

## CEDARS ACADEMY TRUST

### POLICY & PROCEDURE

#### ADMINISTRATION OF MEDICATION/PERSONAL CARE

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## 1.0 INTRODUCTION

This policy has been produced to put in place effective management systems to support individual pupils who have medical needs and who may need to take medication in school.

Cedars Academy Trust may not be able to accede to all requests for assistance from parents, but where the request can reasonably be met, and where members of staff are willing to assist and are appropriately trained the Trust will ensure relevant procedures are in place to safeguard the interests of both pupils and staff.

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role.

Staff acting in accordance with these guidelines should be assured that they will receive the full support of the Trust.

A number of recent developments have been taken into account in the production of this policy:

- Current medical thinking places considerable importance on children and young people being enabled to control their own medication, whenever possible.
- An increase in the incidence of childhood asthma and developments in its management have led to growing numbers of children being prescribed self-administered medication.
- Increasing numbers of children are developing anaphylactic allergies to certain foods, with nut allergies being of particular concern.

Given the circumstances described above, it is important that Cedars Academy Trust have clear guidelines in relation to the administration of medication. Parents must be advised of the Trust's policy on the administration of medication and informed if there are no staff volunteers to administer medication in the school.

### Mission statement

*Ours is a community of learning, where secure partnerships create opportunities for students, staff, governors, parents and carers alike to participate and grow to become intellectually, emotionally and socially **fit for life.***

## 2.0 LEGAL BACKGROUND

### 2.1 Co-operation with health authorities

There is no statutory obligation on the part of the Trust to provide for the medical treatment of pupils attending the school, however, the Trust will co-operate with NHS Trusts in making such provision where reasonably expected.

### 2.2 Health and safety at work

Under the terms of the Health and Safety at Work etc, Act 1974, The Trust is responsible for the health and safety of all employees in its schools and anyone else on the premises, this covers the teaching and support staff, pupils and visitors. The main actions that the Trust must take under the 1974 Act are to:

- ensure that there is a written Health and Safety management policy
- make sure that staff are aware of the policy and their responsibilities within that policy
- make sure that appropriate safety measures are in place
- make sure that staff are properly trained and receive guidance on their responsibilities as employees
- Cedars Academy Trust is responsible for ensuring that safety measures cover the needs of all pupils in school. This may mean making special arrangements for particular pupils with medical needs.

### 2.3 Pupils with medical needs

In some cases, pupils with medical needs may be more at risk than their classmates. The Trust may need to take additional steps to safeguard the health and safety of such pupils and in a few cases individual procedures may be required.

The Trust is responsible for making sure that all relevant staff know about and, if necessary, are trained to provide any additional support these pupils need.

### 2.4 Parental responsibilities

Parental permission must be sought, in writing, before the administration of medication or medical procedures. All such permission should be updated annually. Where more than one medication or procedure is required separate documentation will be necessary.

### 2.5 Out of school excursion

It is the head teacher's responsibility to ensure that all medication required is collected and transported appropriately.

Any excursion involving an overnight stay must include a Medical Form completed by parent/carer detailing all necessary medical information including permission to administer medication/procedure by named person(s). (Form 8)

## 2.6 Staff indemnity

N.B. There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role.

Under the terms of the Trust's insurance arrangements, any member of staff who volunteers to assist with any form of medical procedure is acting within the scope of their employment and is fully covered by the Trust's Public Liability insurance arrangement.

The terms of the indemnity are as follows:

The Cedars Trust hereby indemnifies all authorised staff at the school from and against claims for negligent actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any negligent act or omission by them in the administration of the medication to the Pupil, provided always that the negligent act or omission was done in the course of their employment.

## 2.7 Duty of care

Teachers and support staff in charge of pupils have a common law duty of care to safeguard the health and safety of pupils on school premises. This might, in exceptional circumstances, include the administration of medication and/or taking action in an emergency. This duty also extends to teachers leading out-of-school activities such as educational visits, field trips.

