

THE HOWARD PARTNERSHIP TRUST

2. Supporting Children at School with Medical Conditions Policy Appendices – Managing Medicines Guidance

Purpose:

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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The Howard Partnership Trust respects the unique contribution which every individual can make to the community and seeks to place this contribution within a clear structure which both embraces the highest possible academic aspirations and accepts individual differences in medical conditions. In our Trust, every teacher is a teacher of every child, including those with medical conditions with a focus on bringing out the best in all. We are proud of our inclusive environment which ensures that all children, no matter their additional needs, are included in all activities, including educational visits.

This policy is part 2 of 4 of the following THPT suite of annually updated safeguarding policies;

1. Child Protection and Safeguarding
- 2. Supporting Children and School with Medical Needs/Managing Medicines**
3. Internal Complaints and Concerns (Whistleblowing)
4. Staff Code of Conduct

This policy is based on the Children and Families Act 2014¹, the Education Act 2002², Children Act 1989³, Children Act 2004⁴, Equality Act 2010, the Code of Practice 2014 and Supporting pupils at school with medical conditions (DfE) 2014. It is to be read in conjunction with the SEN Policy.

Children with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and enable them to access their learning. They may require monitoring and interventions in emergency circumstances. It is important to recognise that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Some children with medical conditions may be disabled and, as a school, we will comply with our duties under the Equality Act 2010. For children with special education needs (SEN), this policy should be read in conjunction with the SEN Policy.

Individual Healthcare Plans

Individual healthcare plans ensure that we are able to effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will be helpful when conditions fluctuate, where there is a high risk that emergency intervention is needed or where medical conditions are long-term and complex. Not all children with medical conditions will need an individual healthcare plan.

Individual healthcare plans will vary depending on the child's needs and the level of detail will depend on the complexity of the child's condition and degree of support needed. Where a child has SEN but does not have a statement of EHCP, their special educational needs should be mentioned in the individual healthcare plan. Where they have a statement of EHCP, the individual healthcare plan should be linked to or become part of this plan.

Plans will be drawn up in partnership with the Nursery/school, parents, child and relevant healthcare professionals. They will be reviewed annually or earlier if evidence is presented that the child's needs have changed.

Individual healthcare plans are likely to include:

- The medical condition, its triggers, signs, symptoms and treatments
- The child's resulting needs
- Specific support for the child's educational, social and emotional needs
- The level of support needed
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- Who in Nursery needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the manager for medication to be administered by a member of staff
- **Separate arrangements or procedures required for educational visits**
- What to do in an emergency

See Appendix A for an example individual healthcare plan.

Staff Training and Support

Any member of staff providing support to a child with medical needs should have received suitable training. These training needs will be identified with the support of relevant healthcare professionals and the training

¹ Section 100

² Sections 21 and 175

³ Sections 3 and 17

⁴ Section 10

will be sufficient to ensure that staff are competent and have confidence in their ability to support children with medical conditions and to fulfil the requirements set out in individual healthcare plans.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

The Nursery will arrange whole Nursery awareness training so that all staff are aware of the Nursery's policy for supporting children with medical conditions and their role in implementing the policy.

The child's role in managing their own medical needs – Secondary phase only

Where possible, children should be able to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

Managing medicines on Nursery premises

Medicines should only be administered at Nursery when it would be detrimental to a child's health to do so. The school will require parental written consent for a child under the age of 16 to be given prescription or non-prescription medicines. In exceptional circumstances, if pain relief medication is given, it must not contain aspirin unless prescribed by a doctor. Maximum dosages and when the previous dose was taken will be checked and parents will be informed.

The Nursery will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which will be generally available inside an insulin pen or pump.

All medicines will be stored safely. Staff will know where the medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and not locked away.

In secondary schools, a child who has been prescribed a controlled drug may legally have it in their possession but it is an offence to pass it onto another child for use. Controlled drugs should be securely stored in a non-portable container and only named staff should have access. These drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug kept in school.

When no longer required, the medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Record keeping

Written records will be kept of all medicines administered to children – see managing medicines guidance.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do. If a child needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance.

