Dollis Primary School

Policy for managing health care and the administration of medicines and medical procedures

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1. Rationale

Children with medical needs have the same rights of admission to school as other children. Most children will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Other children may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. This will include taking part in PE and educational visits. However, staff may need to take extra care in supervising some activities to make sure that those children, and others, are not put at risk.

This policy aims to clarify the school's procedures for supporting children with medical needs to enable them to be included in school life, including access to clubs and childcare facilities.

Where this policy refers to the headteacher, this should be read as the Co-Headteacher who is accountable for that area of responsibility at the relevant point in time.

2. Introduction

This policy is based upon the advice given in The DfE publication 'Supporting pupils at school with medical conditions' published December 2015.

If a member of staff administers medicine to a pupil, or undertakes a medical procedure to support a pupil, and as a result expenses, liability, loss claim or proceedings arise, the Council as an employer will indemnify the member of staff providing:

- the member of staff is an employee of the Council
- the medicine/procedure is administered in the course of their employment with the Council
- the member of staff follows
  - the procedures
  - the school's policy
  - the procedures outlined in the pupil's health care plan and directions received through training in the appropriate procedures.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

3. Aims:

- to ensure children with health care/medical needs receive proper care and support at school so that they have full access to education, including school trips and physical education
- to enable children to be admitted to school at the usual time of admittance, attend school regularly and participate fully
- to follow guidance set out by Barnet LA and CAYP (children and young people's health service):
  - guidance for the administration of medicines

- guidance for the administration of Buccal Midazolam/ritalin (training two yearly)
- guidance for pupils at high risk of anaphylactic reaction (training yearly)
- guidance for pupils with asthma
- other conditions

- to ensure staff giving or supervising pupils taking prescribed medication or having treatment during the school day are confident to do so and receive necessary training
- to ensure all medicines are stored correctly and safely
- to ensure that a controlled drug register is kept by a 'named authorised person'
- to ensure that a medical register is kept and monitored by a 'named authorised person'.

4. Equal opportunities and inclusion

It is the right of all children, staff and visitors to the school, regardless of their gender, ethnicity, religion or beliefs, physical disability, ability, linguistic, cultural or home background, to work and have access to a safe and secure school environment. We are strongly committed to positive action to ensure the building and grounds are fully accessible to all.

5. Responsibilities

- The governing Body has delegated the responsibility for this policy to the Premises and Promotions Committee.
- The headteacher is responsible for ensuring sufficient staff are suitably trained.
- A member of SLT is responsible for making cover arrangements in the case of staff absence and briefings for supply teachers.
- Trip leaders are responsible for undertaking risk assessments for educational visits.
- The first aiders, teaching teams and SENCo monitor individual health care plans, with reference to information on the website healthmatters.clch.nhs.uk, and consults with the attached school nurse where necessary.

6. Authorised persons

The headteacher authorises all first aiders to be the named authorised people to keep the control drug register and to organise the giving and supervising of children taking medication. A list of first aiders is available in the school office. First Aid trained teaching assistants will administer for the children in their own classes. In the case of their absence another authorised person will administer the medication.

7. Controlled drug register

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate. See http://www.legislation.gov.uk/uksi/2001/3998/schedule/1/made for a list of controlled drugs.

A register is maintained for all controlled drugs. The register contains the names of all children with medical conditions requiring medication. The register contains:

- name of child and UPN
- class of the child
- medical condition of the child
- medicine name, date received, and quantity received
- prescribed treatment, dosage and frequency
- copy of the health care plan.

8. Confidentiality

Parents are not obliged to share information on their children's health needs. However, the school has a duty of care and it is essential that we work together with parents to safeguard the

pupils and meet their health needs. Staff working directly with pupils are deemed to have a need to know their medical/health needs.