### 3. ADMINISTRATION OF ROUTINE MEDICATION

#### 3.1 Routine medication

Wherever possible, parents should ensure that their children's medication is prescribed in dose frequencies that enable it to be taken out of school time. There are two general exceptions to this rule:

Where it is important for specific purposes that medication is given at a prescribed time and the consequences observed and noted, e.g. the use of Ritalin in cases of attention deficit hyperactivity disorder (ADHD).

Where a short course of prescribed medication is required to be completed and the prescription states a specific time for the medication to be administered

In these cases, medication must only be given by an authorised person, on receipt of a completed parental request form (**FORM 1**). If the Head Teacher or Named Person responsible are in any doubt about the appropriateness of the administration of medication in school, they should contact the child's General Practitioner.

#### 3.2 Non-prescription medication

Pupils may ask for painkillers (analgesics) at school, e.g. Paracetamol. Under no circumstances, should school staff give Paracetamol unless a parental consent form has been received with stated dose. Paracetamol should not be given before 12:00 midday unless parental/carer confirmation has been received that no medication has been taken in previous 4 hours.

No pupil should be given aspirin or Ibuprofen unless prescribed by a medical practitioner.

If a pupil suffers regularly from acute pain, e.g. migraine, parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken.

#### 3.3 Self-management of medication

If a parent considers their child to be responsible enough to carry and administer their own medication they should be encouraged to do so from a relatively early age. If pupils can take their medication themselves, staff will generally only need to supervise this and, if appropriate, record the dosage, time and date of administration. Parents should complete the appropriate request form (**FORM 2**) if they wish their child to carry and administer their own medication.

## 4. PUPILS WITH MEDICAL NEEDS

### 4.1 Short term medical needs

Most pupils will, at some time, have a medical condition that may affect their participation in school activities. For many, this will be short term; it may involve the completion of a course of medication, e.g. antibiotics, or it may be necessary for medication to be taken during the school day (usually midday) even although the child's doctor regards the child as fit to attend school.

### 4.2 Special medical needs

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having special medical needs. Most children with special medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care to make sure that these pupils, and others, are not put at risk. Staff will be informed of details and, where appropriate, training will be given.

## 5. ADMINISTRATION OF EMERGENCY OR ESSENTIAL MEDICATION

### 5.1 Routine management of medical conditions

Some medical conditions will be subject to routine management by GPs and/or health specialists. However, there may be occasions when the condition deviates or changes significantly in its presentation and, as such, may require the administration of emergency medication during the school day, e.g. diabetes, where medication might include the administration of glycogen.

Arrangements for the administration of essential or emergency medication must take place within the overall management of the pupil's medical condition by relevant health professionals. This routine management should ensure that the occasions when emergency medication may be required would be rare.

### 5.2 Informing the school

Information about the medical condition of any pupil with long-term medical needs should be notified to the Head Teacher by the health services, with the permission of the parents or young person concerned.

Thereafter, management procedures should be drawn up in discussion with the School Doctor/Community Pediatrician and school staff should be advised of agreed strategies for the administration of medication or medical procedures in essential or emergency cases and an appropriate Health Care Plan (**FORM 3**) devised and agreed by all parties including appropriate training of individuals as necessary. Health care plans will be drawn up by medical professionals and a copy issued to school staff.

### 5.3 Written consent for the administration of medication

Cedars Academy Trust will request the written consent of parents and children where appropriate before any pupil is given medication whether under or over the age of 16.

### 5.4 Staff briefing

Where a request for the administration of essential or emergency medication is received, the Community Pediatrician will liaise with the Head Teacher and arrange a briefing for all appropriate staff.

It will be for the Head Teacher to identify teaching staff most likely to be involved with the pupil concerned, and to decide which members of the school's support staff may be included in the briefing. In certain cases it may be appropriate for all staff to be briefed on a child's medical condition.

At this meeting, which is pupil specific, the health professional will explain:

- The nature of the medical condition and its treatment
- The method of administration of medication

- All appropriate staff are expected to attend the briefing, which is to inform staff and respond to questions. After the briefing, staff will then be asked to decide whether they will volunteer to administer the medication.
- Any member of staff who volunteers to administer medication will receive appropriate training and guidance from the Community Paediatrician or other relevant health professionals.

