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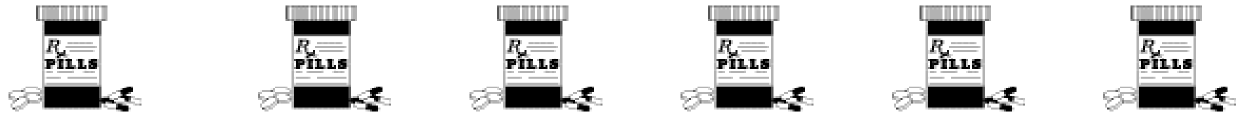

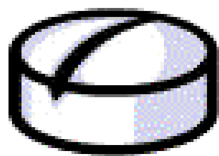

Managing Medication in Schools

Revised by Jo Crickson
Performance / Health and Safety Advisor
Tel: 01275 888335

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Managing Medicines in Schools: Joe Harvey

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SUPPORTING PUPILS WITH MEDICAL NEEDS

Purpose of the Model Policy

This model has been written to help schools draw up specific school policies on managing medications in schools, and to put into place effective management systems to support children and young people with health needs who are able to school. 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, perhaps finishing a course of medication.

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

An individual Health Care Plan can help schools identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. A model Health Care Plan is included within this pack **(proforma 2).**

Support for Pupils with Medical Needs

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Wherever possible, self administration of medication should take place or parents should be actively encouraged to administer medicines to their children personally.

There is no legal duty, requiring school staff to administer medication. This is a voluntary role.

Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Headteacher, parents, access to information, training and reassurance about their legal liability.

They should be given information and guidance in the form of:-

* Policy
* Health Care Plans
* Systems of work and reporting procedures
* Access to suitable training
* Clarification of their legal liabilities

Staff Indemnity

The Council fully indemnifies it's staff against claims for alleged negligence providing they are acting within the scope of their employment, have been provided with adequate training and are following the LEA's guidelines for the purposes of indemnity. The administration of medicines falls within this definition, hence staff can be re-assured about the protection their employer provides. The indemnity would cover the consequences that may arise if an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means that the Council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school staff to be sued for negligence instead an action will usually be between the parent and the employer.

The administration of medications falls under three categories:-

* Short term medical needs
* Non prescription medication
* Long-term medication

Short Term Medical Needs

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only, to finish a course of antibiotics or apply a lotion. To support pupils with this will undoubtedly minimise the time they need to be off school. Medication should only be taken in school when absolutely essential.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

Non Prescription Medicine

Pupils sometimes ask for painkillers (analgesics) at school, including aspirin and paracetamol. Staff should generally not give non-prescribed medication to pupils. They may not know whether the pupil has taken a previous dose or whether the medication may react with other medication being taken. **A child under 12 should never be given aspirin, unless prescribed by a doctor.**

If a pupil suffers regularly from acute pain such as migraine, the 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 the painkillers are taken.

Long Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any pupil with long-term medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs **before** a child starts school, or immediately should a child develop a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is at this stage that an individual Health Care Plan for such pupils should be drawn up **(proforma 2)**. This should involve the school, parents and relevant health professionals. This can include:

* Details of pupil's condition
* Special requirements e.g. dietary needs, pre-activity precautions
* Medication and any side effects
* What to do and who to contact in an emergency
* The role the school can play

Administering Medication

No pupil under 16 should be given medication without his or her parents' consent. Any member of staff giving medicine to a pupil should check:-

* The pupil's name
* Written instructions provided by parents/doctor
* Prescribed dose
* Expiry date

If in doubt of any of the procedures as outlined within the Policy and Health Care Plan, the member of staff should check with the parents or a health professional before taking further action.

It is good practice for staff to complete and sign record cards each time they give medication to a pupil **(proforma 4).**

Self-Management

It is good practice to allow pupils who can be trusted to do so, to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves, staff may only have to supervise this. The school policy should say whether pupils can carry and administer their own medication (e.g. Inhalers). However, you must bear in mind the safety of other pupils if this is allowed. This will need to be authorised in writing from the parents to do this, a suggested parental consent form is provided **(proforma 7).**

Refusing Medication

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

Record Keeping

Parents are responsible for supplying information about medicines that their child needs to take at school, **(Proforma 1)** and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including: -

* Name of medication
* Dose
* Method of administration
* Other treatment
* Any side effects

OTHER CIRCUMSTANCES WHEN A SCHOOL MAY NEED TO MAKE SPECIAL ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS

School Trips

It is good practice for schools to encourage pupils with medical needs to participate in school trips, wherever safety permits.

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of others on a trip, they should seek further advice from parents, schools Health Service or child's GP.

Sporting Activities

Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be included in their individual Health Care Plan.

Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary (especially medication for Asthma, Anaphylactic - if you are on the sports field you need access to this medication immediately). Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Dealing with Medicines Safely

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Storing Medication

Schools should not store large volumes of medications. As a general rule of thumb, the parents should be asked to bring in the required dose each day rather than a week's supply. All medicines should be stored in a locked cupboard, or if refrigerated, in an area not accessible to school children.

When the school stores medicines, staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health-care staff should never transfer medicines from their original containers. The Headteacher is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines such as asthma inhalers must be readily available to pupils and must not be locked away. Many schools allow pupils to carry their own inhalers.

If the school locks away medicines that a pupil might need in an emergency all staff should know where to obtain keys to the medicine cabinet and be able to do so without delay.

Access to Medication

Pupils must have access to their medication when required. The school may want to make special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This needs to be considered as part of the school's policy about pupils carrying their own medication.

Disposal of Medicines

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

Hygiene/Infection Control

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

Emergency Procedures

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Guidance on calling an ambulance is provided on **proforma 6**. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parents arrive.

Generally, staff should not take pupils to hospital in their own car, however, in an emergency it may be the best course of action. This should only be carried out if another member of staff accompanies the casualty and driver, and the car driver holds public liability vehicle insurance.

HOW TO DRAW UP AN INDIVIDUAL HEALTH CARE PLAN FOR PUPILS

Purpose of a Health Care Plan

The main purpose of an individual Health Care Plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents how often they should jointly review the Health Care Plan. It is sensible to do this at least once a year.

The school should judge each pupil's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school's Medication Policy must be applied uniformly. The Headteacher should not make value judgements about the type of medication prescribed by a medical or dental practitioner.

Drawing up a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. A model Health Care Plan is enclosed with this pack **(proforma 2).**

Those who may need to contribute to a Health Care Plan are:-

* Headteacher
* Parent/Guardian
* Child (if suitably mature)
* Class Teacher/Form Tutor/Year Head
* Care Assistant or Support Staff
* School staff who have agreed to administer medication or be trained in emergency procedures
* The school health service, the child's GP or other health care professionals

Co-ordinating Information

Co-ordinating and disseminating information on an individual pupil with medical needs, particularly in secondary schools can be difficult. The Headteacher may give a member of staff specific responsibility for this role. This person can be a first contact for parents and staff and liaise with external agencies (special educational needs co-ordinaters sometimes take on this role).

Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a pupil's medical needs. The Headteacher must make sure that supply teachers know about any medical needs. When a secondary school arranges work experience the Headteacher should ensure that the placement is suitable for a pupil with a particular medical condition. Students should be encouraged to share relevant medical information with work placement providers. (This should form part of the Risk Assessment Process for Young Persons that all employers are legally obliged to carry out).

Staff Training

A Health Care Plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff should not give medication without appropriate training from health professionals. If school staff volunteer to assist a pupil with medical needs, the employer should arrange appropriate training. The local Health Authority will be able to advise further.

Intimate or Invasive Treatment

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment e.g. Rectal diazapam for fears about accusation of abuse. Parents and Headteachers must respect such concerns and should not put any pressure on staff to administer medication unless they are entirely willing to do so.

The Health Authority will be able to offer specific advice. The Headteacher or Governing Body should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment this will minimise the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should obviously protect the dignity of the pupil as far as possible, even in emergencies.

MODEL ADMINISTRATION OF MEDICATION POLICY

For ………………………………………….. School

The policy aims to provide clear guidance and procedures to staff and parents. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in mainstream schooling.

* Each request for administration of medication to a pupil in school will be considered individually.

* The Headteacher is responsible for deciding, in consultation with staff, parents, health professionals and the LEA whether the school can assist a pupil with medical needs.

* No medication will be administered without prior consultation with, and written permission from the parent or guardian. **Ref. proforma 1**. (In addition a note from the family GP confirming the child is fit to attend school and the necessity for the child to take medication during school hours may be required).

* Medicines will only be administered by staff willing and suitably trained to do so and then only under the overall direction and responsibility of the Headteacher.

* Specific cultural and religious views on a pupil's medical care will be respected but must be made known to the school in writing.

* Personal Health Care Plans will be drawn up in consultation with the school, parents and medical professionals. **Ref. proforma 2.**

* A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil.

* Medication must be delivered to school by the parent or escort (not sent to school in the child's bag) and given to the Headteacher (or designated person, school nurse or the school's first aider).

* Medicines brought into school should be clearly marked with:-
    - the name of the medicine
    - the pupil's name
    - dosage (including method of administration and times)
    - special storage requirements

* Medicines received will be logged onto the school's drug file, **Ref. proforma 3**, and held securely within the school. All essential staff will be able to access medicines in case of emergency.

