Mulberry
Academy Woodside

Medical Needs Policy

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Mulberry Academy Woodside is an inclusive school committed to reducing the barriers to learning; it is important to us that every student has the opportunity to share in all aspects of school life. Consequently, we will work in partnership with parents and medical professionals to provide the best possible care for our students who have short term, or more complex or longer term medical needs, ensuring access to quality teaching and learning in order that they achieve their own unique potential. This policy sets out the steps this school will take to ensure full access to learning for our young people with medical needs.

Objectives of this Policy:

- To make sure that our young people are healthy and safe in school
- To encourage the widening participation of students with medical needs in inclusive education
- To ensure that those students with medical conditions who may require intervention have the necessary support systems so that they can attend school regularly and take part in school activities
- To have defined management systems, roles and responsibilities to support individual students with medical needs
- To support volunteer staff and those who have specific duties to provide medical assistance as part of their contract to fulfil their duties
- To involve students, parents and staff in the reviewing this policy

The guidance set out in this policy takes account of the following documents:

- Managing Medicines in Schools and Early Years Settings' (DfES 3/2005) which sets out the legal framework for mainstream schools and Local Authorities
- Management of Health and Safety at work Act, 1999
- Disability Discrimination Act (DDA), 2005
- Children's Act 2004
- Every Child Matters
- Every Disabled Child Matters
- UN Convention on the Rights of the Child
- Executive and Administration of Medicine (UNISON guide to H&S Law Publication No.1660)

This policy should be read in conjunction with the school guidelines for Anaphylaxis (Appendix 1), Asthma (Appendix 2), and Epilepsy (Appendix 3), and with the policies for disability, health and safety and inclusion. It will be reviewed annually in partnership with parents, staff and relevant health professionals supporting our school.

This policy covers:

- Parental responsibilities in respect of their child's medical needs (including the need for prior written agreement from parents for any medicines to be given)
- Procedures for managing prescription medicines which need to be taken during the school (including managing prescription medicines on trips and outings)
- The roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- The school policy on assisting young people with long-term or complex medical needs
- Policy on young people carrying and taking their medicines themselves
- The circumstances in which young people may take any non-prescription medicines
- Risk assessment and management procedures for physical activities and educational visits
- Staff training in dealing with medical needs
- Record keeping
- Safe storage of medicines
- Access to the school's emergency procedures

The Need for Medication

Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may mean the young person going home during the lunch break, or the parent visiting the school. However, this may not be practicable and in such a case a parent may make a request for medication to be administered to the young person at the school.

Parents must provide GP/ another medical professional's advice.

Legal Obligation to Administer Medicines

There is no legal obligation that requires school staff to administer medicines. Teachers' conditions of employment do not include giving or supervising a student taking medicines. Agreement to do so must be voluntary. Where the school agrees to administer medicines or carry out other medical procedures, staff will receive appropriate training and support from health professionals. They will be made aware of the correct procedures to follow in administering medicines, and the procedures required in the event of a young person not reacting in the expected way.

This role will be specified in the member of staff's job description. Policies and robust systems, including risk assessments, will ensure appropriate protection for both students and staff.

1. Principles of Administering Medication

1.1 Medication will only be administered or supervised when:

- Necessary during school hours
- Prescribed by a doctor, or prescribing nurse or pharmacist supplied in the original container, clearly labelled with the name of medication, the prescriber, the name of the student, the dosage and frequency of the dose

1.2 No student under 16 should normally be given medication unless prescribed by a doctor. In addition to the dangers to the young person there are legal and insurance implications regarding the administration of non-prescribed medication.

1.3 School staff should not administer non-prescription medicines. However, there may be rare occasions when, due to an accident or other event, administering a non-prescribed medication is in the best interest of the young person. If so, the following guidelines should be followed:

- The permission of the Headteacher will be sought via a written request of the parent if authorised (form 4), the parent will provide the medication and details of the timing of the last/ next dose of medication (form 3a)
- The appointed staff will record in the student's planner the day, time and quantity of medication taken PLUS
- Record the administration of the medication in a general "Administering medicines record" form.

2. Prescribed Medication - Short Term Needs

2.1 Medication should only be taken to school where it would be detrimental to a young person's health if it were not administered during the school day.

2.2 The school will ensure that a nominated member of staff is available to supervise administration where this is necessary, e.g. antibiotics and lotions with short periods between doses. (form 6)

2.3 Whenever possible, parents should press doctors to prescribe medication in dose frequencies which can be taken outside of school hours. For example, three times per day = before school; after school and at bedtime.

3. Prescribed Medication - Long Term Needs

3.1 It is very important for the school to have sufficient information about the medical condition of any young person with a long term medical need at the earliest point possible. This will be given by the parent and supported by advice given by a health professional. (form 2)

3.2 Parents have a duty to contribute such information at the formulation of a student's Individual Health Care Plan. (form 2)

4. Individual Health Care Plans

4.1 In instances of a medical condition having a substantial impact on the young person's provision, the school will draw up an Individual Health Care Plan in consultation with parents, health professionals and the young person.
This will include:

- Details about the young person and their condition
- Specific and professional advice on what and what not to do
- Details of medication, including any side-effects
- Special requirements, e.g. dietary needs, any other precautions
- A Risk Assessment to ensure that the young person participates safely in educational activities
- Emergency procedures, including a personal emergency evacuation plan if necessary
- Role of the school and outside staff
- Contact details of relevant individuals and agencies

5. Controlled Drugs

5.1 The Headteacher is responsible for making sure all medication is stored safely, especially drugs such as Methylphenidate (commonly known as Ritalin), which are controlled under The Misuse of Drugs Act 1971.

5.2 Any member of staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions (and record on form 6).

5.3 A young person who has been prescribed a controlled drug may legally have it in their possession.

5.4 It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it has been prescribed. (forms 5 & 6)

5.5 In this case the controlled drugs should be kept in a locked non-portable container and only named staff should have access.

5.6 A record should be kept of any controlled drugs stored at school for audit and safety purposes.

5.7 A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

6. Procedures for Administration of Medication

6.1 A parent, or a suitably qualified health professional, should provide the following details as a minimum requirement:

- The student's name
- The name and strength of the medication
- Date of issue
- Expiry date
- Length of treatment
- Instructions for use
- Dosage
- Time, frequency and method of administration
- Possible side-effects
- Storage details

6.2 The member of staff who receives the medication should be satisfied with the suitability of the container and clarity of the labelling. S/he is obliged to:

- Read the label carefully
- Ensure the correct name is stated
- Ensure that they understand the instructions, including written instructions from the
- Doctor, dentist, nurse, or pharmacist
- Check the prescribed dosage on the pharmacist's label and the expiry date on the packaging

If there is any doubt, staff should check with parents or a health professional before taking further action.

6.3 Each time a member of staff administers/ supervises the taking of medication s/he should:

- Ensure that the student has actually taken the medication
- Complete and sign record form (forms 5 & 6)

7. Hygiene and Infection Control

7.1 All staff should be aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medication.

7.2 Staff should have access to protective, disposable gloves and take extra care when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment.

7.3 Where needles are used, a "Sharps Container" and adequate arrangements for collection and disposal should be in place. The child's parent is expected to provide the "Sharps Container" and remove/ replace it when it is full.

8. Safe Storage of Medicines - Dealing with Medicines Safely

8.1 No student should ever - under any circumstances - be given medication that has been prescribed for another student. This would be an illegal act. Medicines may be harmful to anyone for whom they are not prescribed.

8.2 Where schools agree to administer any medicine the employer has a duty to ensure that risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

9. Safe Storage of Medicines - Storage of Medication

9.1 All medication stored by the school will be in an appropriately-labelled container located in a place supervised by adults and not readily accessible by students. (Medicines do not necessarily have to be kept in a locked storage unit.)

9.2 A separate Control of Substances Hazardous to Health Regulations Risk Assessment is required by the Health & Safety Officer to ensure safe storage.

9.3 Should a medicine need to be refrigerated it must be in a clearly labelled, airtight container.

9.4 It is advisable that all medication is stored where temperatures are not excessive or it is likely to be extremely humid.

9.5 Relevant medication must:

- Be supplied to the school in the original dispensed container and not re-packed in another container
- Be labelled with the name of the student, the name and strength of the medication, the dosage, the time, frequency and method of administration
- Clearly state the date of issue (current advice is that the medication should have been dispensed within the previous three months)

9.6 Where a student has more than one prescribed medicine, each should be in a separate container.

9.7 In the event of a theft or burglary the necessary authorities should be notified and, where it affects a student's immediate needs, the parents should be notified immediately and where necessary health professionals are involved. In the most urgent cases it is advisable to contact the emergency services or the nearest Accident & Emergency department.

9.8 School staff should not transfer medicines from their original container under any circumstances.

9.9 Students should know where their own medication is stored and who holds the key. It must be recorded by school staff when medicine is taken from the student's container. This form will remain in the container.

10. Access To Medication

10.1 A few medicines, such as asthma inhalers and epi-pens, must be readily available to young people and therefore never locked away.

10.2 Where an Individual Health Care Plan indicates, a young person should be encouraged to carry his own inhaler/s, or epi-pen. Other medicines should be kept in a secure place.

10.3 All staff should know how to access the young person's medication and where to obtain keys (if this applies) to the medicine cabinet/ refrigerator for emergency purposes. (Access arrangements for emergency medication must be known to all staff)

10.4 Local pharmacists may give advice to the school about correct storage of medicines.

11. Disposal of Medication

11.1 Medicines should not be flushed down the sink or the toilet.

11.2 School staff should not dispose of medication. This is the responsibility of parents.

11.3 Date-expired medication or any medication no longer required by the young person should be returned to the parents. This should be done at least at the end of every term.

11.4 Leftover medications should not be stored over holiday periods in school. If in doubt, request that the Health & Safety Officer seek the advice of their local pharmacist about disposal of uncollected medicines.

11.5 When medicines are returned, or handed over to a pharmacist, this should be recorded appropriately. The young person's name, the name of the medication, its form, the amount left and the signatures of the member of staff and parent/ pharmacist receiving the medication should be logged.

11.6 "Sharps Containers" should always be used for the disposal of needles. These can be obtained by parents on prescription from the child's GP or paediatrician. Parents will dispose of the contents regularly.

12. The Student and Medication - Self-Management/ Administration

12.1 It is accepted good practice to encourage students, wherever appropriate, to manage their own medication from a relatively early age. In these instances school staff may only need to supervise.

12.2 The school will consider each individual student's needs on case by case basis and in consultation with parents and health professionals make a decision on the suitability of self management of medicines.

12.3 There is a range of medication such as Ritalin (Methylphenidate) amongst others that falls under the Misuse of Drugs Act 1971. These should be stored under lock and key.

13. The Student and Medication - Refusal to Take Medication

13.1 If a young person refuses his medication, he should not be forced to take it. Staff should inform the young person's parents as a matter of urgency. In the event that the parents are not contactable, a named health professional known to the young person* should be contacted and in the event that the refusal has a detrimental impact as identified in the Individual Health Plan emergency procedures, such as calling 999, should be implemented. All the above steps and actions should be recorded.

14. Educational Visits and Sporting Activities - School Trips

14.1 The school will endeavour to make any reasonable necessary adjustments to ensure the inclusion of all students on school trips. In the case of a student with medical needs, appropriate advice will be sought to ensure his health and safety. This will include all participants in the drawing up of the Individual Health Care Plan as well as the teacher/ member of staff in charge of the specific activity.

14.2 In some instances it may be necessary to undertake a risk assessment or to take additional safety measures, particularly for outdoor visits or activities.

14.3 Staff on school trips will be made fully aware of the medical needs of the student, the procedures for administration of medication and any relevant emergency procedures. Wherever possible these situations will be anticipated and included in the young person's Individual Health Care Plan. At all times the school will ensure that the Health & Safety of students and staff take precedence over any other consideration. All students who require an EpiPen or inhaler will not be permitted to attend school trips or visits if they do not have their EpiPen or inhaler.

14.4 The moving and handling of a young person is not part of any teacher's job or professional obligations and should only be undertaken when a Risk Assessment has taken place and training has been given. However, teachers should recognise the possible existence of emergency situations in which the moving and handling of a student for life-threatening and potentially dangerous reasons might be necessary as part of the teacher's general duty of care.

15. Sporting Activities

15.1 The school will ensure that the necessary adjustments will be made for most young people with medical conditions to participate in the PE curriculum or sporting activities.

15.2 Some students may need to take precautionary measures before or during exercise and may need to have immediate access to their medication.

15.3 Staff supervising sporting activities will be aware of the relevant medical conditions, medication requirements and emergency procedures through access to their Individual Health Plan.

15.4 Restrictions on physical activity and implications of involvement in physical activities will be recorded in the Individual Health Care Plan. Risk assessments will be carried out to determine whether the student can safely participate in physical activities and specialist equipment will be provided where this is deemed reasonable.

15.5 Designated members of staff assisting the student will be trained in safe manual handling.

16. Transport to and from the School

16.1 The school/ parents should alert the Local Authority, if it is felt a young person with medical needs, a disability or SEN requires or may require supervision on home/ school transport. The Local Authority will work with the school to provide the necessary transport and appropriately trained escorts where they are considered necessary. Transport staff are trained to know what to do in an emergency. Drivers and escorts are not normally required to administer medication.

17. Students and Alternative Provision - Home Tuition

17.1 There may be instances where a student's medical needs require alternative provision such as Home Tuition. Parents will be kept informed about arrangements in school and about contacts made with outside agencies. Parents and students will be consulted before referral to the Home Tuition Service is made.

17.2 In advance of a student's return to school after a period of absence, the school will through the Inclusion Lead ensure that a reintegration plan is prepared. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the student contribute to the drawing up of the plan. In some cases it will be necessary to have outside professionals
on site when the young person first returns.

17.3 For some students, reintegration will be a gradual process. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any Health & Safety issues that need to be addressed before reintegration.

17.4 In the event that a student has significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment under the Code of Practice (Students with Medical Needs). There will be consultation with the parents on this matter.

18. Record Keeping

18.1 The information contained within the Individual Health Care Plans will be treated in confidence and used for no other purpose than for the school to set up a good support system. All necessary forms (listed below) are available to parents on request:

- Contacting Emergency Services
- Individual Health Care Plan template
- Parent request for administration of medication
- Emergency request for administration of medication (Inclusion Lead/ Headteacher only)
- Record of Medication Administered to a Young Person
- Request for a Young Person to carry/ administer his own Medication
- Authorisation for administration of Controlled Substances

- Risk Assessments for Individual Students

18.2 The school shall keep a record of medication given to young people and of the staff involved. This purpose of which is to ensure adequate support measures are in place and followed correctly as well as allowing for reviewing of procedures. This applies to all medication whether administered or not (i.e., that which is supervised).

18.3 It is the responsibility of parents to supply written information about the medication their child needs to take in the school or related educational activities as well as any changes to the prescription or its administration or to the support required. Parents or a suitably qualified health professional should provide the following details as a minimum:

- Name of the child and date of birth
- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment
- Any changes to dosage should be notified by updating the Request to Administer Medication form

19. Risk Assessments and Emergency Procedures - Risk Assessments

19.1 Where the disability or medical condition of a young person entails specific risks to the Individual Risk Assessment will be prepared. In most instances it is anticipated that this will be attached to the Individual HealthCare Plan.

20. Risk Assessments and Emergency Procedures - Emergency Procedures

20.1 All school staff should know how to call the emergency services.

20.2 Staff should also know who are the first-aiders and the named person who has responsibility for carrying out emergency procedures.

20.3 Any young person taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

20.4 Normally staff should not take children to hospital in their own car. However, in an emergency it may be the only course of action. (A detail such as this will be recorded in the Individual Health Care Plan.) Another member of staff should accompany the driver. The driver should have public liability insurance.

21. Roles and Responsibilities - Parents:

- Have primary responsibility for their child's health
- Are responsible for ensuring their child is well enough to attend school
- Should inform the school on the first day that their child is absent
- Should provide a medical certificate in all cases where absence exceeds one week
- Should liaise with the Headteacher or his representative to agree the school's role in
- Helping to meet their child's medical needs
- Should provide the school with the necessary details of their child's medical condition
- and when and where the young person may need extra or emergency attention
- Should inform the school about any changes in their child's treatment
- Should, where possible, arrange with their doctor for medication to be administered
- outside of school hours
- Are responsible for supplying written information about the medication their child needs to take in school and letting the school know in writing of any changes to the prescription or its administration or to the support required
- Should, where possible, arrange for a separate supply of medication for use in school
- Are responsible for the disposal of medication

21.1 It only requires one parent to agree to or request that medicines are administered. Where parents have difficulty supporting or understanding their child's medical conditions, the school will liaise and refer to the appropriate agency.

The Headteacher will:

- Work with the governing body to continue to develop the school's policy
- Implement policy and develop detailed documented procedures
- Identify named staff to administer medication and ensures they receive proper support and training
- Make day to day decisions about the administration of medication, or delegate this as appropriate
- Ensure support and/ or cover for absence or unavailability of staff who normally administer medicines
- Ensure appropriate systems for information sharing, including confidentiality, are in place and followed
- Ensure medication is stored safely
- Ensure staff and parents are aware of the school's policy and procedures
- Inform parents of any concerns they have about a young person's medical condition
- Liaise with the Consultant in Communicable Disease Control following the outbreak of an infectious disease
- Agree with parents what support the school can provide
- Seek written confirmation from the employer of insurance cover for staff who administer medication
- Ensure emergency procedures are in place
- Obtain agreement from parents to share information about their child's medical condition/health with other staff members

Linked Guidelines

This policy should be read in conjunction with the following guidance:

Anaphylaxis - Appendix 1
Asthma – Appendix 2
Epilepsy – Appendix 3

Review

This policy will be reviewed annual by the Full Governing Body

Appendix 1 - Anaphylaxis and EpiPen Guidance

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

What can cause anaphylaxis?
Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.
The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.4 Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.4

Why does anaphylaxis occur?
An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high pitched sound (stridor) when breathing in. In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact Emergency Services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

How common is anaphylaxis in schools?
Up to 8% of children in the UK have a food allergy.5 However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school.6 Schools therefore need to consider how to reduce the risk of an allergic reaction, in line with Supporting Pupils. Box

1 provides a list of actions that schools and parents can take to reduce the risk of exposure to allergens.

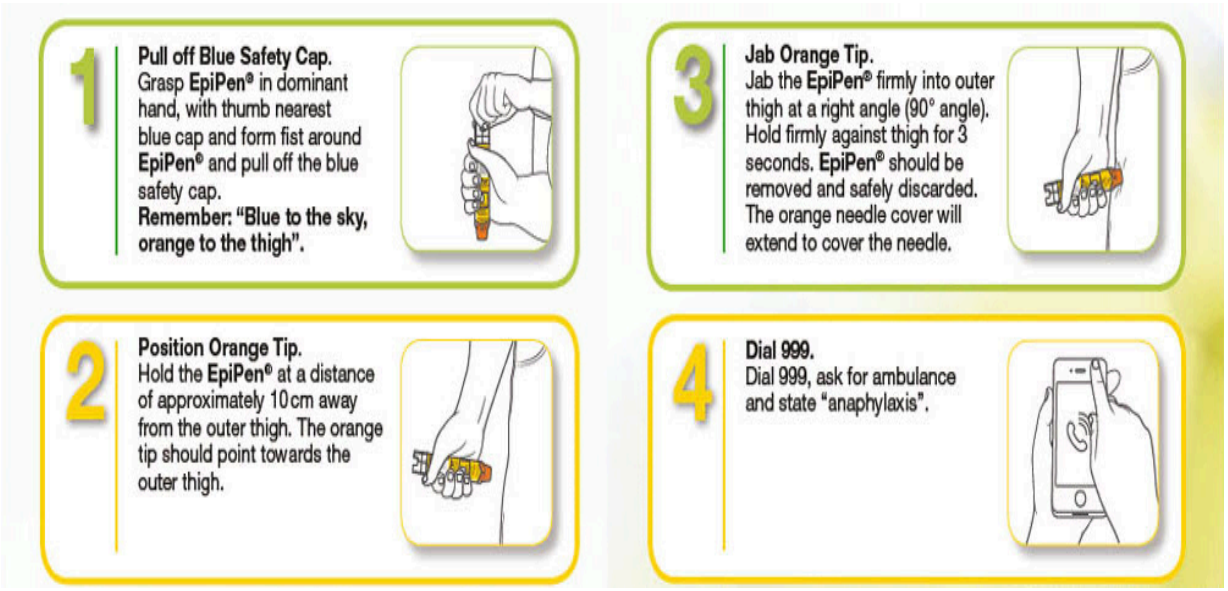
Treatment
While “allergy” medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving.

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders.

Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or an office where access is restricted.

It is not uncommon for schools (often primary schools) to request a pupil’s AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school.



How to administer an EpiPen

Once given the EpiPen lie the child down and raise legs

- Call 999 immediately and say "ANAPHYLAXIS" ("ANA-FIL-AX-IS")
- Stay with the child
- If they have not improved in 10 minutes, give a REPEAT injection

School trips and visits

It should be made clear that children need to take their EpiPen with them on all out-of-school activities, whatever activities are involved. Any child who does not have the required Epipen, will not be allowed to attend school trips and visits.

The school policy should require pupils to take the Epipen with them on any school trip or visit. Pupils on residential trips will need to bring their own Epipen with them, clearly labelled.

For more information, please visit:
https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Appendix 2 - Asthma Guidance in School

This guidance, produced in association with Asthma UK, is intended to give information to school staff, which will support the uninterrupted education in schools of children with asthma. It is estimated that one in ten children in the UK suffer from asthma. That equates to around 1.1 million children, around two in every classroom.

What is asthma?
Asthma is a condition of the air passages, the small tubes that carry air in and out of the lungs. When a child or young person comes into contact with an asthma trigger the muscles around the small air passages tighten and the linings of the air passages become inflamed and irritated, making it difficult to breathe. Often thick sticky mucus is produced. Children and young people with asthma may have airways that are almost always sensitive and easily irritated.

Individual children are affected by asthma in different ways. Some children may have very occasional symptoms such as coughing, shortness of breath or a feeling of tightness in the chest, whereas others may suffer these symptoms more frequently and some may even have symptoms every day (or night).
Children and young people with asthma that is not under control may cough at night which interrupts their sleep and can make them tired during the school day.

What is an asthma trigger?
A trigger is anything that irritates the airways and leads to asthma symptoms. There are many triggers and people may have different triggers because nobody's asthma is the same. Some common triggers are:

- Viral infections
- Dust (house dust mite)
- Pollen and moulds
- Smoking (including secondhand tobacco smoke)
- Furry and feathery animals
- Exercise
- Pollution
- Emotion (laughter, excitement, stress)
- Chemicals and fumes/perfumes
- Changes in temperature

HOW TO RECOGNISE AN ASTHMA ATTACK
The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK?

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

At school most children will only need to take their inhaled medication. Every child with asthma should have their own named reliever inhaler in school, prescribed by their doctor or asthma nurse (with a prescribing qualification). Children and young people with asthma should have their inhaler either on them or nearby at all times. Inhalers should never be kept in a locked cupboard or drawer.

Spare inhalers

Schools are allowed to hold a spare salbutamol inhaler for emergency use, provided that parental consent has been given for its use in an emergency, should the child's own inhaler not be available. See guidance from the Department of Health (DoH) at the end of the briefing.

Asthma medication

Most pupils with asthma will use an inhaler to take their medication. There are different types of inhalers - relievers and preventers.

Reliever inhalers (usually blue)
The most common asthma medications seen in school are blue reliever asthma inhalers, used by the majority of pupils. Blue reliever inhalers give immediate relief from asthma symptoms by dilating the small airways, opening up the air passages and making it easier to breathe.

Preventer inhalers (usually brown but can be orange)
These types of inhalers prevent inflammation and swelling in the airways and mean that people will be less likely to react to their asthma triggers. Unlike reliever inhalers, they do not give immediate or quick relief when someone is breathless, and their protective effect builds up over time. They need to be taken everyday as prescribed (normally morning and evening), even if the person is feeling well. Pupils who use a preventer inhaler still need to carry their blue reliever inhaler at all times because this is the inhaler which acts quickly to relieve symptoms when they come on.

If students or pupils do not have their emergency reliever inhaler to hand the chances of a medical emergency developing increase. Inhalers must therefore be readily accessible at all times.

If the child or young person is not able to carry their inhaler themselves it should be stored in an easily accessible place and clearly marked with the child's name, in the original box and the pupil and staff should know where it is stored. Inhalers should also be rapidly accessible to students when they are doing PE or other activities which might trigger an attack. Most schools insist on provision of a spare inhaler which is kept in e.g. the school office or medical room in case of emergencies or in case the school is evacuated.

Participation in school activities
The DfE advises that children with asthma should participate in all aspects of the school day, including physical activities. Having asthma should not normally prevent the sufferer from taking part in sports and games. Indeed, a number of famous athletes - such as gold medallist Paula Radcliffe - suffer from the condition. Some children may need to take their reliever medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be
necessary in cold or wet weather. However, children who feel unwell should never be compelled to take part in physical activities.

In all cases where a child's condition appears to be adversely affecting their school work, the issue should be discussed with the child's parents.

School trips and visits
It should be made clear that asthmatic children need to take their reliever inhaler with them on all out-ofschool activities, whatever activities are involved. Any child wh0o does not have the required inhaler, will not be allowed to attend school trips and visits.
The school policy should require staff to take the spare inhaler with them on any school trip or visit. Pupils on residential trips may need to bring their brown preventative inhaler with them, clearly labelled, so staff should be trained in correct use of the different types.

For further information, please refer to:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Appendix 3 - Epilepsy Guidance

What is epilepsy?
Epilepsy can take many shapes and forms, but it can be summed up as the tendency to experience seizures. Seizures arise because of sudden bursts of excess electrical activity in the brain, causing disruption to normal brain functions. Seizures can affect people with epilepsy at any time. They usually only last for seconds or minutes, after which the brain generally returns to normal.

More than half a million people in the UK have epilepsy, which is around one in 100 people. Three quarters of sufferers experience their first seizure before the age of twenty. Around 80 percent of children with epilepsy attend mainstream school. Most teachers, therefore, will teach a number of epileptic children during the course of their career, and can provide valuable support in helping to deal with the condition in a calm and reassuring manner, encouraging a positive and accepting attitude to the condition among other pupils in the class.

Epilepsy is a very individual condition, and every pupil with the condition will display different patterns and types of symptoms. In fact, the majority of children with epilepsy never have a seizure during the school day. It is because of this that it is particularly vital that a detailed an individual health care plan is drawn up for every pupil with the condition. This should be devised in consultation with parents and medical staff, and should set out the particular pattern of the child's epilepsy.

In particular, it would be useful to ask parents:

- What type of seizures the child has
- How long they last and what they look like
- What first aid is appropriate and how long a rest the child may need
- Common triggers for the child's seizures
- How often is medication taken, and what the likely side effects are
- Whether there is any warning prior to the seizure, and if so, what form it takes
- What activities might the parents or doctor place limits on
- Whether the child has any other medical conditions to what extent the child understands their condition and its treatment.
- It is important that as far as possible, children with epilepsy are included in all school activities.However, particular care may be required in specific areas, such as swimming lessons, technology or science practicals. In PE lessons it would be unwise, for example, to allow a child with epilepsy to climb ropes or wall bars. Any safety concerns should be addressed as part of the child's individual care plan.

Recognising a seizure
There are about 40 different types of seizure, some affecting the whole brain, others only a part of it. Some seizures are easier to recognise than others. When only a part of the brain is affected, the child will remain conscious but might display such symptoms as twitching or jerking of a limb, sensations of pins and needles, or an unusual taste in the mouth. In cases where consciousness is affected, they might appear confused or start wandering around; they can also exhibit strange behaviour such as fiddling with objects or plucking at clothes. The child may subsequently have little or no memory of the seizure.
More serious forms of seizure, such as the 'tonic-clonic' or 'grand-mal' seizure, affect the whole of the brain and not just a part of it. Tonic-clonic seizures are characterised by loss of

consciousness and convulsions that may last for a few minutes. Breathing may become difficult and the area around the mouth can turn a pale blue or grey colour. There may also be a loss of continence. Afterwards, the child is likely to be tired and/or confused. Some children will recover within a few minutes, but others may need to sleep for several hours.

The severity of the seizure is not necessarily dictated by the extent of the brain it affects. For example, if a pupil experiences an ‘absence seizure’, which affects the whole of the brain, there may be few visible indications that it is taking place, other than that an outward appearance that they are day-dreaming, looking ‘blank’ or staring. Such seizures can easily be mistaken for not paying attention in class.

Dealing with seizures
A number of factors may increase the likelihood of a child having a seizure. They can include:

- Anxiety or stress
- Tiredness
- Being unwell
- Flashing or flickering lights
- Certain geometric shapes or patterns.

Details of the types of triggers likely to affect an individual child should be detailed on their individual care plan so that staff can be aware of the need for care with particular activities. Most children with epilepsy do not have a problem using computers or watching television.

If a child has a seizure, teachers should observe the following guidelines, in addition to any specific advice given in the child’s individual care plan:
Remain calm and reassure others in the class.

Ensure that the child cannot harm themselves.

Only move the child if there is a danger of, for example, sharp or hot objects or electrical appliances.

Cushion the head with something soft, eg a folded jacket.

Do not attempt to restrict the child’s movements.

Do not put anything in the child’s mouth, including food or drink.

Loosen any tight clothing around the neck (care is needed not to frighten or alarm the child).

Once a convulsive seizure has stopped, place the child in the recovery position and remain with the child until they are fully recovered.

Reassure the child and allow to rest and/or sleep as necessary, in a supervised, quiet place such as a medical room.

An ambulance should be called if:

- It is the child’s first seizure
- The child is badly injured
- They are experiencing breathing difficulties

- The seizure lasts for longer than the period set out in the child's health care plan
- The seizure lasts for longer than five minutes, and you do not know how long the child's seizures usually last
- There are repeated seizures, unless the child's care plan states that this is normal for that child.

This information should be incorporated into the school's emergency procedures as well as the child's individual health care plan. This should also give background information and descriptions of the usual type or types of seizure experienced by the child and whether emergency intervention may be required. The plan should also set out whether the child should be sent home after a seizure.

In cases where the child tends to experience longer seizures, they may be prescribed rectal diazepam, or in some cases a solution of midazolam given orally or intra-nasally. In such cases it is vital that the school has clear procedures, drawn up in consultation with the child's prescribing GP or paediatrician, on how and when it should be administered. Staff giving this medication must have received proper training from local health services, and the Department for Education (DfE) advises that it is best administered by two adults, at least one of whom is the same gender as the child. The NEU advises members to be particularly wary of volunteering to carry out such procedures, given the potential for accusations of abuse.

Medication
The majority of children with epilepsy are treated with anticonvulsants to prevent or reduce their seizures. It is not normally necessary for them to take this medicine during school hours. Where medication does need to be taken during the school day, reference should be made to the NEU health and safety briefing Administration of Medicines. Again, it is important to stress that where teachers have volunteered to administer any medicines, they should be provided with comprehensive training from appropriate health professionals.

Remember that teachers' conditions of service do not include an obligation to administer medicines or to supervise a pupil taking them. The position may be different for support staff. It is for the management of a school to devise appropriate procedures to support children who need to take medicine at school.

If staff notice that a child's seizures are on the increase, or that they appear sleepy, inattentive or hyperactive, they may need to have adjustments made to their medication. Such concerns should be discussed with the child's parents who can take the necessary steps to inform the appropriate medical staff.

Reporting a seizure
Teachers and other school staff are in a comparatively good position to spot mild or subclinical forms of seizure which cannot be seen at all, but may be manifested by a drop in the standard of work or attainment by the child concerned.

Where any type of seizure is suspected, it should be reported immediately to the child's parents. Such vigilance may not only help parents and medical staff to diagnose and manage the symptoms, it can also aid the child's wellbeing and academic performance.

In reporting the seizure, the following information should be supplied:

- What led up to the seizure (e.g. visual or auditory stimulus, anxiety etc)?
- Specify any unusual feelings expressed by the child before the seizure.
- Describe any parts of the body affected by the seizure, such as limbs or facial muscles.
- Was the child unconscious?
- Was there any incontinence?

For further information:
Further guidance DfE Supporting pupils at school with medical conditions Epilepsy Action Epilepsy Action (British Epilepsy Association) has specific information for education professionals on its website.

This looks at classroom first aid, emergency care, medication and school activities.

Freephone helpline: 0808 800 5050
Text helpline: 07537 410044
Email: helpline@epilepsy.org.uk epilepsy.org.uk

National Society for Epilepsy
The NSE has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, equality law, and teaching pupils with epilepsy.

UK Epilepsy helpline: 01494 601400 (Monday to Friday, 10am-4pm). epilepsysociety.org.uk