



**Supporting Children
with Medical Needs**



Supporting Children with Medical Needs

Responsibility of Parents and Carers

Parents and carers 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 for medication to be given at home whenever possible. However if prescribed medicine is to be taken at school, parents must complete a medication form. Non-prescription medication (such as cough medicines) should not be administered in school.

Responsibility of School Staff

There are two main sets of circumstances in which requests may be made to the Head to deal with the administration of medicines to pupils at school:

- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- (b) cases where children recovering from a short-term illness are well enough to return to school but are receiving a course of antibiotics or other medication.

It is generally accepted that school staff may administer prescribed medication. However, this does not imply a duty upon school staff to administer medication and the following should be taken into account:

- No member of staff should be compelled to administer medication to a pupil
- No medication can be administered in school without the agreement of the Head teacher or Senior Leader
- If it is agreed that medication can be administered a named volunteer should be identified to administer it

Procedures to be Followed

1. If medication cannot be given outside of school hours, parents or carers should fill in a medication form giving the dose, the method of administration, the time and frequency of administration, other treatment, any special precautions and a signed consent.



Procedures to be Followed

2. All essential medication should be brought to school by the parent or carer and not the pupil. It should be delivered personally to a member of the senior leadership team or designated member of staff. 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, with a child safety top which must give the owner's name, contents and the dosage to be administered.
4. Whilst medication is in school it should be kept in the staffroom away from children and should be readily accessible to the named volunteer when required. The exception to this is the use of an inhaler.
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, the dose, the mode of administration, time of the dose and date of expiry should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving a dose. This should be kept with the medication form.
7. Where any change of medication or dosage occurs, clear written instructions from the parent/carer should be provided. If a pupil brings to school any medication for which consent has not been given, the staff will refuse to administer it. In such circumstances a member of the senior leadership team should contact the parent or carer as soon as possible.
8. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately.

If in doubt about any of the above procedures the member of staff should check with the parents or carer or a health professional before taking further action.

Refusal or Forgetting to Take Medication

If pupils refuse or forget to take medication, the school should inform the child's parent or carer.

Non-Prescribed Medication

Non-prescribed medication will not be administered by any staff.



Refusal or Forgetting to Take Medication

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

Paracetamol must NEVER be kept in first-aid boxes.

Further Guidance Relating to Children with Specific Medical Needs

A very small number of children need medication to be given by injection, epi-pen or other routes. This is an unusual circumstance and the arrangements are best worked out between the school, parents, school nurse and the doctor who prescribes the medication. Experience suggests that it is helpful to have a meeting of all interested parties in school as it is essential that the parents and the teaching staff are happy about the arrangements that are made.

Staff willing to administer medication should be made fully aware of the procedures and be properly trained. Usually this will be provided by the local Health Authority. An individual healthcare plan for each pupil with a medical need should be completed.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Appropriate local arrangements should include:

- the establishment of procedures on the use of epi-pens and injections
- the provision of appropriate instruction and training to nominated staff
- awareness of all staff that the child has this particular medical condition
- the symptoms associated with anaphylactic shock
- the epi-pen type and content eg adrenalin, anti-histamine
- the locations of the epi-pen, preferably in an easily accessible place which is known to staff, for example a medication box
- labelling of epi-pens for the child concerned
- the names of those trained to administer it, such as first aiders
- records of dates of issue
- emergency contacts

This type of information should be suitably posted in the areas where the medication is to be kept and should accompany the medication on school trips etc. The arrangements for swimming and other sporting activities should also be considered. This information should include the name of the child and, ideally, a photograph.

Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment, usually in the form of an inhaler.



Asthma

It is good practice to allow pupils who can manage their own medication from a relatively early age to do so. If children have asthma and can take their medication themselves, they should be allowed to carry their inhaler around at all times. This is especially important if the inhaler or nebulizer is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe.

If pupils are not able to do so then inhalers should be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils with asthma who may not be able to use the inhaler without help or guidance.

Even if the inhaler is needed as a preventative measure to be taken three times a day it is unlikely that it will need to be kept in school.

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone. However, the guidelines given in Appendix 4 may be helpful. Schools may wish to copy the information and display it as emergency guidance.

Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Information regarding emergency management is given in Appendices 5 and 6. Appendix 5 covers the procedures to be followed with regard to first aid for all seizures, whilst Appendix 6 covers procedures to be followed if the casualty is known to have epilepsy and has been prescribed rectal diazepam.

Further, general information on epilepsy is given on pages 15 and 16 of the DfE document. However, information on important aspects of the condition is given below:

Status Epilepticus

Status epilepticus is a condition in which a seizure shows no sign of stopping or a series of seizures takes place without the individual properly regaining consciousness. A five minute seizure does not in itself constitute an episode of status and it may subsequently stop naturally without treatment. However, emergency precautions after the five minute mark has passed will ensure that prompt attention will be available if a seizure does continue. Such precautions are especially important if the child's medical history shows a previous episode of status epilepticus.

Any child not known to have had a previous seizure should receive medical assessment as soon as possible. Both medical staff and parents need to be informed of any events of this nature.



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) a seizure shows no sign of stopping after a few minutes
- (b) 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 member of the SLT feels that the period of disorientation is prolonged, it might be wise to contact the parents or guardian. Ideally, a decision will be taken in consultation with the parents or guardian when the child's condition is first discussed, and a Health Care Plan drawn up

If the child is not known to have had a previous seizure medical attention should be sought.



Management of an Attack of Asthma

- (i) **Ensure that the reliever medicine is taken promptly and properly:**
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
- (ii) **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
- (iii) **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. Do not put an arm around the child or restrict his or her movement
 - loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing
- (iv) **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
- (v) **If a doctor is not immediately available call an ambulance**
- (vi) **Repeat doses of reliever as required (every few minutes if necessary until it takes effect)**
- (vii) **Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication**
- (viii) **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



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 endorsed and updated annually by a Consultant Paediatrician
- 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