



Medical Policy

Incorporating

Supporting students at school with medical conditions and the safe administration of medicines in schools.

Creation Date	
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Section 1: Rationale / Legal Background

Local Authorities 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.

The **Children and Families Act 2014**, from September 2014, places a duty on maintained schools, academies, and pupil referral units to make arrangements for children with medical conditions. Students with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

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. The academy takes advice and guidance from the DFE's '**Supporting Pupils at School with Medical Conditions**' (December 2015).

- Parents or carers have the prime responsibility for their child's health and should provide schools with information about their child's medical condition in conjunction with their GP or paediatrician.
- Ideally the Principal should seek parents' agreement before passing on information to other school staff. Sharing information is important if staff and parents are to ensure the best care for a student.
- Teachers who have students with medical needs in their class should understand the nature of the condition and when and where the student might need extra attention. Cover supervisors should also be aware of this. Teachers who do not have access to this information cannot be held responsible if they act incorrectly.
- Health Professionals and the School Health Service are responsible for sharing information, provide advice and training for staff on health issues.
- No child under the age of 16 should be given prescription or non-prescription medicines without their parents' written consent – except in exceptional circumstance where the medicines has been prescribed to the child without the knowledge of the parents.
- There is no legal duty requiring school staff to administer medication: this is a voluntary role. It is however the academy's responsibility to make sure that those who do so, have support from parents, access to information and training. They must know possible side effects and what to do if they occur.
- Any member of staff considering becoming an identified person for the administration of medication should discuss this issue with their professional organisation.
- The academy, specifically those trained to administer medication, can provide common remedies such as paracetamol, if remedies have been provided and written consent has been provided by parents and parents will be informed by telephone or text if this has been administered (See appendix A).

2. Statement

Bristol Brunel Academy provides ALL students with any medical condition the same opportunities as any other student at the academy.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing once they have left the Academy

The Academy makes sure all staff understands their duty of care to children and young people in the case of an emergency.

The Academy understands that certain medical conditions are serious and potentially life-threatening, particularly if poorly managed or misunderstood.

The Academy understands the importance of medication and care being taken as directed by healthcare professionals and parents/carers. All staff understand the medical conditions that affect pupils at this academy.

Staff receive training on the impact medical conditions can have on students.

3. Aims and Objectives

Students with medical needs:

- Access a good general education
- Are included in as wide a range of activities as possible
- Stay safe
- Have their needs known by those responsible for them
- Are supported by multi agency advice

4. Short- Term Health Care Needs

Many students will need to take medication (or be given it) at school at some time. Mostly this will be for a short period only, to finish a course of antibiotics or apply lotion. It is helpful if, where possible, medication is prescribed in dosage outside of school hours. Parents should ask the prescribing doctor or dentist about this. Medication should only be taken in school when absolutely necessary, however to minimise the time students need to be off school, support may be provided.

School staff and parents must follow the guidance below on the Administration of Medication (Section 10).

5. Long-Term Health Care Needs

For a child or young person with long-term health care needs, an individual health care plan (IHCP) will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures.

6. Procedures for Individual Health Care Plans

- The following procedures are to be followed when notification is received that a student has a long term medical condition.
- A parent or health care professional informs the school that:
 - A child or young person has been newly diagnosed, or;
 - Is due to attend a new school, or;
 - Is due to return to school after a long-term absence, or;
 - Has medical needs that have changed, or;
 - Are taking short term medications
- A meeting is coordinated by the Designated Member of Staff with parents/carers to discuss the student's medical support needs.
- This meeting will be held to discuss and agree on the need for an individual health care plan (IHCP).
- The IHCP will be written in partnership with parents, key school staff and healthcare professional, (this may take the form of written evidence).
- Where students have special educational needs and have an Educational Health and Care Plan (EHCP), the IHCP should be linked to or become part of the EHCP.
- Where a child has special educational needs, but does not have an EHCP, their special educational needs should be mentioned in their IHCP.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.
- Staff training needs will be identified by the School Health Services or other healthcare professional.
- The IHCP will be implemented and circulated to all staff via SIMS.
- The IHCP will be monitored and reviewed annually or when the medical conditions changes, initiated by the healthcare professional or parent.
- Individual Health Care Plans will be in the DfE recommended format. (See Appendix B)

7. Emergencies – (See appendix C)

- Medical emergencies will be dealt with under the school's emergency procedures. A copy of this information will be displayed in the academy reception.
- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

- The school's telephone number: 0117 3772700
 - Your name
 - Your location: Bristol Brunel Academy, Speedwell Road, Speedwell, BS15 1NU
 - Provide the exact location of the patient within the academy
 - Provide the name of the child and a brief description of their symptoms
 - Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
 - Ask reception staff to contact premises to open relevant gates for entry if necessary
 - Contact the parents to inform them of the situation
 - A member of staff should stay with the student until the parent/carer arrives. If a parent/carer does not arrive before the student is transported to hospital, a member of staff should accompany the child in the ambulance.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
 - Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
 - If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

8. Training

- Teachers and support staff will receive regular and ongoing training as part of their development.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.
- No staff member may administer drugs by injection unless they have received training in this responsibility.

9. Roles and Responsibilities

Principal and Academy Council

- The Councillors and Principal retain the main responsibility for ensuring the Academy systems comply with the law and keep both students and staff safe.
- The Principal will oversee practice to (a) design and monitor systems (b) agree procedures (c) support and help the designated teacher and (d) ensure that all staff have broad training.
- The Principal will ensure that there is a designated member of staff with clearly described responsibility for procedures (see below) at an operational level, supported by appropriately trained administrative officers.

Parents and Carers

- Must take responsibility for making sure that their child is well enough to attend school and take part in learning activities.
- Keep the academy informed about any changes to their child/children's health.
- As key partners, should be involved in the development and review of their child's individual health care plans (IHCP).
- Carry out any action they agreed to as part of the IHCP implementation
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.

Students

- Student should be fully involved in the discussions about their medical support needs and contribute to the writing of their IHCP.
- Students will be required to comply with the IHCP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.
- Other students to be encouraged to be sensitive to the needs of those with medical conditions.

The Designated Member of Staff:

- Update Medical Conditions Policy.
- Maintain the Medical Conditions Register and to Inform all staff of any known medical conditions/students with an Individual Health Care Plan (IHCP).
- Co-ordination of procedures for known medical conditions.
- Oversight of secure storage and management of prescribed student medication.
- Oversight of the audit of medicines and the register of administration of medicine.

Identified Persons for the Administration of Medication

- Staff undertaking this role have undertaken appropriate training.
- They must follow the school policy and procedures for the administration of prescription and non-prescription medication.

Teachers and Support Staff:

- Any member of staff may be asked to provide support to students with medical conditions.
- Teachers have a responsibility for ensuring that they are aware of students' medical needs; follow advice; know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- The First Aid Team need to be aware of which students have medical conditions, what they are and what the implications are.
- Teachers will produce Risk Assessments for trips, sports events and work experience

- Teachers will carefully follow school procedures, especially for giving medication procedures

School Health Services

- The School Health Services are responsible for notifying the academy when a student has been identified as having a medical condition which will require support in school
- May support staff in the implementing of IHCPs, providing advice and training
- Can liaise with lead clinicians locally on the support for a child or young person and associated staff training needs.

Healthcare Professionals

- To notify the School Health Services when a child or young person has been identified as having a medical condition that will require support in school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy)

10. The Administration of Medication

Giving of Prescribed Medication:

- Signed, written agreement from parents must be sought for trained staff to administer prescribed medication, most commonly in the form of an IHCP.
- Prescribed medication can only be given by named and willing staff who have had training.
- Medicines will only be accepted for administration if they are:
 - Prescribed
 - In-date
 - Labelled and provided in the original container as dispensed by a pharmacist or other healthcare professionals and include instructions for administration, dosage and storage.
 - The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Medication, with the exception of emergency medication such as inhalers, adrenaline pumps and glucose gels, must be kept in a locked cabinet.
- Emergency medication will be safely stored in the office behind reception in an open cupboard, readily available in an emergency.
- All prescribed medication must be labelled with the student's name and checked regularly for 'use by' date. Parents should dispose of unused medication.
- A student should take the medication themselves and this should be logged in a record book and signed by 2 people.
- No student should ever use another student's medication.
- If a student refuses to take medication, they will not be forced to and parents will be notified.

Giving of Other Medication:

- Signed, written agreement from parents must be given for trained staff to administer any medication including 'common remedies'.
- Medication must be provided by the parent / carer, labelled with the student's name and checked regularly for 'use by' date. Parents should dispose of unused medication.
- Medication can only be given by named and willing staff who have had training.
- Only one dose will be administered throughout the school day.
- Only complete and labelled packets can be brought into school.
- A student should take the medication themselves (from a table) and this should be logged in a record book and signed by 2 people, one of whom can be the student if they are responsible enough.
- Parents will be informed that their child has received medication.
- No child under the age of 16 will be administered aspirin unless prescribed by a doctor.
- No student should ever use another student's medication.

Self-administration of Medication:

- Students who are competent, are encouraged to take responsibility for managing their own medicines and procedures.
- Parents need to give signed permission for the student to self-medicate within school, including common remedies via the initial admissions form, annual data collection update or through the completion of an IHCP.
- In giving signed permission the parent is agreeing that their child is competent to self-medicate.
- Students must only carry enough medication for one day.
- No student should ever give another student medication.
- Staff will be vigilant to students self-medicating and pass on any concerns to the designated member of staff.

11. Visits and special activities

- Lists of students going on trips should be sent to the Educational Visits Coordinator at least six weeks beforehand to plan and risk assess, if needed with the designated lead.
- Any late comers onto Trip Lists must be checked with the designated lead for medical information.
- Staffing on trips should take into account the needs of both disabled students and those with medical needs and whether any adults going are prepared and trained to give medication/carry out medical procedures. The designated teacher will advise.
- Risk Assessments and/or Health Care Plans will be given to the Trip Organiser at least 48 hours before the trip.

12. Reviewing this policy

This policy will be reviewed by the Academy Council annually, to ensure that it conforms to current guidelines and any legislation.

APPENDIX A- Medical Policy and Administration of Medicines: Designation of Roles

The Designated member of staff is **Lou Coles**.

Staff trained to administer medication are: **Debra Drake, Sophie Palmer, and Nici Curley**. Course completed Administration of Medicines delivered by JaLee First Aid Training.

When administering medication, the following procedures must be followed:

- No medication, even 'common remedies', can be given to students without written permission from the parent/carer.
- For prescription medication and on-going illnesses or conditions a Health Care Plan needs to be completed with parents/carers.
- All medication must be provided by parents, in full packets, in the original packaging, labelled with the student's name.
- All medication (with the exception of emergency medication such as inhalers, adrenaline pumps (e.g. Epi pens), glucose gels, must be stored in the locked and secured safe in the Learning Support Pod.
- Medication must be counted and signed in by the staff trained to administer medication and the parent
- When medication is given, a record of what, how much and to whom must be made.
- A student should take the medication themselves (from a table) and this should be logged in a record book and signed by 2 people, one of whom can be the student if they are responsible enough.
- No student should ever use another student's medication.
- A record of any side effects the student experiences must be noted.
- It is the responsibility of the parent to dispose of any out of date medication.

A termly audit must be completed of all medication held within the Academy and parents notified of out of date medication.

BBA parental agreement for setting to administer medicine

Bristol Brunel Academy 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 _____

BBA record of medicine administered to an individual child

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

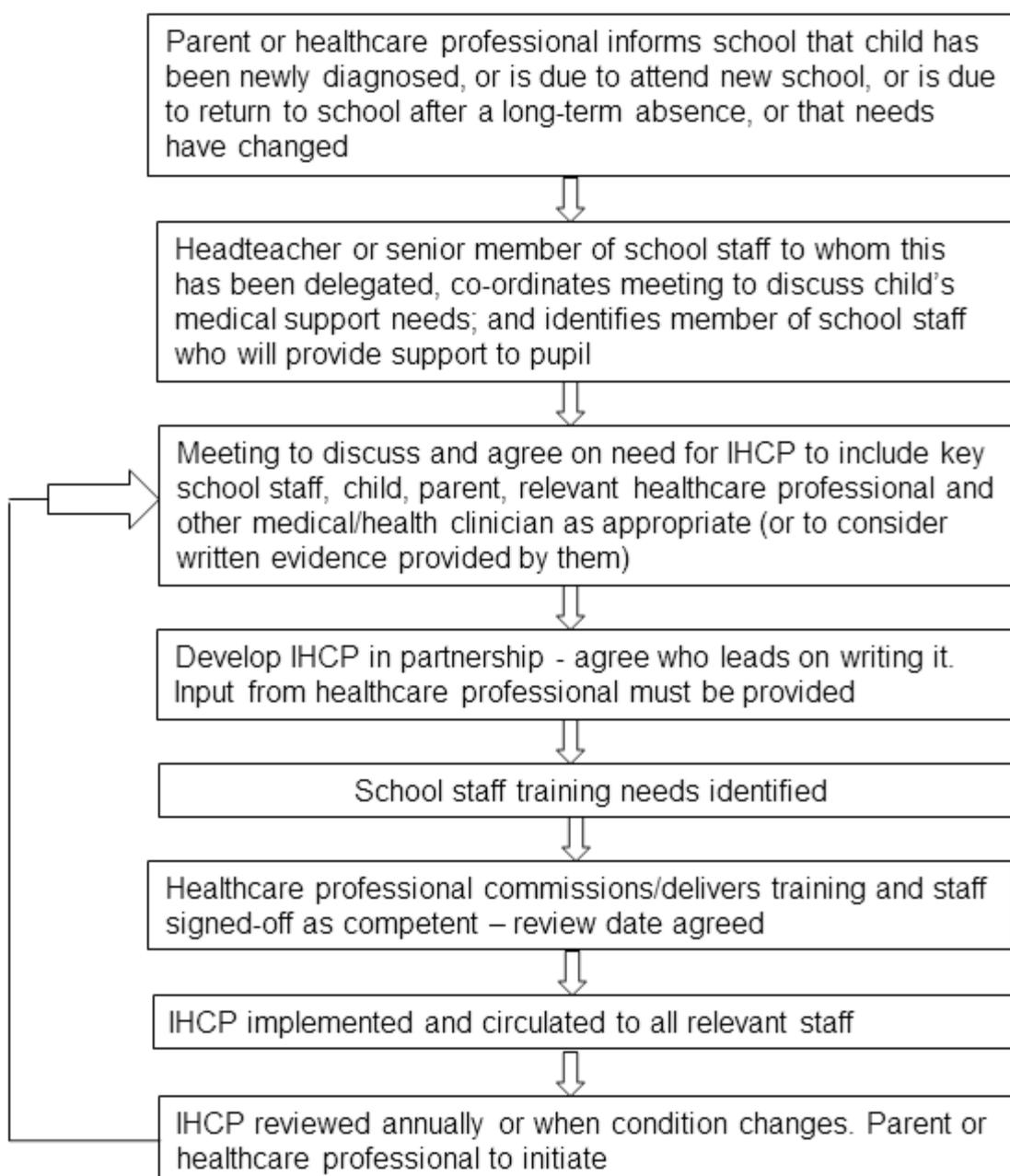
Dose given

Name of member of staff

Staff initials

Appendix B

Process for developing individual healthcare plans





APPENDIX B –Individual Health and Care Plans

BBA individual healthcare plan

Name of school/setting	
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

APPENDIX C - First Aiders Duties and Responsibilities

Definition:

First Aider – A person who has attended, successfully completed and has a valid certificate for First Aid at Work training, which is updated accordingly.

First Aid should be provided when needed to staff, visitors, service users, students, volunteers, agency staff, kitchen staff etc. If they become ill or injured at work or under the jurisdiction of the Federation, on or offsite.

First Aid is provided to:

1. Preserve life
2. Limit the effects of the condition
3. Promote recovery

First Aid should be provided where a person will need further medical treatment until such help arrives and for the treatment of minor injuries. It should be noted that the treatment of minor illnesses, by the administration of tablets or medicines, falls outside the definition of First Aid.

- If a student needs first aid send them to Reception with a note from the class teacher. They will find the First Aider who is on duty for that period. If you need first aid in a class or other location please call for help via reception / send a student to reception.
- If you treat a student with first aid please write up an Accident Report Form.
- If a student feels unwell they may go to their Pastoral Year Lead or Reception with a note from the class teacher, until they feel well enough to return to class or until they go home if they are too unwell to remain at the Academy.

A looked after student should not be sent home unless authorised by the designated lead for looked after student (Ian Garforth / Sophie Palmer) or the student's social worker.

If you treat a student in the First Aid room always make sure the door to Main Reception is open unless accompanied by another member of staff.

Be Aware of Child Protection Issues and Take Appropriate Action.

If you are called to an incident away from the First Aid room there is a First Aid kit in the First Aid room.

You can use any mobile phone to call an ambulance should the need arise. Inform Reception that an ambulance has been called and could they contact the student's parent/carer to let them know what is happening. Also ask them to contact a member of SLT to arrange for a member of staff to accompany the student in the ambulance if there is no parent/carer available. (often a parent/carer will meet you at the hospital)

No Student Should go to Hospital Unaccompanied

There are a number of students in the Academy who take prescribed medicine on a regular basis. This medicine is kept in a locked cupboard. Each medicine is bagged separately and has a Record Sheet attached and has on it clearly stated, the student's name, name of medication and dosage. All

medication kept in the Academy must be in its original packaging and contain the medication information leaflet.

Each time a student comes to take their medication a medication record sheet must be filled in with:
- date, time, amount of medication and your signature as the witness.

This Academy does not assume that students with the same medical condition should be treated in the same way. It is important that the needs of the student are assessed on an individual basis.

Staff Trained as First Aiders

Jaylee First Aid Training - 3 day Course:

Alex Heath

Lindsey Williams

Nici Curley

Saima Ali

Outdoor Emergency First Aid (2 day course)

Rebecca Owen

Jaylee First Aid Training - 1 Day Course:

Saima	Ali
Simeon	Bates
Katie	Bignell
Kate	Bull
Valentin	Catuneanu
Louise	Coles
Jill	Collings
Jen	Cusack
Luke	de Roemer
Deb	Drake
Alex	Heath
Anette	Jacobs
Holly	Jenkins
Nikki	McCready
Claire	Mullin
Jayne	Osmant
Rebecca	Owen
Jodie	Payne
Vicky	Payton
Anna	Peers
Joe	Rogers
Nathan	Rutter
Abbi	Simmons
Mike	Smerdon

Laura	Smith
Sam	Thompson
Lindsey	Williams
Mark	Woodward

CLF Training

Laura Miles

PCS Enterprises

James Ferguson

Paediatric First Aid

Leanne	Cording
Rebecca	Owen

Basic Life Support

Steve	Brain
Nikki	McCready

APPENDIX D - DEFIBRILLATORS

This Academy has an Automated External Defibrillator on site which is supplied by the South Western Ambulance NHS Foundation Trust. This is to compliment the Academy's existing first aid cover and offer a level of security and comfort to its staff and users, ensuring that in the event of an out of hospital cardiac arrest, or medical emergency, there will be both the equipment and trained personnel to render aid until the arrival of the Ambulance Service Clinicians.

South Western Ambulance NHS Foundation trust will facilitate the initial and annual re-qualifications training of Bristol Brunel Academy establishment based responders for the use of the defibrillator.

Bristol Brunel Academy have an appointed member of staff who will carry out regular visual checks of the defibrillator to ensure 'rescue ready' indicator is green. In the event of the indicator being red, the appointed person will contact the Trust's nominated Community Responder Officer as soon as practicable.

The Academy has nominated and trained a number of persons designated to be defibrillator operators, aiming to ensure that someone is always available.

The Automated External Defibrillator is located outside the First Aid Room door by main reception.

All members of staff should know where this is located.

Staff Trained to use the Defibrillator

Debra Drake, Vicky Payton, Alex Heath, Ian Slocombe, Jenny Cusack, Nikki McCready, Mike Smerdon, Joe Rogers, Leanne Cording, Jodie Payne, Abbi Simmonds

Appendix E – Asthma and Use of Emergency Salbutamol Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies.

This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child or young person may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk is that a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

The emergency Salbutamol inhaler is only used by 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 a child's individual healthcare plan.

The inhalers will be stored in a safe place within the school office, in an unlocked cupboard so there is access in an emergency. The inhaler will be checked termly to ensure that it is in date and in safe working order.

The spare inhaler should be clearly labelled so not to be mistaken for another child's medication.

An asthma register will be kept alongside the Medical Needs Register.

A record of the emergency inhaler need to be kept and parents need to be informed.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

- Signs of an asthma attack include:
 - Persistent cough (when at rest)
 - A wheezing sound coming from the chest (when at rest)
 - Being unusually quiet
 - The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
 - Difficulty in breathing (fast and deep respiration)
 - Nasal flaring
 - Being unable to complete sentences
 - Appearing exhausted

Guidance on the use of emergency salbutamol inhalers in schools

- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

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

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Appendix E Use of adrenaline auto-injectors

An anaphylactic reaction always requires an emergency response.

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

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

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

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

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

MEDA

MEDA



How to Use the EpiPen® Trainer Pen

The **EpiPen® Trainer** is easily distinguishable from the real Auto-Injector.

The label clearly states 'Training Device' and is pale blue/grey in colour.

The **EpiPen® Trainer** is:

- reusable and allows you to practise as many times as you wish
- works in the same way as the real **EpiPen®**

TO USE THE EPIPEN® TRAINER PEN

1. Remove the blue safety cap.
2. Swing and jab the orange tip firmly into the outer thigh. Hold in place for 10 seconds.
3. Remove **EpiPen® Trainer Pen**. Massage injection site for 10 seconds.



To practise again, the **EpiPen® Trainer Pen** must be reset.

TO RESET THE EPIPEN® TRAINER PEN

1. Replace the blue safety cap.
2. Place the orange tip on a hard surface, squeeze the sides of the orange tip and push down.

You can use an **EpiPen® Trainer Pen** to demonstrate to carers, work colleagues, friends and family, so they are familiar with how to administer an **EpiPen®**.

EPIPEN® EPIPEN® Jr
(Adrenaline) Auto-Injectors 0.3/0.15mg

Guide to Using Your EpiPen® Auto-Injector & Trainer Pen



EpiPen®



Trainer Pen

APPENDIX G – SPECIFIC MEDICAL CONDITIONS

Type1 Diabetes

To look after a student with diabetes properly the Academy should have:

An Individual Healthcare Plan (IHP) for each student

A working relationship between the student, their parent or carer and their Paediatric Diabetes Specialist Nurse (PDSN).

What is Diabetes?

Type1 diabetes develops when your pancreas can't make any insulin to manage the levels of glucose in your blood properly, allowing too much glucose to build up. We need insulin to help glucose get into our body's cells, where it's used for energy. If glucose can't get into the cells and your blood glucose levels are too high for too long, you can get extremely ill.

Type1 diabetes usually develops before you're 40 years old, and is the most common type of diabetes found in children and young people. It is one of the main types of diabetes. The other is Type2 diabetes. They are different conditions but once you're diagnosed with either, you have it for the rest of your life.

Signs of Type1 Diabetes

There are four common symptoms to look out for....

Toilet

Thirsty

Tired

Thinner

If a student is going to the toilet a lot, has an increased thirst which they can't quench, is more tired than usual or is losing weight it could be a sign they have Type1 Diabetes. Do not delay – tell parents/carers and advise them to go immediately to their doctor for a test.

Blood Glucose Testing

Most children with diabetes will need to test their blood glucose levels on a regular basis, including while at the Academy. Blood glucose testing involves pricking the finger using a special device to obtain a small drop of blood. This is then placed on the testing strip, which is read by a small electronic blood glucose meter. A test usually lasts a few seconds.

A student is likely to need to test....

- Before meals
- Before, during and/or after physical activity
- If they are unwell
- Anytime they or the Academy staff feel that their blood glucose level is too low or too high

Insulin

Insulin cannot be swallowed like a medicine. It either needs to be injected or given via a pump. Children who inject their insulin will usually take four or more injections a day (known as Multiple Daily Injections –MDI). However, some may only take insulin twice a day.

Students who need to inject at the Academy will need to bring in their insulin and injecting equipment. In most cases the equipment will be an insulin ‘pen’ device rather than a syringe. Some students may want a private area where they can take their injections, others may be happy to inject in public. Both situations should be allowed.

Food

Children with diabetes should follow the same diet that’s recommended for all children – one that is low in fat (for older children) salt and sugar and includes five portions of fruit and veg a day. No food is out of bounds, including sweets and other sugary foods. But too many sweets and chocolates aren’t good for anyone, so they should be a treat rather than a regular snack. Students’ who take insulin may need snacks between meals. Snacks may need to be eaten during lessons and the choice of snack will depend on the child, but could be a portion of fruit, an individual mini pack of dried fruit, a cereal bar, a small roll or sandwich or biscuits.

Hypoglycaemia

This happens when blood glucose levels fall too low (before 4mmol/l). Most children and families will call it a ‘HYPO’. Children with diabetes are more likely to have hypos from time to time and they can come on very quickly.

Sometimes there is no obvious cause, but is usually it’s because the student has:

- Had too much insulin
- Hasn’t had enough carbohydrate food
- Been more active than usual.

How to recognise a hypo

- Feeling shaky
- Sweating
- Hunger
- Tiredness
- Blurred vision
- Lack of concentration
- Headaches
- Feeling tearful, stropky or moody
- Going pale

Symptoms can be different for each student and the student’s parent/carer can tell you what their child’s specific warning signs are. They should also be listed in the student’s IHP (Individual Healthcare Plan).

Treating a hypo

Hypos must be treated quickly. Left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. Some students will know when they are going hypo and can treat it themselves, but others, especially if they are younger, newly diagnosed or have learning difficulties may need help.

A child should not be left alone during a hypo or made to go and get the treatment themselves. Recovery treatment must be brought to the child.

1. Check the child's blood glucose level (when possible).
2. Immediately give them something sugary to eat/drink, like Lucozade, a non-diet soft drink, glucose tablets or fruit juice.
3. After 10—15 minutes, check the blood glucose level again. If the level is still low repeat above again.
4. Check the blood glucose level again in another 20-30 minutes to make sure that they have returned to normal.
5. Some children will need a snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due. The child's parent/carer or PDSN (Paediatric Diabetes Specialist Nurse) will tell you if they need a follow-on snack. This should also be explained on the student's IHP.

Once a hypo has been treated and the blood glucose level has returned to a normal level there is no reason why the student can't continue with whatever they were doing, however, it can take up to 45 minutes to fully recover. In the unlikely event of a student losing consciousness, do not give them anything by mouth. Place them in the recovery position. Call an ambulance and tell them the student has Type1 diabetes and contact their parent/carer.

Hyperglycaemia

Hyperglycaemia happens when blood glucose levels rise too high. All children are likely to have high blood glucose levels sometimes, and they might happen because the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over treated a hypo
- is stressed
- is unwell
- has a problem with their pump
- sometimes there's no obvious cause.

How to recognise hyperglycaemia

The symptoms of hyperglycaemia don't come on quickly and generally build up over a period of hours. They can include:

- thirst
- passing urine frequently
- tiredness

- feeling sick
- tummy ache
- blurred vision.

If a child starts to develop these symptoms, it means that they don't have enough insulin to convert glucose into energy and glucose is building up in their bloodstream. Their body is also starting to break down its fat stores as an alternative energy source. This produces acidic by-products called ketones.

Ketones are harmful to the body and it tries to get rid of them through the urine and the breath (you can often smell ketones on the breath, it smells like pear drops or nail polish remover).

Treating hyperglycaemia

If a child takes insulin injections and their blood glucose is only high for a short time, treatment may not be needed. But if they use a pump, or they use injections and their blood glucose has been high for some time, treatment may be needed.

Treatment includes:

- taking an extra dose of insulin
- drinking plenty of sugar-free fluids
- allowing the child to use the toilet whenever they need to
- testing the blood or urine for ketones
- changing the pump tubing and cannula.

The child's parent or PDSN will tell you what treatment is needed and when, and it should also be detailed on the child's IHP.

Both hypo- and hyperglycaemia can affect a child's behaviour, so if a child is behaving out of character, it may be worth checking their blood glucose levels.

Diabetic ketoacidosis (DKA)

If the early signs of hyperglycaemia are left untreated, the level of ketones in the body will continue to rise and DKA will develop.

How to recognise DKA

As well as the symptoms of hyperglycaemia, signs of DKA include:

- vomiting
- deep and rapid breathing (over-breathing)
- an unusual smell on the breath (ketones smell of nail polish remover).

Treating DKA

These symptoms are emergencies and the parents and emergency services must be contacted, as, if left untreated, DKA can result in a child becoming unconscious. DKA needs hospital treatment with intravenous fluids and insulin ('drips').

But by recognising the signs of high blood glucose levels and taking the action detailed in the child's IHP, it can be avoided.