



Sandwell Academy Medical Policy

Policy Title:	Medical Policy
Policy Reference:	SA / Health and Safety
Description:	This document sets out how the Academy will organise and provide excellent quality medical care.
Status:	Statutory
Category:	Academy
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Version:	V1.1
Other relevant SA polices:	First Aid
Adopted by the Governing Board on:	
Date for Review:	July 2018

Change Record		
Version	Date	Description
1.1	July 2014	Updated contact details
1.2		
1.3		
1.4		

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Introduction

The aim of Sandwell Academy is to provide a safe and healthy environment for its students. Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting students with medical conditions. Students with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

The school Nurse, teachers and other school staff in charge of students have a common law duty to act in the place of the parents/carers and may need to take action in an emergency. This duty extends to staff leading activities taking place off the Academy site and covers the need to administer medicine. The prime responsibility for a student's health lies with the parents/carers who is responsible for the student's medication and should supply the school with information.

This policy will be reviewed regularly and will be readily accessible to parents/carers and members of staff.

This policy document highlights the procedures and policies in place to help teaching, support and administration staff to understand and manage any special medical needs of the Academy's students. The Academy has a full time qualified Nurse who is available during school hours. In support, there are a number of trained First Aiders who are available when the Nurse is absent.

The Senior Leader responsible for the administering and implementation of this policy is Mrs Helen Jones. She is responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements are in place when the school Nurse is absent. The Academy Nurse, is responsible for risk assessments for school visits and other school activities outside of the normal timetable. She is also responsible for the monitoring of Individual Healthcare Plans. All staff will be expected to show a commitment and awareness of students' medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

The medical data will be stored electronically with access is restricted to key personnel within the Senior Management Team and the Academy Nurse.

It will be the responsibility of the Nurse to ensure that teaching staff are familiar with the procedure that must be followed in the event of a student becoming ill or being injured.

The Role of the Academy Nurse

As a registered Nurse, she is personally accountable for her practice. In caring for patients/students, the Nurse must:

- Respect them as an individual
- Obtain consent before giving any treatment or care
- Protect confidential information
- Co-operate with others in the team
- Maintain her professional knowledge and competence
- Be trustworthy
- Act to identify and minimise risk to patients and clients
- Monitor individual health care plans

These are the shared values of all the United Kingdom healthcare regulatory bodies. Code of Professional Conduct (2002) NMC

Support for Academy staff

- Training needs
- Assist with risk assessments for visits
- Procedures
- Input by the School Nurse as required
- Health and Safety

Communication with other services, pathways and criteria to do so

- School Health Advisors
- Dental Health
- Specialist Nurses
- Counsellors

Health Care Plans

- Health Care Plans, procedures and pathway for care, for children identified with specialist health needs. Produced in conjunction with the Academy Nurse and Specialist Nurse where possible for the self-management of these conditions within school.

Students

- Non-judgemental advice and information
- Health education and health promotion
- Child protection
- Confidentiality

Parents/carers

- Support and involvement in their child's care
- Advice and information offered as required
- Access to the school Nurse, with open access to express concerns if required

Procedures

Visits to the Medical Room

During session

Students who are ill during session must ask their teacher to contact the Academy Nurse by telephone (855) before being released to attend the Nurse. If there is no reply from the Nurse, teachers should contact Reception on (850/851).

During break

Students who are feeling unwell should inform the member of staff on duty. The member of staff will then assess the situation and arrange access to the medical room via reception.

Students who have pre-arranged appointments with the Nurse can visit directly after gaining permission from their teacher. If the Nurse is not available, the student must report to Reception.

The Academy Nurse will log all visits made to the medical room on the health database. If a student makes regular visits, the Nurse will inform the Deputy with responsibility of the Key Stage.

Assessment and Treatment

Illness

- After assessment and treatment, a student may return to their learning area or may rest in the medical room under supervision of the Nurse or a member of staff
- If the student needs to go home, it is the responsibility of the parents/carers to collect them
- If the student is sent home, the Nurse will notify the session teacher and the student's Personal Tutor
- Visits will be logged by the Nurse, or First Aider in the Nurse's absence, in the daily diary
- The Personal Tutor must follow up any further absences

Minor Injury

- First Aid treatment will be given by the Nurse or First Aider
- The Nurse will contact parents/carers by telephone or letter if appropriate
- The Nurse will ensure that the Accident Form is completed if necessary
- Incidents will be logged in the daily diary and full details entered into Student Medical Records by the Nurse

Major injury

- First Aid treatment will be given by the Nurse or First Aider
- An ambulance will be called by the Nurse or Reception and the parents/carers will be contacted immediately
- A member of staff will immediately accompany the student to Accident and Emergency
- The Nurse or First Aider will ensure that the Accident Form is completed if necessary
- The Incident will be logged in the daily diary and full details entered into the student's Medical Record by the Nurse or First Aider
- The Nurse or First Aider will ensure that the session teacher and the student's Personal Tutor is notified
- The Nurse or First Aider will contact the hospital and parents/carers as necessary.

Procedure in the event of a student being involved in a serious accident at an out of school activity

Member of staff to take immediate action:

- Call Ambulance or arrange transport of injured student to Accident and Emergency Department

Member of staff to telephone the Academy and leave the following information with Receptionist:

- Name of injured student, the Year group and Personal Tutor
- Nature and circumstances of the accident
- Where the student has been taken
- Name of the person accompanying the student

Reception to inform:

- The Headteacher or his Personal Assistant
- Academy Nurse or student's Personal Tutor if the Nurse is unavailable

Academy Nurse or Head's Personal Assistant will then:

- Contact the parents/carers
- Academy Nurse or member of staff will go to the Hospital until the parents/carers arrive

Member of staff at the scene of the accident to:

- Complete accident form as soon as possible and hand to the Academy Nurse
- Produce a written report for the Head

The Role of Staff at Sandwell Academy

Some student's with medical conditions may be disabled. Where this is the case the Governors and staff will comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have a Statement or an Education, Health and Care Plan (EHCP).

An EHCP brings together health and social care needs, as well as the student's special educational provision. For students with SEN, this guidance should be read in conjunction with the SEN Code of Practice and SEN Information Report.

If a student is deemed to have a long-term medical condition, the Academy will ensure that arrangements are in place to support them and that such students can access and enjoy the same opportunities at Sandwell Academy as any other student. The Academy, health professionals, parents/carers and other support services will work together to ensure that students with medical conditions receive a full education, unless this would be detrimental to their health. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how students will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At the Academy, we recognise that a First Aid Certificate does not constitute appropriate training in supporting students with medical conditions. Healthcare professionals, including the school Nurse, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Procedures to be followed when Notification is received that a student has a medical condition

Upon notification that a student has a medical condition we will ensure the correct procedures are followed. The procedures will also be in place to cover any transitional arrangements between schools, upon reintegration or when the student's needs change. Arrangements for any further staff training or support will be organised. For students starting at Sandwell Academy, arrangements will be in place, in time for the start of the relevant school term. In other cases, such as a new diagnosis or students moving to Sandwell Academy mid-term, we will make every effort to ensure that arrangements are put in place within two working weeks.

In making the arrangements, the Academy will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We will also acknowledge that some will be more obvious than others. We will ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life. The arrangements will show an understanding of how medical conditions impact on a student's ability to learn, as well as increase their confidence and promote self-care.

The Academy will ensure that students participating in school trips/visits, or sporting activities, with medical conditions, are actively supported and the arrangements in meeting their medical requirements are clear and unambiguous. The Academy will make arrangements for the inclusion of students in such activities with any adjustments as required, unless evidence from a clinician such as a GP states that this is not possible. The Academy will make sure that no student with a medical condition is denied admission or prevented from attending the Academy because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that the student's health is not put at unnecessary risk e.g. infectious diseases. We will therefore not accept a student in school at times where it would be detrimental to the health of that student or others.

The Academy does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by Mrs Jones, Senior Leader for Inclusion and the School Nurse. Following the discussions, an Individual Health Care Plan will be put in place.