Educational Visits and Sporting Activities

Children with medical conditions will be actively supported to participate in educational visits and sporting activities. All children will be able to participate in these activities according to their own abilities and with any reasonable adjustments unless evidence from a clinician, such as a GP, states that this is not possible. The Nursery will carry out a risk assessment so that planning arrangements take into account any steps needed to ensure that children with medical conditions are included.

Roles and Responsibilities

Supporting a child with a medical condition during Nursery hours is not the sole responsibility of one person. The Nursery will aim to work cooperatively with other agencies such as healthcare professionals, social care professionals (where appropriate) and the local authority in addition to the child and their family. Different groups within Nursery have different responsibilities:

- **The Local Governing Body** will make arrangements to support children with medical conditions in school, including making sure that a policy for supporting children with medical conditions in school is developed, implemented and reviewed. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. – should it be directors?
- **The Manager** will ensure that all staff are aware of the policy and understand their role in its implementation. The manager will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained members of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. They will ensure that Nursery staff are appropriately insured to carry out these responsibilities.
- **The Manager/Deputy Manager responsible for children with a medical condition** will oversee the development of individual healthcare plans and review these on an annual basis. They will ensure that any action agreed by the Nursery in the healthcare plan is carried out.
- **Nursery Staff** may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Nursery staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.
- **Other healthcare professionals, including GPs and paediatricians** should notify the Nursery Manager/Deputy Manager when a child has been identified as having a medical condition that will require support at Nursery. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions e.g. asthma and diabetes.
- **Children** with medical conditions should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and work with, their individual healthcare plan as is age appropriate.
- **Parents/Carers** of children with medical conditions should provide the Nursery with sufficient and up to date information. Parents/carers will be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation e.g. provide medication and equipment and ensure they or another nominated adult are contactable at all times.
- **The Local Authority** should provide support, advice and guidance, including suitable training for Nursery staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Unacceptable Practice – it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents or ignore medical evidence or opinion

- Send children with medical conditions home frequently or prevent them from staying for normal Nursery activities, including lunch, unless this is specified in their individual healthcare plan
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend Nursery to administer medication or provide medical support to their child, including with toileting issues
- Prevent children from participating, or create unnecessary barriers to them participating in any aspect of Nursery life, including educational visits.

Liability and Indemnity

The Trust's insurance policy will provide liability cover relating to the administration of medication. Individual cover may need to be arranged by the Nursery for individuals providing health care procedures.

Complaints

Should parents/carers or children be dissatisfied with the support provided they should discuss their concerns directly with the Nursery. If, for whatever reason, this does not resolve the issue, they should follow the Nursery's complaints procedure.

Appendix A
Example Individual Healthcare Plan

Name:		Class/Tutor Group:	
d.o.b.			
Medical Condition			
Clinic/Hospital Contact			
Name:			
Phone No:			
GP contact			
Name:			
Phone No:			
Triggers	Symptoms	Treatments	
Specific Support			
Educational Needs	Social Needs	Emotional Needs	
Level of support			
Provision of support			
Who	Training needs	Expectations of role	Proficiency confirmed by healthcare professional
Who needs to be aware in Nursery			
Written permission for administering of medication			
What constitutes an emergency			
Procedures to follow in an emergency			
Follow up care			
Arrangements for educational visits			

Appendix B – managing medicines guidance

Important procedures

- Procedures for managing prescription medicines which need to be taken during a Nursery day
- Procedures for managing prescription medicines on trips and outings
- Statement of roles and responsibilities for staff managing and administering medicines
- Statement of parental responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents and carers for any medicines to be given to a child
- Circumstances in which a child may take non-prescription medicines
- Staff training
- Record keeping
- Safe storage of medicines

As an inclusive setting, we recognise that there may be times when medication needs to be administered to ensure a child's participation in Nursery school. We will therefore administer medication and supervise children according to the procedures in this guidance.

We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.

We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document 'Supporting Pupils at school with medical conditions' (April 2014)

Children with Special Medical Needs

Should we be asked to admit a child to the Nursery with special medical needs we will, in partnership with the parents/carers, discuss their individual needs and write a Care Plan. We will also involve other outside agencies as appropriate to the needs of the child and family.

Care Plans will be on display in classrooms, staffrooms and kitchens.

Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

Procedures

1. Prior to admission

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months.

2. Emergency medication

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. Epipen, defibrillators, emergency treatment for epilepsy, emergency treatment for diabetes.

3. Administration of Prescribed Medication

- 3.1 Should a child need to receive medication during the Nursery day parents or carers will be asked to come into Nursery and personally hand over the medication to the Nursery Manager/Deputy Manager.
- 3.2 On receipt of medication, a 'Medication Administration Sheet' should be completed and signed by the Parent/Carer - Completed forms will be kept with medications in the Office.
- 3.3 The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:
 - The child's name
 - Name of medication
 - Strength of medication
 - How much to be given
 - When to be given
 - Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
 - Length of treatment
 - Any other instructions

NB: A label 'to be taken as directed' does not provide sufficient information.

- 3.4 Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason **and a written letter from GP/Consultant is received.**
- 3.5 A record of the administration of each dose will be kept and signed by staff, on the 'Medication Administration' sheet.
- 3.7 Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the Nursery should be notified in writing by the parent/carers. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.
- 3.8 Should the supply need to be replenished this should be done in person by the parent or carers.
- 3.9 All controlled medication will be stored in a locked cupboard.

4. Application of Creams and Lotions

- 4.1 Non-prescribed creams and lotions may be applied at the discretion of the Manager in line with this policy but only with written consent from parents and carers.
- 4.2 Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.
- 4.3 Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.
- 4.4 Sun cream needs to be supplied by parents and carers. It should be labelled clearly with the child's name and date of opening. Sun creams will not be shared and used by other children. We apply the children's sun cream at Nursery School using a new pair of gloves per child. The sun cream is applied both morning and afternoon and then as necessary if the children have been in the water play. All parents and carers will be asked to sign a Sun Cream permission form on entrance to the Nursey school. – See Sun Safety Permission Form.

5. Alternative Medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

6. Simple Analgesics (Pain Relief)

- These will be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant, in line with Nursery policy
- With permission of parent and carers, if they have signed paperwork to say they agree to Nursery giving pain relief e.g. Calpol, Ibuprofen, Piriton
- No aspirin-based drugs will be given in Nursery unless specifically directed by GP/hospital.

7. Refusing Medication

7.1 If a child refuses medication staff will not force them to take it.

7.2 The refusal will be noted and parents contacted by telephone.

7.3 In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of Nursery staff will accompany the child to hospital to allow parents time to arrive.

8. Storage and Disposal of Medication

8.1 All medication (with the exception of any requiring refrigeration) will be kept in the Nursery office. **Children prescribed with an Epi-pen will need two pen in Nursery.** Epi-pens should be kept in a clearly labelled box in the room with the child; this must travel with the children during off-site visits. Parents are responsible for ensuring that Epi-pens they supply to Nursery are 'in date'.

8.2 Medication requiring refrigeration will be stored in the fridge in the staff room. The room is lockable. It will not be accessible to children.

8.3 Emergency medication will be stored out of the reach of children, in the same room as the child wherever possible and easily accessible to staff. All members of staff working in the Nursery will need to be made aware of the location of the emergency medication.

8.4 A regular check of all medicines in Nursery by the manager/deputy manager will be made every term. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

8.5 Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewage system or refuse.

8.6 Asthma medication: please refer to: 'Responding to Asthma'

9. Offsite Activities and Educational Visits

9.1 The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named, first aid trained member of staff. This also include asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

- 9.2 For residential visits parents and carers are required to complete a consent form for all forms of medication. This includes over the counter medication such as travel sickness.
- 9.2.1 All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded and parents are informed and asked to counter sign on the child's return.

10. Insurance

All staff are covered by THPT insurance.

11. Training

Training needs are reviewed annually according to the needs of our children. This is part of our staff induction programme and is reviewed annually. Training needs are identified for individual staff through annual performance and appraisal meetings.

