

# Medical Needs Policy

James Brindley School

Date ratified by the Safeguarding, Health and Safety and Premises Committee: September 2018

To be reviewed (every 3 years) by:  
Safeguarding, Health and Safety and Premises Committee

## Contents

Introduction	3
Processes	3
Practice	4
Invasive or Intimate Treatment	5
School Trips	5
Sport/Leisure Activities	6
Medication Consent Form	8
Personal Care Plan	9
Record of Medication Administered in School	10
Request for pupil to administer own medication	11
Asthma Policy and Procedures	12
Emergency Procedures	14
Common Conditions	15
Useful Contacts	20

## Medical Needs Policy

### Introduction

- Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines and support on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.
- Others may require medicines and support in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.
- Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.
- Pupils at James Brindley School have medical needs which are many and varied.
- The purpose of this policy is to inform staff, governors and parents of the management systems in place that can support pupils with medical needs, whilst recognizing the voluntary role of staff.
- It is important that systems should be based on close co-operation between the School, parents/carers and health professionals. This policy will cover only those sites which are not directly connected with a hospital.
- **This policy precludes the administration of any medication to pupils taught within the home setting.**
- This policy is written in accordance with guidelines as laid out by DfE. Guidance also sort from NHS Medical Needs in Schools Team.

### Processes

The Head of Sector/Head of Centre will be the named person as the link for medical needs in their centre. Lisa Valentini is the named person as the link for medical needs across the school.

- At the point of admission, the school will request full information about existing medical conditions in order that relevant support and training, where appropriate, can be put into place.
- The Head of Sector/Head of Centre will be responsible for arranging regular access to appropriate training as necessary; including training on asthma, epilepsy, use of epi-pen and administration of medication. This should be on a rolling program of at least biannually.
- The Head of Sector/Head of Centre is responsible for ensuring that there is a significant number of staff within their Centre that are appropriately trained to deal with the medical needs of the pupil cohort.
- All relevant staff will be informed of the pupils who have a medical condition. Cover staff will be informed of those who have a significant medical condition.
- Details of possible side-effects of the medication and the action to be taken will be sought from the most appropriate source e.g. School Nurse; Consultant; GP etc.
- The school will request that no child is sent with non-prescribed medication.
- Administration of pain reliever, e.g. paracetamol, non-prescribed (**See Appendix 5**)
- School staff will neither keep nor administer non-prescribed drugs.
- No member of staff will be obliged to administer prescribed medication; however, staff volunteers will be sought to act as the nominated person on all appropriate sites.
- The school will only participate in the administration of prescribed medication if the parent/ carer has completed and signed the request form and has given full details of the medication, dosage etc. (**See Appendix 1**)

- ***Changes to instructions on the administration of medication should only be accepted when received in writing.***
- Prescribed drugs will be locked in a suitable cupboard and a complete record of administration will be kept at the site. ***(See Appendix 2)***
- As long as the guidance in this document is followed, the Principal will accept responsibility, in principle, for school staff giving prescribed medication to pupils during the school day.

### **Practice**

- In certain circumstances, the school may support pupils to manage their own prescribed medication e.g. inhaler/epipen. This will be at the discretion of the Head of Sector/Centre on site bearing in mind the safety of that pupils and other pupils, following receipt of a completed parental request and authorisation. ***(See Appendix 3)***
- It is important for the school to have sufficient information about the medical condition of any pupil.
- This may include:
  - Details of the condition
  - Special requirements e.g. dietary or pre-activity precautions
  - Medication and any side-effects
  - What to do and who to contact in case of emergency
  - The role the school can play ***(See Care Plan Appendix 1a)***
- If there is at least one pupil who has been identified as having a severe allergy within a Centre, the entire Centre will become a specific allergen free zone e.g. nuts. Parents and pupils will be informed of this via letter and this will be reinforced by all staff.
- Where the school is being requested to administer or allow the pupil to administer prescribed medication, the parent/carer is responsible for ensuring the above information is supplied.
- Once parental authorisation has been given, the named member of staff will check:
  - The pupil's name
  - Written instructions provided by the parents/ carers or doctor
  - The prescribed dose; frequency; method etc.
  - The expiry date (if any)
  - The record card will be completed and, in certain circumstances, witnessed by a second adult. ***(See Appendix 2)***
- Medication should only be taken during the school day when it is absolutely necessary. In cases where medication can be taken out of school hours, it should be.
- Named staff should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

- **Staff should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**
- The school will not store large amounts of the medication; parents should be encouraged to send in no more than one week's supply wherever practicable. On receipt of the medication, the staff will check that it is suitably and correctly labelled with the name of the pupil; the name of the drug; the required dosage and frequency. Where a pupil needs two or more prescribed medicines, these must be in separated containers, separately labelled. The medication will be safely stored in a secure place not readily available to pupils. The pupil will be made aware of the place and who is the key-holder. Where medication that a pupil might need in an emergency is locked away, all staff should know where to obtain the key. If medication requires refrigeration, this can be done in a separate airtight container, clearly labelled in a refrigerator not available to pupils.
- If a pupil refuses to take their prescribed medication, they will not be forced to do so. The school will notify the parent/carer as a matter of urgency, record that the pupil has refused and if necessary, emergency services will be called.
- In the case of a few medicines such as asthma inhalers, these **must not** be locked away; but must always be readily available. Wherever safely possible, pupils should be encouraged to carry their own inhalers. **(See Appendix 4 for Asthma Policy and Procedures)**
- At the end of each term or of placement, parents are responsible for collecting medicines held at school and for disposing of date expired items or items not required any more. Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.
- Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.
- Medication will be reviewed termly with parent/carer at Pupil Review.

#### **Invasive or Intimate Treatment**

- Where invasive or intimate treatment is required this must be discussed in full with the Head Teacher before any acceptances are given. Any member of staff must feel able to refuse such administration; however, if a volunteer is willing, they must always seek to protect the dignity of the pupil, and must always seek a staff witness thus minimising any potential for accusations of abuse.

#### **School Trips**

- The school will, as far as possible, encourage pupils with medical needs to participate in school trips, visits etc. wherever safety permits, taking into account the requirements of the DDA and ensuring that reasonable adjustments have been made. **(See JBS Disability Equality Scheme/Equalities Act 2010 document on Policies folder on L Drive)**
- Staff supervising excursions must be made aware of any medical needs, arrangements for administration of prescribed medication, and relevant emergency procedures. It is the responsibility of the Head of Education at the site to ensure this information is given to ALL

involved staff and appropriate training. Extra safety precautions may need to be put into place, including detailed Risk Assessments. These should include emergency procedures and should form a regular part in any pre-trip staff briefing.

- Safe storage and accessibility of medication should form part of the risk assessment for all out of school activities.

### **Sport/ Leisure Activities**

- The school will, as far as possible, encourage pupils with medical needs to participate in PE and Leisure activities wherever safety permits. It is acknowledged that some pupils will need to take precautionary measures before or during exercise and/or need to be allowed immediate access to medication if necessary.
- Teachers supervising such activities must be made aware of relevant medical conditions and emergency procedures by the Head of Education.
- Risk Assessments, including emergency procedures, should be put into place and made known to all staff involved with the Sporting or Leisure activity.
- DDA requirements must be adhered to and reasonable adjustments made in order to ensure equality of opportunity. . ***(See JBS Disability Equality Scheme/Equalities Act 2010 document on Policies folder on L Drive)***

**For information regarding specific conditions, symptoms and treatment, see Appendix 6.**

### **The following practices are unacceptable:**

**Although staff should use their discretion and judge each case on its merits with reference to the individual pupil's healthcare plan.**

- Preventing pupils from easily accessing their inhalers and medication;
- Assuming that every pupil with the same condition requires the same treatment;
- Ignoring the views of the pupil or parent; or ignore medical evidence or opinion (although this may be challenged);
- Sending pupils 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 individual healthcare plans;
- If a pupil becomes ill, sending them to the school office or medical room unaccompanied;
- Penalising a pupil for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Preventing pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips.

**APPENDIX 1  
SCHOOL MEDICATION CONSENT FORM**

**If more than one medication is to be given a separate form should be completed for each.**

Pupils Name .....

D.O.B. ....

Class/Tutor Group .....

Name and Strength of medication.....

.....

How much to give (i.e. dose to be given) .....

Route to be given e.g. by mouth .....

When to be given .....

Any other instructions .....

Quantity given to school e.g. number of tablets .....

**N.B. MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.**

Telephone No. of Parent/Carer .....

Name of G.P. ....

G.P.'s Contact Number .....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's Signature ..... Date .....

My child does/does not travel to school using Travel Assist and will/will not require access to emergency medication during this journey,  
I consent to this information being shared with Travel Assist and I will make separate arrangements for them to carry emergency medication during this journey.

Parent's/Carer's Signature ..... Date .....



Appendix 1a

**JAMES BRINDLEY SCHOOL  
PERSONAL CARE PLAN**

Clinic/Hospital Contact:	G.P.:
Name:	Name:
Tel. No.:	Tel. No.:
Describe condition and give details of individual symptoms:	
Specific Daily Care Requirements:	
Signs to look out for:	
Treatment and Care in an Emergency:	
Emergency: Contact (1): Tel. No.:	Contact (2): Tel. No.:
Follow-up care:	
Special requests from parents:	

**I will notify the school of any changes to my child's medical needs which may lead to a change in their care plan.**

Signed: \_\_\_\_\_

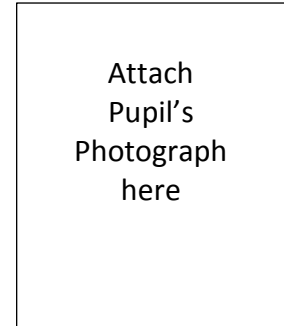
Signed: \_\_\_\_\_

On behalf of School

Parents/Carers



**APPENDIX 2  
 JAMES BRINDLEY SCHOOL  
 RECORD OF MEDICATION ADMINISTERED IN SCHOOL**



Name of Pupil: ..... D.O.B ..... Class .....

Name and strength of medication: ..... Route to be given .....

Date												
Time Given												
Dose Given												
Quantity in Pack Before												
Quantity in Pack After												
Staff Signature												
Print Name												
Staff Counter Signature												
Print Name												

### APPENDIX 3

#### Request for pupil to carry and administer his/her own prescribed medication

Form for parents to complete if they wish their child to carry his/her own medication e.g. inhaler/epipen

Pupil's Name	Sector of James Brindley School:
Address:	
Condition or illness:	
Name of Medicine	
Procedures to be taken in an Emergency	

#### CONTACT INFORMATION

Name:
Signature:
Daytime Phone No:
Relationship to pupil:
Date:

**The school will need to hold the medication in a safe place on site.  
Parents must ensure that the medication is handed in at reception and not carried in school by the pupil.**

## **APPENDIX 4**

### **Asthma Policy and Procedures**

#### **AIMS**

The school aims to:

- Encourage and support all students who have asthma to participate fully in all aspects of the life of the school.
- Work towards ensuring the school environment is favourable to students with asthma.
- Inform parents/carers of our expectation that they will give appropriate information to the school regarding their child's asthma and to provide a prescribed reliever inhaler and spacer device (if required).
- Inform pupils of the procedure for gaining immediate access to their reliever inhaler.

#### **ON ADMISSION TO THE SCHOOL**

- All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family GP and any relevant hospital details.
- Every student with an asthma diagnosis must have a BLUE reliever inhaler available in school for use in an emergency.
- All parents/carers will be asked to complete a consent form to allow their child to use the emergency inhaler if necessary.

#### **SAFETY AND STORAGE OF ASTHMA INHALERS**

- Reliever inhalers should be carried by the student. A spare inhaler, clearly labelled with the student's name will be in a designated place in each sector.
- Parents will be notified by Head of Sector or designated person if the spare reliever has been used during the school day.
- It is the parents/carers responsibility to ensure medication is in date and replenished as necessary.
- Inhalers will not be stored where there is excessive heat or cold.

#### **EXERCISE AND ACTIVITY**

- Students with asthma are encouraged to participate fully in all PE and games lessons.
- Some students with asthma may need to use the reliever inhaler before exercising.
- Reliever inhalers must be readily available at all times, including all off site activities.

#### **ASTHMA ATTACK**

- Parents will be informed that their child has had an asthma attack as soon as possible.
- All staff will have training biannually about how to deal with a student experiencing an asthma attack.
- In the event of an asthma attack school staff should follow the procedure outlined as follows:

## **ASTHMA ATTACK FLOW CHART**

### **IN THE EVENT OF A STUDENT HAVING AN ASTHMA ATTACK:**

- Stay calm and reassure the student
- Encourage the student to breath slowly
- Ensure that any tight clothing is loosened
- Help the child to take their Reliever (blue) inhaler

Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed.

- Inform and seek assistance from First Aider on site.

### **ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:**

- There is no significant improvement in 5 – 10 minutes.
- The student is distressed and gasping or struggling to breath.
- The student has difficulty in speaking more than a few words at a time.
- The student is pale, sweaty and may be blue around the lips.
- The student is showing signs of fatigue or exhaustion.
- The student is exhibiting a reduced level of consciousness.

### **WHILST THE AMBULANCE IS ON ITS WAY:**

- The student should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve.
- If the student has a spacer device and Reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff).
- If the student's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point.
- Contact the parents/carers, once the emergency situation is under control and the ambulance has been called.

## **APPENDIX 5 - Emergency Paracetamol**

- Each centre will hold a small amount of paracetamol in a secure 1<sup>st</sup> aid store
- Paracetamol will be administered in an emergency on the advice of a medical professional and if phone consent is obtained from the parent

## APPENDIX 6

### Common Conditions

#### ADHD

##### What is ADHD?

ADHD is an impairment of either activity or attention or both.

##### What are the signs and symptoms?

The problems present as a child who is always on the go, does not settle to anything, has poor concentration, poor ability to organise activities or engage in tasks requiring sustained mental effort, or who cannot stay still and cannot wait for others.

There are three main subtypes:

- Mainly inattentive
- Mainly hyperactive
- Combined

The first is sometimes referred to as ADD. If severe, the combined version is sometimes referred to as 'hyperkinetic disorder'.

In order to be clear that the problem is not situation specific, the symptoms need to be present in more than one setting. Assessment, often using rating scales such as Connor's Scales, therefore usually includes behaviour at home and at school.

##### Management Strategies including Medication and control

Treatments include stimulant medication, behaviour management and therapy, and dietary exclusion in some cases.

##### Risk Assessment

Medical administration and storage

Main source CAF Directory

#### Anaphylaxis

##### What is Anaphylaxis?

Anaphylaxis – sometimes referred to as anaphylactic shock - is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink. In the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenalin injection, depending on the severity of the reaction.

##### What are the signs and symptoms?

Signs and symptoms will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps and nausea

- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and these will need to be discussed at point of admission to James Brindley School.

Call an ambulance immediately, particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

#### **Management Strategies including Medication and control**

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline – an EpiPen. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline. It is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt, it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be given without training from an appropriate healthcare professional.

For some children the timing of the injection is crucial and this should be fully discussed and documented at point of admission. Suitable procedures should be put in place so that swift action can be taken in an emergency. The child may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction ALL STAFF should be aware of the condition, including supply staff and exam invigilators, and know who is responsible for administering emergency treatment. Should the named person be absent from school, a back-up plan needs to be in place.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times, and in food technology and science lessons and seek to minimise the risks wherever possible. It will also be necessary to take precautionary measures on outdoor activities or school trips.

## **Asthma**

### **What is ASTHMA?**

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

### **What are the signs and symptoms?**

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupils' skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

### **Management Strategies including medication and control**

There are several medications used to treat asthma. Some are long-term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger e.g. Exercise)

Most children with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each pupil's needs and the amount of assistance they require will differ.

**Children with asthma must have immediate access to the reliever inhalers when they need them.**

**See Appendix 4 – Asthma Policy and Procedures – for more detailed information.**

## **Diabetes**

### **What is diabetes?**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose and to eat regularly.

### **What are the signs and symptoms?**

#### **Hypoglycemic Reaction**

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes.

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

Each pupil may experience different symptoms and this should be discussed fully at point of admission. If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will wish to draw any such signs to the parents'/carers' attention.

### **Management strategies and control**

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this for themselves and will simply need a place to do so.



Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupils may experience a hypo during which his or her blood sugar level falls to a low level. Staff in charge of PE should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

## **Epilepsy**

### **What is epilepsy?**

Epilepsy is a common neurological condition. It is more usually found in children or people over the age of 65 but can occur anytime. It can be triggered by a brain trauma. People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive approach will encourage them to do so and will ensure that both the pupils and the school staff are given adequate support.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizures will vary greatly between individuals. Some may exhibit unusual behaviour (e.g. plucking at clothes or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

### **What are the signs and symptoms?**

Seizures may be partial (where consciousness is not necessarily lost but may be affected) or generalised (where consciousness is lost). Some generalised seizures are:

- **Tonic Clonic seizures**

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic stage. The pupil may feel confused for several minutes after a seizure. Recovery time can vary – some require a few seconds, where others need to sleep for several hours.

- **Absence seizures**

These are short periods of staring or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

- **Partial seizures**

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- **Complex partial seizures**

This is the most common type of partial seizure. During this, a person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

### **Management strategies including medication and control**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely to happen during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TV. Likely triggers should be thoroughly discussed at point of admission so that reasonable adjustments can be made to minimise exposure.

Pupils with epilepsy must not necessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Thorough Risk Assessments should be made and ALL involved staff be made aware of emergency procedures. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, by seeking additional advice from the GP, paediatrician or other health professional.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Staff will need full training before agreeing to administer this medication. Diazepam causes drowsiness so the pupil may need some time to recover.

Nothing must be done to stop or alter the course of a seizure once it has begun, except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupils should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupils should be turned on his or her side and put into the recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness or where there is any doubt.

## APPENDIX 7 : USEFUL CONTACTS

Allergy UK  
Allergy Help Line: (01322) 619864  
Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

The Anaphylaxis Campaign  
Helpline: (01252) 542029  
Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and  
[www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

Association for Spina Bifida and Hydrocephalus  
Tel: (01733) 555988 (9am to 5pm)  
Website: [www.asbah.org](http://www.asbah.org)

Asthma UK (formerly the National Asthma Campaign)  
Advice line: 08457 01 02 03 (Mon-Fri 9am to 5pm)  
Website: [www.asthma.org.uk](http://www.asthma.org.uk)

Council for Disabled Children (National Children's Bureau)  
Tel: (020) 7843 1900  
Website: <http://www.ncb.org.uk/cdc/>

Contact a Family (Information about caring for disabled and special needs children) Helpline: 0808 808 3555.  
Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

Cystic Fibrosis Trust  
Tel: (020) 8464 7211 (Out of hours: 020 8464 0623)  
Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

Diabetes UK  
Careline: 0845 1202960 (Weekdays 9am to 5pm)  
Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

Department for Education and Skills  
Tel: 0870 000 2288  
Website: <http://www.dfes.gov.uk>

Department of Health  
Tel: (020) 7210 4850  
Website: <http://www.dh.gov.uk>

Disability Rights Commission (DRC)  
DRC helpline: 08457 622633.  
Text phone: 08457 622 644  
Fax: 08457 778878  
Website: [www.drc-gb.org](http://www.drc-gb.org)

Epilepsy Action  
Free phone Helpline: 0808 800 5050  
(Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)  
Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

Health and Safety Executive (HSE)  
HSE Info line: 08701 545500 (Mon-Fri 8am-6pm)  
Website: [www.hse.gov.uk](http://www.hse.gov.uk)

Health	Education	Trust
Tel: (01789) 773915		
Website: <a href="http://www.healthedtrust.com">http://www.healthedtrust.com</a>		

Hyperactive Children’s Support Group  
Tel: (01243) 551313  
Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

MENCAP  
**Telephone:** (020) 7454 0454  
Website: [www.mencap.org.uk](http://www.mencap.org.uk)

National Eczema Society  
Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)  
Website: [www.eczema.org](http://www.eczema.org)

National Society for Epilepsy  
Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)  
Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

Psoriasis Association  
Tel: 0845 676 0076  
(Mon-Thurs 9.15am to 4.45pm. Fri 9.15am to 16.15pm)  
Website: <http://www.psoriasis-association.org.uk/>

Sure Start  
Tel: **0870 0002288**  
Website: <http://www.surestart.gov.uk>

Young Minds  
Tel: **020 7336 8445**  
Parents Helpline: **08088025544**  
<http://www.youngminds.org.uk/>

### Health Contacts

<b>South/Central Schools:</b>	Chris Rumney, Nurse Advisor Medical Needs in Schools and Early Years Service Springfield Centre, 0121-466-3433
<b>South/East/West Schools:</b>	Chris Hale, Nurse Advisor Medical Needs in Schools and Early Years’ Service Eaton Wood Medical Centre – 0121-465-2827