CURRY RIVEL C OF E CV PRIMARY SCHOOL

Medical Conditions Policy

2020 – 2021

Aims

This policy aims to ensure that:

- All staff, pupils and parents understand how our school will support and welcome pupils with medical conditions
- Our pupils with medical conditions are supported to enable them to access the same education and opportunities as other pupils, this includes sporting activities, school trips and residential trips

Legislation and statutory responsibilities

This policy meets the requirements under **Section 100 of the Children and Families Act 2014,** http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted, which places a duty on the governing body to make arrangements for supporting pupils at their school with medical conditions.

This policy is also based on the Department of Education's statutory guidance: Supporting pupils at school with medical conditions. https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Roles and responsibilities:

Governors

Our governing body has the responsibility of making arrangements to support pupils with medical needs. The governing body will ensure that staff have received appropriate training and are competent to support children with medical conditions.

Headteacher

The headteacher will:

- Ensure that staff are aware of this policy and understand their roles within it
- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- Ensure the policy is put into action and that every aspect of the policy is maintained
- Ensure that there is an appropriate number of staff who are trained to implement this policy and deliver all individual healthcare plans (HCPs)
- Take overall responsibility for development of Health Care Plans
- Make sure that school staff are appropriately insured to support pupils with medical needs
- Contact the school nurse / medical professionals in the case of any pupil who has a medical condition that requires in school support
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Assess the training and development needs of staff and arrange for them to be met

- ❖ Ensure risk assessments are completed for school visits and other activities outside of the normal school curriculum
- ❖ Monitor and review the policy annually

Staff

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

Supporting pupils with medical needs during the school day is not the sole responsibility of one person. Any member of staff could be asked to provide support to pupils with medical needs, although they will not be required to do so. This also includes the administration of medicines.

All staff have the responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Understand the school's medical condition policy
- Know which children in their care have a medical condition and be familiar with the content of the pupil's healthcare plan
- Allow all children to have immediate access to their emergency medication
- Maintain effective communication with parents and carers including informing them if their child has been unwell in school
- Be aware of children with medical conditions who may be experiencing bullying or negative comments and know that these children will require extra social support
- Understand the common medical conditions and the impact it can have on children

All staff know what action to take in the event of a medical emergency. This includes:

- How to contact emergency services and what information to give
- Who to contact within the school

If a child needs to be taken to hospital, a member of staff will accompany them and stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.

SENDCo:

- Monitoring of healthcare plans
- Support the head teacher in keeping the medical conditions policy updated
- Take part in transition of medical information between schools at times of change and transition
- Monitor class medical folders, class medical bags and medication expiry dates

Parents

Parents will:

- Provide the school with up-to-date and accurate information about their child's medical needs
- Be involved in the writing and review of their child's Health Care Plans
- Carry out any action they have agreed to as part of the implementation of the Health Care Plans such as, providing medicines and equipment
- Ensure consent forms for long term medication is updated annually (Epipens, inhalers)
- Give consent for the administration of medication
- Ensure medication is correctly labelled and clearly shows the name of the child, date prescribed, expiry date and dosage

Pupils

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Health Care Plans.

Healthcare Professionals

Health Care Professionals will inform the school when a pupil has been identified as having a medical condition that will require support in school

Healthcare Professionals, such as GPs and paediatricians, will liaise with the school nurse and health visitors updating them of any pupils identified as having a medical condition.

Equal Opportunities

At Curry Rivel School, we are clear about the need to actively support pupils with medical conditions to participate in school trips, visits, sporting activities, and not prevent them from doing so.

As a school, we will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely.

Risk assessments are carried out so that planning arrangements take account of any steps needed to endure that pupils with medical needs are included. In doing so. Pupils, their parents and any relevant healthcare professionals will be consulted.

Short Term Medical Needs

During their time in school, many pupils will need to take medication. Generally, this will be for a short period, to finish a course of antibiotics or apply a lotion. Medication should only be given in school when essential. We will always ensure that two members of staff are present when a child is given any form of medication. Both staff are required to sign an administration of medication form.

Non-Prescription Medication

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. **Primary school children should NEVER be given aspirin, unless prescribed by a doctor.**

Children will not give paracetamol or ibuprofen as their primary cause is to control a raised temperature, for which a child should be at home.

Medication is never be administered without first checking expiry date, maximum dosages and when the previous dose was taken

Long Term Medical Needs

It is important for the school to have accurate 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 significant impact on a pupil's progress and attainment and /may 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 these pupils should be drawn up (page 12 & 13). This should be involve the school, parents and relevant health professionals. This can include:

- Details of pupil's condition
- Special requirements such as, dietary needs
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

Being informed that a pupil has a medical need

When we are informed that a pupil has a medical need, the following process will be followed to decide whether the pupil requires a Health Care Plan. The school will make every effort to ensure that arrangements are in place within 2 weeks.

a) Parent or healthcare professional informs the school that the child has:
    - a short term illness
    - has a new diagnosis
    - is due to return to school after a long term illness
b) Office staff will inform the relevant staff / SENDCo
c) The SENDCo or other relevant senior member of staff will arrange a meeting to discuss the child's needs
d) The school will hold a meeting with the following people to discuss and agree on the need for an Health Care Plan
    - Key school staff

- The child and parents
- This may include relevant healthcare professionals

e) Develop an Health Care Plan
f) Identify school staff training needs and organise training
g) Healthcare professionals will deliver training and sign off school staff as 'competent' with an agreed review date
h) Implement the Health Care Plan and circulate to all relevant staff
i) Review the Health Care Plan annually or when the child's condition changes

Health Care Plans

The head teacher has overall responsibility for the development of Health Care Plans for pupils with medical needs. Plans are reviewed at least annually or earlier if there is evidence that he pupil's needs have changed. Curry Rivel uses Health Care Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Health Care Plans are issued for completion by parents/carers of children with long-term medical conditions

Plans will be developed with the pupil's best interest in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require a Health Care Plan. It will be agreed with health care professionals and the parents when a Health Care Plan would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, then the head teacher will make the final decision.

The school, parents and healthcare professionals, who can best advice on the pupil's specific needs, will draw up plans. The pupil will be involved wherever appropriate.

The level of detail will depend on the level of complexity of the child's condition and how much support is required.

The Health Care Plan focuses on all the important issues:

- Daily care needs
- Emergency and precautionary procedures
- Medication
- Food management
- Staff training
- Consent, agreement and review date

Managing Medicines

Prescription medicines will be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor

Anyone giving a pupil any medication MUST first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

Our school will only accept prescribed medicines that are:

- In date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and equipment such as, asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupil's and not locked away.

Medicines will be returned to parents daily or when no longer needed. Parents will be responsible for the safe disposal of medication.

Refusing Medication

If a pupil refuses to take their medication, school staff **WILL NOT** force them to do so. The school will inform the child's parent immediately. It may be necessary for the school to call the emergency services.

Other circumstances when we may need to make special arrangements for pupils with medical needs

School Trips

As a school, we encourage all pupils with medical needs to participate in school trips, wherever it is safe to do so. Sometimes we may need to take additional safety measures for outside visits. Arrangements for taking medication will need to be taken into consideration. Supervising staff will always be aware of any medical needs and relevant emergency procedures. Our green medical bags MUST be taken on all trips.

Sporting Activities

Most pupils with medical conditions will be able to participate in extra-curricular sports and PE lessons. Physical activity can benefit their overall, social, mental and physical health and well-being. Restrictions on a pupil's ability to participate in physical activities MUST be included in their individual Health Care Plans.

Some pupils may need to take precautionary measures before / during exercise. They may need to have immediate access to their medication (asthma, anaphylactic medication). Our green medical bags MUST be taken out for all PE and swimming lessons. Teachers supervising sporting activities MUST be aware of relevant medical conditions and emergency procedures, particularly after school clubs and sporting fixtures that may be off site.

Dealing with Medicines Safely

Some medicines may be harmful to anyone for whom they are not prescribed. When we agree to administer any type of medication, we have a duty to ensure that the risks to the health of others are properly considered. This responsibility comes under the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Storing Medication

As a school, we will not store large quantities of medication. All medicines MUST be stored correctly (in a cupboard, medical bag or fridge) and not accessible to 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 medication and the frequency of administration. The head teacher is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored. A few medicines such as, asthma inhalers and epipens MUST be readily available to pupils, these are to be stored in the appropriate green medical bag (every class has an individual green medical bag) these MUST NOT be locked away. Medication expiry dates are regularly checked and a member of staff will return any out-of-date medication to parents / carers.

Infection Control and Hygiene

All staff should be familiar with normal precautions for avoiding infection and must therefore 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.

Pupils managing their own needs

Some older pupils may be competent to take responsibility for managing their own medicines and procedures. This will be discussed with parents, head teacher and any discussion will be recorded in their Health Care Plan.

Staff MUST NOT force any pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the Health Care Plan an inform parents so that an alternative option can be considered.

Unacceptable Practice

Staff should use their discretion and judge each case individually with reference to the pupil's Health Care Plan, but it is not acceptable to:

- Prevent pupils from easily accessing medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (this can be challenged)
- Send children with medical needs home frequently for reasons relating to their medical conditional or prevent them from staying for normal school activities, including lunch, unless specified in their Health Care Plan
- If the pupil becomes ill, send them to the office or medical room unaccompanied
- Prevent pupils from drinking, eating or going to the toilet whenever they need to in order to manage their medical condition effectively
- Prevent pupils from participating, or create barriers to pupils participating in any aspect of school life, including school trips, e.g by requiring parents to accompany their child

Emergency Procedures

Staff will follow the school's normal emergency procedures (calling 999). All pupils' Health Care Plans will clearly set out what constitutes an emergency and will explain what to do. Guidance on calling and ambulance is set out in template 3

If a pupil needs to be taken to hospital, staff will stay with the pupil until their parents/ carer arrives, or accompany the pupil to hospital by ambulance. 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.

Training

All staff who are responsible for supporting pupils with medical needs will receive suitable training to do so.

- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in their Health Care Plan
- Help staff to have an understanding of the specific medical needs they are being asked to deal with, their implications and preventative measures

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record Keeping

Data collection forms will be securely storage in the school office.

Parents and carers are asked if their children have any health conditions or health issues on an annual basis. Parents and carers of new pupils will be asked to provide this information when their children started at school. Parents and carers are encouraged to update medical information at any time changes occur.

The governing body will:

- Ensure that written records are kept of all medicine administered to pupils
- Parents will be informed if their child has been unwell during the school day
- HCPs are kept in a readily accessible place which all staff are aware of

Liability and Indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The LA fully indemnifies its 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 LA'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 LA 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 parents and the employer.

Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the SENDCo in the first instance. If the SENDCo cannot resolve the matter, they will direct parents to the head teacher, who will then follow the school's complaints procedure.

Monitoring Arrangements

This policy will be reviewed and approved by the governing body every 2 years.

Links to other policies

- **Accessibility plan**
- **Complaints**
- **Equality**
- **Health and safety**
- **Safeguarding**
- **SEND policy and information report**

Policy reviewed by: Mrs J Ward

Date of policy review: 26/10/20

Headteacher: Mrs A Pook

Chair of Governors: Mrs C Hunsperger

Next review date: Autumn 2022

Request for School to Administer Medication

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 or and the Headteacher has agreed that school staff can administer this type of medication.

DETAILS OF PUPIL

Surname				
Forename				
Date of Birth			Class	
Condition or illness				

MEDICATION

Name/type of medication (as described on the container	
For how long will your child take this medication	
Date dispensed	

Full direction for use:

Dosage and method	
Timing	
Special precautions	
Side effects	
Self-administration	
Procedures to take in an emergency	

CONTACT DETAILS

Name:	Daytime telephone number:
Relationship to pupil:	

I understand that I must deliver the medicine personally to the agreed member of staff/ school office and accrpt that the school is not obliged to undertake this service.

Signature…… Date ……

Relationship to pupil: ……

Administered

Date	Time	Initials		Date	Time	Initials		Date	Time	Initials		Date	Time	Initials
Date	Time	Initials		Date	Time	Initials		Date	Time	Initials		Date	Time	Initials

Health Care Plan for a Pupil with a Medical Need

Plan Number

Name:

Address:

Date of Birth:

Photo

Condition:	
Date:	**Review date:**

Name of school	Class	Year group

Contact information

Family contact 1	Family contact 2
Name: **Phone numbers** **Work:** **Home:** **Mobile:** **Relationship to pupil:**	**Name:** **Phone numbers** **Work:** **Home:** **Mobile:** **Relationship to pupil:**

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

Daily care requirements:

Describe what constitutes an emergency for the pupil and the actions to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (state if different on offsite activities:

Additional information – child's/ young person's wishes regarding their care:

Additional information – parent's wishes:

Staff trained to deal with child's condition:

Name	Job title	Training date

Form circulated to: Admin team, pupil file, Class Teacher, TA, Class medical folder, SENDCo, Parents

Date: …… **Review date:** ……..

Emergency Planning

Request for an ambulance to:

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

1) Your telephone number: 01458 251404
   (or off site mobile number if appropriate)

2) Give your location as follows:
   Curry Rivel Church of England Primary School
   Church Street
   Curry Rivel
   Langport
   Somerset
   TA10 0HD

   (location address and postcode if away from the school site)

3) Give your EXACT location (for example within the school building)

4) Give your full name:

5) Give a brief description of the pupil's symptoms:

6) Inform the ambulance control of the best entrance and if possible state the member of staff who will met them and take them to the exact location.
   Location of entrance:

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

Record of medication administered in school

Name: …… **Date of Birth:** ……

Address: ……

Date					
Name of medication					
Time					
Dose given					
Any reactions					
Signature of staff giving medication					
Signature of witness					

All medication must be given must be witnessed by a second member of staff

Record of handover and return of medication

Child's name: ……. **Date of Birth:** …….

Address: ……

……..

Name and signature of person responsible for the care of the medication at school:

……..

Name and signature of parent/carer responsible for handing over medication and to whom any unused medication is to be returned:

……

Date	Name of medication	Signature of parent/carer receiving medication	Signature of person returning medication to parent/carer

Appendix 1

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 its most severe form, the condition is life threatening.

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

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

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 'Epipen' and the 'Anapen'. These devices are preloaded and simple to administer. Usually two Epipens are prescribed (to be kept in the classroom and office for easy access to the hall)

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.

School staff liaise with the catering supervisor to ensure they are fully aware of the child's particular requirements. The catering company may require additional medical information.

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. It is essential that school staff discuss any plans with parents well in advance. **999 must be called following an attack**

Appendix 2

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.

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, and 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'.

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.

Methods of Taking Asthma Medicines
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 know.

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 an Ambulance
An ambulance 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
•Repeat doses of reliever as needed (every few minutes if necessary until it takes effect)

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.

Curry Rivel Church of England Primary 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.

All staff should read and be aware of our school Asthma Policy 2018-2019.
Our policy includes copies of porforma's to be used as well as a copy of the asthma card used in school.

Appendix 3

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. 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.

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
- 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.
- It is essential that the Health Care Plan is followed for each individual child.

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.

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.

Appendix 4

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 (hyperglycemia) nor too low (hypoglycemia).

Insulin Injections

All children with diabetes will need injections ofinsulin. 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 below 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.

School staff should be mindful when giving any sweets/biscuits for rewards, special occasions etc and discuss this with parents first.

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. Please note the allergies within the school. 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.

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