* The school will establish a medication chart, used in conjunction with the pupil's individual Health Care Plan. Persons administering medication will check medication type is correct then log the time and date, and sign the chart upon administering medication. **Ref. proforma 4.**

* During residential school trips and visits off school site, sufficient essential medicines and medical charts/health care plans will be taken and controlled by the member of staff leading the party. If additional supervision is required during activities such as swimming, the parent may be required to assist by escorting their child.

* The school will provide training for staff in order that they are equipped to administer medical treatment to pupils with medical needs e.g. administration of rectal diazepam, epipen etc. Maintenance of staff training records and annual reviews will be the responsibility of the Headteacher. **Ref. proforma 5.**

The Headteacher will ensure all staff are aware of: -

* The planned emergency procedures in the event of medical needs

* Designated persons with responsibility for medical care (in order of priority)

……………………………………………….. School Nurse

……………………………………………….. Headteacher

……………………………………………….. First Aider

……………………………………………….. Teacher/GA/SMSA

* The 'stand-in' person in charge should be the designated person available/in the event of absence.

……………………………………………….. Deputy Headteacher

……………………………………………….. Departmental Head

* All staff must be aware of the school's procedure for calling the emergency services (999) and conveyance of pupils to hospital by the safest and quickest means available as directed by the emergency services (car/ambulance). If pupils are conveyed by car, a trained member of staff will attend to escort the child. **Ref. proforma 6.**

* Some pupils carry their own medication (inhales), this decision is based on wishes of parents, age, maturity and ability of individual child. **Ref. proforma 7.**

Signed by: …………………………………………………..
Headteacher on behalf of the Chair of Governors

Date: ………………………………

Review Date: ……………………………………

Proforma 1

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Form to be completed by parents if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname:

Forename(s):

Address

Male/Female

Date of Birth:

Class/Form:

Condition of illness:

MEDICATION

Name/type of medication (as described on the container)

For how long will your child take this medication:

Date dispensed:

Full directions for use:
Dosage and method:
Timing:
Special precautions:
Side effects:
Self administration:
Procedures to take in an emergency:

CONTACT DETAILS

Name:
Daytime telephone no:
Relationship to pupil:
Address:

I understand that I must deliver the medicine personally to *agreed member of staff* and accept that this is a service that the school is not obliged to undertake.

Date:

Signature(s):
Relationship to pupil:

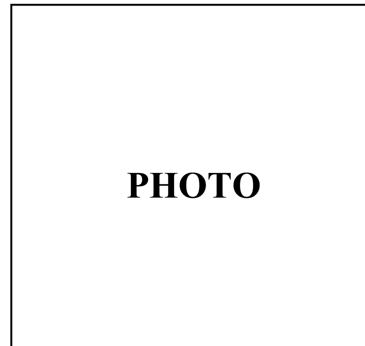
Proforma 2 **PLAN NUMBER:**

HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

Name:

Date of Birth:

Condition:



Class/Form:

Name of School

Date:
Review Date:

CONTACT INFORMATION

Family contact 1

Name:

Phone No. (work):
(home):

Relationship:

Family contact 2

Name:

Phone No. (work):
(home):

Relationship:

Clinic/Hospital contact

Name:

Phone No:

GP

Name:

Phone No:

Describe condition and give details of pupil's individual symptoms:

Daily care requirements: (eg. before sport, at lunchtime etc.)

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

Follow up care:

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

Form copied to:

NOTE:

Please be aware of the confidential nature of this information, be discreet and **DO** get permission from the parent or guardian prior to copying information or exhibiting photo's in medical rooms etc.

Proforma 3 **Page No.**

SCHOOL DRUGS FILE

Pupil's Name	Name of Medication	Health Care Plan No.	Signature of Staff Accepting Delivery	Date/Time Medicine Accepted

Proforma 4 **Page No.**

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

Date	Pupil's Name	Time	Name of Medication	Health Care Plan No.	Dose Given	Reason for Administering Medication*	Route of Administering Medication**	Any Reactions	Signature of Staff	Print Name

* For example routine, emergency, Anaphylaxis, distress, shortness of breath etc.
** For example inhaled, ingested, rectal infusion, injection, absorbed (skin), drops etc.

Proforma 5

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICAL TREATMENT

Form for recording medical training for staff

SCHOOL ADMINISTRATION

Name of member of staff:

Type of training received:

Date training completed:

Training provided by:
name of organisation

Training review/refresher date:

TRAINING PROVIDER

I confirm that has received the training detailed above and is competent to carry out any associated necessary treatment.

Trainer's signature:

Qualification:

Date:

Suggested Review Date:

STAFF MEMBER

I confirm that I have received the training detailed above.

Staff signature:

Date:

Proforma 6

EMERGENCY PLANNING

Request for an ambulance to:

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

1. Your telephone number ………………………………………

2. Give your location as follows:-
   School address and postcode

   Or

   Site address and postcode if away from school

   Address: ………………………………………

   ………………………………………

   ………………………………………

   ………………………………………

   Postcode: ………………………………………

3. State the A-Z reference or approximate map reference if on country walks

   Reference: …………………………………….

4. Give EXACT location within the school

   brief description: ………………………………………………………….

5. Give your name: …………………………………………………………..

6. Give a brief description of the pupil's symptoms:

   ……………………………………………………………………………………….

   ……………………………………………………………………………………….

   ……………………………………………………………………………………….

7. Inform ambulance control of the best entrance and if possible state that the crew will be met and taken to the exact location.

   Location of entrance: ……………………………………………………………………..

SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED

Proforma 7

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

Example form for parents to complete if they wish their child to carry his/her own medication

This form must be completed by parents/guardian

Pupil's Name: ………………………………………………….. Class/Form: …………………

Address: ………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

Condition or Illness: ……………………………………………………………………..

…………………………………………………………………………………………………

…………………………………………………………………………………………………

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 medication on him/her for use as necessary.

Signed: …………………………………………………. Date: ……………………………...

Relationship to child: ……………………………………………………………………..

ANAPHYLAXIS AT SCHOOL

There are many hundreds of children in the nation's schools who are at risk of anaphylaxis. The vast majority of children with anaphylaxis are happily accommodated in mainstream schools, thanks to good communication and consensus between parents, schools, teachers, doctors and education authorities.

The following information is intended to assist schools who face the challenge of managing a child at risk of anaphylaxis. It is based on the good practice that exists in many schools around the country.

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin and the venom of stinging insects (such as bees, wasps or hornets).

In it's most severe form, the condition is life-threatening.

Symptoms

Symptoms which usually occur within minutes of exposure to the causative agent may include the following:-

- ✓ Itching or a strange metallic taste in the mouth
- ✓ Swelling of the throat and tongue
- ✓ Difficulty in swallowing
- ✓ Hives anywhere on the body
- ✓ Generalised flushing of the skin
- ✓ Abdominal cramps and nausea
- ✓ Increased heart rate
- ✓ Sudden feeling of weakness or floppiness
- ✓ Sense of doom
- ✓ Difficulty in breathing – due to severe asthma or throat swelling
- ✓ Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

Medication

When a child is at risk of anaphylaxis, the treating doctor will prescribe medication for use in the event of an allergic reaction. These may include antihistamines, an adrenaline inhaler or an adrenaline injection.

The adrenaline injections that are most commonly prescribed are the 'Epinen' and the 'Anapen'. These devices are preloaded and simple to administer.

Working Together

When a school has a child at risk of anaphylaxis or when admission for such a child is sought, it is important to ensure that the child is treated normally and the parents' fears are allayed by the reassurance that prompt and efficient action will be taken in accordance with medical advice and guidance.

Many schools which manage a child at risk of anaphylaxis have drawn up an individual protocol, (Health Care Plan) agreed by the parents, the school, the treating doctor and the education authority. The Health Care Plan deals with all of the important issues:-

- ✓ Emergency procedure
- ✓ Medication
- ✓ Food management
- ✓ Staff training
- ✓ Precautionary measures
- ✓ Professional indemnity
- ✓ Consent and agreement

This Health Care Plan forms an agreement that the best possible support is in place for both the child and the school staff.

The partnership of parents, school, medical practitioner and education authority is crucial in formulating such an agreement.

N.B. Some school caterers now exclude peanuts and peanut derivatives from their products. Parents may wish to make enquiries about the situation at their child's school.

Please see model Health Care Plan attached to this pack.

Day-to-Day Measures

Day-to-day measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school.

When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. A code of practice can be formulated with the help of The Anaphylaxis Campaign.

Appropriate arrangements for outdoor activities and school trips should be discussed in advance by parents and the school.

Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed.

The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

Conclusion

A child at risk of anaphylaxis presents a challenge to any school. However, with sound precautionary measures and support from the staff and the doctor responsible, school life may continue as normal for all concerned.

ASTHMA AT SCHOOL

What is asthma?

Asthma, which is sometimes described as wheezing, causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces what is usually called an attack of asthma. Lesser or more persistent narrowing leads to less dramatic, but more frequent symptoms.

People with asthma have airways which are persistently inflamed (red and swollen) and therefore very sensitive to a variety of common stimuli. Asthma is not an infectious, nervous or psychological condition, although stress may sometimes make symptoms worse.

Inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. Asthma triggers vary from child to child ; most children will be affected by several. Some common triggers are:

- ✓ Viral infections (especially common colds)
- ✓ Allergies (for example grass pollen, house-dust mites and furry or feathery animals)
- ✓ Exercise
- ✓ Cold weather, strong winds or sudden changes in temperature
- ✓ Excitement or prolonged laughing or crying
- ✓ Fumes and strong smells such as glue, paint, tobacco smoke and 'fresh air' aerosol sprays
- ✓ Cigarette smoke

Certain substances which do not affect other people can cause symptoms to develop in those with asthma. As the substance does not affect most others, it is described as an allergen.

The following are some common allergens:

- ✓ House-dust mites which live in soft furnishings, carpets and beds
- ✓ Furry or feathery animals
- ✓ Grass pollen
- ✓ In rare cases, foods like peanuts, milk and eggs

Other allergic symptoms include itching and redness of the skin (eczema), watery eyes (allergic conjunctivitis) and a runny nose or sneezing (hayfever, allergic rhinitis). These symptoms can occur with or without the symptoms of asthma.

How Asthma Affects Children

Children with asthma may have episodes (attacks) of breathlessness and coughing, and sometimes wheezing or whistling noises can be heard coming from the chest. They feel a 'tightness' inside their chest, which can be frightening and may cause great difficulty in breathing.

Individual children are affected by their asthma in different ways. One child may occasionally experience minor coughing bouts and breathlessness, while another is unable to participate in games and is sometimes forced to stay off school. Sometimes a cough can be the only symptom of asthma.

Avoiding Attacks of Asthma

The use of modern treatments will help to avoid the symptoms of asthma, but it is important for individuals to be aware of their triggers so that they can avoid them or take precautions.

- ✓ Grass pollen can cause attacks from about late May to the end of July and children who are allergic to pollen may need to keep clear of flowering grass.
- ✓ Do not keep furry or feathery animals such as gerbils or hamsters in the classroom. Certain school pets can trigger a child's asthma.
- ✓ Fumes from science experiments can provoke symptoms.
- ✓ Food allergy is rare, but if the doctor asks a child to avoid certain foods it is important to follow this advice and not regard it as a 'food fad'.

When A Child With Asthma Joins Your Class

- ✓ Ask the parents about their child's asthma and current treatment. This information can be recorded on a National Asthma Campaign school card. If the child has severe asthma it may be helpful for teachers to consult either the school nurse and doctor, or the child's own GP.
- ✓ Allow the child easy access to his or her medication: do not lock it away in the school office. Even the slightest delay in taking medication can cause unnecessary distress and can be dangerous. Ideally, children should carry their own reliever inhaler. Most children above the age of seven or eight are able to decide when they need it.
- ✓ Let the school nurse know if a child is often absent with chest problems or seems tired in class (which could result from disturbed sleep due to asthma).
- ✓ Some children need a discreet reminder to take medication (especially before exercise); it is worth remembering that some children are shy of taking medication in front of others.
- ✓ Remind the child to carry his or her medication at all times and include this information on school circulars and in advice to parents.
- ✓ Always inform the parents if the child is taking frequent reliever medication in school.

How Sports Affect Asthma

'Total normal activity' should be the goal for all but those with the most severe asthma.

Children with asthma become wheezy during exercise. After a five-minute run a child can get a severe attack of wheezing and coughing. If this happens, they must take their reliever inhaler. This type of asthma is called exercise-induced asthma. Teachers can help to identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising, especially in the winter.

The type of sport and the weather conditions are often crucial:

- ✓ Wheezing due to asthma is usually worse on cold, dry days than when the air is moist and warm.

- ✓ Prolonged spells of exercise are more likely to induce asthma than short bursts.

Swimming is an excellent form of exercise for children with asthma and seldom provokes an attack unless the water is very cold or heavily chlorinated.

The symptoms of exercise-induced asthma may be prevented if the child takes a dose of reliever bronchodilator medicine before beginning exercise. A dose of sodium cromoglycate before taking exercise may also reduce the symptoms. Children should warm up before playing games; several 30-second sprints over five to ten minutes may protect the lungs for up to an hour or so.

It is important that PE Teachers encourage children with asthma to take part in sport, to take their medication beforehand, where appropriate, <u>and to keep it with them during the class</u>. Children who are forced into inactivity may become psychologically and socially isolated and a child who is physically fit is probably better able to cope with an asthma attack.

Children who have lost confidence in their ability to participate should be encouraged to take part in active sports. It may help them to know that people with asthma (such as Ian Botham and Adrian Moorhouse) do succeed in competitive sports.

No child should be forced to continue games if they say that they are too wheezy or breathless to continue.

