



The Park  
Academies  
Trust



# Supporting Pupils with Medical Conditions Policy

(Including those who cannot attend school)

June 2023

## Version Control

Reviewer / owner (role)	Executive lead (role)	Approving body	Meeting date when the policy was approved
Director of Primary	CEO and Executive Board	EPSC	16 October 2023

This policy is reviewed every three years. The next review is due by October 2026.

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## **1. Introduction**

The Trust intends and expects that all decisions, policies and procedures will be underpinned at all times by its vision and values:

### **Our aim:**

To create centres of educational excellence that inspire all pupils to turn their potential into performance.

### **To achieve this our schools will:**

- Provide a broad and balanced curriculum that allows pupils to develop their talents and ambitions.
- Deliver the highest quality learning opportunities facilitated by excellent teachers.
- Inspire our pupils to become confident, motivated and respectful individuals ready to make a positive contribution to society.

### **The Trust will support our schools by:**

- Maximising the resources and expertise available to individual schools.
- Providing a platform for the sharing of excellent practice.
- Challenging and developing staff to turn their potential into performance.

## **1.1. Aims and Scope**

Arrangements are in place at all TPAT schools to support pupils with medical conditions so that they can access and enjoy the same opportunities at school as any other pupil. We focus on the needs of each individual and how their medical condition impacts on their school life including the pupil's ability to learn, their confidence and the extent to which they can self-care. We work together with the Local Authority, health professionals and other support services to ensure that pupils with medical conditions receive a full education.

It is intended that school policy and procedures give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

Pupils with medical conditions are supported in participating in school trips and visits, or in sporting activities. Teachers must consider how a pupil's medical condition will impact on their participation. Reasonable adjustments are made so that all pupils can participate safely according to their own abilities. A risk assessment must be completed, in consultation with the pupil, parents and relevant healthcare professionals, to inform planning arrangements, taking account of any steps needed to ensure that pupils with medical conditions are included.

The Headteacher (or designate) will contact the school nursing service in the case of any pupil 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.

## **1.2. Other Linked Policies**

- Intimate Care Policy
- First Aid Policy

## **2. Policy Statement**

### **Admissions**

No pupil with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, the schools do not have to accept a pupil in school where it would be detrimental to the health of that pupil or others to do so.

The Headteacher (or delegate) will contact the school nursing service in the case of any pupil 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.

### **Training**

We ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions. This includes annual whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. New members of staff are made aware of this policy as part of their induction and are included in school training at the earliest opportunity.

The school nurse gives training each year, the content of which is modified according to the needs within the current pupil population. This includes training re asthma, epilepsy and allergic reactions.

Staff are supported in carrying out their role to support pupils with medical conditions through access to advice from the school nurse and by working within an appropriately trained teaching team; teaching staff support each other. For pupils with more unusual or severe medical conditions, advice will be taken from healthcare professionals, the Local Authority and parents in order to ensure that specific training is provided. Any member of school staff providing support to a pupil with medical needs must have had suitable training.

Training is sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training gives staff an understanding of the specific medical conditions they need to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.)

## Roles and responsibilities

The Headteacher has overall responsibility for implementation of this policy and must ensure that;

- sufficient staff are suitably trained
- relevant staff will be made aware of the pupil's condition
- someone is always available in cases of staff absence
- supply teachers are briefed
- risk assessments are completed for school visits and other school activities outside of the normal timetable
- individual healthcare plans are monitored by a designated person in each school
- procedures to be followed when school is notified that a pupil has a medical condition
- transition arrangements are effective
- a pupil is successfully re-integrated after a period of absence.

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. The school works cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), Local Authorities, and parents and pupils is crucial.

All staff are aware of the 'Policy for Supporting Pupils with Medical Conditions' and understand their role in its implementation. The policy is discussed in staff meetings / INSET at the beginning of each school year and is displayed in the staff room on a designated board, along with photographs and information about pupils with medical conditions. All staff who need to know are aware of the pupil's condition. A list of pupils with medical conditions held within Arbor or at the front of the class registers in the primary phase. At the end of an academic year, transition meetings are held in which the Class teacher or Head of Year communicates information about pupils' medical needs to the next years teachers.

Sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Where possible, part time teachers and TAs already employed at TPAT are used to cover classes. If supply staff unfamiliar with the school are used, they are given information about pupils with medical conditions via a list in the front of the register or this is shared using Arbor, or by teachers in partner classes.

Staff are appropriately insured, via the DfE Risk Protection Arrangement to support pupils with medical conditions. The school has appropriate public liability insurance. Details of the insurance policy number are available in individual schools.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. They must, however, take into account the needs of pupils with medical conditions that they teach. School staff receive sufficient and suitable training and achieve the necessary level of competency before taking on responsibility to support children with medical conditions.

School staff know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Pupils in the school know that they should inform a teacher immediately if they think help is needed. 'Individual Healthcare Plans' (Care Plans) are kept in

reception or on Arbor. If a child needs to be taken to hospital, a member of staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital in an ambulance. Parents' and emergency contact details are available on Arbor.

All schools have access to school nursing services. The school nurse is responsible for notifying the school when a pupil has been identified as having a medical condition which will require support in school. Wherever possible, they do this before the pupil starts at the school. They support staff with implementing a pupil's individual healthcare plan and provide advice and training. School nurses can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs.

Pupils with medical conditions are encouraged to provide information about how their condition affects them. They contribute to the development of, and comply with, their individual healthcare plan.

Parents are required to provide the school with sufficient and up-to-date information about their child's medical needs. They may be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan. They must carry out any action they have agreed to as part of its implementation e.g. provide medicines (in date) and equipment and ensure they or another nominated adult are contactable at all times.

### **Individual healthcare plans**

Headteachers have overall responsibility for the development of individual healthcare plans. Individual healthcare plans help to ensure that we effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They capture the key information and actions that are required to support the pupil effectively. Plans are reviewed annually or earlier if evidence is presented that the pupil's needs have changed.

Not all pupils with medical conditions will require an individual healthcare plan. In cases where medicine, such as antibiotics, is needed for a short period of time there is no requirement for an individual healthcare plan. Where a child has asthma, and just needs access to an inhaler, details are included on our Asthma Register and there is no individual healthcare plan.

Where a child has SEN but does not have a statement or EHCP, their special educational needs should be mentioned in their individual healthcare plan.

Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. See Appendix 1 for further information about the content and format of individual healthcare plans. Pupils should also be involved whenever appropriate. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. They are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

## **Administering medicine**

Medicines can be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. In the primary phase, staff will not administer such medications and a parent or person designated by a parent must come into school to administer this. In the secondary phase the guidance outlined in the care plan will be followed.

With written parental permission, staff may administer medication on a class or residential trip.

Non-prescription medicines may not be administered except when pupils are on a residential trip and it is necessary for supervising teacher to allow a pupil to take pain killers, hay fever medication or travel sickness medicine. In these cases, medication must have been provided by the parent and a medicine form completed in advance of the residential trip.

After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Appropriate supervision is given. Asthma inhalers are kept in the pupil's class or on their person depending on their age.

If it is not appropriate for a pupil to self-manage, then relevant staff – those named on the Individual Healthcare Plan or medicine form – help to administer medicines and manage procedures for them. Staff administering medicines do so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school are noted.

All medicines are stored safely, along with Individual Care Plans, in a fridge or in a designated place in the pupil's classroom. Pupils know that they must ask for access to medicines. Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to pupils and not locked away.

Controlled drugs that have been prescribed for a pupil are securely stored in a non-portable container and only named staff should have access. Staff may administer a controlled drug to the pupil for whom it has been prescribed. Controlled drugs are accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school.

When no longer required, medicines are returned to the parent to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps. These will be taken home.

## **Additional support for children with healthcare needs who cannot attend school**

In line with Section 19 of the Education Act 1996 the school have a duty to: "make arrangements for the provision of suitable education at school or otherwise than at school for those pupils of compulsory school age who, by reason of illness, or otherwise, may not for any period receive suitable education unless such arrangements are made for them". This applies to children and young people:

- who are of statutory school age and
- who are permanently resident in Swindon (including children who attend schools outside the borough) and

- who are not in school for 15 days or more, whether consecutive or cumulative due to ill health and
- where the health need and necessity for absence has been validated as necessary by a medical doctor and
- will not receive a suitable full-time education unless the school makes arrangements for this.

Health problems include physical illnesses, injuries and clinically defined mental health problems. Suitable medical evidence will be required. This would include details of the health problem, how long the condition is expected to last and the likely outcome, and a treatment plan. This must be provided by a suitable medical professional, normally a hospital consultant. However, where specific medical evidence is not available quickly, the school will liaise with other medical professionals (eg the child's GP), so that provision of education is not delayed.

This duty applies to pupils at schools of all types (maintained schools, Academies, Free schools, special schools, independent schools).

Arrangements for alternative education will not normally be made for children and young people below or above compulsory school age. Arrangements for alternative provision will be made as soon as it is known that a child has not attended school for 15 days for health reasons or as soon as it is clear that a health-related absence from school will be 15 days or longer, verified by a medical doctor. The 15 days may be consecutive or cumulative. The provision will commence as quickly as possible. There may be circumstances in which suitable alternative education is already in place e.g. if the school has made arrangements for a pupil or the child is receiving education at a hospital school. In such circumstances, the local authority will intervene only if it has reason to think that the education provision being made is unsuitable or insufficient.

### **How to access support**

It will be the responsibility of the school, in partnership with the Local authority / Hospital Education Team, to provide educational support and resources to ensure the pupil is able to access a full time provision equivalent to that which would be provided to other pupils in the school. Where a child or young person with a medical condition requires support in school, the Hospital Education Team may be able to offer additional support. If the child or young person has an EHCP for a medical reason, support should form part of the Plan. Funding allocated for this part of the Plan can be used to provide in house support or to fund support from Hospital Education. Where a child or young person requires support but does not have an EHCP, the school would be expected to fund this. The charge for this support will be reviewed regularly and latest charges can be obtained from the Hospital Education Team.

### **Withdrawal of teaching**

If a pupil fails to attend or make themselves available for Hospital Education teaching on a regular basis without production of an appropriate medical certificate, or having a valid reason (usually medical) for absence then teaching may cease until a meeting is convened to establish a way forward.

The withdrawal of teaching will also be considered if the pupil ceases to follow a therapeutic programme recommended by any other agency as part of a rehabilitation and reintegration package. Isolated teaching sessions do not in themselves support a programme of reintegration, nor can they give sufficient confidence to ensure a successful return to school.



## **Ensuring successful reintegration into mainstream school**

Returning to school after a period of illness can be an emotional hurdle for a child or young person.

Friendships can be damaged by a long absence and peer group contact during an absence, for example cards, letters, invitations to school events, are as important as formal contact. The home school needs to develop a welcoming environment and encourage pupils and staff to be as positive and proactive as possible during the transition period. Consultation with the pupil and parents and key staff about concerns, medical issues, timing and pace of return is important. If a pupil can attend school part time this is preferable to teaching at home and usually enables speedier and more successful reintegration and monitoring of the pupil's needs.

Strategies for successful reintegration will be a key element of the pupil's return. The reintegration strategy should include:

- Date for planned reintegration once known.
- Details of regular meetings to discuss reintegration.
- Clearly stated responsibilities and rights of all those involved.
- Details of social contacts including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.
- Follow up procedures.

## **Pupils not on roll with a school**

The Hospital Education team works closely with a young person's school to ensure continuity of education. In circumstances where a pupil is not on roll with a school, their parent / carer should contact the Head of Hospital Education directly for advice.

## **The Education Welfare Service**

Education Welfare Officers (EWOs) play a key role in resolving attendance issues, importantly that of identification of attendance problems related to medical issues. Where the EWO feels the needs of a pupil with medical needs are not being met, they may work with the school to carry out an assessment of need.

## **Other issues for consideration**

- Schools may consider purchasing a defibrillator as part of their first aid equipment.
- Local Advisory Boards (LABs) should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:
  - prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
  - assume that every pupil with the same condition requires the same treatment;
  - ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);

- send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- no parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

### **Liability and indemnity**

- The Trust board should ensure the appropriate level of insurance is in place. The school policy must set out the details of the school's insurance arrangements that cover staff providing support to pupils with medical conditions, but individual cover may need to be arranged for any health care procedures.
- Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.
- Insurance policies should be accessible to staff providing such support.
- In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

### **The Curriculum SATs**

Young people with medical conditions may be entitled to variations with regard to the sitting of SATs. Where a young person is being supported by Hospital Education this will be discussed at Review meetings. Hospital Education is happy to advise schools with regard to Public Examinations.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided for a pupil with a medical condition, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

This policy was established in June 2023 and will be reviewed annually. It is accessible to parents via the school websites. Paper copies are available upon request.

## **3. Appendices**

**Appendix 1 : Medicine forms. Medicine form A : parental agreement for school to administer medicine on school trips/residentials**

The school/setting will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	
	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the 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 medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Appendix 2

**School Nursing Service**  
**Supporting Children in School with Medical Needs**  
**Administration of Medicine Record**

**PUPILS NAME:** ..... **DOB:**.....

**School:** .....

Date	Time	Medication	Dose	Signature/s

### **Appendix 3 : Content and recommended format of individual healthcare plans**

When deciding what information should be recorded on individual healthcare plans, the following are considered:

the medical condition, its triggers, signs, symptoms and treatments;

the pupil'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 eg crowded corridors, travel time between lessons;

specific support for the pupil'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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required; arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 child can participate, eg risk assessments; where confidentiality issues are raised by the parent / child, the designated individuals to be entrusted with information about the child's condition; and

what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **Appendix 4: Asthma Awareness for School Staff**

### **What to do in an asthma attack**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring student services and ask for a first aider to come to the student.

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

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5 – 10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

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

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache

### **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 another pupil to get another teacher / adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

## **Appendix 5: Epilepsy awareness for school staff**

### **Complex partial seizures – Common symptoms**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

### **Ring student services and ask for a first aider to come to the student**

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

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

### **Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

### **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
- Explain anything that they may have missed

### **Tonic-clonic seizures – Common symptoms**

- the person goes stiff
- loss of consciousness
- falls to the floor

### **Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card / identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring



### **Don't...**

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

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

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **Appendix 6: ANAPHYLAXIS awareness for staff**

### **Symptoms of allergic reactions:**

#### **Ear/Nose/Throat – Symptoms:**

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

#### **Eye – Symptoms:**

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

**Airway – Symptoms:** wheezy breathing, difficulty in breathing and or coughing (especially at night time).

#### **Digestion:**

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

#### **Skin:**

Urticaria – wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema – cracked, dry, weepy or broken skin. Red cheeks.

Angioderma – painful swelling of the deep layers of the skin.

### **Symptoms of Severe Reaction / Anaphylaxis:**

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing – severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast pulse)
- Sense of impending doom (anxiety / panic)
- Collapse and unconsciousness

## **TREATMENT**

Ring office and ask for first aider to come to student

Send a student or member of staff to student services to collect 2nd epipen and to ask them to ring for an ambulance and parents.

- If student conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.
- If student is conscious and alert ask them to self administer their epipen.
- If student unconscious, trained member of staff to administer epipen as per training. Record time of giving.
- If no improvement within 5 minutes then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive.

## **Appendix 7: Diabetes awareness and treatment for staff**

### **What is it?**

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes – hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

### **Signs and symptoms:**

#### **Hypoglycaemia:**

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

#### **Hyperglycaemia:**

- Thirst
- Vomiting
- Fruity / sweet breath
- Rapid, weak pulse

### **First aid aims**

#### **Hypoglycaemia:**

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

#### **Hyperglycaemia:**

- Get casualty to hospital as soon as possible

### **Treatment**

#### **Hypoglycaemia:**

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

### **Call 999 immediately**

## **Further actions**

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation