

Pixmore



Junior School

<u>Name of policy:</u>	Medical Needs
HCC model policy reference no (if applicable)	
<u>Approved by:</u>	
On behalf of School Improvement/Resources Committee:	Kath West
Date:	September 2018
On behalf of Governing Body:	Tina Dickens
Date:	October 2014 1 st review August 2015 in line with DfE advice Reviewed September 2018
<u>Date of next review:</u>	Autumn Term 2019

Pixmore Junior School

Medical Needs Policy

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities whilst they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

Rationale

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

From September 2014, The Children and Families Act 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school or educational visits on medical grounds alone.** Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises. This might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency. This duty also extends to teachers leading activities taking place off the school site, such as educational visits, school outings or field trips. The Children Act, 1989 describes what is reasonable for promoting or safeguarding children's welfare. This also gives some protection to teachers acting reasonably in emergency situations.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information regarding their child's medical condition and how medication will be administered and by whom.

The school takes advice and guidance from the Hertfordshire County Council Managing Medication in Schools (March 2008), which advises that parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at the school/establishment.

No child under 16 should be given any medicines without their parent's written consent.

Aims

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policy of Medication in Schools;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.
- that employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the school will liaise with the School Health Advisor for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

Policy into Practice

Responsibilities

1. Parents and guardians or carers.

Parents as a child's main carers are responsible for:

- ensuring their child is well enough to attend school
- providing the Head Teacher with sufficient information about their child's medical condition and treatment or special care needed at school
- reaching agreement, jointly with the Head Teacher, on the school's role in helping with their child's medical needs. In the case of children with medical conditions requiring a defined approach, the SENCo will liaise with parents to assist them in contacting the

medical profession supporting their child to request a care plan that clearly sets out the nature of the condition, together with what action to take in the event of an emergency at school. It should also include the potential impact the condition may have on the young person's learning (SEND Code of Practice: 0-25 June 2014).

- completing consent forms detailing their child's medical needs
- updating the school in writing of any changes in their child's condition or medication
- providing sufficient medication and ensuring that it is correctly labelled
- replacing supplies of medication as needed. In particular, parents of children who have asthma must ensure that their child has an inhaler in school at all times and that they ensure their child's condition is regularly reviewed by their GP
- disposing of their child's unused medication
- giving permission where their child is self-administering medication.

2. The employer: The LA is responsible under the Health and Safety at Work Act, 1974 for:

- making sure that a school has a health and safety policy, including procedures for supporting pupils with medical needs and managing medication
- making sure that their insurance arrangements provide full cover for staff acting within the scope of their employment
- providing explicit reassurances to staff who volunteer to assist with any form of medical procedure that they are acting within the scope of their employment and are **indemnified**.
- being held responsible in the event of legal action over an allegation of negligence
- ensuring that the correct procedures are followed
- keeping accurate records in the school for medical cases
- expecting teachers and other staff to use their best endeavours at all times, particularly in emergencies
- emphasising that in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency
- ensuring that willing staff have appropriate training to support pupils with medical needs
- linking with the Health Authority or other health professionals
- satisfying themselves that any training has given staff sufficient understanding confidence and expertise

- providing public liability insurance, where staff follow the school's documented procedures, in the case of a parental complaint.

3. The Governing Body has responsibility for:

- ensuring their school develops its own policies to cover the needs of school
- all of the school policies even when it is not the employer
- taking account of the views of the Head Teacher, staff and parents in developing a policy on assisting pupils with medical needs
- following the health and safety policies and procedures produced by the LA as the employer.

4. Head Teacher is responsible for:

- ensuring that parents' cultural and religious views are always respected
- seeking parents' agreement before passing on information about their child's health to other school staff
- sharing information with parents to ensure the best care for a pupil
- implementing the Governing Body's policy in practice and for developing detailed procedures
- agreeing to all staff, who volunteer to give pupils help with their medical needs, doing this
- ensuring that all staff receive proper support, advice and special training where necessary
- making day to day decisions about administering medication
- making sure that all parents are aware of the school's policy and procedures for dealing with medical needs
- making it clear to parents that they should keep children at home when they are acutely unwell
- clarifying the school's approach to taking medication at school.