Where a student has an Individual Health Care Plan, it should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the Academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the student until the parents/carers arrive, or accompany the student taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the Nurse, but it will be the responsibility of all members of staff supporting the individual student to ensure that the Plan is followed. The class teacher will be responsible for the student's development and ensuring that they and their medical conditions are supported in class.

Individual Healthcare Plans will help to ensure that the Academy effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate, or where there is a high risk that emergency intervention will be needed. However, not all students will require one. The Academy, health care professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the student's condition and the degree of support needed. Where a student has SEN but does not have a Statement or EHCP, their SEN should be mentioned in their Individual Health Care Plan.

The Academy will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They will be developed and reviewed with the student's best interests in mind and ensure that the Academy assesses and manages risks to the student's education, health and social well-being and minimises disruption. Where the student has a SEN identified in a Statement or EHCP, the Individual Health Care Plan should be linked to or become part of that Statement or EHCP.

If the student requires medication, this should be clearly stated with the appropriate arrangements for monitoring who will provide this support and their training needs. The expectations of their role must be made clear and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional. Cover arrangements must be made clear for when they are unavailable.

The following must be clarified:

- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents/carers and the Nurse 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parents/carers or student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including whom to contact, and contingency arrangements

Some students may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the Academy's responsibility to write or review.

The Student's Role in managing their own Medical Needs

If it is deemed, after discussion with the parents/carers, that a student is competent to manage their own health needs and medicines, the Academy will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, students should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other students is not compromised. The Academy does also recognise that students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a student is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines on the Sandwell Academy Site

The following are the procedures to be followed for managing medicines. Medicines should only be administered at the Academy when it would be detrimental to a student's health or school attendance not to do so.

No student under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.

The school Nurse can administer non-prescription medicine with parental consent. A First Aider cannot administer non-prescription medicines to a student. If the school Nurse is absent and parents/carers wish for the student to have the non-prescription medicine administered during the Academy day, they will need to come to the Academy to administer it to the student.

The Academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container. All medicines will be stored safely in the Medical Room. Students should know where their medicines are at all times.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students and not locked away; these will be stored in the medical cupboard where both staff and students know how to access them. If a student requires an asthma inhaler it is crucial that there is an inhaler in the Academy at all times.

During school trips, the First Aid trained member of staff, or the member of staff in charge of First Aid, will carry all medical devices and medicines required. Staff administering medicines should do so in accordance with the prescriber's instructions. The Academy will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the Academy should be noted. Written records are kept of all medicines administered to students. These records offer protection to staff and students and provide evidence that agreed procedures have been followed. When no longer required, medicines should be returned to the parents/carers to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Supporting Students with Asthma

The aim of the Academy is to provide a safe environment with sufficient support for those students with asthma in order that they may participate fully in school life.

It is recognised that some students may be the best person to manage his or her condition. The role of the Academy personnel is to support treatment and reinforce health education.

Information and guidance is provided in order to facilitate this process.

What is Asthma

People with asthma have airways that narrow as a reaction to various triggers. The trigger may vary between individuals and may include viral infections, cold air, pollens, animal fur and house dust mites. Exercise and stress may also bring on an attack in susceptible people.

Asthma attacks vary in severity and are characterised by coughing, wheezing and difficulty in breathing, especially breathing out.

Many people have experienced minor attacks with quick recovery but, in severe attacks, breathing will be laboured and the skin, nails and lips may become blue.

As with any other student, exercise is important in order that they may develop healthily. Sports staff are aware of exercise induced asthma and will not force any student who is having problems. During individual personal development, it must be recognised that some students lack confidence in verbalising their needs.

Medication and Control

There are several medications used to treat asthma, some are for long term prevention (PREVENTERS), usually taken at home. Others relieve symptoms as they occur (RELIEVERS), e.g. Ventolin, Salbutamol. These can also be used in anticipation of a trigger e.g. prior to exercise.

Most people relieve symptoms by the use of an inhaler and students should carry their own with them. It is helpful to keep a spare clearly marked in the medical room for emergencies.

Students should be discouraged from using each other's inhalers; medication for one individual will not necessarily be the same as that of another. If a student did use someone else's inhaler it is unlikely to cause any serious side effects.

In the event of an attack

If a student is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if not already doing so and calm reassurance is part of the treatment. Putting an arm around them for comfort is not advisable as this may restrict their breathing. Loosen tight clothing and sit rather than lay down. If medication has no effect within 5-10 minutes and the student appears distressed and unable to talk, becoming exhausted, medical attention must be sought. In extreme cases an ambulance is to be called and parents/carers notified. The Academy Nurse can be contacted on extension 855 during school hours.

Hyperventilation

Hyperventilation are short fast breaths. This rapid breathing rids the lungs of carbon dioxide which the body needs in small amounts in order to regulate normal automatic breathing patterns. Hyperventilation is often seen in asthmatics or others after strenuous activity, it can also be brought on by stress in any individual.

Treatment involves re-breathing into a paper bag, for several minutes. This normalises depleted carbon dioxide levels resulting in a return to regular automatic breathing. Again, calm reassurance is an important part of treatment. Once students have experienced recovery from hyperventilation and minor asthma attacks, they often develop more confidence not only in their medication but also in their ability to remain in control.

About one in seven children will have asthma diagnosed and, at some stage, many of these will require medication.

Anaphylaxis Policy

Background

It is likely that there will be a percentage of students in the Academy who will suffer from Anaphylaxis allergic reaction if they eat nuts or products containing nuts.

If this occurs, they are likely to need medical attention and, in an extreme situation, the condition may be life threatening. However, medical advice is that attention to diet, and in particular exclusion of nuts, together with the availability of their emergency medication, is all that is necessary. In all other respects, it is recommended by their Consultant that their education should continue as “normal”.

The arrangements set out below are intended to assist our students, their parents/carers and the Academy in achieving the least possible disruption to their education, whilst making appropriate provision for their medical requirements.

Details

The Nurse will ensure that the relevant teachers have been briefed about the student’s medical condition.

Academy staff will take all reasonable steps to ensure these students do not eat any food items unless they have been prepared/approved by parents/carers.

If any arrangements are made where the planned curriculum involves outings or trips, the parents/carers will be notified and appropriate provision regarding food and medication will be carried out between the parents/carers and the Academy.

The Academy will hold, under severe conditions, appropriate medication clearly marked for use by designated school staff or qualified personnel and showing expiry date.

Students own autojector pens (containing adrenaline) will be kept in the medical room. The EpiPen/Anapens will be in the medicine cabinet with the student’s picture and name on.

Parents/carers must accept responsibility for maintaining appropriate up to date medication.

Allergic Reaction

In the event of these students showing physical symptoms for which there is no obvious explanation, his/her condition will be immediately reported to the teacher in charge who will contact the Nurse, or if she is unavailable, a First Aider. On receipt of this information, the person in charge, if agreeing that the student’s condition is a cause for concern, will instruct a staff member to contact in order of priority:

Ambulance – emergency service 999

Message to be given:

Student’s name and state “Anaphylaxis reaction”

Student’s parents/carers to be notified and instructed to go to the hospital.

Whilst awaiting medical assistance the person in charge will assess the student's condition and administer the appropriate medication in line with the following instructions:

- Lay student on their side (ensure clear airway)
- Administer adrenaline via Epi-pen: (pre-measured dose) outer side of thigh – hold for 10 seconds
- Elevate legs
- Record the time of adrenaline given: dose can be repeated after 10 minutes if there is no improvement

The administration of this medication is safe for these students even if it is given through a misdiagnosis; it will do no harm.

After the incident, a debriefing session will take place with members of staff involved.

Parents/carers will replace any used medication.

Transfer of medical skills

Students who have severe nut allergy either carry an Epi-pen/Anapen with them at all times, or one is kept in the Medical Room in a named box with a photo of the relevant student.

Observe for:

- Swelling of mouth, tongue or face, possible blotchy skin
- Difficulty in breathing
- Difficulty in swallowing
- Possible stomach cramps
- Change in voice, or inability to speak
- Loss of consciousness

Action:

As above 3 a – d

The Academy Nurse will assist any member of staff in the use of auto injections and any other relevant information and training for the above.

Diabetes Policy

What is Diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly. This is because the body's method of converting glucose into energy is not working as it should.

Normally the amount of glucose in our blood is carefully controlled by the hormone insulin, which helps glucose to enter the cells where it is used as fuel by the body.

Glucose comes from the food that we eat, whether from sweet foods or from the digestion of starchy foods such as bread, potatoes, pasta, cereals and rice.

Normally after a meal that includes starchy foods, our blood glucose level rises and insulin is released into the blood. When our blood glucose level falls (for example during Physical Education), the level of insulin falls. Insulin, therefore plays a vital role in regulating the level of glucose in our blood and, in particular, in stopping the blood glucose level from rising to high.

There are two types of diabetes:

- Type 1 (insulin dependent)
- Type 2 (non-insulin dependent)

Most children have Type 1 diabetes, meaning they can no longer produce insulin because the cells in the pancreas that produce it have been destroyed. Without insulin, the child's body cannot use glucose.

Diabetes cannot be cured, but it can be treated effectively. The aim of the treatment is to keep the blood glucose level close to the normal range (4-7 mmol).

Medication and Control

Insulin

Insulin has to be injected as it is a protein; it would be broken down in the stomach if it was swallowed like a medicine.

The majority of children will take two injections of insulin a day, one before breakfast and one before the evening meal. They are unlikely to need to inject insulin at school, unless on a school trip.

Some children will take more than two injections a day, but this is not because their diabetes is 'worse' or harder to control. Taking more injections can give greater flexibility and older children may choose to take three or four injections a day. This will mean that they have to inject themselves at lunchtime and therefore will need to bring insulin and their injecting equipment to school. The school will need to identify an appropriate, private area where the injections can be taken.

In most cases the equipment will be an insulin 'pen' rather than a syringe. The student's parents/carers or the Academy Nurse can demonstrate the device used and discuss where the pen and insulin should be kept.

Food

The student and family should have seen a dietician at the hospital, who will have advised them about suitable food choices on which daily meals and snacks can be based. The Academy Nurse will be able to explain any particular needs to staff.

Briefly, the diet for children with diabetes is based on the balanced, varied diet recommended for every child; a diet that is low in fat and sugar, and high in fibre. A regular intake of starchy carbohydrate foods is important to keep the student's blood glucose level close to the normal range.

There is no special diabetic diet and diabetic foods are not recommended by Diabetes UK as they offer no benefit over ordinary foods and can be expensive.

Eating times

Meals and snacks should be eaten at regular intervals following a plan discussed by the family and their dietician. The student needs to eat at regular times in order to maintain stable blood glucose levels. A missed or delayed meal or snack could lead to hypoglycaemia.

Snacks may need to be eaten in class, but if the times coincide they may be best eaten at break time. If you feel the class should understand why the student is having a snack, first ask the student how they feel about having their diabetes explained to the class.

It is important to know the times when the student needs to eat and make sure that they keep to these times.

Snacks

The choice of food will depend on the individual student but could include:

- Roll/sandwich
- Cereal bar
- One individual mini pack of dried fruit
- Muffin
- A portion of fruit
- Two biscuits, e.g. garibaldi ginger biscuits.

Sugary foods

Sugary foods are useful for raising blood glucose levels quickly (as in treating hypoglycaemia) and may be included as part of a snack:

- Fizzy drinks (non-diet)
- Cereal snack bar
- Glucose tablets
- Squash
- Fruit juice
- Fruit

Sweets may be incorporated into the diet (but should be limited) either before exercise when extra energy is required or after a meal as a treat. Likewise the occasional pudding will not do any harm as part of an overall balanced diet.

Hypoglycaemia (Hypo)

Hypoglycaemia is the most common short-term complication in diabetes and occurs when blood glucose levels fall too low.

Hypos are especially likely to happen before meals. This can happen as a result of:

- Too much insulin
- Not enough food to fuel an activity
- Too little food at any stage of the day
- A missed meal or delayed meal or snack
- Cold weather
- Vomiting

How to recognise a hypo

Hypos happen quickly, but most children will have warning signs that will alert them, or people around them, to a hypo.

These warning signs can include:

- Hunger
- Sweating
- Drowsiness
- Glazed eyes
- Pallor
- Trembling or shakiness
- Headache
- Lack of concentration
- Mood changes, especially angry or aggressive behaviour

The symptoms can be different for each student and the student's parents/carers or Academy Nurse can tell you what the student's warning signs are.

Treating a hypo

It is very important that a hypo is treated quickly. If it is left untreated, the blood glucose level will continue to fall and the child could become unconscious. They should not be left alone during a hypo, nor be sent off to get food to treat it. Recovery treatment must be brought to the child. If a hypo occurs during activity, there is no reason why the child should not continue with the activity once they have recovered.

Most children will know when they are having a hypo and will be able to take appropriate action themselves, but if the child is very drowsy, providing they are still able to swallow, you can offer a sugary drink (non-diet). If they are reluctant to drink, massage Hypostop (a glucose gel), honey or jam, into the inside of their cheek. The glucose will be absorbed through the lining of the mouth and they will recover.

Follow-up action

Having some starchy food on recovery is important to prevent blood glucose levels falling again:

- Roll/Sandwich
- Muffin
- Cereal bar
- Two biscuits, e.g. garibaldi, ginger biscuits

Immediate action

Give the student something sugary, to quickly raise the blood glucose level. The following are good examples:

- Lucozade
- Fizzy drinks (non-diet)
- Glucose tablets
- Fresh fruit juice

If the student still feels hypo after 15 minutes, some more sugary food should be given. The Academy Nurse will inform the student's parents/carers in the event of a hypo.

Unconsciousness

In the unlikely event of a student losing consciousness, do not give them anything by mouth, not even Hypostop. Place them in the recovery position, lying them on their side with the head tilted back. Call an ambulance, informing them the student has diabetes. The student will come around eventually and should not come to any immediate harm, if they are kept in the recovery position.

Note: The student may have a seizure, with jerking of one or more limbs, but you should still follow the directions already outlined.

In this event, the Academy Nurse will be informed and will take appropriate measures. The student's parents/carers will be informed.

Physical activity

Diabetes should not prevent children with the condition from enjoying any kind of physical activity, or being selected to represent the Academy and other teams, providing they have made some simple preparations.

Preparations are needed because all forms of physical activity, such as swimming, football, gymnastics and walking, use up glucose. If the child does not eat enough before starting an activity, their blood glucose level will fall too low and they will experience a hypo.

The more strenuous and prolonged the activity, the more food will be needed beforehand, and possibly during and afterwards.

Before an activity, it is important for the student to have an extra snack. If the activity is after lunch, it may be easier for the student to have a slightly larger lunch.

During an activity, there should be glucose tablets or a sugary drink nearby e.g. on the side of the pool or at the side of the pitch in case the student's blood glucose level drops too low, which could lead to a hypo.

After an activity, the student may need to eat some starchy food, such as a sandwich or a packet of crisps, but this will depend on the timing of the activity (for example, it may be followed by lunch) and the level of exercise taken.

While it is important that teachers keep watch over all the students, the student with diabetes need not be singled out for special attention. This could make them feel different and may lead to embarrassment.

Students with diabetes should not use their condition as an excuse for not participating in any physical activity. If this does happen regularly, speak to their parents/carers or Academy Nurse to find out more about the individual situation. Diabetes should not be an excuse for opting out of school activities.

Other considerations

Sickness

If the student is unwell, their blood glucose levels may rise. This can happen even if the student just has a cold. High blood glucose levels may cause them to be thirsty and visit the toilet more frequently. If teaching staff notice this during the day, they should report it to the Academy Nurse who will inform the child's parents/carers so the necessary adjustments can be made to the insulin dose.

If the student vomits at school, start them sipping on a sugary drink, e.g. Lucozade, and the Academy Nurse will inform their parents/carers. Should the student continue to vomit, the Academy Nurse will take them to the nearest Accident and Emergency department.

Blood glucose testing

Most children with diabetes will need to test their blood glucose levels on a regular basis. They may need to do this at school, especially before or after physical activity, or if they feel that their blood glucose level is falling too low or climbing too high.

Blood glucose testing involves pricking the finger, using a special finger-pricking device, to obtain a small drop of blood. This is then placed on a reagent strip, which is read by a small, electronic blood glucose meter. A test takes about a minute in total.

If these tests are needed in school, the Academy Nurse can advise on how often and where they should be done.

School trips

Day trips

Going on a day trip should not cause any real problems, as the routine will be much like that at school.

The student with diabetes should take his/her insulin and injection kit in case of any delays over their usual injection time. They will have to eat some starchy food following the injection, so they should carry extra starchy food with them. They should also take with them their usual hypo treatment. This will be arranged by the Academy Nurse.

Overnight stays

With overnight stays, the student's routine will include insulin injections and blood glucose monitoring. You will need to be confident that the student is able to do their own injections or that there is a member of staff who is willing to take responsibility for helping with injections and blood glucose testing.

If the student is not doing their own injections, most parents/carers would not consider letting them go away at this stage.

If any medical equipment has been lost or forgotten, contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to help.

Supporting Students with Epilepsy

Background

Epilepsy is the second most common neurological disorder after migraine, affecting 1 in 130 people in the UK. 75 per cent of people with epilepsy have their first seizure before the age of 20.

What is Epilepsy?

The brain is like a computer which consists of a vast network of nerve cells called neurons. Throughout our lives nearly billions of electrical messages are fired between these cells, controlling every single thing we think, feel or do.

The body has its own inbuilt balancing mechanisms. These ensure that messages usually travel between nerve cells in an orderly way. However sometimes, without warning, an upset in brain chemistry causes the messages to become scrambled. When this happens the neurons fire off faster than usual and in bursts. It is this disturbed activity that triggers off a seizure.

During a seizure the student may black out or experience a number of unusual sensations or movements, this usually only lasts a matter of seconds or minutes, after which the brain cells return to normal.

Although epilepsy is talked about as if it were a single condition, there are many different kinds of epilepsy and around over 40 different types of seizures. These seizures affect us in different ways. Individuals with this condition will experience epilepsy in a way that is unique to each person.

In recent years the medical names given to various types of seizures have changed so you may hear them described in different ways.

The main thing to bear in mind is that seizures can be of two types: generalised or partial. What is experienced will depend on where the change in brain activity begins and how widely and rapidly it spreads out.

Generalized seizures involve the whole brain. Partial seizures, as the name suggests, start in just one part of the brain. They can be either simple partial seizures or complex partial seizures but either way the electrical discharge may stay in one spot or may spread to the rest of the brain.

Possible causes of seizures - the triggers

Most seizures strike without warning, however, some people can pinpoint certain factors which spark them off. These include:

- **Alcohol** - excess alcohol can trigger a seizure, even in people without epilepsy.
- **Stress** - some people experience more seizures during periods of anxiety or stress. This may be partly because sleep patterns can be upset at such times. Some stress is part of everyday life and it is best to find ways to manage it, rather than trying to avoid it altogether.

- **Patterns of light** - many people believe that watching TV or playing video games can trigger a seizure. This is true in a few people who are photosensitive (sensitive to flickering light), though it is far less common than most people imagine. In fact only about five per cent of people with epilepsy are affected in this way.
- **Late nights and lack of sleep** - too many late nights or going without sleep e.g. if you work shifts or travel across time zones can trigger seizures. The odd late night should not matter much, but it is best to try and keep regular hours of sleep.
- **Illness** - a high temperature (fever) can bring on a seizure in young children if they are ill. This is less likely in adults, however, having a minor ailment can reduce a person's seizure threshold, making seizures more likely.
- **Hormones** - many women report that their seizures are linked to their menstrual cycle. They tend to happen in the week before or in the first few days of their period.
- **Food** - some people with epilepsy claim that certain foods trigger seizures. There is no evidence to suggest that people with epilepsy should avoid certain foods. However, skipping meals and eating an unbalanced diet may be a factor.

In the event of a seizure, do:

- Protect the student from injury and move any sharp or hard objects. Guide the student away from danger if she/he is having a partial seizure.
- Cushion the student's head if they fall down.
- When the convulsive part of the seizure is at an end, place the student in the recovery position. This will help their breathing.
- Be quietly reassuring.
- Stay with the student until she/he has regained full consciousness.
- Go over any missed events.

In the event of a seizure, *do not*:

- Try to restrain the student having the seizure.
- Put anything in the student's mouth or force anything between his/her teeth.
- Try to move the student unless she/he is in danger.
- Give the student anything to drink until they have fully regained consciousness.

It is not usually necessary to call for an ambulance when someone has an epileptic seizure. However, the Academy Nurse should be informed.

Call for an ambulance if:

- It is the student's first seizure, the cause of which is uncertain and needs investigation.
- Injuries have occurred during the seizure, e.g. a cut that needs stitching.
- A generalised seizure shows no sign of stopping after 5 minutes or 2 minutes longer than is usual for that person.
- If a second seizure occurs without the student regaining consciousness.

The Administration of Paracetamol

Paracetamol must only be dispensed by the Academy Nurse and the following procedure must be adhered to:

Procedure:

- Establish name and age of student
- Establish consent has been obtained from parents/carers of those students under 16 and that the student is willing to take medication
- Enquire if Paracetamol has been taken during the last 4-6 hours or any other product containing Paracetamol i.e. cold preparations, migraine products or other analgesics
- Establish that the student is taking no other medication, see Contra Indication
- Take with water
- Record the student's name, dose and time given
- Provide information relating to repeat dose within 24 hours

Used for mild to moderate pain and pyrexia particularly suitable for muscular skeletal conditions

Dose by mouth:

Children 1-5 Years 120mg-250mg
 6-12Years 250mg-500mg

Every 4-6 hours maximum 4 doses in 24 hours

Children 12 Years and over 500mg-1g

Every 4-6 hours up to a maximum of 4g in 24 hours

Contra Indication

Regular use may enhance Warfarin (anticoagulant).

Doperidene, metochlopramide (antiemetic) accelerate absorption, enhancing effort of Paracetamol.

Cholestyramine (promotes conversion of cholesterol into bile) reduces adsorption therefore Paracetamol must be taken 1 hour before or 4-6 hours after Cholestyramine.

Side effects of Paracetamol

Rare: May include rash, blood disorders, acute pancreatitis, liver damage and less frequently renal damage.

Overdose

10-15g may be fatal for an adult. Irreversible liver damage may result from high but not fatal dose.

Despite lack of significant early symptoms, patients who have taken an overdose of Paracetamol should be transferred to hospital.

Antidotes can be given within 10-12 hours

Protocol for the Administration of Antacids

Magnesium Trisilicate

An antacid containing Magnesium Trisilicate. Used for upset stomach, ulcerative and non-ulcerative dyspepsia and reflux oesophagitis. Works by neutralising excess acid.

Dyspepsia

Dose by mouth:

Under 3 years	as recommended by Doctor
3-12 years	10mls 3 times daily in water
Adults	10mls – repeat as necessary up to 60mls in 24 hours

Side effects are rare but there is a possibility of diarrhoea. Other symptoms only occur when there is a renal impairment. An overdose may result in diarrhoea and dehydration.

Contra Indication

Antacids should preferably not to be taken at the same times as other drugs, since it may impair absorption.

Unacceptable Practice

Although Academy staff should use their discretion and judge each case on its merits with reference to the student's Individual Health Care Plan, it is not generally acceptable practice to prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary.

It is best practice to not assume that every student with the same condition requires the same treatment. The views of the student or their parents/carers should not be ignored. Medical evidence or opinion should be paid attention to, although this may be challenged. Do not send students 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 student becomes ill, do not send them to the Academy Nurse or medical room unaccompanied or with someone unsuitable. Attendance of students may be affected but they will not be penalised if the absences are related to their medical condition e.g. hospital appointments. Students should not be prevented from drinking, eating or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively. Parents/carers should not feel obliged to attend the Academy to administer medication or provide medical support to their child, including support with toileting issues. No parent/carer should have to give up working because the Academy is failing to support the student's medical needs preventing them from participating, or creating unnecessary barriers to students participating in any aspect of Academy life, including school trips, e.g. by requiring parents/carers to accompany the student.

Complaints

Should parents/carers or students be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the Academy's Complaints Policy.