- Every child, regardless of their medical condition, has a right to their health details being kept confidential. In most instances these details will be known to the head teacher and the deputy headteachers and will only be shared on a need to know basis, e.g. when disclosure would enhance the child's ability to access the curriculum or if there are issues of safety to be considered including the use of transport.
- When administering first aid and other treatment all staff should follow universal precautions to protect themselves and/or the casualty (refer to first aid training).
- With the support/consent of parent/carer, pupils may express their wish to share information about their medical condition with their peer group. Each situation needs to be assessed as to the appropriateness of disclosure i.e. will this action improve the support already on offer to the individual?
- In instances where a child has a medical condition which may require them to leave the classroom urgently or at a specific time for treatment, a permission to leave class card or verbal agreement may be issued to prevent the child being asked personal or unnecessary questions in front of their peer group. They will be accompanied by an adult, where necessary. An alternative measure may need to be organised for pupils with communication and/or mobility needs.

9. Parental responsibility

Parents have the prime responsibility for their child's health. Parents should obtain information from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

It is the parents' responsibility to keep all emergency telephone numbers up to date. It is also parents' responsibility to ensure all medicines are 'within date', to replace any expired medicines, to dispose of medicines on their expiry date, or as the child leaves school. If as a result of the parent not agreeing to information being shared the school feels it may not be able to safeguard the child, a risk assessment should be carried out.

The LB Barnet/school cannot be held responsible for any treatment given or not given if the child's full and up to date health care plan or other health/medical needs have been withheld at the parent's request.

10. Stages of planning

Stage 1: Admission

A health questionnaire should be completed for all children by their parents / carers before entry to school.

or

Parent/carer discloses to school staff that child has a medical condition.

Stage 2: Communication and Planning

1. The first aider and where necessary member of SLT/SENCo meets parent / carer and child for a health assessment.

Then / or

2. The SENCo/first aider and where necessary member of SLT meet with the parent/carer to exchange information about the child's condition and to agree the content of the health care plan. If appropriate the attached school nurse can be invited to attend. Thereafter, if further training is needed, this will be arranged with the School Nurse prior to the child starting school.

Not all children with a medical condition need a health care plan. The school, parent and where appropriate healthcare professional should agree and, based on evidence, decide whether a healthcare plan is appropriate. If consensus cannot be reached, the headteacher will take a final view.

Where a plan is required, it should be signed by the parent/carer and school representative.

The health care plan will include:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs including medication and other treatments, time, facilities and equipment, testing, access to food and drink, dietary requirements and environmental issues (e.g. crowded corridors)
- the level of support needed, including in an emergency
- who will provide the support, expectations of their role and confirmation of proficiency to provide support from a healthcare professional and cover arrangements
- who in school needs to be aware of the pupil's condition
- written permission from parents and the headteacher for the administering of medicines
- procedures required for educational visits
- emergency plans, including those for school trips.

A risk assessment will be undertaken for all activities within school should an up to date health care plan not be put immediately in place. Strategies for managing risk could include:

- providing additional resources, including staff
- alternations to the classroom routine and timetable
- preventing the pupil from some activities or in extreme situations advising the parent to keep the child at home until the risk can be managed safely

Copies of the child's plan will be kept in the class information file and in the medical and staff room. In the case of allergies, the information will also be shared with the catering team.

Stage 3: Training

Training may need to be arranged for staff to manage the child's condition in school and on transport if appropriate. This could include discussion re: confidentiality, managing emergencies, the storage and administration of medication.

Stage 4: Review

Arrangements, including those outlined in any health care plan, should be reviewed at least annually or when the health needs change. The authorised person will ensure that renewed plans are filed accordingly and out-of-date plans shredded.

With permission from the parents/carers, pupils with health care needs are communicated to other staff by displaying the pupil's photograph and health care details on the staffroom notice board.

11. Self-management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and the school encourages this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

If children can take their medicines themselves, staff will need to supervise and always record that the medicine has been taken on the record of medicines sheet that is held with the medication.

12. Storage of medicines

Asthma medication and medication relating to anaphylactic reaction is kept in the classroom with the child. Epipens and similar are taken to the hall, dining room and playground by the child, where appropriate, or by their class teaching assistant. Other medicines are securely stored in a cabinet or refrigerator.

Parents should collect the medicine as soon as the course of treatment is completed, or at the end of the academic year, whichever is the sooner. Parents are responsible for the disposal of out of date expired medicines.

An emergency inhaler and epipen is kept in the medical room.

13. Short term medicines

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. Allowing children to do this will minimise the time that they need to be absent. However, such medicines should only be taken at school if the child appears well and where it would be detrimental to a child's health if it were not administered during the day.

In all cases, the parent must meet with the authorised person to discuss the medication and it must be prescribed. It is to be noted that medicines that need to be taken three times a day could be taken in the morning before school, after school hours and at bedtime. Therefore, medicines will only be accepted only when they have been prescribed by a doctor or pharmacist and where it would be detrimental to the child's health should the medicine not be administered during the school day. The parent must, in all cases, sign a consent form which is kept in the child's classroom or where appropriate in the medical file.

The authorised person will note the details of the medication in the record of medicines sheet. Medicines will not be accepted into school without complete written instructions.

All medicines must be delivered in their original containers and must be clearly labelled with the following:

- name and strength of medicine
- pupil's name
- dosage
- dosage frequency
- date of dispensing
- storage requirements, if important
- expiry date
- any cautionary and advisers' labels e.g. may cause drowsiness
- name, address and phone number of the pharmacy.

Staff should **never** give a non-prescribed medicine to a child.

14. Record of medicines sheet

The authorised person keeps the record of medicines sheet which states:

- the medication stored in school
- dosage
- signature for new medicines (parent and staff signatures required)

The record of medicines sheet for each child also states:

- date, time and dose given
- signed and printed name of the member of staff administering/ supervising the medication.

When receiving medicine from a parent the authorised person must ensure it is in its original container with the pharmacist label.

15. Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so and parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school will follow the emergency procedures (i.e. call an ambulance).

16. Children who are unwell at school

Should a child become unwell at school they must be collected as soon as possible. It is vital therefore to have up to date home and emergency contact telephone numbers.

17. Support for children going through puberty

Children go through puberty at different ages and the changes can make some children anxious. Children are encouraged to talk through their concerns with a familiar member of staff. There is a sanitary bin in one cubicle in each of the girls' toilets used by the older children and sanitary products are available from the medical room.

18. Female Genital Mutilation (FGM) – see also Safeguarding and Child Protection Policy

All staff are vigilant for the signs that FGM may be about to take place or may already have happened and they will follow the procedures outlined in the Safeguarding and Child Protection Policy.

19. Educational visits

All pupils will be included in every educational activity, unless medical advice or the risk assessment specifically precludes it.

All educational visits are accompanied by at least one first aider. The first aider should check the class lists with the authorised person to ascertain those children with medical conditions requiring special arrangements. The first aider has the responsibility for preparing the medical box for the visit and ensures all children that require emergency medication take it with them.

Risk assessments are made prior to each educational visit and specific advice is included for children with medical conditions.

20. Absence from school

We recognise that long term absences, or short term and frequent absences (including those to attend appointments), due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general well-being and emotional health. We support reintegration back into school and track children's progress to ensure appropriate support is put in place to limit these negative impacts on the child.

21. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

22. Accidents/injuries/hospital treatment

See health and safety policy section 18.

23. Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school will arrange appropriate training in collaboration with local health services. Local health services will also be able to advise on further training needs.

24. Complaints

Should parents or pupils be dissatisfied with the support provided they should follow the school's complaints procedure.

25. Guidance on medical conditions and procedures

Attached is information on some of the more common medical conditions:

- Anaphylaxis
- Asthma
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Sickle Cell disease
- Myalgic Encephalomyelitis (M.E.)

This information is by no means exhaustive and medical information must be obtained immediately for any medical condition disclosed by a parent and up to date information relevant to a particular child / young person should always be sought from the parent, attached school nurse and other practitioners where appropriate.

Attached is guidance on certain medical procedures:

- Automated External Defibrillators (AEDs)
- Emergency salbutamol inhalers
- Emergency epipens

Anaphylaxis

Definition
Anaphylaxis is a severe and potentially life threatening allergic reaction. It may be triggered by allergens, or allergy provoking proteins that more commonly include foodstuffs such as eggs, cow's milk, shellfish, fish, exotic fruits, nuts and particularly peanuts. Following testing, to identify which allergens provoke more serious attacks and how severe a response is produced, children may be prescribed a variety of management plans. Severe cases can be potentially fatal and are generally prescribed a preloaded adrenaline injection to be administrated into the muscle tissues in an emergency.

Staff will need to complete minimum one-hour training on the management of allergy and administration of adrenaline, as provided by the School Nursing Service, NHS Barnet, to be deemed competent and be covered by the authority's indemnity.

Key Issues in School
- Staff training must be appropriate and updated annually, where necessary.
- Individual treatment plans must be complete.
- Pupils with uncontrolled asthma are at greater risk of anaphylaxis.
- The use of foodstuffs or food packaging in lessons or activities undertaken by pupils with allergies should be risk assessed.
- Meals prepared in schools (most caterers for schools now have a nut free policy) or any sharing of food e.g. social occasions must be appropriate.
- Photos of any children with food allergies must be clearly displayed in the dining hall.
- The avoidance of non-food allergens where identified as causing a response e.g. animals, latex, silicone.
- Medication to be taken on school outings by pupils.
- Trained member of staff with a mobile phone to go on school outings.
- Development of a peer 'buddy' system.
- Informing staff, including temporary staff, to be aware of these children and their needs.
- Setting should undertake a risk assessment, to include a policy for emergency procedures e.g. who phones for ambulance, how adult help is summoned in an emergency in any area of the building or grounds, access to emergency medication [including inhalers for asthmatics].
- If anaphylaxis occurs the casualty **must** be transferred to hospital, even if they appear to have recovered following receiving adrenaline.
- Schools are strongly recommended to allow pupils to carry their medication with them at all times if appropriate. The more quickly the adrenaline is given the better the outcome. Pupils are safer if they understand their allergy management.

The use of emergency epipen
The school has two emergency epipens.

Location of the emergency epipen
The school has two emergency epipens kept in the medical room.

After an incident
Use of the emergency epipen will be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. The child's parents will also be informed in writing so that this information can be passed onto the child's GP.

Asthma

Definition

Asthma is a reversible inflammatory condition of the respiratory system in which constriction and swelling in the lower airways and excess mucus production occurs in response to a trigger factor.

Symptoms of Asthma include:

- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- tight chest
- persistent cough when at rest
- tiredness due to disturbed nights and difficulty breathing
- noisy breathing or wheezing sound coming from the chest when at rest
- reduced exercise tolerance
- nasal flaring
- unable to talk or complete sentences
- may try to tell you that their chest feels tight (younger children may express this as tummy ache)

Symptoms are treated with a 'reliever' inhaler [usually blue]. If a child is using their reliever inhaler more than 2 or 3 times a week their asthma is not controlled. They should see their G.P. in case a 'preventer' inhaler [usually brown but not always] is needed. These are rarely prescribed for more than 2 doses a day, which are taken at home not in school. Children should use a spacer device with metered dose inhalers.

Key Issues in School

Avoidance of trigger factors, which may include:

- pollen
- gas fumes
- solvents
- aerosols
- animals
- feathers
- dust
- exercise
- heightened emotions

This list is not exhaustive and will vary from child to child. It is important that known trigger factors are clearly indicated in the health care plan and that staff are aware of them. The following precautions should be taken:

- Lessons involving activities where trigger factors form part of the curriculum e.g. PE, science and art should be planned to minimise risk to the asthmatic.
- 'Reliever' inhalers should be in the child's classroom.
- Health care plan if child has frequent **acute** attacks, needs a nebuliser in school, has been hospitalised for acute asthma attacks or has brittle asthma.
- Medication to be taken on school outings.
- Development of peer 'buddy' system.

