



**Milford Haven School**  
**ADMINISTRATION OF**  
**MEDICINES**  
**Policy (*January 2017*)**



1988

..... (Signed by Chair)

.....*Date*

This policy will be reviewed on or before the following date .....

The Governors adopt the guidelines for administering medicines outlined in Bulletin 3 of the Education Services, Health and Safety for Education Establishments. (Director of Education – September 2007) and comply with the requirements imposed by the local authority's insurers.

The main points are that:

- a) In most cases, pupils are able to take medicines before leaving for school and on arriving home. If medicines must be taken during school hours, we require a doctor's note to this effect, and it should give clear instructions on dosage. The school will only administer medicines provided full information has been given, on the appropriate form regarding medical condition, medicine dosage, type, timing and side effects, and any additional special care needed to cope with the child's medical condition.
- b) Administration of medicines is the responsibility of parents.
- c) Only staff with appropriate Health Authority training can administer medicines on parents' behalf. Under normal circumstances, staff will supervise pupils administering their own medicines.
- d) Pupils should deposit all medicines with the school first-aider.
- e) Medicines must be clearly labelled with the pupil's name and all dosage information.
- f) The school DOES NOT issue Aspirin, Paracetamol, or any other analgesics.
- g) The school reserves the right not to administer medicines that may be dangerous or where the failure to administer medicine at set times could have any adverse consequences.
- h) The school does not provide medical advice.

An exception to these rules concerns the use of inhalers. Where pupils require inhalers for asthma, the school should still be notified, but the pupils will be allowed to carry them around themselves and administer their own medication. Written parental consent would be required. There may be other agreed exceptions where pupils carry medication such as antibiotics.

Whilst all staff have a duty of care for the health and safety of pupils, there is no contractual requirement for teachers to administer medication, where teachers do agree to participate in these duties it is important to recognise that their participation is of a voluntary nature.

School staff giving medicines must receive training and support from the School Health Service, this training must be updated and certificates of attendance provided in order for Pembrokeshire County Council insurance cover to be valid. A full copy of the County Council's insurance cover is available and should be used and made available in conjunction with the school Administering of Medicines policy developed.

Any actions taken in an emergency situation are carried out with the best of intentions and performed in good faith. In failing to act in an emergency situation a member of staff may be found in breach of the statutory duty of care.

All medical information on pupils should be treated as confidential by the school. Access to records and information should only be given to those persons as agreed with the pupil or parent.

### **Other Medical Needs**

The school will try to respond to pupil's short-term medical needs by making reasonable adaptation. For example, with fractured limbs, we allow the pupil to leave lessons earlier, with the support of another pupil if needed, to avoid congestion in corridors. Parents must not assume that the school will automatically make such arrangements. Before sending a pupil with temporary medical needs into school, the parents must contact the Head of School to explain what will be required.

### **Contagious Diseases**

Parents should not send children to school if they have contagious diseases that could be spread easily such as chicken pox. Equally, minor coughs and colds are not an acceptable excuse for pupils to stay away from school.

### **GUIDANCE Administration of Medicines**

1. The Governors and staff of Milford Haven School wish to ensure that pupils with medical needs receive proper care and support at school. The Head teacher will accept responsibility in principle for members of school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so and have suitable in date training. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service. This will be regularly updated and documented.
2. Medication will only be accepted in school if it has been prescribed by a doctor.
3. Medication will not be accepted in school without complete written and signed instructions from a parent.
4. Only reasonable quantities of medication should be supplied to the school.
5. Each item of medication must be delivered in its original container and handed directly to the Head teacher or nominated person.
6. Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.
7. Each item of medication must be clearly labelled.
8. The school will not accept items of medication which are in unlabelled containers.
9. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

10. A full record of all medicines administered will be kept.

11. Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

12. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.

13. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required.

14. The school will assess and implement any procedures required in an emergency.

### **MEDICATION**

The school must maintain an internal record of the medical details and specific precautions to be taken and symptoms to be monitored for any child with an allergy or illness via the use of SIMs and/or pupil records. The Headteacher and staff will treat all medical information as confidential.

- Parental consent and advice is to be obtained prior to the child being placed onto the school roll. The nominated person should advise staff of side effects which may be relevant
- Staff training - regular updates on serious medical conditions should be communicated to staff and recorded
- General awareness of any child's conditions should be made to staff and students if it is necessary for the safety or well-being of the child
- Food allergies - packed lunches need to be provided by the parents. Parents must also submit full and detailed information with regards any materials, foods or substances which may cause an allergic reaction
- Storage - some medication may require refrigeration
- Needles must be locked away until they are to be used and disposed of correctly in a 'sharps' container.