<u>Asthma Treatments</u>

There are two types of treatments:

- ✓ Preventers – These medicines are usually taken twice daily outside school hours to make the airways less sensitive to the triggers. Generally speaking, preventers come in brown, orange, red and sometimes white inhalers. Preventers are rarely taken during school hours.

- ✓ Relievers – These medicines, sometimes called bronchodilators, quickly open up the narrowed airways and help the child's breathing difficulties. It is this inhaler a child needs immediately at the onset of an attack so it should never be locked away but always be accessible.

<u>Methods of Taking Asthma Medicines</u>

Currently, the best way of taking asthma medicines is to inhale them. Children need to use their inhalers properly to ensure that the correct does of medicine reaches their lungs. Many children need to use a large plastic chamber called a spacer, into which the aerosol spray is released. Some children use a dry-powder device and many find this easier to take than an aerosol.

If you think that a child is having problems with taking his or her medication correctly, please let the parents and the school nurse know.

If another child gets hold of an inhaler and uses it, it will not cause any damage to that child. All the inhaled treatments are extremely safe.

How to help during the attack

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone; however, the following guidelines may be helpful:

1. Taking the Reliever

Ensure that the reliever medicine is taken promptly and properly. A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventer medicine is of no use during an attack; it should be used only if the child is due to take it.

2. Stay Calm

Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants, the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but do not put your arm around the child's shoulder as this is restrictive.

3. Breathing

In an attack, people tend to take quick, shallow breaths, so encourage the child to try to breathe slowly and deeply. Most people find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their back.

In addition, loosen tight clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing.

4. Call a Doctor

A doctor should be called urgently if any of these apply:

- ✓ The reliever has no effect after five to ten minutes
- ✓ The child is either distressed or unable to talk
- ✓ The child is getting exhausted.
- ✓ You have any doubts at all about the child's condition

If a doctor is not immediately available, *call an ambulance*. Repeat doses of reliever as needed (every few minutes if necessary until it takes effect) while awaiting help. Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can easily alter the child's medication and make him or her well again.

5. After the Attack

Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue as normal.

Asthma Policy for Schools

Here are some guidelines to help you to develop a policy for your school.

This school:-

- ✓ Welcomes all pupils with asthma
- ✓ Will encourage and help children with asthma to participate fully in all aspects of school life
- ✓ Recognises that asthma is an important condition affecting many school children
- ✓ Recognises that immediate access to reliever inhalers is *vital*
- ✓ When planning activities such as PE/School Trips etc. will ensure that either the medication is carried by the child, or if children are too young, teachers will carry the reliever with them.
- ✓ Will do all it can to make sure that the school environment is favourable to children with asthma
- ✓ Will ensure that other children understand asthma so that they can support their friends and so that children with asthma can avoid the stigma sometimes attached to this chronic condition
- ✓ Has a clear understanding of what to do in the event of a child having an asthma attack
- ✓ Will work in partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of a school asthma policy.

NB. If children are too young to carry/administer their own relievers they must have access to them at all times and know where they are stored and who to go and see. Sometimes children will feel embarrassed putting their hand up to tell a teacher, they feel reluctant to draw attention to themselves. However, if this has been discussed previously with the parents they may feel comfortable coming up to your desk or going to their draw and fetching the inhaler. This needs to be considered when drawing up your policy.

EPILEPSY AT SCHOOL

About one in 100 children have epilepsy. In the UK around 80% live a normal life with medication, keeping their epilepsy under control.

What is Epilepsy?

Epilepsy is 'repeated seizures of primal cerebal origin'. This medical definition simply means that someone with epilepsy has a tendency to experience seizures, which originate in the brain.

Communications

The disability due to epilepsy can be substantially reduced if there is good communication between professionals, parent, the child with epilepsy and school friends. A free interchange between teachers, parent and carers is essential and parents should not be reluctant to disclose and discuss their child's epilepsy. Teachers need to know more than that a particular child 'has epilepsy', this fact alone is inadequate for correct understanding and supportive care.

Detailed information will be recorded on an individual health care plan for the pupil. (See Healthcare Plan within this pack). This will detail description of the seizures and their frequency, the normal speed of recovery, the most appropriate management for that child, any treatment and possible side effects etc.

Taking Risks

The presence of any disability in a child may alter the normal dynamics in a family, and lead to the child being over-protected. Whereas this is an understandable reaction, particularly if the seizures are accompanied by injury, it is often harmful in the long run and may lead to inappropriate behaviour and an over-dependence on the parents. In addition, parents and teachers may try to protect the child from stress if this is felt to precipitate seizures. A more productive approach is to teach the child the skills necessary to cope with stress, which is an inevitable part of everyday life.