Responding to Asthma

General

The charity, Asthma UK, estimates that on average there are 3 pupils with asthma in every classroom in the UK.

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Pupils with asthma should be encouraged to carry their own inhalers as soon as the parent/carers, doctor or asthma nurse agrees that they are mature enough.

Responsibilities

The Nursery Manager/Deputy Manager is responsible for: Ensuring that a system is in place and is properly managed and reviewed;

- Ensuring that a system is in place for recording asthma sufferers
- Ensuring that a system is in place for training staff
- Reporting annually to the Directors on any incidents and the general working of the system

The management of the system

- Ensuring that appropriate training is given
- Obtaining and circulating appropriate guidance
- Ordering supplies of the Asthma UK School Asthma Cards
- Ensure that the Asthma UK procedure in the event of an asthma attack is visibly displayed in the staffroom and in classrooms
- Reviewing the system periodically
- Ensuring that appropriate storage for medicines is provided
- Liaising with medical staff as necessary
- Communicating with teaching and support staff, and parents
- Reporting to the Manager and Directors

The manager and deputy manager are responsible for:

- Ensuring that asthma sufferers are known and records and register kept appropriately
- Ensuring medication is stored appropriately
- Keeping accurate records of administration of inhalers
- Ensuring all medicines are prepared for Nursery outings

All Staff will:

- Know which of their pupils is on the medical register – including asthma; (this information will be accessible via the office)
- Know what to do in the event of an asthma attack in Nursery
- Ensure that an asthma inhaler is clearly labelled with the child's name and taken on Nursery trips.
- **However, all children with a respiratory condition such as asthma must have an inhaler in Nursery**
- Ensure parents/carers sign permission to administer their child's inhaler at drop off and give a time of last dosage.
- Provide a written record including name and signature of staff member administering medication as well as a witness. The written

record must state when the child has had their inhaler and at what time/dosage. Parents must sign on collection of child to acknowledge this.

Parents/Carers of asthma sufferers are responsible for:

- Completing and returning the medical forms
- Ensuring that the inhalers are in date
- Providing the Nursery with one inhaler, labelled with the pupil's name

Record Keeping

Parents will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually.

The names of sufferers will be kept on the Nursery register managed by the management.

PE and Games

Taking part in PE activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in PE activities.

All staff will know who has asthma.

Before each lesson staff will remind pupils whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson.

The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

Nursery Environment

The Nursery will do all it can to make the environment favourable for asthmatics.

There is a rigorous no smoking policy.

The Nursery will as far as possible not use chemicals in the nursery that are potential triggers for asthma.

Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

Dealing with the Effects of Asthma

When it is known that a pupil has to miss a lot of school time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil's teacher will talk to parents/carers to determine how best to ensure that the pupil does not fall behind.

If appropriate, the teacher will also talk to the SENCO about the pupil's needs.

Monitoring and Review

Staff will report incidents of asthma to the manager/deputy manager

HELPING PUPILS WITH EPILEPSY

Contents

1. What is epilepsy?
2. What causes epilepsy?
3. Triggers
4. Medication
5. What the School should do
6. Sporting and Off-site activities
7. Disability and epilepsy
8. References

This section provides some basic information about epilepsy but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils are assessed and treated on an individual basis.

1. What is epilepsy?

Pupils with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that practitioners will encounter. It affects around one in 130 pupils in the UK.

Eighty per cent of pupils with epilepsy attend mainstream schools. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning.

2. What causes epilepsy?

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

3. Triggers

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

Tiredness
Lack of sleep

Lack of food
Stress
Photosensitivity

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil. The Nursery should obtain detailed information from parents and health care professionals. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

4. Medication

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures.

Medicine is usually taken twice each day, outside of Nursery hours, which means that there are no issues about storage or administration for Nursery staff.

There are some pupils who require medicine three times daily but even then it is usually taken before the Nursery day, after the Nursery day and before going to sleep.

The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the pupil goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

If there are pupils who require rectal diazepam, staff will follow the Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

For more information go to:

http://partner.ncb.org.uk/dotpdf/open_access_2/including_me.pdf

5. What the School should do

All individual pupils with epilepsy should have a health care plan that details the specifics of their care. The Manager/Deputy Manager should ensure that all practitioners know what to do if the pupil has a seizure.

The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

If a pupil does experience a seizure in Nursery, the details should be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist.

Pupils with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic etc. Concerns about safety should be discussed with parents as part of the health care plan.

During a seizure it is important to make sure that:

- The pupil is in a safe position
- The pupil's movements are not restricted
- The seizure is allowed to take its course

In a convulsive seizure something soft should be put under the pupil's head to help protect it. Nothing should ever be placed in the mouth.

After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with to monitor breathing, colour of skin and heart rate, until he/she is fully recovered.

An ambulance should be called if:

- It is the pupil's first seizure
- The pupil has injured him/herself badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the pupil's health care plan
- A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil)
- There are repeated seizures - unless this is usual for the pupil as set out in the pupil's health care plan

This information should be an integral part of the Nursery's general emergency procedures but also relate specifically to each pupil's individual health care plan.

6. Sporting and off-site activities

The same procedures will be followed for sporting and off-site activities.

The Nursery should consider what reasonable adjustments they might make to enable such pupils to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include the pupil and might also include risk assessments for such pupils.

Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

7. Disability and epilepsy

Some pupils with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Epilepsy is a long-term medical condition and therefore pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress.

Under Part 4 of the DDA, schools and academies must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. The school should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of school life. Thus pupils with epilepsy should take part in all activities organised by the school, except any specifically agreed with the parents and/or relevant health adviser.

Whether or not the epilepsy means that an individual pupil is disabled, the school must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

ALLERGIC REACTIONS/ANAPHYLAXIS

Contents:

1. What is anaphylaxis?
2. Causes and Triggers
3. Symptoms
4. Medication
5. What the School should do
6. Sporting and off-site activities
7. References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed and treated on an individual basis.

1. What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, Nursery life can continue as normal for all concerned.

2. Causes and Triggers

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), cereals (gluten, wheat, rye, barley, oats) sesame, eggs, dairy, fish, shellfish, soy beans, celery, mustard, sulphur dioxide, lupin, molluscs and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis.

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

3. Symptoms

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness.

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body
- Sense of impending doom
- Swelling of throat and mouth
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Severe asthma
- Abdominal pain, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)

A pupil/adult would not necessarily experience all of these symptoms. Even where only mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

4. Medication

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior.

Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh **and held for 10 seconds**. **An ambulance should always be called.**

Pupils who are at risk of severe allergic reactions are not ill and nor are they disabled. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Many Nursery's have decided that it is necessary to draw up individual protocols for pupils with severe allergies.

All staff should have at least some minimum training in recognising symptoms and the appropriate measures. The Nursery has procedures known to staff and parents.

Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the pupil's leg. In cases of doubt it is better to give the injection than to hold back. Where pupils are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff.

5. Sporting and off-site activities

Whenever a severely allergic pupil goes out of the building, his/her emergency kit must go too.

Where a pupil has a food allergy, if it is not certain that the food will be safe, think about alternatives that will mean the pupil is not excluded from school trips and activities. For example, for a day trip a pupil can take a lunch prepared at home, and for longer visits some pupils take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil should always take plenty of safe snacks.

Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat. Adults supervising activities must ensure that suitable medication is always on hand.



Appendix B Medication Administration Form

Child's Name:		Date of Birth:	
Room:		Known Allergies:	
	Medication 1	Medication 2	Medication 3
Name of Medication			
Dosage Required			
Reason for Medication			
Method of administration (e.g. orally, skin)			
Time/Frequency of administration			
Are there any side effects?			
Can administration of the medication be repeated?			
Where should the medication be stored?			
Specific Guidance			

I give permission for The Howard Nursery School to administer the above medication (Parental/Carer signature)

Signature: _____
Print name: _____

Date: _____

On administering medication, ensure you check **RIGHT PERSON, RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE, RIGHT TIME**

APPENDIX C

Checks for Medication Onsite

Storage of Medication

- Identify safe storage for medication – away from children (locked in medication fridge or in office in a locker, unless it is emergency medication such as inhalers or epipens)
- Safe bag to carry medication off site

Receiving Medication from Parents

- Manager/Deputy Manager to sign medication in when a child arrives on site
- Manager/Deputy Manager to get child's Medication Administration Form or fill out a new one.
- Check medication is the same as the medicine ON THE Medication Administration Form that parents have filled out.
- Check pharmacy label has: time to give, dosage, route, name of person, drug name and is the same as on the Medication Administration Form.
- Check expiry of medication. Liquid medications should have an 'opened on' date written on the bottle/syringe
- Complete the Medication Administration Form for the doses you will give while the child is with you.

Administration of the Medication

- The person giving the medication is the Manager/Deputy Manager/Room Leader and is First Aid trained
- There is a witness available to
 - Check the medication with the Manager/Deputy Manager/Room Leader
 - Check the procedure with the Manager/Deputy Manager/Room Leader
- Use the Medication Administration Form and get the medication ready
 - Check **RIGHT PERSON** – ask their name and the witness
 - Check **RIGHT MEDICATION** – name of medication on packet, label is legible (if missing do not use)
 - If medication is 'as required' check when last given and how many doses in the last 24 hours to ensure you don't overdose
 - Check **RIGHT DOSE** – you are giving the right number of tablets/amount of liquid
 - Check **RIGHT ROUTE** – and form the medication is to be given
 - Check **RIGHT TIME** – to give the medication
- If the child vomits or spits out the medication, do not repeat the doses and inform parents immediately.

Returning the Medication to Parents

- When the parent/carer collects, ensure they are given the child's medication to take home
- Inform the parent/carer when the medication was administered/not required
- Ask parent/carer to sign the Medication Administration form.

Appendix D

SAMPLE PUPIL CONSENT AND EMERGENCY CONTACT FORM – Residential Journeys

This form must be completed by Parent/Guardian and signed on both sides

Pupil Information

Details and Date of Visit _____

Child's Name _____

Address _____

Home Telephone (include code) _____ Mobile _____

Parent/Guardian Name _____

Water Activities (please tick as appropriate)

My child is:-

Able to swim 50 metres

Just water confident

Does not wish to participate in water activities

Diet Declaration (please tick as appropriate)

My child's diet is:-

All food

No meat/fish

Other
(please give details below)

He/She requires: - _____

Continue overleaf if necessary

Consent (Please tick as appropriate)

I am aware of the nature of the Programme that my child is about to take part in, and I understand that I can seek more detailed information by telephone/in writing from the following:

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

I consent to my child taking part in all activities organised by the Staff in connection with the Programme.

Signed: _____

Date: _____

Appendix E

EMERGENCY CONTACTS AND MEDICAL INFORMATION

The following information will be treated in confidence.

Student name:	_____	Age:	_____
Date of birth:	_____		
Parent/Guardian name:	_____		
Address:	_____		

Home telephone:	_____		
Mobile:	_____		
If parents/guardians can be contacted at work, please give the telephone numbers:			
Name:	_____		
Tel. No.:	_____		
Name:	_____		
Tel. No.:	_____		

Emergency Contact Numbers

Name	Phone	Relationship

1.	Please provide any information regarding medical conditions that may be relevant, e.g. allergies, asthma, diabetes, epilepsy, other.	None
2.	Is your child currently taking any medication?	None
3.	Is there anything else you would wish to bring to the Programme Leader's attention? e.g. travel sickness, incontinence, sleepwalker/restless sleeper or any other special needs.	

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Own Doctor's Name _____
NHS No.: _____
Address: _____

In the event of a medical emergency every possible effort will be made to contact you. We request that you agree to your child receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree we would be grateful if you would discuss this matter with: -

Your Leader in Charge: _____

I consent to my child receiving medical treatment in the event of an emergency.

Signed _____ Date _____

I consent to my child receiving calpol 1 x 5ml as required)

Signed _____ Date _____