If the pupil does not respond to their normal dose of 'reliever' inhaler do not hesitate to give more 'puffs' and if their condition deteriorates then transfer to hospital. There is a suggested emergency plan on next page. This can be displayed in the medical room. Schools are strongly recommended to allow pupils to carry their own medication with them at all times as appropriate.

The following page has been written by the Department of Health and may be copied for use as a poster or leaflet.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

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

Remember asthma can be fatal. Asthma must be treated promptly.
CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- appears exhausted
- has a blue/white tinge around lips
- is going blue
- has collapsed.

The use of emergency salbutamol inhalers

The school has four emergency salbutamol inhalers which are used only for children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. This information should be recorded in the child's health care plan, if they have one. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Location of the emergency salbutamol inhalers

The school has four emergency salbutamol inhalers, three of which are kept in the medical room and one is kept in the nursery.

Maintenance of the emergency salbutamol inhalers

The emergency inhaler includes:

- a salbutamol metered dose inhaler
- at least two plastic spacers compatible with the inhaler
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler
- a record of administration (i.e. when the inhaler has been used).

The inhalers will be checked at least once a month to ensure that:

- the inhalers and spacers are present and in working order, and the inhaler has sufficient number of doses available
- replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Procedures for the use of the emergency salbutamol inhalers

Staff should follow the procedures outlined above. The emergency salbutamol inhaler should be used only if the child's own inhaler is not immediately available. **It should be used only for children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.** It can be administered by any member of staff who is a first aider.

After an incident

The school will ensure that the inhaler is ready for use again by carefully washing and drying the plastic inhaler housing and replacing the spacer, where possible.

Use of the emergency inhaler will be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. The child's parents will also be informed in writing so that this information can be passed onto the child's GP.

Cystic Fibrosis

Definition

Cystic Fibrosis is an inherited condition affecting the lungs and digestive process. Affected individuals produce abnormally thick mucus that is difficult to clear from the airways without regular physiotherapy. The pancreas is affected requiring medication to be taken before each meal / snack. The severity of the disease varies with each individual.

Key Issues in School

- A physiotherapy programme, which is usually undertaken by school staff, may reduce time spent in class (although this is not always the case).
- A private area would be needed for physiotherapy.
- Pupils may tire easily.
- Regular exercise is important for lung function and general fitness.
- Pupils may become breathless on mild to moderate exercise.
- Pupils may be prone to fits of coughing.
- Pupils may require access to medication before mealtimes.
- There may be repeated absences from school due to infection and / or hospital admissions.
- Medication may need to be taken on school trips as advised by parent / carer.

N.B. There can be big differences in the severity of the condition and prognosis between individuals. Do not make assumptions about future outcomes. Some children and young people are not fully aware of the possible implications of their diagnosis. Be guided by parents as to how pupils' questions should be answered.

Diabetes

Definition
Type 1 - the type most commonly seen in children and young people. A condition in which the pancreas produces insufficient insulin to regulate blood glucose. It is treated with insulin administered by subcutaneous injection. There are usually 4 injections a day under the skin. Sometimes insulin is administered continuously via a pump through a small needle under the skin.

Type 2 - the body has become insulin resistant. It is generally treated by a combination of diet, exercise and tablet medication, although insulin will sometimes be needed. The Paediatric Diabetes Specialist Nurse for a child or young person should be consulted with regard to their needs in school and training needs. The Attached school nurse should negotiate a health care plan with the family and school.

Key issues in school / setting:
- Pupils may require access to water or snacks between meals / during class times.
- Pupils require rapid access to glucose / sugary foodstuff if blood sugars are low, 4.0mmls or less (hypoglycaemia). Pupils must carry a form of glucose with them at all times, e.g. sweets, biscuit.
- All pupils must have opportunity to monitor blood sugar as needed at school (young children will require assistance / supervision).
- Pupils may need to administer insulin by injection at school with help if necessary.
- There must be a protocol for the safe disposal of needles used for injections / blood sugar monitoring.
- All staff must be aware of the pupils' needs and potential diabetes related problems and appropriate action. The health care plan must be known by all staff and freely available for consultation.
- Pupils may need to leave class to access the toilet more frequently than other pupils.
- Symptoms of hypoglycaemia include hunger, sweating, poor pallor, glazed eyes, drowsiness, shaking, poor concentration, irritability, poor or inappropriate behaviour.
- If pupils with diabetes complain of feeling unwell they should never be sent to seek help. If they require assistance with treating a hypo help should come to them.

Epilepsy

Definition
Epilepsy is a state of recurrent episodes of loss of consciousness or altered awareness. These episodes are unpredictable in their pattern of occurrence, although stereotyped in nature in an individual, i.e. the same type of attack occurs again and again in that person. One in two hundred people have epilepsy, making it the most common serious neurological disorder in the UK. Epilepsy is a general term. There are over 40 different types of seizure and seizure syndrome. It is a very individual condition. Seizures can be divided into two main categories: generalised seizures where the whole brain is affected and focal seizures, when only a small portion of the brain is affected. The focal seizures can be again divided into simple focal seizures or complex focal seizures depending on the function on the area of the brain affected. Focal seizures can generalise over the whole brain. Seizures are named according to the behaviour exhibited. Only the more common ones are outlined here.

Absence Seizure:
The person suddenly appears blank and stares. Fluttering of eyelids may occur. The head may be floppy. An absence seizure could only last a fraction of a second.

N.B. A pupil experiencing absence seizures will generally be able to continue within the class. However, s/he will not have been able to learn /participate during the seizure and will need to be retaught what has been missed.

Myoclonic Seizure:
These seizures are abrupt and very brief. Involuntary flexion or jerking movements which may involve the whole body or just one arm or the head.

Tonic Clonic Seizure:
At the onset of the seizure (the tonic stage) the child becomes rigid and falls to the ground. Breathing ceases and a blue tinge may be seen around the lips and the cheeks. In the second stage, the (clonic stage) the child will develop clonic or jerking movements. Breathing will be noisy and laboured. The child salivates and may bite his/her tongue. Loss of bladder or bowel control may occur. The child may sleep or remain very drowsy or unresponsive.

Most tonic clonic seizures are self limiting and should last no longer than five minutes. If a seizure is prolonged with a potential to last more than thirty minutes the sufferer is said to have "status epilepticus" which is a life threatening disorder. These seizures may be terminated by the administration of rectal diazepam or buccal midazolam.

Atonic Seizure
Tone is lost in all the muscles causing the person to collapse in a heap.

Tonic seizure
Tone is increased in all muscles causing the person to become stiff and collapse rigidly to the floor.

Simple focal Seizures:
These seizures involve isolated twitching of a limb and sensory disturbance. The child will be aware of their surroundings and may respond to questions.

Complex focal Seizure:
The child may pluck at clothing or even undress and may fiddle with objects. Lip smacking, chewing movements and aimless wondering may occur. The child will be unaware of their surroundings and will not respond to instruction. These seizures are followed by confusion and may progress to a secondary generalised seizure. [Engel,2001]

Key issues

- The child must be assessed and diagnosed by a specialist paediatrician.
- Sometimes it takes a long time to get a diagnosis as it is important to avoid misdiagnosis.
- It is vital to accurately record any seizure activity witnessed.
- Not all children with a diagnosis will need medication.
- Anti-epileptic medication must not be stopped unless advised by a doctor.
- Anti-epileptic medication can affect a child's behaviour and learning.
- There must be a healthcare plan.
- Some pupils will have specific triggers which provoke seizures; these should be included in their health care plans and risk assessments.
- There are not many activities that a child with epilepsy cannot do.
- There must be staff training for the use of emergency rescue medication (Engel,J Jr. [2001] A Proposed Diagnostic Scheme for People with Epileptic Seizures and With Epilepsy: report of the ILAE Task Force on Classification and Terminology. Epilepsia, Vol. 42, pp 796-803).

Sickle Cell disease

Definition

Sickle cell disease is an inherited disorder of the red blood cells. It is characterised by.'crisis' episodes during which the normally round blood cells become sickle shaped, reducing capacity to carry oxygen. The abnormal cells clump together disrupting the flow of blood particularly through joints resulting in extreme pain. Sufferers are also extremely sensitive to the cold.

Key Issues

- Pupils may need to wear extra clothing to maintain body heat.
- It is not advisable for pupils to be outdoors for PE or breaks in the school day in very cold or wet weather.
- Pupils may require regular extra drinks.
- Pupils may require regular visits to the toilet.
- Pupils need rapid access to painkillers if in pain.
- Pupils may need regular blood transfusions.
- Pupils may be tired if transfused overnight in hospital (lack of sleep).
- Pupils may be generally hospitalised for 'crises'.
- It often involves pupils having time off for regular hospital appointments.
- Pupils will need a health care plan.
- Advice will need to be taken regarding care on residential trips and swimming Pupils usually take prophylactic antibiotics at home; these will need to be taken on residential trips. Residential trips are issues in themselves, also swimming.
- Some individuals are affected more severely than others, some will need psychological support.

Myalgic Encephalomyelitis (ME)

Definition
M.E. is a syndrome [a group of related symptoms] precipitated by a viral infection in an individual who has previously been fit and attended school regularly.

Symptoms may include:

- chronic fatigue made worse by minimal physical or mental exertion, with a prolonged recovery time
- painful or tender muscles
- poor concentration
- recall difficulties – verbal and numeric
- difficulty assimilating new information
- reversals of sleep rhythms
- emotional lability [can include hyperactivity followed by exhaustion]
- disturbances of appetite, taste and smell
- hypersensitivity to light and sound
- clumsiness
- impaired body temperature regulation
- 30% chance of cardiac symptoms

Diagnosis can be complex and take time. Information from staff about the nature of symptoms in a setting can be invaluable in this process.

Key Issues

- limited energy, involve the young person in planning their workload
- need to prioritise learning due to poor concentration skills
- absences, co-ordination between subject teachers so as not to overload with catch up work
- selective P.E. participation e.g. gentle swimming maybe better than running
- use of a lap top may be helpful
- may need strategies to cope with forgetfulness
- may need to eat frequently
- may have difficulty with fumes in labs
- may need extra clothing at times
- could need longer between lesson changes, help with carrying books etc.
- may need emotional support
- may have problems with peer relationships
- may need extra time for tests and exams.

The Use of Automatic External Defibrillators (AEDs)

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely. Oxygen will not be able to reach the brain and other vital organs. When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced.

Cardiac arrest can happen at any age and at any time. Possible causes include:
- heart and circulatory disease (such as a heart attack or cardiomyopathy)
- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect)

When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

CPR and/or the use of an AED is not appropriate for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances. However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately. A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person's life.

Location of the AED
The AED is hanging on the wall in the medical room and is always immediately accessible.

Maintenance of the AED
The AED device undertakes regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. The school will check for such a warning on a weekly basis and record when a check has taken place.

Procedures for using the AED

All staff must be aware that CPR and the use of the AED are only intended to help buy time until the emergency services arrive.

1. Ask the office to dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.

3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Follow the instructions 'spoken' by the AED device. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.

After an incident

Assisting an individual who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer need support after an incident, they may be able to request a debriefing from the local ambulance service. Alternatively, they can seek help from their GP.

Most AEDs will store data, which can subsequently be used to assist with ongoing patient care. The schools will therefore contact the local ambulance service after an AED has been used and make arrangements for the data to be downloaded. In the meantime, the AED may still be used if required, but care should be taken not to turn it on and off unnecessarily as this could potentially erase the data.

The school will ensure that the AED is ready for use again by replacing pads and other consumables as required, and ensure that it is not displaying any warning lights or messages.

The school will ensure that the incident is recorded in the incident book and an online health and safety incident report will be completed and sent to the borough.

Training

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. However, appropriate members of staff are made aware of the location of the AED and are reminded that it should be used if the need arises.