### **STORAGE OF MEDICINE**

At school all medication should be stored in a secure place not accessible to children; unless pupils have been given permission to carry their medication with them e.g. inhalers. No medication should be left unattended.

If refrigeration is needed, it should be kept in an airtight container, clearly labelled with restricted access.

## **SELF-ADMINISTERING OF MEDICATION**

Wherever possible pupils should be encouraged to self-administer medication.

## **TRAINING OF STAFF**

Appropriate training for any member of staff undertaking the administration of medication in school is essential. Where a pupil requires medical support in school a minimum of two staff who volunteer should undergo training.

The training must:

- Be provided through arrangements made with the School Health Service
- Meet the specific medical needs of the individual pupil as agreed with the parents, LA and health professionals concerned
- Cover procedures to be followed in emergency situations
- Be recorded in the pupil's file
- Be updated on an agreed regular basis as set out in the Health Care Plan, in order for insurance cover to be valid
- Be recorded in staff files, a certificate of attendance should be provided

In some circumstances the provision of training may be subject to delay. In these circumstances parents must retain responsibility for their child's medical support until the relevant staff have received their training.

## **PROCEDURES**

1. The parent/carer is responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each pupil's medication are known. The information should be updated annually or earlier if medication is altered. Copies of the forms should be kept in the pupil's main school file and in the Administration of Medication Records.
2. All items of medication should be delivered directly to the school by parents/carers or escorts employed by the Authority. It is the parents/carers' responsibility to inform the Head teacher in writing when the dosage is changed or no longer required. The parent/carer/escort should sign for the transfer of medication.
3. After the first receipt of medication at school additional medication may continue to be accepted without further notice unless changes in dosage are made. A record must be maintained of all medication to a pupil.
4. Each item of medication must be delivered to the Head teacher or Authorised Person in a secure and labelled container as originally dispensed. Unlabelled containers will be returned to the parent/carer.

5. Each container must be clearly labelled with the following:

- Name of medication
- Pupil's name
- Dosage
- Dosage frequency
- Method of administration
- Any relevant side effects
- Date of dispensing
- Storage requirements
- Expiry date

Pupils under 16 years should not be given aspirin or ibuprofen unless prescribed by a doctor.

6. Controlled drugs may be administered in accordance with the prescribed Instructions noting how many staff are involved. It should never be left to one person. Controlled drugs must be kept in locked non portable container, with named staff access and record kept.
7. In the event of a pupil refusing to take prescribed medication, inform the parents/carers, record and follow agreed procedure in policy or health care plan. Follow emergency procedure if necessary.
8. If the pupil receives respite care the parent/carer should state whether the medication should go with the pupil at the end of the school day.
9. Pupils should not be denied access to the National Curriculum because they require medication or medical support. Staff should be aware of medical needs and emergency procedures during both educational visits and sporting activities.
10. Where home school transport is provided, drivers and escorts should know emergency procedures. Medicines should not usually be given, if so training must be provided. If a child has a life threatening condition, a health care plan should be carried on the vehicle: drivers and escorts should have basic first aid training.
11. School should have a policy for dealing with emergency situations. If a child is taken to hospital by ambulance, a member of staff should accompany the child until a parent arrives. Staff should not take a child to hospital in their own car. The health care plan should include emergency procedures for an individual child.

### **Long Term Medication**

1. The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instruction, otherwise the management of the medical condition is hindered.

2. In addition, the parents/carer must be informed that they must use a proforma to report any changes in medication to the school. Schools may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.
  3. It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.
  4. Long term medication is particularly applicable to the management of asthma. There are two types of inhaler treatment:
    - **Preventers** These medicines are taken regularly to make the airways less sensitive
    - **Relievers** These medicines quickly open the narrowed airways to help the child's breathing difficulties
- i. Advice for school staff on the management of asthma for individual children (including emergency care) will be sought from an appropriate medical practitioner.
  - ii. Any difficulties in the use of an inhaler or understanding about medication usage should be referred to an appropriate medical practitioner for further advice.
  - iii. It is important that the reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to a sporting activity and outing as instructed by the Medical Practitioner.
  - iv. If a midday dose of a preventer inhaler is prescribed, this must be given in accordance general procedures.

### **Injections**

It is inadvisable for school employees to administer medication by hypodermic injection except in situations which are perceived to be life threatening. Pupils will generally self-administer with supervision from a young age. A Sharps box may be required for the safe disposal of needles.

There are certain conditions e.g. Diabetes Mellitus which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents or a qualified nurse (currently employed in a nursing capacity). It is not envisaged that it will be necessary to give injection in schools unless the child is away on a school visit.

### **Emergency Treatment**

1.
  - a. No emergency medication should be kept in the school except those specified for use in an emergency for an individual child.
  - b. Advice for school staff about individual children will be sought from an appropriate medical practitioner.
  - c. In the event of absence of trained staff, it is essential that emergency back-up procedures are agreed in advance between the parents, school and medical adviser.

- d. Storage must be in accordance with general procedures. These medications must be clearly labelled with the child's name, the action to be taken with the child's name, route, dosage and frequency and the expiry date.
- e. If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy retained by the school.

### **INDIVIDUAL AND EMERGENCY PROCEDURES**

Pupils must have an individual Health Care Plan containing the following information:

- Pupil's name, date of birth, address
- Condition
- Current medication
- Parents/carers contact number
- GP's name and contact number
- Other emergency contact numbers
- What to do in an emergency as agreed by parents and Health Service and school

The information card should accompany the pupil if he/she has to be admitted to hospital.

The information card must be reviewed at least annually.

The following straightforward steps are suggested when dealing with an **emergency medical situation**:

**CHECK - THAT THERE IS NO DANGER TO YOURSELF, THE CASUALTY OR ANY BYSTANDERS.**

**SUMMON - ASSISTANCE FROM THE TRAINED FIRST AIDER**

**CHECK- AIRWAY.....BREATHING**

**REASSURE- CASUALTY UNTIL ASSISTANCE ARRIVES**

**ADMINISTER ANY MEDICATION NEEDED FOLLOWING DIRECTIONS PROVIDED ON HEALTH CARE PLAN**

**IF IN ANY DOUBT DIAL 999 FOR THE AMBULANCE**

**HAVE READY THE FOLLOWING INFORMATION**

- Your telephone number
- Your location/School address
- State the postcode
- Your name
- Child's name and brief description of symptoms
- Entrance for ambulance crew to meet you at

**School Trips/Residential Visits**

It is the right of every pupil to have access to a broad and balanced curriculum as well as access to out of school activities in accordance with the school's policy on educational visits.

1. 'EVOLVE' must be completed and submitted prior to the commencement of any school visit outside of the County boundary for a period of more than 24 hours.
2. A school consent form from the child's parent or carer must be received prior to participation in any school trip. Any medical problems must be highlighted by the parent/carers.
3. Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.
4. A named person must be identified to supervise the storage and administration of medication.
5. Wherever possible, children should carry their own inhalers for the treatment of asthma, but it is important that the named person is aware of this.

As well as a risk assessment being made in line with the LEA guidelines prior to any outside visit being made, the following points should be considered:

- A member of staff trained in emergency treatment must accompany the group
- The pupil's parents/carers permission for the visit must be obtained after they have been made aware of the risks
- Staff must be aware of the medication the pupil will need to take on the visit
- Staff must ascertain if any spare medication is required
- Consideration must be given to the safe storage of the medication
- Staff supervising the trip must be aware of the pupil's condition and any relevant emergency procedures

## Appendix

### HEALTH CARE PLAN

The main purpose of an individual Health Care Plan is to identify the level of support that is needed in school, identify and record any medication, and establish emergency procedures. All pupils requiring medication or medical support in school require a Health Care Plan. This plan should be drawn up in consultation with any or all of the following:

- Head teacher
- Parent/carer
- The pupil where necessary
- Class teacher/form tutor
- LSA or Support staff
- Staff who have volunteered to administer medication and undergo training
- The School Health Service
- GP or other healthcare professionals



**HEALTH CARE PLAN**

<b>Name of school:</b>	_____
<b>Name of pupil:</b>	_____
<b>D.O.B:</b>	_____
<b>Year group:</b>	_____

1 HEALTHCARE PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS			
<b>Name of school</b>			<b>Photo</b>
<b>Name of pupil</b>			
<b>Address</b>			
<b>Date of Birth</b>			
<b>Class</b>		<b>Date</b>	
<b>Year group</b>		<b>Review Date</b>	

<b>CONTACT INFORMATION</b>			
<b>Family Contact 1</b>		<b>Family Contact 2</b>	
<b>Name</b>		<b>Name</b>	
<b>Tel: Work</b>		<b>Tel: Work</b>	
<b>Tel: Mobile</b>		<b>Tel: Mobile</b>	
<b>Tel: Home</b>		<b>Tel: Home</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Clinic/Hospital Contact</b>		<b>GP</b>	
<b>Name</b>		<b>Name</b>	
<b>Tel No:</b>		<b>Tel No:</b>	

<b>2 MEDICAL DIAGNOSIS OR CONDITION</b>
<b>Describe condition and give details of pupil's individual symptoms.</b>
<b>Daily care requirements: (e.g. before sports / at lunchtime)</b>
<b>Describe what constitutes an emergency for the pupil, and the action to take if it occurs</b>

<b>Follow up care</b>	
<b>Who is responsible in an emergency: (state if different on off-site activities)</b>	
<b>Form copied to:</b>	
School Doctor School Nurse Parents Pupil File	
<b>Staff trained:</b>	
<b>Risk assessment / action required:</b>	

<b>3 PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICATION</b>	
<b>The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that staff can administer the medication.</b>	
<b>Name of child</b>	
<b>Date of Birth</b>	
<b>Medical condition</b>	
<b>Allergies</b>	
<b>Name/Type of Medication (as described on Container) <u>TO BE GIVEN IN SCHOOL</u></b>	
<b>Date dispensed</b>	
<b>Expiry Date</b>	

<b>Dosage and Method</b>	
<b>Timing</b>	
<b>Special Precautions</b>	
<b>Side Effects</b>	
<b>Self administration</b>	
<b>Emergency procedures</b>	
<b>Review date and staff member to initiate review</b>	
<b>Parent / carer details</b>	
<b>Parent's name</b>	
<b>I understand I must deliver medicine personally to:</b>	<b>(agreed member of staff)</b>
<b>I accept this is a service the school is not obliged to undertake. I understand I must notify the school of any changes in writing.</b>	
<b>Parent's Signature</b>	
<b>Date</b>	

<b>4 CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO ADMINISTER MEDICATION TO A NAMED CHILD</b>	
I agree that..... will receive medication as described on page 3.	
.....will be given /supervised whilst she/he takes her/his medication by a member of staff.	
This arrangement will continue until instructed in writing by parents.	
Date	
Signed Headteacher	



**6 REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE**

**This form must be completed by parents/guardian.  
If staff have any concerns discuss this request with health care professionals.**

**Name of school/setting****Name of child****Class****Name of medicine****Emergency procedures****Contact information****Name****Daytime phone number****Relationship to child****I would like my son/daughter to keep his her medicine on him/her for use as necessary****Signed****Date**

<b>7 STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES</b>	
<b>Name of School/ setting</b>	
<b>Name of Staff member</b>	
<b>Type of training received</b>	
<b>Date training completed</b>	
<b>Training provided by</b>	
<b>Profession</b>	
<b>I confirm that.....has received the training detailed above and is competent to carry out any necessary treatment. I recommend the training is updated.....</b>	
<b>Trainer's signature</b>	
<b>Date</b>	
<b>I confirm that I have received the training detailed above</b>	
<b>Staff signature</b>	
<b>Date</b>	
<b>Suggested review date</b>	

**8 DESCRIPTION OF SEIZURES, INCLUDING THOSE WHICH MAY NEED TREATMENT WITH BUCCAL MIDAZOLAM**

**Name of child**

**Date of birth**

**How often do seizures occur?**

**What can trigger a seizure or are there any signs to indicate a seizure might occur?**

**Please describe what the seizure is usually like (if there is more than one type describe each individually).**

**How long do seizures usually last? (State how long each type lasts)**

**What is the child like after a seizure? (sleepy etc.)**

**Other useful information**

<b>9a BUCCAL MIDAZOLAM TREATMENT PLAN</b>	
<b>1. When should buccal midazolam be administered? (include whether it is after a certain length of time and/ or number of seizures)</b>	
<b>2. Initial dosage: How much buccal midazolam is given initially? (note recommended number of milligrams for this person)</b>	
<b>3. What is the usual reaction(s) to buccal midazolam?</b>	
<b>4. If there are difficulties in the administration of buccal midazolam, what action should be taken?</b>	
<b>5. Can a second dose of buccal midazolam be given? If so after how long? (state the time to have elapsed before re-administration takes)</b>	
<b>6. How much buccal midazolam is given as a second dose? (in milligrams)</b>	
<b>7. When should the person's usual doctor be consulted?</b>	
<b>8. When should 999 be dialled for emergency help?</b>	
<b>9. Which trained members of staff should administer the medication, with a witness?</b>	
<b>10. Who / Where Needs to be informed?</b>	
<b>Parent / Guardian</b>	<b>Tel:</b>
<b>Other</b>	<b>Tel:</b>

**9b Precautions: Under what circumstances should buccal midazolam not be used?**

**All occasions when buccal midazolam is administered must be recorded (see overleaf)**

**This plan has been agreed by the following:-**

**School Doctor  
(Block Capitals)**

**Signature**

**Date**

**Parent /Guardian  
(Block Capitals)**

**Signature**

**Date**

**Headteacher  
(Block Capitals)**

**Signature**

**Date**

**Insurance Cover in Place?**

**Pembrokeshire County Council**

**This form should be available for review at every medical review of the patient**

10.

**RECORD OF USE OF BUCCAL MIDAZOLAM**

<b>DATE</b>									
<b>RECORDED BY</b>									
<b>TYPE OF SEIZURE</b>									
<b>LENGTH AND/OR NUMBER OF SEIZURES</b>									
<b>INITIAL DOSAGE</b>									
<b>OUTCOME</b>									
<b>SECOND DOSAGE (IF ANY)</b>									
<b>OUTCOME</b>									
<b>OBSERVATIONS</b>									
<b>PARENT/GUARDIAN INFORMED</b>									
<b>PRESCRIBING DOCTOR INFORMED</b>									
<b>OTHER INFORMATION</b>									
<b>WITNESS</b>									
<b>NAME OF PARENT / GUARDIAN RESUPPLYING DOSAGE</b>									
<b>DATE DELIVERED TO SCHOOL</b>									

**11. HEALTH CARE PLAN FOR CHILD WITH SEVERE ALLERGY**

**Name of child**

**Date of Birth**

**This child is allergic to:**

**All foods must be checked carefully to ensure the absence of these foods. Even a tiny amount may cause a severe allergic reaction (ANAPHYLAXIS)**

**Symptoms of an allergic reaction include**

**Itchiness at contact point (lips, hands)  
Lumpy red rash  
Swelling of face lips and tongue  
Distressed state Vomiting  
/ tummy pain This child:**

**Symptoms of anaphylaxis include**

**Difficulty breathing  
Sudden weakness  
Collapse  
Loss of consciousness**

<b>12. EMERGENCY PROCEDURE FOR ALLERGIC REACTION</b>	
Report child's condition to Headteacher/ Teacher in charge	
One member of staff:	
If any symptoms of anaphylaxis or severe allergic reaction <b>CALL AMBULANCE</b> Inform operator you have a case of <b>ANAPHYLAXIS</b> .	
Inform Parents (Telephone no:)	
Another member of staff:	
Assess severity of reaction:	
If child has itchiness, lumpy red rash, swelling of face, lips and tongue, vomiting:	<p>Give antihistamine: Name of medicine:</p> <p>Dose and method:</p>
If child has any difficulty breathing, drowsiness, floppiness, is very pale, collapse, severe swelling, unconsciousness:	Give EPIPEN injection as trained
If child has reliever inhaler for asthma, and has breathing difficulty:	<p>Give reliever inhaler: Name of inhaler:</p> <p>Dose and method:</p>
If second dose of EPIPEN is prescribed, and child's condition has not improved after ten minutes:	Give second dose of EPIPEN as trained
First aid procedures and await ambulance	

**13. INSTRUCTIONS FOR GIVING EPIPEN INJECTION**

**Follow the protocol for the child affected.**

**Remove grey cap.**

**Push the black end of the EpiPen firmly into the child's thigh midway between knee and hip, at right angles to the leg, until you feel/ hear a click. (You can inject straight through clothing).**

**Hold the EpiPen in place for ten seconds.**

**Remove the EpiPen, and massage the leg for thirty seconds.**

**Await ambulance. Give used EpiPen to ambulance personnel.**

**In cases of doubt it is better to give EpiPen than not to give it. It will not do the child any harm provided an ambulance has been called for further treatment.**

<b>14. RESPONSIBILITIES AND ACTIONS REQUIRED</b>	
<b>Protocol and medication to be kept in:</b>	
<b>New members of staff to be informed by:</b>	
<b>Overall responsibility for ensuring (as far as possible) no contact with the foods or substances to which this child is allergic, in school, on school trips, in cookery classes and during mealtimes, lies with:</b>	
<b>Emergency procedure and medication to be taken when child goes on trips, swimming etc.</b>	
<b>Child to be encouraged to ask responsible adult/ or refuse when offered food by other children /adults.</b>	
<b>Parents to inform school if any changes to treatment, and school to review plan annually.</b>	
<b>Parents to provide medication and monitor expiry dates.</b>	
<b>THIS HEALTH CARE PLAN AGREED BY</b>	
<b>Headteacher (name in capitals)</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Parent (name in capitals)</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Doctor (name in capitals)</b>	
<b>Signature</b>	
<b>Date</b>	
<b>School nurse (name in capitals)</b>	
<b>Signature</b>	
<b>Date</b>	

## **GUIDANCE NOTES ON MEDICAL CONDITIONS**

The guidance notes in this section are designed to provide basic information on each of the conditions described together with comments on other issues relating to the support of pupils with medical conditions in school. The information provided is not exhaustive and further details about any condition in this section should be sought in the first instance from the School Health Service.