Concern about safety may also lead to a child being barred from workshops, science labs and sporting activities. Blanket restrictions on all children with epilepsy are unacceptable and the risks to each child must be assessed individually on the basis of accurate knowledge of that child's epilepsy (information from Health Care Plan and discussions with parents).

Epilepsy manifests itself differently in people. If the seizures are completely controlled or only occur during sleep, then no restrictions are needed. Even if seizures occur during the day, almost all activities, including swimming and climbing can be undertaken providing the risks have been assessed and adequate supervision is in place.

The vast majority of children with epilepsy can watch television and use VDU's quite safely. However, it is essential to find out from parents/doctor etc. if the child is known to be sensitive to flashing lights. This should be discussed at the early stage when the Individual Health Care Plan is being drawn up.

What To Do During A Seizure

Seizures can be frightening to watch, but the child having the seizure is not in pain and will have little or no memory of what has happened. At the start of the attack, the person may cry out as the air from the lungs is expelled through the voice box. During the early phase of the seizure, breathing may stop and the child may go slightly blue. Although this looks frightening, it is to be expected until normal breathing resumes.

The attack cannot be stopped or altered so the best thing to do is follow these guidelines:-

- ✓ Call a first aider/school nurse to the scene
- ✓ Prevent others from crowding around
- ✓ Put something soft under the child's head (eg. Jacket or cardigan) to prevent injury
- ✓ Only move the child if he/she is in a dangerous place such as the top of a flight of stairs or in the road
- ✓ Remove any objects/equipment that the child is likely to bang into
- ✓ Do not attempt to restrain the convulsive movements
- ✓ Do not put anything in the child's mouth
- ✓ Check there has been no injury
- ✓ Roll the child if he/she is sick and place them in the recovery position
- ✓ Wipe away any excess saliva and if breathing is still laboured, check that nothing is blocking the airways
- ✓ Stay with the child until he/she is fully recovered
- ✓ Record how long the seizure has lasted. This can be communicated on to the parents/doctor and also importantly recorded in the pupil's Health Care Plan.

Seizures can sometimes manifest in a different way when consciousness is not lost or when the muscles stiffen and the child falls to the ground.

As these seizures can take many different forms, the response of observers will need to vary. If a person falls during a seizure you should make sure that there is no injury which needs medical attention. If prolonged confusion occurs:-

- ✓ Gently guide the child away from obvious dangers like wandering into the road
- ✓ Keep others from crowding around
- ✓ Speak gently and calmly to the child to help re-orientation to surroundings as quickly as possible.

- ✓ Remember that the child may be confused for some time after the seizure and it is better to leave well alone than to keep offering help and have it rejected with what might be misunderstood as aggression.

- ✓ Stay with the child until he/she is able to resume activities

<u>When To Call For Help</u>

Medical assistance should be called if any of the following have occurred:

- ✓ The child has injured themselves badly in a seizure

- ✓ The child has trouble breathing after a seizure

- ✓ One seizure is immediately followed by another, or the seizure lasts more than 5 minutes and you do not know how long they usually last

- ✓ The seizure continues for longer than usual

- ✓ If in any doubt at all call an ambulance

DIABETES AT SCHOOL

What is diabetes?

One in 700 children of school age has diabetes. It is therefore likely that staff in schools will teach or supervise a child with the condition at some time.

Diabetes cannot be cured, but it can be treated effectively. Children with diabetes will have treatment consisting of:

- ✓ Insulin injections
- ✓ Appropriate diet

The aim of this treatment is to keep the blood glucose level close to the normal range so that the blood glucose is neither too high (hyperglycaemia) nor too low (hypoglycaemia).

Insulin Injections

All children with diabetes will need injections of insulin. Insulin cannot be taken by mouth because it is destroyed by the digestive juices in the stomach.

In most cases, children will be on two injections of insulin a day. The injections will be taken at home, before breakfast and before the evening meal. When diabetes is newly diagnosed and the child and parents are learning how to do injections, they may take a little longer than expected in the mornings, this may mean that the child is occasionally late for school.

Some children will be taking more than two injections of insulin a day, in which case one of the injections may be taken at lunchtime. If a child needs to inject whilst at school, he or she will know how to do the injection without the help of an adult. If the child injects using a disposable syringe, the school must have a safe system of work on 'disposal of sharps'. Children with diabetes need to balance their insulin with the food they eat and their level of physical activity.

Injections of insulin are given by means of a syringe or a pen device. The method used depends on the age of the child, the hospital he or she attends and the time since diagnosis. The injections of insulin will lower the blood glucose level and they need to be balanced with food intake.

