



Beech Green Primary School

Respect Achieve Belong

Supporting Pupils with Medical Conditions Policy Including Children with Health Needs who Cannot Attend School

Introduction

Beech Green Primary School is an inclusive community that aims to support and welcome pupils with medical conditions. The school aims to provide all pupils with all medical conditions the same opportunities as others.

All school staff will help to ensure:

- all staff understand their duty of care to children and young people
- everyone, adults and children, know what to do in the event of an emergency;
- people working in and with the community understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood;
- adults and children understand the importance of medication being taken as prescribed;
- an understanding of the common medical conditions that affect children at this school;
- policies and procedures are adhered to.

Policy and guidelines

Beech Green is an inclusive community that aims to support and welcome pupils with medical conditions

The school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

Supporting Pupils with Medical Conditions in School

- Pupils with medical conditions are encouraged to take control and ownership of their condition. Pupils should feel confident in the support they receive from the school to help them do this, to prepare them to be able to manage their condition independently in later life.
- This school aims to include all pupils with medical conditions in all school activities.
- Parents of pupils with medical conditions should feel secure in the care their children receive at this school.
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
 - Staff training is provided to support the individual needs of pupils as required through NHS specialists and other outside agencies as appropriate.

The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

Parents are informed about the medical conditions policy:

- when a child is diagnosed with a medical condition;
- through the policy section of the website;
- school staff are informed and reminded about the medical conditions policy on an annual basis, or when a child in their class is diagnosed with a medical condition;
- First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school;
- staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation, school staff members are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication;
- all staff who work with pupils with specific medical conditions at this school receive training (if applicable) and know what to do in an emergency for the pupils in their care;
- staff are given a list of the medical conditions of pupils in their class at the beginning of the academic year.

The following Appendices give advice on what action should be taken with these common conditions

See appendix 1 – form 1: Asthma attack

See appendix 2 – form 2: Epilepsy awareness

See appendix 3 – form 3: Anaphylaxis (severe allergic reaction)

See appendix 4 – form 4: Diabetes awareness

Additional appendices and information will be added as needed.

The school has clear guidance on the administration of medication at school

Administration - Emergency Medication

All pupils at this school with medical conditions have easy access to their emergency medication.

All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. This is not age specific, but will depend on the individual child and their specific condition and need, and in consultation with medical professionals. In other cases, medication is stored either in the classroom or in the school first aid cabinet (SBM office); the pupil and staff working with that particular child should be aware of where the medication is and how to access it. There is also a similar arrangement on any off-site or residential visits (See residential Visits section).

Administration – General

- all use of medication, even if the pupil can administer the medication themselves, is done under the supervision of an adult and the dose and name of the medication is recorded on

the school's medication sheets along with the date, time and signature of the member of staff.

- all staff members are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- for medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written (or in the case of an emergency, oral) consent of the pupil's parent.
- training is given to all staff members who agree to administer medication to pupils, where specific training is needed. the local authority provides full indemnity.
- parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- all staff members attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

This school has clear guidance on the storage of medication at school

Safe Storage – Emergency Medication

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug (i.e. under tight control by the Government because it could be abused or cause addiction) and needs to be locked up, the keys are readily available and not held personally by members of staff.

EpiPen's are kept office first aid cabinet and are readily available if needed.

Safe Storage – Non-emergency Medication

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Staff and pupils with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

- the first aiders check the names and expiry dates on all medicines stored in the school office at the end of every academic year and returns any unused to either the parent or the local pharmacy. medication is not stored in the summer holidays;
- all emergency and non-emergency medicines brought into school must be clearly labelled with the child's name, the name of the medicine and the dosage (including frequency). it should be in the original packaging from the pharmacy;
- antibiotics or medicines requiring refrigeration are stored in the fridge located in the staffroom, clearly labelled with the child's name;
- it is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

- parents at this school are asked to collect out-of-date medication.
- if parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

Registration forms

Parents at this school are asked if their child has any health conditions or health issues on the registration form, which is filled out at the start of school. Parents of new pupils starting at other times during the year are also asked to provide this information on registration forms. Data checking sheets are sent out, at least annually, for parents to check and add any missing information.

Healthcare Plans

This school uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is discussed and set up with parents of any child with a long term medical condition.

This is reviewed and agreed:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.
- the Healthcare Plans are stored in school office.

If a pupil has a short-term medical condition that requires medication during school hours, parents are asked to provide exact details of medication, dosage and frequency and give written permission for a member of staff to administer medicine if needed. The school also asks for written details of any adaptations needed (if necessary) for the child to attend school.