## 5.5 Staff training

Training in the administration of all emergency medication including Medazolam will be provided for all appropriate staff in school where there is a pupil with special medical needs. (Staff will receive accreditation for successful completion of a training course, and at the same time will be issued with a formal statement of indemnity from the Trust).

It is the Head Teacher's responsibility to ensure that a trained member of staff is present on the school premises or on an excursion at all times.

Some school staff may require further information about a medical condition, or specific training in administering a particular type of medication or medical procedure or dealing with emergencies. This will be arranged in conjunction with the School Doctor or Community Paediatrician. Training will be updated through refresher courses held at intervals to be determined in conjunction with the Community Nursing Team or a hospital practitioner.

Staff will be required to update their staff training record (**Form 4**) and have it signed and dated by the appropriate trainer.

## 5.6 Individual Healthcare Plans

In order to identify the necessary safety measures that are needed at school to support pupils with special medical needs and ensure that they and others are not put at risk, an individual healthcare plan (IHP) should be completed for each child who has been diagnosed as suffering from a condition which may give rise to the need for emergency or essential medication (**FORM 3**).

An individual healthcare plan should contain information on a pupil's particular medical condition, provided by the appropriate health professional, and describe clear action steps to be taken in the event of the child becoming unwell.

An essential part of the IHP is a written agreement to the administration of emergency medication, completed jointly by the parent or guardian of the child (or the young person, if sufficiently mature) and the Head Teacher. It may also require contributions from the Community Paediatrician.

In addition a IHP will be written for all pupils who receive regular medication.

## 5.7 Refusing essential or emergency medication

If a pupil refuses to take medication, school staff should not force him/her to do so. The school should contact the pupil's parents or carers, as a matter of urgency. If necessary, the GP should be contacted. In urgent cases, the school may have to contact the emergency services.

## 5.8 School management plan

All staff who have to deal with an emergency will need to know about the pupil's special medical needs. Where appropriate, school should have additional information on how to respond to an emergency involving a particular pupil, including:

- Management of condition
- Use of medication
- Contacting parent or emergency contact
- Information for emergency services
- Response after an incident
- Other relevant information

This school management plan should be drawn up by the Head Teacher/Named Person and attached to the IHP.

The Head Teacher will ensure that supply teachers are aware of any children who have significant medical needs in classes that they are asked to cover. It would be helpful for all supply staff to be provided with a copy of the school's procedures for summoning help in an emergency situation.

When external work experience placements are arranged by school the Head Teacher should ensure that the placement is suitable for a student with a particular medical condition. Where there is a risk of emergency treatment having to be administered to a student with special medical needs, the Head Teacher will ensure that the work experience provider is given full information and any necessary advice well in advance of the placement. It will be necessary to obtain the student's permission before providing this information.

The Head Teacher will ensure a review of school management for pupils with special medical needs is undertaken annually, taking account of staff changes, e.g. trained volunteers leaving, or adjustments in individual treatment plans.

## 5.9 Confidentiality

The Head Teacher and members of staff should treat medical information confidentially. The Head Teacher will agree with the parent or guardian (or with the pupil if he or she is sufficiently mature to understand the consequences) who else should have access to medical records about the pupil. Where medical information about a pupil has been withheld from staff, they would not generally be held responsible if, in good faith, they acted incorrectly in giving medical assistance.

## 5.10 Medical or Personal Care Procedures

Some members of staff may be reluctant to volunteer to administer certain types of treatment or care e.g. catheterisation, toileting because of the nature of the treatment or concerns about accusations of abuse.

The Head Teacher and parents must respect such concerns and will not put any pressure on staff to assist in treatment unless they are entirely willing. The Head Teacher will arrange for appropriate training to be given to staff who are willing to give medical assistance/care.

Wherever possible, the school will try to arrange for two adults, one the same gender as the pupil, to be present for the administration/procedure. This minimises the potential for accusations of abuse and may also ease the practical administration of the treatment.

