



**Prudhoe West
First School**
Supporting Pupils
with Medical
Conditions

Information for Parents – September 2014
Prudhoe West First School

Contents

Contents.....	1
Foreword.....	2
Roles and Responsibilities.....	2
General Procedures.....	4
Refusal or Forgetting to Take Medication.....	5
Non-prescribed Medication.....	5
Individual Healthcare Plan.....	6
Practical Advice for Common Conditions.....	7
Anaphylaxis.....	8
Asthma.....	9
Diabetes.....	11
Epilepsy.....	11
Unacceptable Practice.....	13
Complaints.....	14

Appendices - Forms

Administration of Medication to Pupils – Agreement between Parents and School.....	1
Healthcare Plan for a Pupil with Medical Needs.....	2
Emergency Action: Asthma – First Aid.....	3
Emergency Action: Epilepsy – First Aid for All Seizures.....	4
Emergency Action: Epilepsy – First Aid for children known to have Epilepsy and prescribed Rectal Diazepam.....	5
Individual Care Plan for the Administration of Rectal Diazepam.....	6

Foreword

The County Council's Corporate Health and Safety Team has prepared this guidance in consultation with paediatricians from Northumbria Healthcare NHS Foundation Trust. It chiefly refers to essential prescribed medication. The contents fully complement information contained in the Department for Education's (DfE's) document entitled 'Supporting pupils at school with medical conditions' which was published in April 2014. It also supersedes the document 'Policy on Supporting Children with Medical Needs' which the Council published in July 1999. Schools should dispose of all previous copies of the latter guidance.

The DfE's recently published guidance cited above fully supersedes its previous document 'Managing Medicines in Schools and Early Years Settings' which was published in March 2005 and revised in 2007. Heads and governors have noted that from 1 September 2014 section 100 of the Children and Families Act 2014 has placed a statutory duty on governing bodies (rather than Local Authorities) to ensure that arrangements are in place to support pupils with medical conditions whilst they are at school.

The County Council's policy which the governors have adopted, has taken full account of the aforementioned DfE document.

This ensures that the governing body has accurate, up-to-date information and guarantees that no statutory requirements to which they must adhere have been overlooked. Additionally, by implementing these robust arrangements governors can be satisfied that such measures align with their wider safeguarding duties.

Roles and Responsibilities

Responsibility of Parents

In modern terminology the term 'parent' is understood to mean not just a parent but anyone who has parental responsibility for the care of a child. Parents have the principal responsibility for the administration of medication to their children, who have the right to be educated with their peers, regardless of any short or long-term needs for medication whilst at school.

It is preferable that medication be given at home whenever possible. If prescribed medicines are to be taken three or more times per day, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours. Non-prescription medication (such as cough medicines) should not be administered in school. However, in certain circumstances analgesics can be given (see page 4).

Parents have the principal duty to inform the school of their children's medical conditions and to make a request for the Head to make arrangements for medication to be administered in school. This can occur if the child:

- has been newly diagnosed
- is due to return after a long absence and has a chronic illness or long-term complaints, such as asthma, diabetes, epilepsy or another condition
- is recovering from a short-term illness and is well enough to return to school whilst still receiving a course of antibiotics or other medication.
- has needs that have changed
- is due to attend a new school

Responsibility of Health Care Professionals

In situations where the condition requires a detailed individual healthcare plan or specific specialist training is required for school staff this will often require direct input from Healthcare Professionals with clinical responsibility for the child. Examples include community or specialist nurses and, in the case of children with mobility needs, occupational therapists or physiotherapists.

Often the specific details in an individual healthcare plan can only be provided by professionals who have access to the confidential notes that the Consultants and other healthcare professionals working with the child in question have prepared.

Responsibility of School Staff

Each request for medicine to be administered to a pupil in school will be considered on its merits. The Head will give consideration to the best interests of the pupil and the implications for the school.

It is generally accepted that school staff may administer prescribed medication whilst acting in loco parentis. However, it is important to note that this does not imply that there is a duty upon these workers to administer medication and the following will be taken into account:

- No member of staff will be compelled to administer medication to a pupil
- No medication will be administered in school without the agreement of the Head or his/her nominated representative
- The Head and governors have nominated a member of staff to assume the role of Medication Coordinator, who will have overall responsibility for the implementation of this policy.
- If it is agreed that medication can be administered, named volunteers will be identified to undertake this task.