Parents are reminded to inform the school office or child's teacher if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. This is to ensure the healthcare plans can be updated accordingly.

School Medical details register

Medical details and conditions are recorded on the child's record held centrally on the SIMs system. A list of children in each class is printed off and handed to the class teacher at the beginning of each academic year and teachers are notified of any changes or additions throughout the year.

Other record keeping

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are

recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

This school is committed to providing a physical environment that is accessible to pupils with medical conditions. Parents of pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

Social interactions

- this school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school;
- this school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits;
- all staff members at this school are aware of the potential social problems that pupils with medical conditions may experience. staff members use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies;
- staff members use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

- this school understands the importance of all pupils taking part in sports, games and activities;
- this school ensures all classroom teachers, PE staff and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils;
- teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities;
- this school ensures all pe teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers;
- This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

Residential visits

- Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight visit. this form requests up-to-date information about the pupil's current condition and their overall health. this provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. this includes information about medication not normally taken during school hours;
- all residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's healthcare plan if appropriate.
- all parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required;
- parents of children attending a residential visit are asked to also detail what medication and dose the pupil is currently taking at different times of the day. it helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

This school works in partnership with all interested and relevant parties including all school staff, parents and community healthcare professionals to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Employer

This school's governing body has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips;
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions;
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated;
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

Head teacher

This school's head teacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks;

- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents and governors;
- ensure the policy is put into action, with good communication of the policy to all;
- ensure every aspect of the policy is maintained;
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans;
- ensure pupil confidentiality;
- assess the training and development needs of staff and arrange for them to be met;
- ensure all supply teachers and new staff know the medical conditions policy;
- update the policy regularly according to review recommendations and recent local and national guidance and legislation.

All school staff

All staff members at this school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- understand the school's medical conditions policy;
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan;
- allow all pupils to have immediate access to their emergency medication;
- maintain effective communication with parents including informing them if their child has been unwell at school;
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom;
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support;
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in;
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching staff

Teachers at this school have a responsibility to:

- ensure pupils who have been unwell catch up on missed school work;
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it;
- liaise with parents, the pupil's healthcare professionals and special educational needs coordinator if a child is falling behind with their work because of their condition.

First aiders

First aiders at this school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school;
- when necessary ensure that an ambulance or other professional medical help is called.

- help update the school's medical condition policy;
- know which pupils have a medical condition and which have special educational needs because of their condition;
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

Pupils

The pupils at this school have a responsibility to:

- treat other pupils with and without a medical condition equally;
- tell their parents, teacher or nearest staff member when they are not feeling well;
- let a member of staff know if another pupil is feeling unwell;
- know how to gain access to their medication in an emergency;
- ensure a member of staff is called in an emergency situation.

Parents

The parents or carer of a child at this school have a responsibility to:

- tell the school if their child has a medical condition;
- ensure the school has a complete and up-to-date Healthcare Plan for their child;
- inform the school about the medication their child requires during school hours;
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities;
- tell the school about any changes to their child's medication, what they take, when, and how much;
- inform the school of any changes to their child's condition;
- ensure their child's medication and medical devices are labelled with their child's full name;
- provide the school with appropriate spare medication labelled with their child's name;
- ensure that their child's medication is within expiry dates;
- keep their child at home if they are not well enough to attend school;
- ensure their child catches up on any school work they have missed;
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional

The term 'parent' or 'carer' implies any person or body with parental responsibility such as foster parent or carer.

Children with Health Needs who Cannot Attend School

Introduction

This policy sets out how Gloucestershire County Council (GCC) will comply with its statutory duty to arrange suitable full-time (or part-time when appropriate for the child's needs) education for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

This statutory duty applies to all children and young people of compulsory school age, permanently living in Gloucestershire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on the roll of a school.

Aim of the Policy

Gloucestershire County Council's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures.

Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

The provision for children who are medically unfit to attend school will ensure that:

- pupils make good progress in their education and do not fall behind their peers, particularly in key subjects;
- disruption to learning is minimised and there is a continuity of education provision within the school curriculum;
- pupils are able to obtain qualifications as appropriate to their age and abilities;
- pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits;
- pupils feel fully part of their school community and are able to stay in contact with classmates.