Where this is not possible the member of staff should inform another adult that such a procedure is about to occur. A record should be kept including date, time and other relevant information signed by the staff member.

Staff should respect the dignity of the pupil, as far as possible, even in emergency situations. This aspect of treatment is addressed in training for staff and may, for example, involve the removal of other pupils from a room or screening of the patient in some way.

Where there are no volunteers to administer medication/ care requirements the Individual HealthCare Plan should indicate these circumstances and detail alternative arrangements.

Staff will record (**FORM 5**) time and date of personal care procedure and any other comments.

## 6. DEALING WITH MEDICINES SAFELY

### 6.1 Safety management

Some medicines may be harmful to anyone for whom they are not prescribed. Where the school agrees to administer this type of medication, it will ensure that risks to the health of others are properly controlled.

The parents or pupils will be asked to bring in the required dose each day, if possible.

Where medicine is stored, staff will ensure that the supplied container is labeled with the name of the pupil, the name and dose of the drug, and the frequency of administration.

Where a pupil needs 2 or more prescribed medicines each should be in a separate container.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. Access to a refrigerator containing medicines will be restricted

Pupils should know where their own medication is stored and who holds the key. If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet

A few medicines such as asthma inhalers must be readily available to pupils and must not be locked away. In Key Stage 3/4/5 pupils are encouraged to carry their own inhalers, wherever possible. (**FORM 2**)

School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term; parents are also responsible for the disposal of date-expired medicines.

All information regarding medication will expire at the end of each school year. If the administration of medication is to continue, all relevant information must be supplied on the appropriate request form at the start of the new session.

### 6.2 Record keeping

Parents are responsible for supplying information about the medicines that their child needs to take at school and for letting the school know of any changes to the prescription or the support needed.

The parent or GP should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any possible side effects

These details are recorded on **FORM 7** in a standard format.

The school will keep records of medicines given to pupils and the name(s) of the staff involved. Such records offer protection to staff and proof that they have followed agreed procedures. A record sheet is provided in the Appendix **Personal care FORM 6 or medication FORM 7**.

## 7. INFORMATION FOR PARENTS

### 7.1 Cedars Academy Trust policy statement on medication and care procedures.

The Head Teacher will ensure that the school policy on procedures for supporting pupils with medical needs is shared with staff and parents.

The policy should be understood and accepted by staff and clear to all parents and pupils. The Head Teacher will make it available for parents/careers through the school website ([www.cedarsacademy.org.uk](http://www.cedarsacademy.org.uk))

### 7.2 The school policy on medication and medical/care procedures includes:

- Confirmation that the Head Teacher accepts responsibility, in principle, for school staff giving or supervising children taking prescribed medication during the school day.
- Circumstances in which children may take non-prescription medication e.g. pain killers.
- Procedures for supporting pupils with long term or complex medical needs, including annual review of individual healthcare plan
- Prior written agreement from parents for any medication, prescribed or non-prescription, to be given to a child
- Arrangements for pupils carrying and taking their medication
- Staff training in dealing with medical needs
- Record keeping
- Storage and access to medication
- School's emergency procedures, including arrangements to cover occasions when volunteer staff are absent or unavailable
- A reminder to parents to provide the school with full information about their child's medical needs
- Informing parents to collect medicines held at school at the end of each term
- Parents that they are responsible for the disposal of date- expired medicines

## 8. SPECIAL ARRANGEMENTS FOR THE MANAGEMENT OF CHILDREN WITH SEVERE FOOD ALLERGIES

### 8.1 Management of the allergic child during the school day

An individual medical plan will be compiled for each child who has been diagnosed as suffering from the allergy, e.g. nut allergy, using the same procedures as for the administration of emergency medication. The IHP provides detailed information on the child's case and is completed jointly by the parent/carer, the Head Teacher and the School Doctor or Community Paediatrician.

The plan should describe clear action steps to be taken in the event of the child becoming unwell.

For children suffering from nut allergy, the plan should also refer to the appropriate meal arrangements for the child involved. (**FORM 1**)

### 8.2 Arrangements for school meals

Children who have a diagnosed food allergy should not consume standard school meals. Instead, parents will be asked to identify their preference from the following alternatives:

Packed lunch -provided by parent. The question of whether the child consumes this packed lunch in the company of other children who are eating packed lunches or consumes it in another separate location within the school will depend on the advice of the medical professional, based on the severity of the allergy

Alternative school meal -the Head Teacher will contact the School Meal Provider to discuss the arrangements for providing special diets which can accommodate children suffering from all degrees of food allergy.

## 9. OTHER CIRCUMSTANCES WHERE SPECIAL ARRANGEMENTS MAY BE REQUIRED FOR PUPILS WITH MEDICAL NEEDS

### 9.1 Out of school excursions

The Trust encourages pupils with special medical needs to participate in out of school excursions, wherever safety permits.

However, the Head Teacher will ensure that appropriate safety measures are in place for such pupils, including arrangements for taking any necessary medication. Staff leading excursions should always be aware of medical needs and relevant emergency procedures. It may be appropriate for an additional supervisor or parent to accompany a particular pupil.

If staff are concerned about whether they can provide for a pupil's safety, the Head Teacher should seek advice from the School Doctor/Community Paediatrician or the child's GP.

All pupils on activities requiring an extended day/overnight stay will provide a medical form (**FORM 8**) completed and signed by parent/carer detailing medical information and requirements including permission of named staff to administer medication.

### 9.2 Sporting activities

Most pupils with medical conditions can participate in the PE curriculum, or in extra-curricular sport, in ways appropriate to their own abilities.

Any restrictions on a pupil's ability to participate in PE will be included in their individual medical plan. Teachers or volunteers supervising sporting activities will be aware of relevant medical conditions and emergency procedures.

## 10. FURTHER GUIDANCE ON SPECIFIC MEDICAL CONDITIONS

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy, severe allergic reaction (anaphylaxis) and cystic fibrosis. Further basic information about these conditions is provided below but it is beyond the scope of these guidelines to provide more detailed medical advice.

### 10.1 ASTHMA

#### What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

#### Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most people with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebuliser to deliver their asthma medication.

Each pupil's needs and the amount of assistance they require will differ.

#### Access to medication

Children with asthma must have immediate access to their reliever inhalers when they need them. Pupils who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips.

It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labeled with the pupil's name and stored safely.

The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other pupils.

### **Participation in school activities**

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all out of school activities.

Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

### **Emergency treatment**

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

### **Individual health care plan**

For the few children who suffer from severe or unstable asthma, it would be appropriate to draw up an individual healthcare plan, otherwise parents should be asked to complete **FORM 1**. The individual healthcare plan should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

## **10.2 EPILEPSY**

### **What is Epilepsy?**

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Some types of generalised seizures are:

### **Tonic Clonic Seizures**

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. Cognisance should be taken of the potential embarrassment of the pupil should this happen. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure.

During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease.

Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary -some require a few seconds, where others need to sleep for several hours.

### **Absence Seizures**

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

### **Partial Seizures**

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

#### **Simple Partial Seizures (when consciousness is not impaired)**

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

#### **Complex Partial Seizures (when consciousness is impaired)**

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

### **Medication and Control**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility.

Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in a few pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if prolonged (i.e. more than 20 minutes), can result in permanent damage. These children are usually prescribed Medazolan for emergency management to stop these prolonged fits.

Teachers may naturally be concerned about agreeing to undertake such procedures and it is important that proper training and guidance is given. Diazepam causes drowsiness so pupils will need some time to recover after its administration.

### **Individual healthcare plan**

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming, working in science laboratories or with tools in craft rooms. Out of school activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, School Doctor or Community Paediatrician.

When drawing up individual healthcare plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

### **Emergency treatment**

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head.

The pupil's airway must be maintained at all times either by turning the pupil onto his or her side or by placing them in the recovery position.

The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than 5 minutes, longer than usual for the pupil concerned, or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

## **10.3 DIABETES**

### **What is Diabetes?**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

### Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will simply need a suitable place to do so.

### Individual Healthcare Plan

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

### Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each pupil may experience different symptoms and this should be discussed when drawing up the individual medical plan.

### Emergency treatment

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in the cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

## 10.4 ANAPHYLAXIS

### What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction, requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food -in particular nuts, fish and dairy products.

Wasp and bee stings can also cause allergic reaction.

In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

### Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed an Epipen -a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back.

Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from the Community Paediatrician.

### Individual healthcare plan

For some children, the timing of the injection may be crucial. This needs to be clear in the individual healthcare plan and suitable procedures put in place so that swift action can be taken in an emergency.

The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction, all staff should be aware of the condition and know who is responsible for administering the emergency treatment. Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks, whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

### Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after: exposure to the allergen.

These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing

- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan.

Call an ambulance immediately, particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

## 10.5 HYDROCEPHALUS

### What is hydrocephalus?

The spinal column holds a 'tube' in which Cerebro-Spinal Fluid (CSF), essential for the lubrication of the brain, flows. A lesion to the spinal column can cause a build up of CSF which places pressure on the brain. Children with Spina-Bifida invariably have the additional diagnosis of Hydrocephalus.

Children without spina-bifida may also have hydrocephalus caused by the build of CSF extending and distorting the cranium.

### Medication and Control

A 'shunt' is usually inserted surgically in the neck to drain excess CSF, to relieve pressure on the brain into the chest cavity. Shunts are regularly checked throughout the child's growth and development.

The following symptoms may be a sign of a shunt blockage:

- headache
- change of face colour
- vomiting
- seizure

If a child displays any or all of these symptoms they must be taken to hospital **immediately** – with parental involvement if possible.

### Participation in school activities

Shunts should not be adversely affected by sporting or energetic activities, however a child with hydrocephalus should not be allowed to hang upside down from wall or climbing frame or take part in activities that could involve being grabbed by the neck e.g. rugby

### Individual health care plan

All pupils with hydrocephalus will have IHCP which indicates symptoms and emergency procedures.

**UNCRC Reference:** Articles 3, 16, 24

**FORM 1 (page 1 of 1)**

**Parental agreement for school/setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine

Name of School/Setting: **Cedars Academy Trust**

Name of Child: \_\_\_\_\_

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

Class: \_\_\_\_\_

Medical condition/illness

(including allergies) : \_\_\_\_\_

**Medicine**

Name/Type of Medicine

(as described on the container): \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Number of tablets/quantity to be given: \_\_\_\_\_

When to be given (e.g. lunch): \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Any side affects? \_\_\_\_\_

Self Administration:

**Yes/No (delete as appropriate)**

Procedures to take in an Emergency: \_\_\_\_\_

\_\_\_\_\_

Name of GP: \_\_\_\_\_

Address of GP: \_\_\_\_\_

## FORM 1 (page 1 of 2)

GP Phone No. \_\_\_\_\_

### Contact Details

Name of parent/carer: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage frequency of medication or if the medicine is stopped.

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 the terms of the staff indemnity and that The Cedars Academy Trust thereby indemnifies all authorised staff at the school from and against claims for negligent actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any negligent act or omission by them in the administration of the medication to the Pupil, provided always that the negligent act or omission was done in the course of their employment.

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

Signature(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## FORM 2

### **Request for child to carry his/her medicine**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with school healthcare professionals**

Name of School/Setting: **Cedars Academy Trust**

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

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

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an emergency:  
\_\_\_\_\_  
\_\_\_\_\_

#### **Contact Information**

Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: \_\_\_\_\_

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

***If more than one medicine is to be given a separate form should be completed for each one.***

**FORM 3** (page 1 of 2)

### Healthcare Plan

Name of School/Setting: **Cedars Academy Trust**

Name of Child: \_\_\_\_\_

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

Class: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

#### **CONTACT INFORMATION**

<b>Family Contact 1</b>		<b>Family Contact 2</b>	
Name		Name	
Phone No.		Phone No.	
(home)		(home)	
(mobile)		(mobile)	
(work)		(work)	

#### **Medical contacts**

<b>Clinic/Hospital</b>		<b>GP</b>	
Name		Name	
Phone No.		Phone No.	

**FORM 3 (page 1 of 2)**

Describe medical needs and give details of child's symptoms:

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Daily care requirements: (e.g. before sport/at lunchtime)

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Describe what constitutes an emergency for the child, and the action to take if this occurs:

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Follow up care:

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Who is responsible in an Emergency: (State if different for off-site activities)

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## FORM 4

### **Staff training record - administration of medicines**

Name of School: **Cedars Academy Trust**

Type of training received: \_\_\_\_\_

Date of training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Profession and title: \_\_\_\_\_

I confirm that \_\_\_\_\_ [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature: \_\_\_\_\_

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

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

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

Suggested Review Date: \_\_\_\_\_

## FORM 5

### **Parental agreement to provide personal care procedure**

The school will not provide a personal care procedure unless the parent/carer has completed and signed this form.

Name of School/Setting: **Cedars Academy Trust**

Name of Child: \_\_\_\_\_

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

Class: \_\_\_\_\_

Procedure: \_\_\_\_\_

Named person(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NB: Named person has undertaken all necessary training to enable the procedure to be conducted safely. In the case of catheterisation training will be acquired through medical personnel.

### **Contact Information**

Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I give permission for the named person(s) to carry out the above personal care procedure for my son/daughter: \_\_\_\_\_.

Signed: \_\_\_\_\_

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



## **FORM 6**

## **Record of personal care in school**

Name: \_\_\_\_\_  
Procedure: \_\_\_\_\_



## **FORM 7**

### **Record of medication administered in school**

Name: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_

**FORM 8**

**Excursion:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Surname.....	MALE	FEMALE	Next of Kin/
Forename.....			Contact Name.....
Date of Birth .....	STAFF		Relationship.....
Address:..... .....Postcode:.....	GP's Details: Name:..... Address..... ..... Tele:.....		Address..... ..... Tele: Home..... Tele: Work..... Tele: Mobile.....
Tele: Home: .....Work: .....	Address..... ..... Tele:.....		
Email:.....			

**MEDICAL CONDITION/DISABILITY: (please State)**

Are you subject to any sudden illnesses, for example, fits, kidney or bladder infection, chest infection that you require urgent treatment? If so, what treatment do you require?

REGULAR MEDICATION AND DOSAGE (include inhalers) 1	REGULAR MEDICATION AND DOSAGE (include inhalers) 3
2	4
Allergies (Put 'None' if none known)	Reactions & Symptoms

Vitamins/ Supplements:

I give permission for \_\_\_\_\_ to administer medication.

I confirm the above details are correct and that I will inform the organisers immediately of any changes.

Signature:..... Parent/Guardian Signature:..... Date .....

To be signed by the parent/guardian if under the age of 18 years.

## FORM 9

### Contacting Emergency Services

#### **Request for an Ambulance**

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

1. Your telephone number

**0191 487 4595**

2. Give your location as follows: (insert school/setting address)

**Cedars Academy Trust**

**Ivy Lane**

**Gateshead**

3. State that the postcode is

**NE9 6QD**

4. Give exact location in the school/setting (insert brief description)

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

Put a completed copy of this form by the telephone

## APPENDIX 5

### **GUIDANCE FOR HEAD TEACHER**

Arrangements for dealing with a pupil requiring essential or emergency medication. For any pupil requiring essential or emergency medication the following arrangements exist:

1. The presence of a medical condition is not grounds for refusal of a place in school. In the event of there being no staff volunteers to administer medication, an emergency procedure will be implemented (see 7 below).
2. Medication must be supplied by the parent to a responsible member of staff (not via a child) to be held in school. The parent is responsible for maintaining up-to-date medication. Schools will undertake to hold this medication, clearly marked under secure conditions.
3. School staff will be briefed by the School Doctor or Community Paediatrician on the medical condition and its management in school. Thereafter, staff may volunteer to administer medication in an emergency. This briefing is requested by the Head Teacher, who contacts the Community Paediatrician directly on receipt of information about the pupil.
4. Medical details from the GP or Specialist will be provided by the parent/carer/School Doctor. This will detail the condition, its symptoms and treatment. This will be held in school to be available to staff and emergency services as appropriate.
5. Agreement for the implementation of an Individual Healthcare Plan (form FORM 3) must be completed and the School Management Plan attached to it.
6. If the child leaves the school, e.g. on a trip, the medication and necessary background information will be taken by staff, in case of an emergency.
7. In the event of there being no volunteers, or if designated staff are unavailable on a particular occasion, the IHP will include appropriate emergency procedures, drawn up in consultation with the Community Paediatrician.

These may include:

- a 999 call will be made to emergency services
- the parents and/or emergency contact will be called
- the IHP and medication will be given to paramedics, General Practitioner, parent or emergency contact

8. The Individual Healthcare Plan will be signed by the parents and the Head Teacher, and copies sent to the Education Officer, Pupil Support and the Community Paediatrician. This plan contains a clause that indemnifies staff.
9. Individual members of staff who volunteer to administer medication will also sign the IHP form, receive copies of this and all supplementary documentation.
10. IHP forms and other documentation should be held in the pupil's file.

## APPENDIX 6

## **GUIDANCE FOR PARENTS**

Arrangements for dealing with a pupil requiring essential or emergency medication

Should your child have a medical condition that may require essential treatment or emergency administration of medication, the following arrangements exist:

1. School staff are under no obligation to administer medication to any child. However, they may, after briefing by the School Doctor, volunteer to administer medication in an emergency. If no staff volunteer, an emergency procedure will be put in place.
2. Schools will hold medication, under secure conditions and clearly marked, for use by/for your child.
3. You are responsible for supplying this medication to a responsible member of staff. You are also responsible for maintaining up to date medication.
4. All medication should be accompanied by a letter from a doctor dealing with your child's condition, describing its symptoms and treatment.
5. If your child requires to receive emergency treatment e.g. injections using an Epipen, the School Doctor or Community Paediatrician will brief staff at the school on its use. Training will be given in respect of other medication which staff volunteer to administer.
6. An individual healthcare plan (Form MED3 attached to these guidelines) will be filled out by the Head Teacher/Named Person. This plan contains details of your child's medical condition, medical treatment, emergency contacts and staff volunteers. It also contains a clause that indemnifies staff who agree to administer medication.
7. You will be asked to sign the form, which will also be signed by the Head Teacher. This will ensure that all parties are aware of the way your child's condition will be managed.
8. If you have any queries about the management of your child's medical condition within school, you should contact the Head Teacher

## APPENDIX 7

### **GUIDANCE FOR PARENTS**

#### **Medicines in Schools**

Dear Parents

A review of procedures regarding the administration of medication in schools has recently taken place within the Trust and Cedars Academy are now required to operate within the new framework of guidance.

There is no obligation on school staff to administer medication of any kind to any pupil, and parents are asked to note that routine medicine will not be administered by the school. This includes antibiotics, cough bottles, pain killers, creams, eye ear and nose drops. Parents should make arrangements for children to take this medication when at home and should not send it to school.

Where pupils require regular medication to be administered or self administered during the school day, parents should complete the relevant request form available from the school. You must include written guidance from a medical professional (your GP or Specialist). The written guidance on the medication will generally be sufficient.

Some pupils carry inhalers for asthma and related illness, which they self administer at school. It is necessary that parents of pupils who carry their own medication complete the appropriate form (**FORM 5**) so that an up-to-date record is held for each child carrying medication to school.

If a pupil suffers from a chronic illness requiring long term medication or where medication may be required in an emergency situation, parents must contact the Head Teacher to discuss the situation. Separate guidance detailing arrangements for dealing with a medical condition requiring essential or emergency treatment has been prepared by the Trust and will be made available to parents, if required.