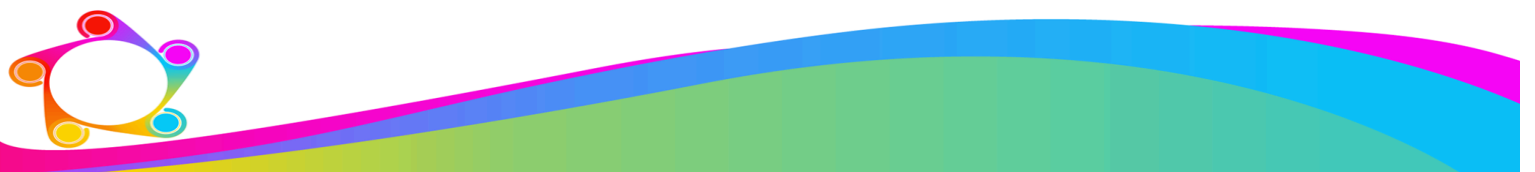




## Educational Diversity

# Supporting Students with Medical Conditions Policy

Approved by:	Management Committee	Date: September 2023
Last reviewed on:	September 2025	
Next review due by:	September 2026	



## Aims & Definitions

The aims of the policy are as follows:

- To ensure students in Educational Diversity with medical conditions, in terms of both physical and mental health are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of students with medical conditions are effectively supported in consultation with health and social care professionals, their parent/carers and the students themselves.

Educational Diversity aims to:

- assist parents/carers in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual students;
- liaise as necessary with medical services in support of the individual student;
- ensure access to full education if possible, so that all students with medical conditions are able to participate in all aspects of school life;
- monitor and keep appropriate records, through an Individual Healthcare Plan (IHP) or other identified suitable method.

### Definitions

- Pupils' medical needs may be broadly summarised as being of two types:
- (a) Short-term affecting their participation in school activities, whilst they are on a course of medication or treatment
- (b) Long-term potentially limiting their access to education and requiring extra care and support.

## Legislation and Statutory Responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on Management Committees to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

## Roles and Responsibilities

### **Our Management Committee**

Our Management Committee has ultimate responsibility to make arrangements to support students with medical conditions. The Management Committee will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **Our Headteacher**

Our Headteacher or nominated staff member will:

- Make sure all staff are aware of this policy and understand their role in its implementation

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **Our SENDCO**

Our Special Educational Needs Coordinators have the additional responsibility to:

- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework

### **All Staff**

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Staff should support students to become more independent to manage their own conditions/look for triggers, signs etc, and support them to be responsible for any equipment, etc.

### **Parents/Carers**

Parents/Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs which will then be recorded on SIMS
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Ensure supply of medication/checking use by dates etc

### **Students**

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to developing their IHPs. They are also expected to comply with their IHPs.

Students should be taught/encouraged to take responsibility for managing their own condition as appropriate.

### **School Nurses and other Healthcare Professionals**

Our school nursing service notifies us when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. In most instances, this will be the case through a robust induction process.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition.

If we become aware that a student has medical needs we will liaise with the school nursing service for any necessary support/training.

## **Equal Opportunities**

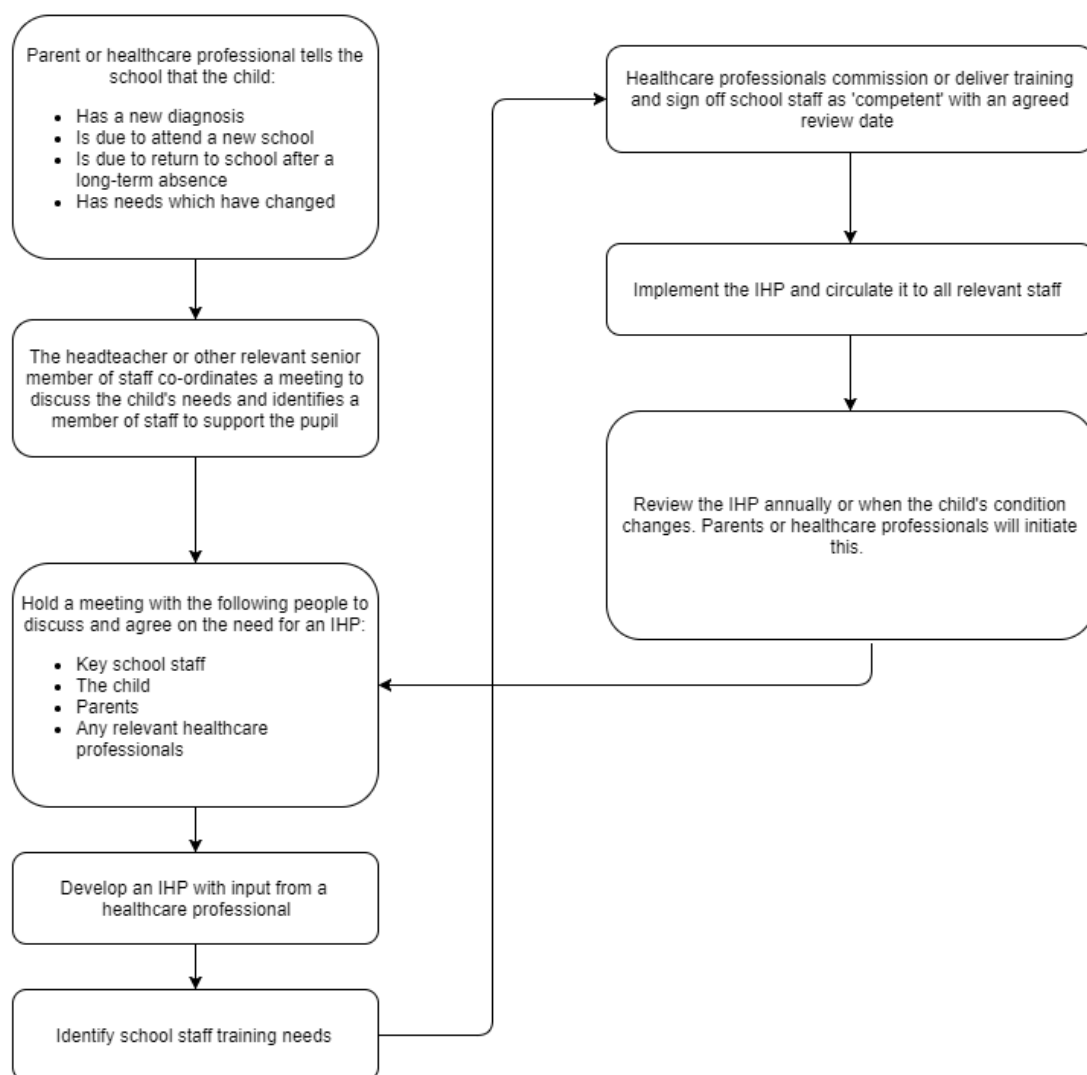
Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Our school considers what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments are carried out so that planning arrangements incorporate any necessary steps. Students, their parent/carers and any relevant healthcare professionals will be consulted regarding these.

## **Being Notified that a Child Has a Medical Condition**

When we are notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an Individual Health Care Plan(IHP). We will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.



**Each Centre has a red file located on the admin desk in the main office containing all relevant information.**

## Individual Healthcare Plans

Our Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the appropriate Lead Teacher within the centre.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parent/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with our school, parent/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care Plan (EHCP). If a student has SEN but does not have a statement or EHCP, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Management Committee, the Headteacher, Deputy Headteacher and Lead Teachers will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parent/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## Managing Medicines

Prescription and non-prescription medicines will only be administered at school by colleagues who have completed the Certificate in Administering Medication (National College):

and will only be administered

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parent/carers' written consent

Prior to any administration of medication the **ADMINISTRATION OF MEDICATION CONSENT FORM** must be completed and signed by parents/carers

**The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parent/carers.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

We only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely and in appropriate conditions e.g. Fridge. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available to students and not locked away.

### **Safe Storage – Emergency Medication**

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

Emergency inhalers are stored at reception in each centre and are readily available to pupils who require them at all times during the school day. Emergency adrenaline auto-injector pens are locked up in reception at each site, the keys are readily available and not held personally by members of staff.

### **Safe Storage – Non-Emergency Medication**

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is accessible only to those for whom it is prescribed.

### **Safe Storage – General**

This school has an identified member of staff/designated person who ensures the correct storage of medication at school (Centre Admin).

All controlled drugs are kept in a locked cupboard and only named staff have access.

The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).

The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.

All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.

Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils or lockable as appropriate. Medication fridges MUST only be used for the storage of medicines and no other items.

All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils at the end of the school term.

It is the parents/carer's responsibility to ensure adequate supplies of new and in date medication comes into school at the start of each term with the appropriate instructions and ensure that the school receives this.

## Safe Disposal

Parents/carers at this school are asked to collect out-of-date medication.

If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal with agreement from the local pharmacy.

A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least 3 times a year and is always documented.

Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Each box must be signed and dated as per assembly instructions, there should be one box per child and the temporary closure MUST be used when the box is not in use.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school, or to the pupil's parent.

Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents. Parents then need to take the sharps bin to the GP for disposal.

## Controlled Drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## Pupils Managing their Own Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parent/carers and it will be reflected in their IHPs.

Pupils will be allowed to access their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parent/carers so that an alternative option can be considered, if necessary.

If a pupil requests paracetamol, parents/carers will be contacted to confirm they are happy for this to be administered. This will be recorded and also logged on a specific sheet linked to the box of paracetamol. Only paracetamol purchased by Educational Diversity and stored appropriately will be distributed by the allocated person.

## Residential Visits

Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.



All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Health Plan.

All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise the administration of medication at night or in the morning if required.

The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. A copy of the Individual Health Plan and equipment/medication must be taken on off-site activities.

The residential visit/school trip form contains information on a pupil's last tetanus immunisation. A copy of this form is required to be carried on any external visits.

## **Unacceptable Practice**

Our staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parent/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parent/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parent/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

## **Emergency Procedures**

Staff follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

The school has an emergency salbutamol inhaler and adrenaline auto-injector pen which can be used in the event of an emergency - these are available from reception to be administered by trained staff / first raiders.

## **Training**

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Lead Teachers. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **Record Keeping**

Our Management Committee will ensure that written records are kept of all medicine administered to students. Parents will be informed if their student has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Relevant forms are attached at the end of this policy.

## **Liability and Indemnity**

Our Management Committee will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policies relating to supporting students' medical conditions and public liability are in line with the Local Authority's policy documentation.

## **Complaints**

Parents/Carers with a complaint about their child's medical condition should discuss these directly with the Headteacher/Lead Teacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

## **Monitoring Arrangements**

This policy will be reviewed and approved by the Management Committee every year.

## **Links to Other Policies**

This policy links to the following policies:

- Accessibility Policy/Plan

- Complaint Policy
- Equality Information and Objectives
- First Aid
- Health and Safety
- Child Protection & Safeguarding
- Special Educational Needs Information Report and Policy

## EDUCATIONAL DIVERSITY

### ADMINISTRATION OF MEDICATION CONSENT FORM

Staff at Educational Diversity will not administer medication to your child unless the attached consent form has been completed by the parent/carer.

All medication must be in the original container as dispensed by the pharmacy, with the student's name, contents, dosage and prescribing doctor's name.

This information is requested in confidence to ensure that we are fully aware of the medical needs of your child.

DATE	
PUPILS NAME	
DATE OF BIRTH	
NAME OF MEDICATION	
DOSAGE	
WHEN TO BE GIVEN	
QUANTITY OF MEDICINE RECEIVED BY SCHOOL	
SPECIFIC REQUIREMENTS (ie, store at room temperature)	
HOW LONG WILL THE CHILD NEED TO TAKE THE MEDICATION	
DAYTIME CONTACT DETAILS OF PRIMARY CARER/PARENT	
ALTERNATIVE CONTACT FOR EMERGENCY PURPOSES	
CONTACT DETAILS FOR GP	
REVIEW DATE	

### PARENTAL CONSENT

I confirm that the medication detailed above has been prescribed by a doctor and that I give my permission for delegated staff to administer the medication to my child.

I will inform school immediately, in writing, if there is any change in the medication (dosage/frequency) or if the medication is to be stopped. I also agree that I am responsible for collecting any unused or outdated medication in order to dispose of them

The above information is accurate at the time of the agreement being signed

Signed:..... Date:

.....

<b>Inhalers.</b>

Name of student: ..... D.O.B:

.....

My son/daughter does/does not (please circle) require an inhaler. I will ensure that my child, if required, will carry their inhaler on a daily basis.

Parent signature: ..... Date:

.....

### **Paracetamol.**

Name of student: ..... D.O.B:

.....

I sign to give consent for the above student to be given paracetamol in school under the supervision of Educational Diversity staff. I understand that telephone consent will also have to be given on the day prior to administration.

Parent signature: ..... Date:

.....

## Individual Healthcare Plan for Students with Medical Needs

Student details					
Name of school		Educational Diversity			
Student name					
Date of birth					
Group					
Student address					
Medical diagnosis or condition					
Date					
Review date					
Contact details					
Family Contact 1			Family Contact 2		
Name				Name	
Phone number (home)				Phone number (home)	
Phone number (work)				Phone number (work)	
Mobile number				Mobile number	
Relationship to child				Relationship to child	
Clinic /Hospital contact			GP		
Name				Name	
Phone number				Phone number	
Who is responsible for providing support in school					

## Individual Healthcare Plan for Students with Medical Needs

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 student's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

## Individual Healthcare Plan for Students with Medical Needs

Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency ( <i>state if different for off-site activities</i> )
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to



## Record of Medication

[illegible]

# **Emergency Procedures**

## **Contacting Emergency Services**

**Dial 999, ask for an ambulance and be ready with the following information:**

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give the exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Do not hang up until the information has been repeated back to you.
- 10. Ideally the person calling should be with the child, as the emergency services may give first aid instruction.**
11. Never cancel an ambulance once it has been called.

**Speak clearly and slowly**

### **Pegasus**

Educational Diversity  
Bathurst Avenue  
Blackpool Council  
FY3 7RJ

### **Athena**

Educational Diversity  
278a Whitegate Drive  
Blackpool  
FY3 9JW

## **Asthma Emergency Procedures**

### **Common signs of an asthma attack:**

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children express feeling tight in the chest and a tummy ache.

### **Do . . .**

- keep calm
- Encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- Make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – Preferably through a spacer (An emergency inhaler is available from reception if the student does not have theirs or if their inhaler has run out)
- Ensure tight clothing is loosened
- Reassure the pupil.

### **If there is no immediate improvement**

- Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

### **999**

#### **Call an ambulance urgently if any of the following:**

- The pupil's symptoms do not improve after 10 puffs
- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue
- You are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

#### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

### **Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents/carers immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- Generally staff should not take pupils to hospital in their own car.

**Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.**

# Anaphylaxis Emergency Procedures

## Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of throat and mouth
- Alterations in heart rate
- Signs of breathlessness and/or severe asthma symptoms (see asthma section for more details)
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

## Do

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

### The trained member of staff should:

- Assess the situation
- Follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil's doctor
- Administer appropriate medication in line with perceived symptoms. (Emergency adrenaline auto-injectors are available from reception)

## 999

If they consider that the pupil's symptoms are cause for concern, **call for an ambulance**

### State:

- The name and age of the pupil.
- That you believe them to be suffering from anaphylaxis
- The cause or trigger (if known)
- The name, address and telephone number of the school
- **Call the pupil's parents/carers.**

### While awaiting medical assistance the designated trained staff should:

- Continue to assess the pupil's condition
- Position the pupil in the most suitable position according to their symptoms.

### **Symptoms and the position of pupil**

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

### **Do**

- **If symptoms are potentially life-threatening**, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
- **Make a note of the time the adrenaline** is given in case a second dose is required and also to notify the ambulance crew.
- **On the arrival of the paramedics or ambulance crew** the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

### **After the emergency**

- After the incident, carry out a debriefing session with all members of staff involved.
- Parents/carers are responsible for replacing any used medication.

**Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.**

# Diabetes Emergency Procedures

## Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

### Common symptoms:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

Do . . .

- Call the pupil's parents who may request that extra insulin be given.
- The pupil may feel confident to give extra insulin.

**999**

**If the following symptoms are present, then call the emergency services:**

- Deep and rapid breathing (over-breathing)
- Vomiting
- Breath smelling of nail polish remover.

## Hypoglycaemia

### What causes a hypo?

- Too much insulin
- A delayed or missed meal or snack
- Not enough food, especially carbohydrate
- Unplanned or strenuous exercise
- Drinking large quantities of alcohol or alcohol without food
- No obvious cause

### Watch out for:

- Hunger
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse or palpitations
- Tingling
- Glazed eyes
- Pallor
- Mood change, especially angry or aggressive behaviour
- Lack of concentration
- Vagueness
- Drowsiness

## **Do**

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- A glass of Lucozade, coke or other non-diet drink
- Three or more glucose tablets
- A glass of fruit juice
- Five sweets, e.g. jelly babies
- GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- Roll/sandwich
- Portion of fruit
- One individual mini pack of dried fruit
- Cereal bar
- Two biscuits, e.g. garibaldi, ginger nuts
- or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

## **999**

**If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.**



# **Epilepsy Emergency Procedures**

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

## **Symptoms:**

- The person loses consciousness, the body stiffens, then falls to the ground
- This is followed by jerking movements
- A blue tinge around the mouth is likely, due to irregular breathing
- Loss of bladder and/or bowel control may occur
- After a minute or two the jerking movements should stop and consciousness slowly returns

Do . . .

- Protect the person from injury – (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help
- Once the seizure has finished, gently place them in the recovery position to aid breathing
- Keep calm and reassure the person
- Stay with the person until recovery is complete

Don't . . .

- Restrain the pupil
- Put anything in the pupil's mouth
- Try to move the pupil unless they are in danger
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round

**999**

**Call for an ambulance if . . .**

- You believe it to be the pupil's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The pupil is injured during the seizure
- You believe the pupil needs urgent medical attention

## **Seizures involving altered consciousness or behaviour**

### **Simple partial seizures**

Symptoms:

- Twitching
- Numbness
- Sweating
- Dizziness or nausea
- Disturbances to hearing, vision, smell or taste
- A strong sense of déjà-vu.

### **Complex partial seizures**

Symptoms:

- Plucking at clothes
- Smacking lips, swallowing repeatedly or wandering around
- The person is not aware of their surroundings or of what they are doing.

### **Atonic seizures**

Symptoms:

- Sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

### **Myoclonic seizures**

Symptoms:

- Brief forceful jerks which can affect the whole body or just part of it
- The jerking could be severe enough to make the person fall.

### **Absence seizures**

Symptoms:

- The person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

### **Do . . .**

- Guide the person away from danger
- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- Stay with the person until recovery is complete
- Keep calm and reassure the person
- Explain anything that they may have missed

**Don't . . .**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

**999****Call for an ambulance if . . .**

- One seizure follows another without the person regaining awareness between them
- The person is injured during the seizure
- You believe the person needs urgent medical attention

**Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.**