Legislation and Guidance

Key legislation covering the duties and powers relating to this policy:

- Section 19 of the Education Act 1996, as amended by section 3a of the Children, Schools and Families Act 2014; www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf
- Equality Act 2010: www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that Local Authorities (LA) must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for

disabled children and foster good relations between disabled and non-disabled children. LAs should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to premises and the curriculum.

Local authorities must have regard to statutory guidance when carrying out their Section 19 duty. The relevant guidance is: "Ensuring a good education for children who cannot attend school because of health needs": <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attendschool>

This policy has been developed with regard to this guidance.

Role of Gloucestershire County Council (GCC)

Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer is: Annalise Price-Thomas (GHES Head of Service).

The LA's SEN Casework team will work with schools to review any changing needs of a child with an Education Health and Care Plan (EHCP) or statement of SEN, who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.

The Exclusion and Reintegration Team monitors and provide advice on pupils receiving alternative education provision. The team works closely with colleagues within the local authority, with schools and with partner agencies to reduce the length of time that children are on reduced timetables, which may be due to their medical needs. A strategic group, 'Pupils Missing Out' oversees this work and will challenge barriers that prevent access to full time education provision.

Gloucestershire County Council expects that all schools will work in partnership with it to ensure continuity of access to education for all children unable to attend school because of serious illness or injury. All schools must have a written policy and procedures for dealing with the education of children and young people with medical needs and governing bodies also must have regard to relevant statutory guidance ('Supporting Pupils with medical conditions'):

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions->

2022-2024

The Education Of Children Who Are Unable To Attend School Due To Medical Needs

GCC's arrangements for alternative provision for children medically unfit to attend school are made in agreement with the Gloucestershire Hospital Education Service (GHES), which aims to:

- provide continued education as normally as the child's medical condition allows
- promote self-esteem and educational achievement
- promote equal access to education for all children and young people at GHES
- work as a team with all those involved with the child
- ensure a rapid response to need.

Gloucestershire Hospital Education Service (GHES) Information:

Identification of Children who Need Provision

- this policy applies to all children and young people who:
- have an illness which will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year and where suitable education is not otherwise being arranged.

- have a health need and their absence has been validated as necessary by a medical professional, either a consultant community paediatrician or specialist consultant psychiatrist from CAMHS.
- health problems can include physical illnesses, injuries and clinically defined mental health problems certified by medical evidence, such as that provided by a medical consultant. From CAMHS consultants, the evidence would be in the form of letter and copy of care plan/care

Programme Approach Plan.

Referral and Intervention

All referrals must be verified, in writing, by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS). This should indicate:

- If the child/young person is unfit for school
- For how long support might be required
- Recommended teaching hours
- An outline of what medical intervention is currently in place

For pupils who have returned from hospitals or other in-patient units out of county, medical evidence will be sought from the discharging hospital medical staff. Refer to the GHS admissions policy for more details.

The Education of Children Who Are Unable To Attend School Due To Medical Needs

Subject to medical advice, GHS aims to teach children and young people in hospital from day 1 or as soon as the child is well enough. When a child is in hospital, effective liaison between hospital staff, Gloucestershire Hospital Education Service and the child's school will ensure continuity of provision and consistency of curriculum, helping the child to keep up rather than having to catch up with his/her education. If a child has complex long-term health issues and the pattern of illness may be unpredictable, regular liaison between the school, medical professionals and Gloucestershire Hospital Education Service will enable appropriate provision to be made.

Children and young people on a school roll, with a diagnosed medical need that does not require inpatient or day patient hospitalisation, are generally referred by the home school to Gloucestershire's Hospital School as the alternative provider. It is the responsibility of the home school to collate the necessary evidence for the referral to the Outreach Teaching Service. Admissions criteria and referral procedures are available on the website

<https://www.gloucestershire.gov.uk/gloucestershire-hospital-education-service/>

Circumstances that may trigger requests for the Outreach Teaching Service involvement or support include children and young people with the following needs:

- Those with medical / mental health needs who are or will be absent for more than 15 working days (consecutive or cumulative absence due to the same illness) and who are declared medically unfit, by a consultant clinician, to attend their usual place of learning in spite of support offered by an 'Individual Health Care Plan.'
- Pupils who are re-integrating into school after a period of illness or injury, in accordance with the terms agreed at initial and on-going reviews

The education provision will be full time, unless this is not in the best interests of the child. Children with health needs should have provision which is equivalent to the value of education they would receive in school. If they receive one to one tuition, for example, the hours of face to face provision could be fewer as the provision is more concentrated. The education will be tailored

to the child's age, aptitude and ability and any other individual need (for example, health, social and emotional needs, special educational needs or disability).