The medical conditions covered include:

- Anaphylaxis
- Asthma
- ADHD and the use of Ritalin
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Myalgic Encephalomyelitis (ME)
- Hydrocephalus
- Self-Catheterisation
- Stomas
- Tracheotomies
- Tube Feeding
- For information regarding other conditions, the advice of parents, GP, the School Health Service, specific organisations and websites should be sought.

### **ANAPHYLAXIS**

#### **What is Anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in foods such as nuts, dairy, shellfish, certain drugs and insect stings. In its most severe form the condition can be life threatening.

Symptoms of Anaphylaxis usually occur following exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty breathing, collapse and unconsciousness.

#### **Medication and control**

Medication to treat anaphylactic reactions include antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an Epipen, usually into the fleshy part of the thigh.

Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the school health and safety policy. It is the parents' responsibility to ensure that medication kept at school is within its expiry date.

All pupils with anaphylaxis will require a Health Care Plan.

Key staff in school must be aware of the pupil's condition and where the pupil's medication is kept. Training of staff must be made through arrangements made with the School Health Service. If there is any doubt regarding the pupil's medical condition, administer the EpiPen and dial 999 for the ambulance.

## **ASTHMA**

### **WHAT IS ASTHMA?**

Pupils with asthma have airways which narrow as a reaction to various triggers. Triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks. The narrowing of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheezing, an inability to speak properly and difficulty in breathing out. In severe attacks the pupil's skin and lips may turn blue.

### **MEDICATION AND CONTROL**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which are generally colour coded with instructions on the medication as to which colour inhaler to use on different circumstances.

Most pupils with asthma will be able to administer their inhalers from an early age. Inhalers should be readily accessible particularly during P.E lessons.

Where pupils are unable to use an inhaler by themselves or where additional medication such as a nebuliser is required, a Health Care Plan must be completed. For pupils whose asthma is controlled by an inhaler an information card providing basic details should be completed.

## **ADHD**

### **WHAT IS ADHD?**

Attention deficit hyperactivity disorder is a medical condition related to the dysfunction of certain areas of the brain. Children with ADHD lack certain chemicals known as neurotransmitters which are responsible for efficient nerve conduction. Common characteristic behaviours include:

#### **Inattention**

Pupils have difficulty in choosing what to attend to and then sustaining attention. Children with ADHD are highly distractible and unable to focus for any period of time. Although in activities which they find stimulating, such as video games, they may concentrate for hours.

#### **Impulsivity**

Children may seem to act without thinking and not appreciate the consequences of their actions. They experience difficulty in turn taking activities, and seem not to learn from their experiences.

## **Hyperactivity**

Hyperactivity involves excessive purposeless movement, often fidgeting, or squirming with some part of the body frequently in motion or constant talking.

## **DIAGNOSIS AND TREATMENT OF ADHD**

The diagnosis and treatment of ADHD will involve a number of professionals including the Educational Psychologist, Consultant Paediatrician, Child Psychiatrist as well as school staff and parents. Information and checklists such as Connors will be collected by the Health service. Following a diagnosis, the child will have a treatment programme to suit their needs. This may include a behaviour management/support programme to share between home and school, as well as a differentiated curriculum to meet the child's needs. Medication may be prescribed by the GP or Consultant Paediatrician generally a psycho-stimulant drug such as Ritalin or concerta. These psycho-stimulant drugs work by restoring the level of certain neurotransmitters in the brain, thus helping to balance out patterns of activity and reduce symptoms of inattention, impulsivity and hyperactivity. In the first few weeks following prescription, the dosage of the drug may need adjusting, and dialogue between home and school is essential in order to report any side effects on the child's behaviour.

Side effects include:

- Loss of appetite
- Headaches
- Sleepiness
- Aggravation of existing tics

## **CYSTIC FIBROSIS**

### **WHAT IS CYSTIC FIBROSIS?**

Cystic fibrosis is an inherited condition in which abnormally thick mucus in the lungs blocks the airways, causing difficulty in breathing, frequent lung infections and eventually permanent lung damage. Cystic fibrosis also creates digestive problems through its effect on the pancreas; other complications can include diabetes, bowel obstruction, liver disease and heart strain. Most children with cystic fibrosis nowadays survive into adulthood.

### **MEDICATION AND CONTROL**

The main treatment for cystic fibrosis is physiotherapy older pupils will be able to manage their own physiotherapy, but younger pupils may need support. Pupils may also use a nebuliser. Many pupils with cystic fibrosis will need to take dietary supplements in the form of enzyme and vitamin capsules. The pupil may also need frequent courses of antibiotics or long term intravenous antibiotics. All pupils with cystic fibrosis will require a Health Care Plan.

## **DIABETES**

### **WHAT IS DIABETES?**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body's method of converting that glucose into energy is not working, due to lack of insulin. Pupils are therefore unable to control their blood glucose levels. If the blood glucose level is too high a Pupil may show symptoms of

thirst, frequent trips to the toilet ,weight loss and tiredness. If the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

## **MEDICATION AND CONTROL**

Diabetes cannot be cured, but can be treated effectively by injections of insulin and by following an appropriate diet. The aim of treatment being to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) or too low (hypoglycaemia).

All pupils with diabetes will require a Health Care Plan.

Some pupils may need to monitor their blood glucose levels on a regular basis, and may require an insulin injection at lunchtime. Most pupils with diabetes will need to eat snacks between meals and occasionally during class time. It is essential that fast acting sugar is kept available in case of a hypoglycaemic episode.

## **EPILEPSY**

### **WHAT IS EPILEPSY?**

Pupils with epilepsy have recurrent seizures (fits or convulsions). A seizure is a clinical event in which there is a sudden disturbance of neurological functions, epilepsy is a physical condition not a psychiatric illness.

There are two broad types of epilepsy:

### **Generalised Seizure**

In this type of seizure the whole brain is involved, consciousness is lost and there is no prior warning. The seizure may take a variety of forms:

**Tonic/Clonic**-the pupil becomes rigid, falls to the ground and then has jerking movements of the arms, legs and body.

**Absence**-the pupil experiences a momentary loss of consciousness and then resumes what they were doing before e.g. goes blank.

**Tonic**-the body muscles stiffen but there is no rhythmical jerking

**Atonic**-the pupil suddenly becomes limp or floppy and falls to the ground.

**Myoclonic**-repeated brief jerks of the limbs, neck or trunk.

### **Partial/ Localised Seizure**

In this type of seizure only a part of the brain is involved and consciousness may or may not be affected. The pupil may have a prior warning sign before the seizure occurs. The seizure may take one of the following forms:

**Simple Partial**- consciousness is not lost so the pupil remains completely aware of what is going on and the seizure is usually associated with only minor movements of the head or limbs. There may be some slight sensory disturbance e.g. distorted vision, tingling sensations.

**Complex Partial-** the pupil may lose consciousness of his/her surroundings and therefore appear confused. The pupil may be unable to respond normally during the seizure e.g. become moody, hostile or obsessed.

**Secondary Generalised-** these seizures involve the spreading of either of the two seizures above to the whole brain, thus giving the appearance of a tonic/clonic seizure.

### **Medication and Control**

The majority of pupils with epilepsy will receive medication.

All pupils with epilepsy will require a Health Care Plan, detailing medication, types of seizure and how to react should the pupil experience a seizure.

If there is any doubt regarding the pupil's medical condition dial 999, for the ambulance.

### **SELF-CATHETERISATION**

#### **WHAT IS INTERMITTENT SELF-CATHETERISATION?**

Intermittent self-catheterisation is the procedure by which an individual passes a small tube into the bladder to allow the passage of urine out of the body. Medical conditions which may cause the bladder not to empty completely by normal means include:

- Congenital defects in the nerve connections to the brain
- Nerve injuries caused by fractures or diseases of the spine
- Over-tightening of the sphincter muscle
- Bladder muscles which are too lax
- The effects of surgical operations on other organs in the pelvic area

#### **GENERAL ISSUES**

All pupils who need assistance with self-catheterisation will require an individual Health Care Plan.

Where a pupil requires support in school a minimum of two staff who have volunteered to assist with the insertion of a catheter must undergo training through arrangements made with the School Health Service. In exceptional circumstances the provision of training may be delayed. In these circumstances parents must retain responsibility for their child's medical support until the staff have received their training. Training must be regularly updated.

#### **Symptoms which will require urgent medical assistance:**

- The presence of blood in the pupil's urine
- The catheter cannot be passed or urine cannot be drained when appropriate
- Urine is leaking between catheterisations

## **STOMAS**

### **WHAT IS A STOMA?**

A stoma is a surgically created orifice on the surface of the abdomen which offers an outlet for the passage of waste material, urinary or faecal, from the body. This waste material is collected in a special pouch or stoma bag fitted over the opening. Stomas may be of a temporary or permanent nature. Medical conditions which may necessitate a stoma include:

- Congenital conditions such as spina bifida, imperforate anus, ectopic bladder, hirschprung's disease
- Medical conditions
- Accident or injury

### **General issues**

All pupils who have a stoma will require a Health Care Plan.

Most pupils will be able to cope with changing their stoma appliance, where a pupil requires support a minimum of two staff who volunteer should undergo training through arrangements made with the School Health Service. This training will need to be updated.

## **TRACHEOSTOMIES**

### **WHAT IS A TRACHEOSTOMY?**

A tracheostomy is an artificial opening created in the windpipe into which a tube is inserted to enable a pupil to breathe. Tracheostomies may be temporary or permanent. A tracheostomy tube consists of an outer sleeve which is left in place to maintain an opening through which an inner breathing or speaking tube is passed. Because a tracheostomy causes the natural filtration system of the nose and throat to be bypassed secretions are produced in the chest and for some pupils these will need to be drawn off at regular intervals so that secretions do not progress into the lower respiratory system. In such cases this task is accomplished by insertion of a suction catheter through the tracheostomy tube- the catheter is then connected to a suction pump.

The main reasons which necessitate a tracheostomy are congenital or acquired defects to the airways and respiratory tract.

### **General issues**

All pupils with a tracheostomy will require a Health Care Plan. Where the pupil requires support in school a minimum of two staff who have volunteered should be trained through arrangements made with the School Health service. This training should be regularly updated.

Under the Pembrokeshire insurance policy, school staff are not allowed to suction. They can be the secondary carer but not the primary carer. Where children are in mainstream and have a tracheostomy, a medical carer accompanies them to school as their primary carer and school staff are the secondary carers. School staff are not authorised to carry out all procedures linked with tracheostomies, e.g. they are not authorised to undertake any procedures linked with suctioning.

Symptoms which may indicate that emergency assistance is required:

- Excessive coughing
- Excessive wheezing
- Panic and clutching at the throat
- Change of colour in the face
- Summon assistance from trained carer call 999 for the ambulance

## **TUBE FEEDING**

### **WHAT IS TUBE FEEDING?**

Tube feeding is a method by which food in liquid form can be transferred directly into the stomach by tubes which bypass the mouth, throat, and upper digestive / respiratory tract.

There are two principle means by which this type of feeding is achieved:

- A naso-gastric tube which passes through the nasal passageway and directly into the stomach via the oesophagus
- A gastrostomy tube which is surgically inserted through the abdominal wall forming a direct passageway from outside the body into the stomach.

Medical conditions which may necessitate tube feeding:

- An inability or unwillingness to swallow
- Adequate control of breathing during the swallowing process is not present, causing food to be inhaled into the respiratory tract
- Short-term nutritional support whilst being temporarily incapacitated from feeding orally

### **General issues**

All pupils who require tube feeding will require a Health Care Plan. A minimum of two staff who volunteer should undergo training provided through arrangements made with the School Health Service.

### **Symptoms which require urgent medical assistance:**

- Coughing, wheezing and high coloration of the face
- Signs of panic
- Loss of colour from the face
- Signs of infection or soreness around the gastrostomy tube site
- Leakage of feed or other fluids around the tube site
- High temperature
- Distended abdomen
- Abnormal movement of the tube
- Signs of obvious discomfort

## **MYALGIC ENCEPHALOMYELITIS (ME)**

### **WHAT IS ME?**

Myalgic Encephalomyelitis (ME) means 'inflammation of the central nervous system and muscles'. Research suggests that ME is due to a persistent viral infection, an overactive immune system or both. ME is generally triggered by viral infections such as glandular fever or flu, but can also be triggered by vaccinations, stress or accidents, as well as no obvious triggers.

## **GENERAL ISSUES**

Symptoms of ME include:

- Fatigue, made worse by physical/mental exertion
- Prolonged recovery period
- Impairment of short-term memory and concentration
- Fluctuation of symptoms
- Joint/muscle pain
- Headaches
- Pins and needles
- Hypersensitivity to light, sound and smell
- Faintness and heart symptoms

Pupils will require a Health Care Plan in order to provide flexibility of pace to meet the pupil's needs. Staff need to be aware of the pupil's individual symptoms of fatigue and arrangements to be made to meet these needs.

## **HYDROCEPHALUS**

### **WHAT IS HYDOCEPHALUS?**

This is a congenital condition and is associated with spina bifida, meningitis, and toxoplasmosis. It manifests itself in a blockage and accumulation of watery fluid (known as cerebral-spinal fluid) flowing through narrow pathways over the inside of the brain and down the spinal cord. This is remedied by a shunt or valve fitted to the back of the head which redirects this fluid.

## **GENERAL ISSUES**

Shunts can become blocked, leading to headaches, nausea and photophobia. Shunts should be checked regularly. All pupils with shunts should have a Health Care Plan, providing actions to be taken should the pupil display any of the above symptoms.

Considered by Policy Committee at it's meeting on 18<sup>th</sup> January 2017 and recommended for approval by full governing body.

Signed (Chair of Policy committee) ..... Date .....

Approved by full governing body:

Signed (Chair) .....

Date .....

Next review date: **January 2018**