5. Teachers and other school staff are responsible for:

- understanding the nature of the condition, where they have pupils with medical needs in their class and being aware of when and where the pupil may need extra attention
- being aware of the likelihood of an emergency arising and what action to take if one occurs
- being aware of the staff who have volunteered, are trained and any back up arrangements if responsible staff are absent or unavailable

- being aware of the times in the school day where other staff may be responsible for pupils e.g. in the playground
- (if they volunteer to give or supervise a pupil's medication) taking part in proper training and seeking awareness of possible side effects of the medication and what to do if they occur
- supervising pupils who self-administer medication.
- Ensuring that a record is made when children use asthma inhalers and/or have an asthma attack in school

6. Health Services are responsible for:

- providing information and communicating effectively with parents and schools, to help them understand the child's medical condition
- providing additional assistance to parents and schools
- providing advice and appropriate training to school staff who are willing to support pupils with medical needs
- providing guidance on medical conditions and specialist support for children with medical needs
- confirming proficiency in medical procedures
- (the local Consultant in Communicable Disease Control) advising on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

Health Services have a statutory duty to:

- purchase services to meet local needs
- co-operate with LEAs and school Governing Bodies to identify need, plan and co-ordinate effective local provision within available resources
- designate a medical officer with specific responsibility for children with SEN, some of whom may have medical needs.

7. The school nurse/doctor is responsible for:

- helping schools to draw up individual health care plans for pupils with medical needs
- supplementing information provided by parents and the child's GP
- advising on training and supporting school staff, who are willing to administer medication

- giving advice to parents and staff.

8. The GP is responsible for:

- ensuring confidentiality to parents
- informing schools about a child's medical condition, where consent has been given by the parent or the child
- advising staff directly about a child's condition if parents agree.
- liaising with the School Health Service.

Receiving Medication In School

No medication will be accepted into school unless it is clearly labelled with:

- The child's name.
- The name and strength of the medication.
- The dosage and when the medication should be given.
- Written instructions provided by the prescriber
- The expiry date.

All medication must come into school in the original child proof container. Where a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to the designated member of staff in the school office.

A few medicines may be needed by the pupils at short notice eg asthma inhalers. In most cases pupils must be allowed to carry inhalers with them to ensure easy access.

Where medication is long-term, a letter must accompany the medication from the child's GP or consultant. Where the medication is short-term in nature parents will be expected to inform the school in writing that medication is required, and for how long, giving the school permission to administer as prescribed.

Controlled Drugs

- Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between school and parents.

- Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.
- Controlled drugs will be stored in the school safe, and only specific named staff allowed access to it. Each time the drug is administered it will be recorded, including if the child refused to take it.
- If pupils refuse to take medication, school staff should not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school will call the emergency services.
- The person administering the controlled drug will monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

Storage of Medication

Any medication received into school must be stored in a locked wall mounted cabinet and the key kept in an accessible place known to designated members of staff. At Pixmore, this is located in the school office. Some medication may need to be stored at low temperatures and must therefore be kept in a lockable fridge located in a designated area of the school.

Record Keeping:

Although there is no legal requirement for schools to keep records of medicines given to pupils, it is considered good practice to do so. Staff at Pixmore should ensure that they complete and sign a record each time they give medicine to a child (see Appendix 1).

Any injuries in school are recorded in the incident book stored in the First Aid room. Where a head injury has occurred, the child will be closely monitored and a head injury letter sent home to parents/carers informing them of the injury

DISPOSAL

Safe Disposal of Medicines

Medicines should be returned to the child's parents and a receipt obtained and filed when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed

- the expiry date has been reached
- the term or half-term ends.

