lungs become restricted
- ✓ The child will have difficulty speaking
- ✓ The child may wheeze, and have difficulty breathing out
- ✓ The child may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.

What to do if a child has an asthma attack

- ✓ Ensure that the reliever (blue) inhaler is taken if prescribed
- ✓ Send for a first aider
- ✓ Stay calm and reassure the child
- ✓ Ensure the child sits upright and slightly forward with their hands on their knees
- ✓ Loosen any tight clothing
- ✓ Encourage slow deep breaths with an open chest
- ✓ Call 999 and request an ambulance urgently if:
 - ✓ The reliever (blue inhaler) has had no effect after 5 - 10 minutes
 - ✓ The child is unable to talk or increasingly distressed
 - ✓ The child is disorientated or collapses

- ✓ The child looks blue around the mouth and lips
- ✓ If you have any doubts about the child's condition
- ✓ Inform the parents or carer as soon as possible about the attack

Minor attacks should not interrupt the student's involvement in the school day and they should return to activities when they are fully recovered.

Diabetes Policy

In developing this diabetes policy the school acknowledges the advice and guidance of the British Diabetic Society. The school recognises that diabetes is a widespread condition affecting many children and welcomes all students with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management as part of their first aid training.

- ✓ All students with diabetes have a Health Care Plan.
- ✓ Parents are asked to provide spare supplies, eg glucose tablets, biscuits, glycolgel, etc, in a named box in the child's classroom
- ✓ All first aid staff have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.
- ✓ Staff are informed each year of those students who have diabetes to keep confidentially.

Diabetes

Diabetes is a condition in which the amount of sugar in the blood stream is too high. This comes about because the body fails to either produce insulin or enough insulin to deal with the sugar. As a result the sugar builds up in the blood causing Hyperglycaemia. People with diabetes control their blood sugar levels with diet which provides a predictable amount of sugar and carbohydrate and insulin injections. Young people particularly can have emotional and behavioural difficulties as a result of their condition and much support is required.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia:

- ✓ Inadequate amounts of food eaten, missed or delayed
- ✓ Too much or too intense exercise
- ✓ Excessive insulin
- ✓ Unscheduled exercise

Recognition of Hypoglycaemia:

- ✓ Onset is SUDDEN
- ✓ Weak, faintness or hunger
- ✓ Palpitation (fast pulse) tremor
- ✓ Strange behaviour or actions
- ✓ Sweating, cold, clammy skin
- ✓ Headache, blurred vision, slurred speech

- ✓ Confusion, deterioration levels of response leading to unconsciousness
- ✓ Seizures

Treatment of Hypoglycaemia:

- ✓ Call or send for a first aider
- ✓ **REFER TO THE STUDENT'S HEALTH CARE PLAN**
- ✓ If a blood sugar meter is available take a blood sugar reading
- ✓ Ensure the student eats a quick sugar source eg glucose tablet, gel or fruit juice
- ✓ Wait 10 minutes and test again if possible
- ✓ If the student feels better, follow with a carbohydrate type snack eg biscuit, cereal bar etc
- ✓ Once recovered allow to return to normal school activities
- ✓ Inform parents or guardian of the episode
- ✓ If the child becomes drowsy and unconscious the situation is LIFE THREATENING
- ✓ CALL 999 and request an ambulance
- ✓ Administer glycoGel from student's supply box if prescribed
- ✓ Place the child in recovery position and stay with the child
- ✓ Contact the parent/carer as soon as possible

Causes of Hyperglycaemia:

- ✓ Too much food
- ✓ Too little insulin
- ✓ Decreased activity
- ✓ Illness
- ✓ Infection
- ✓ Stress

Recognition of Hyperglycaemia:

- ✓ Onset is over time – hours or days
- ✓ Warm dry skin, rapid breathing
- ✓ Fruity sweet smelling breath
- ✓ Excessive thirst and increasing hunger
- ✓ Frequent passing of urine
- ✓ Blurred vision
- ✓ Stomach ache, nausea, vomiting
- ✓ Skin flushing
- ✓ Lack of concentration
- ✓ Confusion
- ✓ Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia:

- ✓ Send for a first aider
- ✓ If blood sugar meter available take reading
- ✓ Encourage student to drink water or sugar free drinks

- ✓ Allow student to administer extra insulin
- ✓ Check blood sugar reading again after 10-15 minutes
- ✓ Permit student to rest before resuming activities if feeling well enough
- ✓ Contact parent or carer
- ✓ If blood sugar level does not come down or there is no improvement CALL 999 and request an ambulance

ANAPHYLAXIS POLICY

[Guidance on the use of AAI in school
https://allergynorthwest.nhs.uk/](https://allergynorthwest.nhs.uk/)

In developing this policy the school acknowledges the advice and guidance of the Anaphylaxis Society. The school recognises that allergic shock (anaphylaxis) is a serious condition that may affect a number of students at the school and recognises the responsibility it has in dealing with student's allergies appropriately.