- The volunteers will receive the appropriate guidance and training (where necessary)
- Parents requesting administration of medication will be given a copy of this document and asked to complete the form 'Parental Request for the Administration of Medication to Pupils'.
- School staff may consult with the prescriber to ascertain whether medication can be given outside of school hours.

Liability and Indemnity

Members of staff administering medication in accordance with appropriate training or the details supplied by the parent are assured that they are indemnified under the conditions of the existing insurance policies. In such circumstances, any liabilities rest with the insured party (the County Council in the case of maintained schools and the governing body in the case of an academy).

General Procedures

1. If medication cannot be given outside of school hours, parents should fill in the aforementioned request form (Appendix 1) giving the dose to be taken, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent.
2. The parent (not the pupil) should bring all essential medication to school. It should be delivered personally to the Medication Coordinator at the main school office. Only the smallest practicable amount should be kept in school.
3. All medication taken in school must be kept in a clearly labelled pharmacy bottle, preferably with a child safety top, which must give the owner's name, the contents and the dosage to be administered.
4. Whilst medication is in school it will be kept in a locked cupboard or fridge (if so required). In the event of an emergency it will be readily accessible to the named volunteer or young person, when required. The exceptions to this are inhalers, adrenaline auto-injectors and insulin. These medications will be stored in an area near to where the child is taught.
5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.
6. When medication is given, the name of the drug, the dose, the mode of administration, the time that treatment is required to be given and date of expiry should be checked. A written record will be kept of the time it was given and by whom to avoid more than one person ever giving more than the recommended dose.

7. Where any change of medication or dosage occurs, clear written instructions from the parent should be provided. If a pupil brings any medication to school for which consent has not been given, school staff can refuse to administer it. In such circumstances the Head should contact the parent as soon as possible.
8. Renewal of medication which has passed its expiry date is the responsibility of the parent. Nevertheless, we have a robust procedure in place to ensure that out of date medication is not administered in error. If parents are unable to collect expired medication then staff should take it to the local pharmacy so that it can be disposed of safely. The medication must not be disposed of in any other way.
9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately and the parents informed.
10. Transitional arrangements between schools are in place. When children change schools or move on to the middle school the SENCO will liaise with new staff to ensure information is shared between the schools. With parental permission any medical documentation will be passed onto the next school.

Refusal or Forgetting to Take Medication

If pupils refuse medication or forget to take it, the school will inform the child's parent as a matter of urgency. If necessary, the school will call the emergency services.

Non-prescribed Medication

As a rule, non-prescribed medication will not be administered. However, at the discretion of the Head, Paracetamol can be issued, provided the practice is strictly controlled in the same way as prescribed medication. Once again, the written permission of the parents must be sought. The Head will authorise specific members of staff to dispense medication. In order to monitor and prevent the danger of any individuals overdosing on the medication the nominated member of staff will keep a record of when it was issued, giving the name of the pupil, time, dose and reason for administering the tablets (see Appendix 1). Members of staff should always inquire of the child whether any side effects or allergic reactions have been experienced before administering the drugs.

For such problems as migraine and period pain 500mg Paracetamol tablets are recommended.

The Paracetamol will be kept securely under lock and key and dispensed with care since over-dosage is dangerous.

Paracetamol will not be kept in first-aid boxes.

In the main, children of First or Primary School age will only be given Paracetamol in exceptional circumstances under the supervision of their GP. However, in certain circumstances, such as if a child has a raised temperature, the Head can authorise the use of Paracetamol via a formal agreement with the parent.

On no account will aspirin or preparations that contain aspirin be given to pupils unless prescribed by a doctor.

Individual Healthcare Plan

This section of the policy covers the role of individual healthcare plans in supporting pupils at school who have long-term, severe or complex medical conditions. The new statutory guidance imposes a requirement to identify the member of staff who is responsible for the development of these plans.

The governing body will ensure that there are robust school arrangements to:

- establish the need for a plan
- ensure that plans are adequate
- review plans at least annually or earlier if evidence indicating that the child's needs have changed is brought to its attention.

Healthcare plans will be developed with the child's best interests in mind and the school will ensure that it assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Personalised risk assessments, moving and handling risk assessments, emergency procedures and other such documents will be used to supplement the individual healthcare plan, as appropriate.