At the end of every half-term a check is made of the lockable medicine cabinet. Any medicine, which is not returned to parents and no longer required or is out of date, or which is not clearly labelled will be disposed of safely by returning it to the local pharmacy.

All medication returned, even empty bottles is recorded. If it is not possible to return a medicine to parents it will be taken to a local pharmacy for disposal and a receipt obtained and filed.

No medicine should be disposed of into the sewerage system or into the refuse. Current waste disposal regulations make this practice illegal.

Safe Disposal of Medical Waste

Where a child who requires injections it is the parents responsibility to provide the equipment required in order that this can take place. Parents must also provide the school with an empty Sharps container, which must be used to dispose of any needles following use.

Sharps containers must be used for disposal of any sharp implements, which may have become contaminated with bodily fluid. Sharps containers will be stored in the First Aid room at Pixmore.

Offsite visits

At Pixmore, we encourage pupils with medical needs to participate in offsite visits. All staff supervising visits will be made aware of any medical needs and relevant emergency procedures. Staff must ensure that children with inhalers have them with them for visits and, if necessary, contact parents to ask them to bring an inhaler to school. Where necessary individual risk assessments will be conducted.

It will be ensured that a member of staff who is trained to administer any specific medication (e.g. Epipens) accompanies the pupil and that the appropriate medication is taken on the visit. At Pixmore, annual training in the use of Epipens is offered to all staff by our School Health Advisor.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose- provided this is very clearly labelled)

Sporting Activities

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their

health care plan. If restrictions apply, individual risk assessments will be conducted.

Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures, including ensuring that children with asthma have their inhalers with them, and take an emergency inhaler for use in an emergency.

INFECTION CONTROL

Spillage of Bodily Fluid

Where there is a likelihood of coming into contact with bodily fluids, the following minimum precautions must be adopted, regardless of whether a risk of infection has been identified:

- Disposable gloves and a disposable apron must be worn.
- Open wounds on anyone handling spillage must be covered with a waterproof dressing.
- Clean up spillages of blood or body fluids however small immediately.
- Blood spillages must be cleared using an approved hazard spill kit.
- Cover wet spillage with Haz Tab granules, remove after 2 minutes using the scoop provided then discard in a yellow bag **NB: do not use on urine**. If the spillage is dry or following the use of powder make a solution using Haz Tabs and cold water in the dilution bottle as indicated on the instructions.

- Wipe over the area with the solution and paper towels, discard the towels into a yellow bag (used for clinical waste). Discard protective clothing as clinical waste.
- For spillage of urine, soak up large spillage with paper towels and dispose of into yellow bag (used for clinical waste). Flood area with 1% sodium hypochlorite e.g. Milton or Sanichor (see label for dilution). Leave for ten minutes. Rinse area with hot water and detergent.
- If there is broken glass involved, never pick it up with fingers, even if wearing gloves. Dispose of the glass in a Sharps container in medical room.

Prevention of Cross Infections

In order to avoid cross infection the following procedures must be followed:

- Hand washing:
 - before and after all medical contact
 - after skin with contaminated with bodily fluid.

- Protective clothing:
 - wear gloves for direct contact with body fluids
 - wear plastic apron to protect clothing
 - change protective clothing between procedures.

- Keep cuts covered:
 - always cover cuts/skin lesions with a waterproof dressing.

PERSONAL CARE NEEDS

Some children in school will require help with their personal care needs. This may include feeding and toileting needs. These situations will pose a risk of cross infection.

Where children require help with toileting or feeding the following procedures must be adopted:

- All surfaces must be wiped down after use with warm soapy water e.g. tables, changing beds, etc. Changing beds must be wiped down after each child.
- At the end of each day surfaces must be wiped down with a solution of three parts water, one part Milton. This solution must be stored in a lockable cupboard, which is situated in the caretaker's office.

Contacts in school:

First Aiders:

Carolyn Matthews
 Dan King
 Sarah Kitching

The school SENCo, Sue Willans is responsible for liaising with parents where there is a need for an individual care plan under the SEND Code of Practice 0-25 (June 2014).

Appendix 1:

Templates for school and parents – Supporting children with medical conditions, including individual care plan template.

Appendix 2:

The attached appendix provides additional information on general advice to staff regarding the most common medical needs encountered within school, together with sample pro formas to support parents in helping school and health care professionals to work together in producing health care plans for their children.

Policy dated September 2018
Review date: September 2019

Appendix 1: Template A: individual healthcare plan for pupil attending Pixmore Junior School

Name of school/setting

Pixmore Junior School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for identified Pixmore School staff to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by
 Name of school/setting
 Name of child
 Date of birth
 Group/class/form
 Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
 Expiry date
 Dosage and method
 Timing
 Special precautions/other instructions
 Are there any side effects that the school/setting needs to know about?
 Self-administration – y/n
 Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name
 Daytime telephone no.
 Relationship to child
 Address
 I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if

there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child attending Pixmore Junior School

Name of school/setting
 Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Pixmore Junior School: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Appendix 2

INFORMATION ABOUT SPECIFIC CONDITIONS

1. **General Information About Anaphylaxis**

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

In its most severe form the condition is life-threatening.

Symptoms

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

Itching, hives anywhere on the body, generalised flushing of the skin.

A strange metallic taste in the mouth swelling of the throat and tongue difficulty in swallowing.

Abdominal cramps and nausea.

Difficulty in breathing – due to severe asthma or throat swelling. Increased heart rate, sudden feeling of weakness or floppiness. Collapse and unconsciousness.

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

Individual Care Plan

A child at risk of anaphylaxis should have an individual care plan drawn up between the school, the school nurse and the doctor supervising the child. This should give details of the symptoms experienced during an attack, the treatment required and who can administer it. The school health advisor can help with the education of school staff.

Medication

When a child is at risk of anaphylaxis the treating doctor will prescribe medication for use in the event of an allergic reaction. These may include an adrenaline injection (Epipen). These devices are preloaded and are surprisingly simple to administer. Other medications (antihistamines or bronchodilator inhalers may also be used by some children).

Day to Day Measures

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

When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements.

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

Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed. The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

2. General Information about Asthma

About one in ten children have asthma at some time in childhood but not all of these will be severely affected enough to require inhalers to be kept in school. A few children will have severe asthma and will require regular medication in school to prevent them from getting symptoms. For this small number an individual care plan would be appropriate.

Asthma Medication

Asthma medication is usually given by inhalers. There are various different types and the doctor prescribing the inhaler should ensure that it is possible for the child to use it properly. Because of the co-ordination needed, children under 12 often find it difficult to use the MDI (spray) inhalers properly without a spacer. Spacers will often be needed in school. (Occasionally tablets are used but these are only given once or twice a day and will not be required in school).

Reliever Inhalers

Relievers are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

Preventer Inhalers

Preventers may be brown, white, orange, red or grey and white.

They are only required two or three times a day and do not have any immediate effect on wheeze/cough. They should not therefore be required in school.

Where should the school keep reliever medication?

- Immediate access to reliever medication is essential. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal. At Pixmore School, children who are asthmatic are encouraged to keep an inhaler in their bags at all times. A spare inhaler is also kept in the school office in a named, clear plastic box.
- As soon as a child is able, allow them to keep their reliever inhaler with them at all times, in their pocket or in an inhaler pouch. The child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).
- Keep younger children's inhalers in an accessible place in the classroom. Make sure they are clearly marked with the child's name. At break time, in PE lessons and on school trips make sure the inhaler is still accessible to the child.

Children should not be prevented from taking part in physical activities because they have asthma. If a child is consistently unable to take part because of symptoms – cough, wheeze, breathlessness, tiredness – you should ask the school nurse to check their treatment. – It should almost always be possible to manipulate this so that a child is not incapacitated by their asthma.

Management of an Asthmatic Attack Classroom

First Aid

- (a) Ensure that the reliever inhaler is taken immediately.
- (b) Stay calm and reassure the child.
- (c) Help the child to breathe.

Encourage the child to breathe slowly and deeply. Most children find it

easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened.

(d) After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities.

(e) The child's parents must be informed about the attack.

Emergency Situation

Dial 999 and call an ambulance urgently if:

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

Continue to give reliever medication every few minutes until help arrives.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate very quickly.

3. General Information about Childhood

Diabetes Treatment of Diabetes

Diabetes cannot be cured, but it can be treated effectively. Children with diabetes will have treatment consisting of insulin injections and appropriate diet.

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

Paediatric Units treating diabetic children have specialist diabetes nurses who can liaise with schools and provide information and training. It is helpful to maintain an individual care plan for a diabetic child – see below.

Insulin Injections

All children with diabetes will need injections of insulin. In most cases, children will be on two injections of insulin a day. The injections will be taken at home, before breakfast and before the evening meal.

Occasionally children will be taking more than two injections of insulin a day, in which case one of the injections may be taken at lunchtime. If a child needs to inject whilst at school, she/he will know how to do the injection without the help of an adult.

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

Diet

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

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

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

Snacks

Most children with diabetes will also need snacks between meals. These could be cereal bars, fruit, crisps or biscuits. The snacks may occasionally need to be eaten during class time. It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children. Equally important as the type of food eaten is the timing of meals and snacks. The child with diabetes will need to eat their food at regular times during the day. This will help to maintain a normal blood glucose level.

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

Hypoglycaemia Reaction

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

It is important to know what causes hypoglycaemia, how to recognise it and what action to take.

The common causes of hypoglycaemia are:

- a missed or delayed meal or snack
- extra exercise (above that normally anticipated)
- too much insulin

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

Symptoms can include hunger, sweating, drowsiness, pallor, glazed eyes, shaking, mood changes or lack of concentration. Each child's signs and symptoms will differ and the parents will be able to tell you how hypoglycaemia affects their child.

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

How to recognise hypoglycaemia:

- hunger
- sweating
- drowsiness
- pallor/gloominess
- glazed eyes
- shaking
- mood changes/lack of concentration

How to treat Hypoglycaemia

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

Examples of fast acting sugars are:

- Lucozade
- Sugary drinks, eg Coke, Fanta (not diet drinks)
- Mini chocolate bar
- Fresh fruit juice
- Glucose tablets
- Honey or jam
- 'Hypostop' – a glucose gel which is available from the medical team.

The child's parents will be able to provide the fast acting sugars required.

The parents will be able to tell you what is appropriate for their child, together with the quantity. Most children with diabetes have their own preferred fast acting sugars. You can help by having fast acting sugar in your desk and, when you are out of the classroom, readily available at all times.

If the child is too confused to help themselves, try rubbing sugary jam, honey or 'Hypostop' (a special hypo preparation described above) inside the cheek, where it can be absorbed. Remember never to place anything into the mouth of someone who is unconscious as this carries the potential risk of choking as the person is unable to swallow. In the unlikely event of the child losing consciousness, place her/him in the recovery position and call an ambulance. You can be reassured that if the child does lose consciousness, s/he will come round eventually and should not come to any immediate harm.

Recovery from Hypoglycaemia

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

The child should not be left alone until fully recovered from the hypo. Recovery should take 10 to 15 minutes. The child may feel nauseous, tired or have a headache. When the child has recovered, follow up sugary food with some starchy carbohydrate, such as two biscuits and a glass of milk, a sandwich or the next meal if it is due. If the child is unconscious, do not give anything to swallow. Place the child in the recovery position and call an ambulance.

When the child recovers she/he will need to eat some slower acting starchy food (such as a couple of biscuits and a glass of milk, or a sandwich) in order to maintain the blood glucose level until the next meal or snack. Recovery from hypoglycaemia should take about ten or fifteen minutes. The child may feel nauseous, tired or have a headache.