- ✓ All pupils with potential anaphylaxis will have an Individual Health Care Plan
- ✓ All first aiders will have an understanding of what it means to be allergic, whether it be a reaction of the skin, airborne, contact, ingestion, or injection. They will be able to recognise and respond to a student who may be having an anaphylactic reaction including the administering of emergency adrenaline (epipen).
- ✓ Staff will receive regular training and updates to ensure they have a clear understanding of what to do in the event of an allergic shock.
- ✓ The school will hold an epipen for those students who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- ✓ Spare medication will be labelled and stored appropriately in a container in the medical room. This container can be taken off-site on school excursions.
- ✓ All staff will be informed of those children who have this condition. Children with food allergies have their photographs and details displayed in the catering manager's office to ensure that food products are safe for children.
- ✓ If a child has a mild reaction that is treated with antihistamines, allow the child to rest and do not allow them to take part in any physical activity.
- ✓ **Lie the person down flat with raised legs or sit upright. Do not let them stand. Follow the instructions on the individual IHCP**
- ✓ **DO NOT move the child. Take all medicine to the child and wait for the ambulance to arrive**

St. Bede's School holds 1 spare epi pen (AAI) (0.3mg) which can only be administered by trained staff.

The spare pen is clearly labelled in the medical room on site and CAN ONLY BE USED FOR THE NAMED CHILD or a child with an allergy action plan that does not require an epipen but there is signed parental approval that a n epipen can be used in an emergency.

Allergic Reaction

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances), usually proteins which causes the formation of an antibody which specifically reacts with it. In susceptible individuals the reaction may develop within seconds or minutes of contact with a trigger factor. The exposure may result in a severe allergic reaction that can be life threatening.

In an anaphylactic reaction chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Blood pressure falls and breathing becomes impaired. The throat and tongue can swell thus increasing the risk of hypoxia (lack of oxygen in the blood).

Triggers

- ✓ Skin or airborne contact with particular materials
- ✓ Injection of a specific drug
- ✓ Insect bite
- ✓ Ingestion of certain foods, eg nuts, fish and dairy products.

Recognition

- ✓ Anxiety
- ✓ Widespread blotchy skin
- ✓ Swelling of the tongue and throat
- ✓ Puffiness around the eyes
- ✓ Impaired breathing

Serious symptoms

- ✓ Cold, clammy skin
- ✓ Blue-grey tinge around lips
- ✓ Weakness/dizziness
- ✓ Rapid shallow breathing

Progress further

- ✓ Restlessness
- ✓ Aggressiveness
- ✓ Gasping for air
- ✓ Unconsciousness

Treatment

- ✓ Call for a first aider
- ✓ Use epipen from student's bag if available
- ✓ If not - ask member of staff to get student's emergency medication

First Aid

- ✓ Administer antihistamine as appropriate ACCORDING TO HEALTH CARE PLAN – either syrup or tablet if prescribed
- ✓ Contact parents/carers
- ✓ When a student recovers allow time to rest
- ✓ If serious symptoms appears CALL 999, request ambulance and administer:
- ✓ Adrenaline via the epipen immediately if prescribed
- ✓ Stay with student, note the time epipen was given and reassure student (keep this information and container for ambulance crew)
- ✓ Give as much detail to the ambulance crew on arrival regarding the allergic reaction and what medicine you have given.

Epilepsy Policy

The school recognises that epilepsy is condition which affects students at the school. The school welcomes all students with epilepsy and through the policy pupils will be able to achieve their full potential in all aspects of school life. All first aiders will be given training on epilepsy management.

- ✓ First aiders should have a clear understanding of what to do in the event of a seizure.
- ✓ The school works in partnership the School Nurse and parents to provide a continuation of care for those pupils who suffer from the condition.
- ✓ Staff are informed each year of the children at the school who have epilepsy. A copy of Health Care Plans (where provided) are available for staff to inspect.
- ✓ Advice and further information on individuals is available from the School Nurse.
- ✓ Epilepsy. Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but may be a symptom of some physical disorder. However, its cause, especially in the young, may have precise medical explanation.

Tonic Clonic Seizure (Grand Mal)

The student may make a strange cry and fall suddenly. Muscles first stiffen and then relax and jerking and convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the student may be incontinent.

Complex and Partial Seizures (Temporal Lobe Seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge.

There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The student may appear conscious but be unable to speak or respond during this form of seizure. Ensure the safety of the student and gently move them away from any dangers. Speak calmly to the student and stay with them until the seizure has passed.

Absence (Petit Mal)

This can easily pass unnoticed. The student may appear to daydream or stare blankly. There are very few signs that a student is in seizure. These types of episodes, if frequent, can lead to serious learning difficulties as the student will not be receiving any visual or aural messages during those few seconds. Therefore it is important to be understanding, note any probable episodes, check with the student that they have understood what has happened and inform parents.

Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

Procedure for an Epileptic Seizure

- ✓ Total seizure (tonic clonic)
- ✓ KEEP CALM – Students will tend to follow your example! Let the seizure follow its own course; it cannot be stopped or altered.
- ✓ Ask the other students to leave the room where possible and ask a responsible student to fetch another adult. Then contact a first aider.

- ✓ Note the time of the seizure.
- ✓ Protect the student from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.
- ✓ As soon as possible (normally post fit) place the student on his/her side – this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.
- ✓ Support the head and stay with the student until completely recovered.
- ✓ Talk quietly to the student and reassure but do not try to restrain any convulsive movements.
- ✓ Do not put anything into the mouth or offer drinks until fully recovered.
- ✓ Remove to the medical room when safe to do so.
- ✓ The first aider should then make a full assessment of the seizure and note any injuries that may have been sustained.
- ✓ Allow the student to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their sides.
- ✓ Inform the parents and arrange for collection.
- ✓ If the fit lasts any longer than 5 minutes, call an ambulance immediately. It is very important the child is assessed at the hospital and the sooner this happens, the better.
- ✓ If the ambulance is summoned then report the seizure in as much detail as you can, especially how long it has lasted.
- ✓ A member of staff should accompany the child to hospital and stay with them until the parent(s) arrive.

Over the Counter Medicines (OTC) Policy

We request your written permission in order to administer any OTC medication. Our "Request For The School To Give Medication" Form should be completed and handed to the School Office together with the medication. Examples of OTC medicine may include *Paracetamol (Calpol)*, *ibuprofen* or *antihistamines* - provided they are supplied in packaging with clear dosage instructions that are age appropriate for the child; *Moisturising / soothing preparations for minor skin conditions*.

It is not recommended to allow children to carry OTC medicines around the school with them. If, on occasion, a pupil requires OTC medication, the office staff will phone parents at the time to check that they are happy for us to administer and confirm the dosage. If we do not have your permission, school will not administer paracetamol.

The member of staff responsible for giving medicines must be wary of routinely giving OTC medicines to children.

- If a pupil complains of pain as soon as they arrive at school and asks for pain relief, it is not advisable to give OTC medicine straight away. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in any 24 hours. Always consider whether the pupil may have been given a dose before coming to school. Many non-prescription remedies such as Beecham's Powders, Boots pain relief syrup for children, Lemsip, Night Nurse, Vicks Cold Care, etc, contain paracetamol. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose.
- The pupil is first encouraged to get some fresh air/have a drink/something to eat/take a walk/sit in the shade (as appropriate) and paracetamol is only considered if these actions do not work.
- There must be prior written parental consent and verbal consent from the parent/carer on the day.
- OTC medicines are stored securely as all other medicines are stored and are not kept in first aid boxes.
- Pupils can only be given one dose during the school day (following the instructions on the packaging). If this does not relieve the pain, contact the parent or the emergency contact.
- The member of staff responsible for giving medicines must witness the pupil taking the OTC medicine and make a record of it.

**Staff training record:
St Bede's Catholic Primary School**

Type of training	
Date:	
Training provided by:	
Job title/Profession:	
Training attended by:	

I confirm that the people listed above have received the training detailed above.

Trainer's signature _____ Date _____

I confirm that the people listed above have received this training.

Headteacher signature _____ Date _____

Suggested date for update training _____

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that (Full name of Pupil) be given the following medicine(s) while at school.

Date of birth Group/class/form

Medical condition or illness

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration: Yes / No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name, Address and telephone number of GP

.....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed Print Name
(Parent/Carer)

Daytime telephone number

Address

..... Date:

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service