If the blood glucose level is high, the child may need to pass urine frequently. If this happens regularly, the parents should be informed. It is important that requests to visit the lavatory are allowed.

Diet

An essential part of the treatment of diabetes is an appropriate diet. Food choices can help to keep the blood glucose level near normal.

The diet recommended for people with diabetes is based on the healthy, varied diet recommended for the whole population. Meals should be based on starchy foods. Food choices should be low in sugar and fat and high in fibre.

The child with diabetes will have been given guidance on food choices. These will be a balance of different foods, with particular attention being paid to carbohydrate foods, such as bread, rice, pasta, potatoes and cereals.

Snacks

Most children with diabetes will also need snacks between meals and occasionally during class time These could be cereal bars, fruit, crisps or biscuits.

It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children.

Timing of Meals and Snacks

Equally important as the type of food eaten is timing of meals and snacks. The child with diabetes will need to eat his or her food at regular times during the day. This will help to maintain a normal blood glucose level.

Because the child needs to eat on time, he or she may need to be near the front of the queue and at the same sitting each day for the midday meal. If a meal or snack is delayed for too long, the blood glucose level could drop, causing hypoglycaemia.

HYPOGLYCAEMIA (OR HYPO)

Hypoglycaemia means low blood glucose. The possibility of a child having a hypoglycaemic episode (a hypo) is a worry to many people supervising children with diabetes. People have visions of children passing out or ending up unconscious. This is rarely the case and most hypos can be identified and treated without calling for professional medical help.

It is important to know what causes hypoglycaemia:

These are common causes of hypoglycaemia:

✓ A missed or delayed meal or snack

✓ Extra exercise (above that normally anticipated)

✓ Too much insulin

It has been noticed that hypoglycaemia may occur more frequently when the weather is very hot or very cold:

Symptoms can include:

✓ Hunger
✓ Glazed eyes
✓ Sweating
✓ Shaking
✓ Drowsiness
✓ Mood changes
✓ Pallor
✓ Lack of concentration

Each child's signs and symptoms will differ and the parents will be able to tell you how hypoglycaemia affects their child. This needs to be recorded in the child's Individual Health Care Plan. All staff supervising should be aware of the contents of the Health Care Plan.

If the child displays any of these signs and you are not sure whether it is hypoglycaemia, talk to the child. If you are in doubt, treat it hypoglycaemia.

How to treat Hypoglycaemia

Fast acting sugar should be given immediately. This will raise the blood glucose level. It is most important that you do not send a child who is hypo unaccompanied to get sugary food. Always make sure that he or she is accompanied.

Here are some examples of fast acting sugars:

- ✓ Lucozade
- ✓ Sugary drink, such as Coke, Fanta (not diet drinks)
- ✓ Mini chocolate bar, such as Mars, Milky Way
- ✓ Fresh fruit juice
- ✓ Glucose tablets
- ✓ Honey or jam
- ✓ 'Hypo-Stop' – a glucose gel which is available from the medical team. The child's parents will be able to provide this.

The parents will be able to tell you what is appropriate for their child, together with the quantity. Most children with diabetes have their own preferred fast acting sugars. It is important that this information is recorded on the Health Care Plan and communicated to staff. Teachers can help by having fast acting sugar in their desk and, when out of the classroom, readily available at all times.

If the child is unable to swallow, try rubbing sugary jam, honey or Hypo-Stop (a special hypo preparation described above) inside the cheek, where it can be absorbed. In the unlikely event of the child losing consciousness, place him or her in the recovery position and call an ambulance. You can rest assured that if the child does lose consciousness, he or she will come round eventually and should not come to any immediate harm.

Recovering from Hypoglycaemia

When the child recovers, he or she will need to eat some slower acting starchy food (such as a couple of biscuits and a glass of milk, or a sandwich) in order to maintain the blood glucose level until the next meal or snack.

Recovery from hypoglycaemia should take about ten to fifteen minutes. The child may feel nauseous, tired or have a headache.

Hypos are a part of living with diabetes. Isolated incidents are inevitable. However, if the child is having hypos at school, you should inform the family.

Blood Testing

Children with diabetes can check the level of glucose in their blood by means of a simple blood test. The child will have been shown how to do this.

The test involves a simple finger prick to produce a small drop of blood. The drop is put on to a prepared reactive strip, which will indicate the level of glucose in the blood. The level can be read either by sight or by a small machine. The child will have his or her own container for disposing of used blood testing equipment.

This test takes about two minutes and can be done in the classroom, on the school bus or in any other convenient place.

It is important to talk to the parents about blood testing. The frequency with which children carry out tests will vary. Depending on the child, you may or may not see a blood test carried out at school.

If the child displays any of the signs of hypoglycaemia it would be sensible to advise the child to do a blood test.