A model healthcare plan is given in Appendix 2. To ensure compliance with the new statutory guidance the following issues have been taken into account:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (with details of dose, side-effects and storage arrangements) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage his/her condition, dietary requirements and environmental issues such as crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-

managing their medication, this should be clearly stated with appropriate arrangements for monitoring

- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a healthcare professional, together with an indication of the arrangements for cover that will be available when those supporting are unavailable
- who in the school needs to be aware of the child's condition and the support required
- the need to establish arrangements which enable written permission from parents and the Head to be drawn up, thus authorising a member of staff to administer medication or allowing the pupil to self-administer during school hours
- the designated individuals to be entrusted with information about the child's condition where the parent or child has raised confidentiality issues
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- the separate arrangements or procedures required for school trips, educational visits or other extra-curricular activities. In practice, these should be logged on the EVOLVE system, together with supporting information, such as personalised risk assessments. These arrangements enable the child to participate fully in such activities and ensure social inclusion, as recommended by the Outdoor Education Advisory Board's National guidance 3.2e 'Inclusion'.

Practical Advice for Common Conditions

A small number of children need medication to be given by injection, auto-injectors or other routes. The most appropriate arrangements for managing these situations effectively are best determined by agreement between the school, parent, school nurse (where there is one) and the doctor who prescribed the medication. Experience suggests that it is helpful to have a meeting of all interested parties in school, as it is essential that parents and teaching staff are satisfied with the arrangements that are made.

Members of staff willing to administer medication will be made fully aware of the procedures and will receive appropriate training from competent healthcare staff. More information on training requirements is given below in the sections of this policy covering common medical conditions. The majority of parents will be aware of the contact details for their child's specialist nurse. Schools will contact them directly in the first instance. The School Nursing Team can be contacted for advice and is able to direct inquirers to other health agencies, where necessary. An individual

healthcare plan for each pupil with a medical need must be completed and conform to the procedures described on pages 6/7.

The medical conditions in children that most commonly cause concern in schools are asthma, epilepsy, diabetes and anaphylaxis. Essential information about these conditions is given relevant staff as set out in the guidance for schools. More detailed information about them can be obtained from the following organisations:

- [Asthma UK](#)
- [Epilepsy Society](#) (formerly The National Society for Epilepsy)
- [Epilepsy Action](#) (formerly the British Epilepsy Association)
- [Diabetes UK](#)
- [Anaphylaxis Campaign](#)
- [National Electronic Library for Medicines](#) (NHS)
- [Resuscitation Council \(UK\)](#)

Anaphylaxis

What Arrangements are in Place at our School?

Healthcare Plan

Anaphylaxis is manageable. With sound precautionary measures, the development of a suitable healthcare plan and support from members of staff, school life may continue as normal for all concerned. Information about these plans is given on pages 6/7 and Appendix 3.

It is important that appropriate local procedures for the use of adrenaline auto-injectors, should include the following

- awareness among all members of staff that the child has this particular medical condition
- awareness of the symptoms associated with anaphylactic shock
- knowledge of the type of injector to be used
- labelling of injectors for the child concerned, for example adrenaline, anti-histamine
- knowledge of the locations where the injector is stored, preferably in an easily accessible place such as a medication box

- the provision of appropriate instruction and training to nominated members of staff
- familiarity with the names of those trained to administer treatment
- an understanding of the need to keep records of the dates of issue
- knowledge of emergency contacts

This type of information will be suitably displayed in the areas where the medication is to be kept. This information will include the name of the child and, ideally, a photograph. Care will be given to ensure confidentiality. The information will be accessible but not publicly displayed. This information is in the staff room and main office. The information will accompany the medication on school trips. The arrangements for swimming and other sporting activities will also be considered.

Collectively, it is for the Head, the child's parents and the medical staff involved to decide how many adrenaline devices the school should hold, and where they should be stored.

Food Management

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. All kitchen staff are informed and are fully aware of a child's particular requirements. A 'kitchen code of practice' is in place.

Although not always feasible, the school will endeavor to take appropriate steps to minimise any risks to allergic children.

Training

Where members of staff have volunteered to inject adrenaline in an emergency the school engages the School Nursing Team at Northumbria Healthcare to arrange for them to deliver an appropriate training session in the use of the auto-injectors.

Asthma

What Arrangements are in Place at our School?

Healthcare Plan

Pupils with asthma will need to have an individual healthcare plan, details about which are given on pages 6/7 and in appendix 3.

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action needs to be taken at that time. An Asthma School Card (available from Asthma UK) is a useful way to store written

information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor. This can be attached to the healthcare plan.

In early years settings it is foreseeable that the younger children will not have the ability to convey to members of staff that their symptoms are getting worse or identify what medicines they need to take and when. It is, therefore, imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms of asthma are getting worse and what action they need to take when this happens. This should be reinforced by written asthma plans, asthma school cards provided by parents and regular training and support for staff. Children with significant asthma should have an individual healthcare plan (see Appendix 3).

Carrying the Medication

Pupils at Prudhoe West First School are not allowed to carry their own inhalers. Inhalers are stored safely but are readily accessible place, and clearly marked with the child's name and members of staff issue them when the child needs the medication.

PE and Off-site Activities

Relievers will always be available during physical education, sports activities and educational visits. A spare inhaler and spacer should also be available and stored in a place where it can be readily accessed if the primary inhaler cannot be accessed.

Children with asthma will participate in all aspects of school life, including physical activities. The school will ensure reliever inhalers are taken with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work may need to be avoided. Some children may need to take their reliever asthma 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.

All asthma medicine should be clearly labelled with the child's name. The expiry date of the medicines should be checked every six months.

Action During an Attack

When a child has an attack they will be treated according to their individual healthcare plan or asthma card, as previously agreed. An ambulance will be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

Diabetes

What Arrangements are in Place at our School?

Healthcare Plan

A healthcare plan will be needed for pupils with diabetes. Information about these plans is given on pages 6/7 and Appendix 3.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Members of staff will be made aware that if a child should miss a meal or snack he/she could experience a hypoglycaemic episode (commonly known as a 'hypo') during which the blood glucose level falls too low. It is, therefore, important that staff be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand. After strenuous activity a child may experience similar symptoms, in which case the teacher in charge of physical education or other sessions involving physical activity should be aware of the need to take appropriate action.

Emergency Action

If a child experiences a 'hypo', they will not be left alone and a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink will be brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given once the child has recovered, some 10-15 minutes later.

An ambulance will be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious

Epilepsy

What Arrangements are in Place at our School?

Healthcare Plan

An individual healthcare plan is needed when a pupil has epilepsy. Information about these plans is given on pages 6/7 and Appendix 2.

Parents and health care professionals should provide information to the school's Medication Coordinator so that it can be incorporated into the individual healthcare plan, detailing the particular pattern of an individual child's epilepsy. If a child experiences a seizure whilst at school, details will be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – for example visual/auditory stimulation, anxiety or upset.
- any unusual ‘feelings’ which the child reported prior to the seizure
- the parts of the body demonstrating seizure activity, such as limbs or facial muscles
- the time when the seizure happened and its duration
- whether the child lost consciousness
- whether the child was incontinent

The above information will help parents to give the child's specialist more accurate information about seizures and their frequency. In addition, it should form an integral part of the school's emergency procedures and relate specifically to the child's individual healthcare plan. The healthcare plan should clearly identify the type or types of seizures, including descriptions of the seizure, possible triggers and whether emergency intervention may be required.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or participating in science lessons. The Medication Coordinator will discuss any safety issues with the child and parents as part of the healthcare plan, and these concerns will be communicated to members of staff.

Emergency Action

Information regarding emergency management is given in Appendices 4 and 5. Appendix 4 covers the procedures to be followed with regard to first aid for all seizures, whilst Appendix 5 covers procedures to be followed if the casualty is known to have epilepsy and has been prescribed buccal midazolam or rectal diazepam.

An ambulance will be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured him/herself badly
- the child has problems breathing after a seizure
- a seizure lasts longer than the period identified in the child's healthcare plan
- a seizure lasts for five minutes and members of staff do not know how long the seizures usually last for a particular child
- there are repeated seizures, unless this is usual for the child, as described in the child's health care plan

Nothing will be placed in the child's mouth. After a convulsive seizure has stopped, the pupil will be placed in the recovery position and a member of staff will stay with him/her until the child has fully recovered.

Unacceptable Practice

The DfE's statutory guidance makes it very clear that governing bodies should ensure that the school's 'Policy on Supporting Pupils with Medical Conditions' is explicit about what practice is not acceptable.

Although school staff should use their discretion and judge each case on its merits whilst referencing the child's individual healthcare plan, it is not considered acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, such as hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including assisting with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers which would hinder their participation in any aspect of school life, including school trips by, for example, requiring parents to accompany the child

Complaints

Similarly to the stance adopted above, the DfE's statutory guidance requires that governing bodies ensure that the school's policy is crystal clear. If you have any concerns regarding your child's support, please speak to the Headteacher in the first instance.

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's existing complaints procedure.

Administration of Medication to Pupils Agreement between Parents and School

A parent must supply a written request in order for medication to be administered to pupils during school hours. It is only possible to administer medication that the child's doctor has prescribed. School staff cannot administer 'over-the-counter' medication.

It is also important to keep the administration of medication to a minimum and parents are requested to consider the possibility of administering the daily doses out of school hours. If this is not possible the following consent form must be completed and returned to the school:

Note: Medicines must be kept in the original container as dispensed by the pharmacy.

Part 1 – To be Completed by Parent/Carer	
To the Headteacher: (add name)	School:
My child (name) _____ Date of birth: _____	
Class _____ has the following medical condition _____	
I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication:	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	
Known side effects and any special precautions (please attach details)	
Procedures to take in case of emergency (please attach details)	
Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Telephone Work: _____	Telephone Work: _____
Home: _____	Home: _____
Mobile: _____	Mobile: _____
Relationship: _____	Relationship: _____

I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.

Name: _____ Signature: _____

Relationship to child: _____ Date: _____

Part 2 - To be completed by Headteacher/Medication Coordinator

Confirmation of agreement to administer medicine

It is agreed that (*child*) _____ will receive (*quantity and name of medicine*) _____ every day at (*time medicine to be administered, for example, lunchtime or afternoon break*) _____.

(*Child*) _____ will be given medication or supervised whilst he/she takes it by (*name of member of staff*) _____.

This arrangement will continue until _____ (*either the end date for the course of medicine or until the parents instruct otherwise*).

Name: _____ Signature: _____
Headteacher/Medication Coordinator

School: _____

Healthcare Plan for a Pupil with Medical Needs

Details of Child and Condition	
Name of child:	<i>Add photo here</i>
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? <i>(Medication cannot be administered without parental approval)</i>	
Yes/No	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? Yes/No If Yes, specify the arrangements in place to monitor this:	
Indicate the level of support needed, including in emergencies: <i>(some children will be able to take responsibility for their own health needs)</i>	

Known side-effects of medication:
Storage requirements:
What facilities and equipment are required? <i>(such as changing table or hoist)</i>
What testing is needed? <i>(such as blood glucose levels):</i>
Is access to food and drink necessary? <i>(where used to manage the condition):</i> Yes/No Describe what food and drink needs to be accessed
Identify any dietary requirements:
Identify any environmental considerations <i>(such as crowded corridors, travel time between lessons):</i>
Action to be taken in an emergency <i>(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):</i>
Staff Providing Support
Give the names of staff members providing support <i>(State if different for off-site activities):</i>
Describe what this role entails:
Have members of staff received training? Yes/No <i>(details of training should be recorded on the Individual Staff Training Record, Appendix 4)</i>
Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements

Detail any specific support for the pupil's educational, social and emotional needs
(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)

Emergency Contacts

Family Contact 1

Name: _____

Telephone

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Family Contact 1

Name: _____

Telephone

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Clinic or Hospital Contact

Name: _____

Telephone:

Work: _____

GP

Name: _____

Telephone:

Work: _____

Signatures

Signed

(Headteacher)

Signed

(Medication Coordinator)

Emergency Action: Asthma – First Aid

Ensure that the reliever medicine is taken promptly:

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child is due to take it.

Stay calm and reassure the child:

Attacks can be frightening and it is important to stay calm and do things quietly and efficiently:

- listen carefully to what the child is saying and what he or she wants (the child has probably been through it before)
- try tactfully to take the child's mind off the attack
- do not put arms around the child's shoulder as this is restrictive

Help the child to breathe:

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths)
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs.
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing

If any of the following apply call a doctor urgently:

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

If a doctor is not immediately available call an ambulance

Repeat doses of reliever as required (every few minutes, if necessary, until it takes effect)

Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication.

After the attack:

- minor attacks should not interrupt a child's concentration and involvement in school activities; normal activity should be encouraged as soon as the attack is over

Emergency Action: Epilepsy - First Aid for all Seizures

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Call for an ambulance if:
 - a seizure shows no sign of stopping after a few minutes
 - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed, and a Healthcare Plan drawn up
- If the child is not known to have had a previous seizure medical attention should be sought
- If the child is known to have diabetes this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately

Emergency Action: Epilepsy

First Aid for Children Known to Have Epilepsy and Prescribed Rectal Diazepam

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Rectal diazepam must only be given to a child with a prescription that a Consultant Paediatrician has endorsed and updated annually
- Rectal diazepam must only be administered in an emergency by an appropriately trained member of staff in the presence of at least one other member of staff
- Rectal diazepam must only be administered if a trained First Aider is on site
- If the child has been convulsing for five minutes and there is no suggestion of the convulsion abating, the first dose of rectal diazepam should be given. The medication should indicate the name of child, the date of birth, date of expiry, contents and the dosage to be administered
- If after a further five minutes
 - (a) a seizure shows no sign of stopping or
 - (b) a series of seizures takes place without the individual properly regaining consciousness, then call an ambulance
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. Many children sleep afterwards and if rest is required, arrangements could be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence
- A child should be taken home after a fit if he/she feels ill

Individual Care Plan for the Administration of Rectal Diazepam

This care plan should be completed by or in consultation with the medical practitioner

(Please use language appropriate to the lay person)

Details of Child and Condition	
Name:	Class:
Date of birth:	
<p>Identify the seizure classification and/or description of seizures which may require rectal diazepam</p> <p><i>(Record all details of seizures, for example goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If in status epileptics, note whether it is convulsive, partial or absence)</i></p>	
Usual duration of seizure?	
Other useful information:	
Diazepam Treatment Plan	
<p>When should rectal diazepam be administered? <i>(Note here should include whether it is after a certain length of time or number of seizures)</i></p>	

<p>Initial dosage: how much rectal diazepam is given initially? <i>(Note recommended number of milligrams for this person)</i></p>
<p>What are the usual reactions to rectal diazepam?</p>
<p>What action should be taken if there are difficulties in the administration of rectal diazepam such as constipation/diarrhoea?</p>
<p>Can a second dose of rectal diazepam be given? Yes/No</p> <p>If Yes, after how long can a second dose of rectal diazepam be given? <i>(state the time to have elapsed before re-administration takes place)</i></p> <p>How much rectal diazepam is given as a second dose? <i>(state the number of milligrams to be given and how many times this can be done after how long)</i></p>
<p>When should the person's usual doctor be consulted?</p>
<p>When should 999 be dialled for emergency help?</p> <ul style="list-style-type: none"> • if the full prescribed dose of rectal diazepam fails to control the seizure Yes/No • Other (Please give details)
<p>Who Should:</p> <ul style="list-style-type: none"> • administer the rectal diazepam? <i>(ideally someone should be trained in at least 'Emergency Aid,' preferably 'First Aid at Work'):</i> • witness the administration of rectal diazepam? <i>(this should normally be another member of staff of the same sex):</i>

Who/where needs to be informed?	
Parent _____	Tel: _____
Prescribing Doctor: _____	Tel: _____
Other: _____	Tel: _____
Precautions: under what circumstances should rectal diazepam not be used? (for example, Oral Diazepam already administered within the last.....minutes)	

All occasions when rectal diazepam is administered must be recorded on the “Record of Use of Rectal Diazepam” log sheet (Appendix 10)

This plan has been agreed by the following:

Prescribing Doctor

Name _____ Signature _____ Date _____

Authorised person(s) trained to administer rectal diazepam

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Parent

Name _____ Signature _____ Date _____

Headteacher/Medical Coordinator

Name _____ Signature _____ Date _____

This form should be available at every medical review of the patient and copies held by the GP and the school.

Expiry date of this form: _____

Copy holders to be notified of any changes by: _____