Children and young people who are registered at GHES remain on roll at their home school. Although such pupils are taught by the GHES, at all times, they remain the responsibility of the home school and should be recorded on their home school's annual census return.

The child's progress will be reviewed at least every 8 weeks by Gloucestershire Hospital Education Service, in consultation with the parent / carer, the home school and other relevant services. Reviews will be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

Working in Partnership

Schools and alternative providers should collaborate with parents/carers, the local authority and all relevant health services to ensure the delivery of effective education for children with additional health needs.

Parents and carers have a key role to play in their child's education and are to be involved in planning and ongoing review. In the case of a looked after child, Gloucestershire County Council and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

Relevant services including Special Educational Needs (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Inclusion/Attendance/ Improvement Services, educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

Schools and alternative providers will make arrangements to reintegrate pupils at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

The plans for the longer term outcome and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013);

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attendschool>

Children will be supported by both their home school and alternative provision to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

Complaints and Review

Complaints about provision for children who are medically unfit to attend school should be made to the child's home school and/or GHES in the first instance. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient, complaints can be made using the corporate complaints procedures.

This policy will be reviewed every two years or in-line with any changes made to statutory guidelines.

What to do in an asthma attack

- Keep calm
- Encourage the child or young person to sit up and slightly forward
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) Immediately - preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- Send someone for a First Aider

If there is no immediate improvement

Continue to make sure the child takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child's symptoms do not improve in 5-10 minutes
- The child is too breathless or exhausted to talk.
- The child's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children with asthma to know how to recognize the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are;

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometime younger children express feeling tight in the chest as tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/careers must always be told if their child has had an asthma attack.

Never leave a pupil having an asthma attack.

- if the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or office to get their spare inhaler and/or spacer;
- in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent;
- reliever medicine is very safe. during an asthma attack do not worry about a pupil overdosing;

- send another pupil to get another teacher/adult if an ambulance needs to be called;
- contact the pupil's parents or carers immediately after calling the ambulance/doctor;
- a member of staff should always accompany a pupil take to hospital but ambulance and stay with them until their parent or carer arrives.

Appendix 2

Epilepsy awareness for school staff

Complex partial seizures

Common symptoms

- The person is not aware of their surroundings or of what they are doing.
- Plucking at their clothes.
- Smacking their lips.
- Swallowing repeatedly.
- Wandering around.

Send for a first aider to come to the student

Call 999 for an ambulance if ...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention.

Do

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed.

Tonic-clonic seizures

Common symptoms

- The person goes still
- Loss of consciousness
- Falls to the floor

Do

- Protect the person from injury (remove harmful objects from nearby)

- Cushion their head
- Look for an epilepsy identify card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring.

Don't

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round.

Call 999 for an ambulance if ...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured during the seizure
- You believe the person needs urgent medical attention.

Appendix 3

Anaphylaxis

Symptoms of allergic reactions:

Ear/Nose/Throat – Symptoms:

Runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye – Symptoms:

Watery, itchy, prickly, red, swollen eyes. Allergic “shiners” (dark areas under the eyes due to blocked sinuses).

Airways – Symptoms:

Wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:

Swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhea.

Skin:

Urticaria – wheals or hives – bumpy, itchy raised areas and or rashes.

Eczema – cracked, dry, weepy or broken skin. Red cheeks.

Angiodema – painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/Anaphylaxis:

These could include any of the above together with:

- Difficulty in swallowing or speaking
- Difficulty in breathing –severe asthma
- Swelling in the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast pulse)
- Sense of impending doom (anxiety/panic)
- Collapse and unconsciousness

Treatment

Send for a first aider immediately

If a spare EpiPen is held in school sent a member of staff or pupil to get it and ask the office to call an ambulance and parents.

If the student is conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.

If the child is conscious and alert, ask them to self-administer their epipen. If unconscious, trained member of staff to administer EpiPen as per training. Record time of giving.

If no improvement within 5 minutes then 2nd EpiPen to be administered.

Keep used EpiPen's to give to paramedics when they arrive.

Appendix 4

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes – hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling weak and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

First aid aims

Hypoglycaemia:

- Raise blood sugar level as quickly as possible – children will have their own supply of dextrose tablets, sugary snacks and drinks kept with their diabetes equipment and medication.
- Get casualty to hospital if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible

Hypoglycaemia - Call 999 immediately

Further actions

If the casualty loses consciousness

- Open the airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation