



ADMINISTRATION OF MEDICINES POLICY

**REVIEWED
March 2017**

Administration of Medicines Policy agreed by Governors:

.....(Signed by Chair)

..... Date

This policy will be reviewed on or before the following date:

The Governors and staff of Milford Haven School wish to ensure that pupils with medical needs receive proper care and support at school. The Governors adopt the guidelines for administering medicines outlined in Bulletin 3 of the Education Services, Health and Safety for Education Establishments. (Director of Education – September 2007) and comply with the requirements imposed by the local authority's insurers.

1. Administration of medicines is the responsibility of parents/carers. However the Head Teacher will accept responsibility, in principle, for members of school staff giving or supervising pupils taking prescribed medication during the day where those members of staff have volunteered to do so and have suitable training. Whilst staff have a duty of care for the health and safety of pupils there is no contractual requirement for teachers to administer medication.

Staff who volunteer to assist in administration of medication will receive appropriate training through arrangements made with the school health service. This must be regularly updated and documented to comply with Pembrokeshire County Council's insurance cover.

2. In most cases pupils are able to take medicines before leaving for school and on arriving home. The school will only administer medicine if it has been prescribed by a doctor and full written and signed information is given by parents/carers regarding the medical condition, dosage, timing of administration and potential side effects.

Where appropriate and, wherever possible, pupils should be encouraged to self-administer medication. Parents/Carers will be asked to confirm in writing that they wish their child to carry their medication with them in school.

3. Any actions taken in an emergency situation are carried out with the best of intentions and performed in good faith. In failing to act in an emergency situation a member of staff may be found in breach of a statutory duty of care.

4. The school does not provide medical advice.

Training of staff and Specific Medical Support

Where a pupil requires medical support in school a minimum of two staff who volunteer should undergo training.

The training must:

- (i) Be provided through arrangements made with the School Health Service
- (ii) Meet the specific health needs of individual pupils as agreed with parents/carers and health professionals concerned
- (iii) Cover procedures to be followed in emergency situations
- (iv) Be updated on an agreed regular basis as set out in the Health Care Plan
- (v) Be recorded in staff files and a certificate of attendance should be provided
- (vi) Be recorded in the individual pupil's file

In some circumstances the provision of training may be subject to delay. In these circumstances, parents/carers must retain the responsibility for their child's medical support until relevant staff have received their training.

Administration of Medicines - Guidance.

(i) Medication will not be accepted in school without complete written and signed instructions from a parent/carer. It is the parent/ carer's responsibility to inform the school in writing when the dosage is changed or the medication is no longer required. Support for this may be required where parents/carers have literacy problems or English is not their first language.

(ii) Medication must be delivered to the school in its original container clearly labelled with the pupil's name and all dosage information, storage requirements, date of dispensing and expiry date. Unlabelled containers will not be accepted.

(iii) Only reasonable quantities of medication should be supplied to the school.

(iv) The medication and signed instructions should be handed directly to the Head Teacher or nominated staff member and stored in a locked medicine cabinet or, if indicated, a locked refrigerator. Needles must be locked away until they are to be used and disposed of correctly in a 'sharps container'.

(vii) A full record of all medicines administered must be kept by the nominated staff member.

(viii) The school does not administer medicines that may be dangerous or where failure to administer medicine at set times could have adverse consequences.

(ix) The school DOES NOT ISSUE paracetamol or any other analgesics.

(x) Where the pupil travels on school transport with an escort, parents/carers should ensure that the escort is informed about any medication sent with the pupil, including medication for administration during respite care.

(xi) The school will make every effort to continue the administration of medication to a pupil whilst on trips away from school premises, even if additional arrangements might be required.

(xii) In the event of a pupil refusing to take prescribed medication the parents/carers must be informed and, if appropriate, the procedure set out in the pupil's care plan must be followed.

Health Records

The school must maintain an internal record of medical details and specific precautions to be taken and symptoms to be monitored for any child with an allergy or illness via the use of SIMS and/or pupil records.

All medical information about pupils should be treated as confidential. Access to records and information should only be given staff members with the agreement of pupil and

parent/carer.

Parental consent and advice is to be obtained for new entrants and for pupils transferring from Year 6 to Year 7 and should be updated annually or sooner if there are significant changes.

General awareness of any child's condition should be made to members of staff and fellow students if it is necessary for the safety or wellbeing of the pupil.

Medical Needs of Pupils

The school understands that pupils should not be denied access to the National Curriculum because they require medication or medical support .

Short Term Medical Needs:

- a) The school will try to respond to short term needs by making reasonable adaptations; for example, a pupil with a fractured limb would be allowed to leave lessons earlier, with the support of another pupil if needed, to avoid congestion in the corridors. Parents/carers must not assume that the school will automatically make such arrangements.
- b) Before sending a pupil with temporary medical needs into school, contact must be made with the Head Teacher to discuss the situation.
- c) Parents/carers should not send children to school with contagious conditions that could spread easily to other pupils, such as chicken pox. However, minor coughs and colds are not an acceptable excuse for pupils to stay away from school.

Long Term Medical Conditions

Medication for these conditions are largely preventative in nature and must be given in accordance with instructions for optimal management of the condition.

Long term medication is particularly applicable in the management of:

a) Asthma

Where pupils require inhalers for asthma they should carry them with them and administer their own medication. School staff who need advice about the use of inhalers and the role of preventer and reliever inhalers should be referred to an appropriate health professional. Advice about the management of asthma for individual children should also be obtained from the relevant health professional.

It is important that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to a sporting activity.

b) **Diabetes Mellitus** is controlled by regular injections. Pupils will generally self-administer with supervision from a young age. If this is not possible administration of injections is the responsibility of parents/carers.

c) Allergies

Parents/carers must provide full and detailed information with regard to any materials,

foods or substances which may cause an allergic reaction. Packed lunches need to be provided by parents/carers in some cases.

Emergency Treatment

- a) It is not advisable for school employees to administer medication by hypodermic injection except in situations which are perceived to be life threatening - eg. acute anaphylaxis.
- b) No emergency medication should be kept in the school except those specified for use in an emergency for an individual child.
- c) Advice for school staff about individual children will be provided by an appropriate health professional on request
- d) In the event of absence of trained staff, it is essential that emergency back-up procedures are agreed in advance between the parents, school and medical adviser.
- e) Storage must be in accordance with general procedures. These medications must be clearly labelled with the child's name, the action to be taken with the child's name, route of administration, dosage and frequency and the expiry date.
- f) If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy retained by the school.
- g) Staff members should not take a child to hospital in their own car.
- h) If a child is taken to hospital by ambulance a member of staff should accompany the child until a parent/carer arrives.

Individual and Emergency Procedures

Pupils must have an individual Health Care Plan containing the following information:

- Pupil's name, date of birth, address
- Condition
- Current medication
- Parents/carers contact number
- GP's name and contact number
- Other emergency contact numbers
- What to do in an emergency as agreed by parents and Health Service and school

The information card should accompany the pupil if he/she has to be admitted to hospital.

The information card must be reviewed at least annually.

The following straightforward steps are suggested when dealing with an **emergency medical situation**:

CHECK - THAT THERE IS NO DANGER TO YOURSELF, THE CASUALTY OR ANY BYSTANDERS.

SUMMON - ASSISTANCE FROM THE TRAINED FIRST AIDER

CHECK- AIRWAY.....BREATHING

REASSURE- CASUALTY UNTIL ASSISTANCE ARRIVES

ADMINISTER ANY MEDICATION NEEDED FOLLOWING DIRECTIONS PROVIDED ON HEALTH CARE PLAN

IF IN ANY DOUBT DIAL 999 FOR THE AMBULANCE

HAVE READY THE FOLLOWING INFORMATION

- Your telephone number
- Your location/School address
- State the postcode
- Your name
- Child's name and brief description of symptoms
- Entrance for where the should ambulance crew to meet you

School Trips/Residential Visits

It is the right of every pupil to have access to a broad and balanced curriculum as well as access to out of school activities in accordance with the school's policy on educational visits.

1. 'EVOLVE' must be completed and submitted prior to the commencement of any school visit outside of the County boundary for a period of more than 24 hours.
2. A school consent form from the child's parent or carer must be received prior to participation in any school trip. Any medical problems must be highlighted by the parent/carers.
3. Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.
4. A named person must be identified to supervise the storage and administration of medication.
5. Wherever possible, children should carry their own inhalers for the treatment of asthma, but it is important that the named person is aware of this.

As well as a risk assessment being made in line with the LEA guidelines prior to any outside visit being made, the following points should be considered:

- A member of staff trained in emergency treatment must accompany the group
- The pupil's parents/carers permission for the visit must be obtained after they have been made aware of the risks
- Staff must be aware of the medication the pupil will need to take on the visit
- Staff must ascertain if any spare medication is required
- Consideration must be given to the safe storage of the medication
- Staff supervising the trip must be aware of the pupil's condition and any relevant emergency procedures

Appendix

HEALTH CARE PLAN

The main purpose of an individual Health Care Plan is to identify the level of support that is needed in school, identify and record any medication, and establish emergency procedures. All pupils requiring medication or medical support in school require a Health Care Plan. This plan should be drawn up in consultation with any or all of the following:

- Head Teacher
- Parent/Carer
- The pupil where necessary
- Class teacher/form tutor
- LSA or Support staff
- Staff who have volunteered to administer medication and undergo training
- The School Health Service
- GP or other healthcare professionals



HEALTH CARE PLAN

Name of school:	
Name of pupil:	
D.O.B:	
Year group:	

1 HEALTHCARE PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS			
Name of school		Photo	
Name of pupil			
Address			
Date of Birth			
Class		Date	
Year group		Review Date	

CONTACT INFORMATION			
Family Contact 1		Family Contact 2	
Name		Name	
Tel: Work		Tel: Work	
Tel: Mobile		Tel: Mobile	
Tel: Home		Tel: Home	
Relationship		Relationship	
Clinic/Hospital Contact		GP	
Name		Name	
Tel No:		Tel No:	

2	MEDICAL DIAGNOSIS OR CONDITION
	Describe condition and give details of pupil's individual symptoms.
	Daily care requirements: (e.g. before sports / at lunchtime)
	Describe what constitutes an emergency for the pupil, and the action to take if it occurs

Follow up care	
Who is responsible in an emergency: (state if different on off-site activities)	
Form copied to:	
School Doctor School Nurse Parents Pupil File	
Staff trained:	
Risk assessment / action required:	

3 PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICATION	
The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that staff can administer the medication.	
Name of child	
Date of Birth	
Medical condition	
Allergies	
Name/Type of Medication (as described on Container) <u>TO BE GIVEN IN SCHOOL</u>	
Date dispensed	
Expiry Date	
Dosage and Method	

Timing	
Special Precautions	
Side Effects	
Self- administration	
Emergency procedures	
Review date and staff member to initiate review	
Parent / carer details	
Parent's name	
I understand I must deliver medicine personally to:	(agreed member of staff)
I accept this is a service the school is not obliged to undertake. I understand I must notify the school of any changes in writing.	
Parent's Signature	
Date	

4 CONFIRMATION OF THE HEADTEACHER'S AGREEMENT TO ADMINISTER MEDICATION TO A NAMED CHILD

I agree that..... will receive medication as described on page 3.

.....will be given /supervised whilst she/he takes her/his medication by a member of staff.

This arrangement will continue until instructed in writing by parents.

Date

Signed Headteacher

REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE

**This form must be completed by parents/guardian.
If staff have any concerns discuss this request with health care professionals.**

Name of school/setting	
Name of child	
Class	
Name of medicine	
Emergency procedures	
Contact information	
Name	
Daytime phone number	
Relationship to child	
I would like my son/daughter to keep his her medicine on him/her for use as necessary	
Signed	
Date	

Contact information**7****STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES**

Name of School/ setting	
Name of Staff member	

Type of training received	
Date training completed	
Training provided by	
Profession	
I confirm that.....has received the training detailed above and is competent to carry out any necessary treatment. I recommend the training is updated.....	
Trainer's signature	
Date	
I confirm that I have received the training detailed above	
Staff signature	
Date	
Suggested review date	

8 DESCRIPTION OF SEIZURES, INCLUDING THOSE WHICH MAY NEED TREATMENT WITH BUCCAL MIDAZOLAM	
Name of child	
Date of birth	
How often do seizures occur?	
What can trigger a seizure or are there any signs to indicate a seizure might occur?	

Please describe what the seizure is usually like (if there is more than one type describe each individually).

How long do seizures usually last? (State how long each type lasts)

What is the child like after a seizure? (sleepy etc.)

Other useful information

9a

BUCCAL MIDAZOLAM TREATMENT PLAN

1. When should buccal midazolam be administered? (include whether it is after a certain length of time and/ or number of seizures)

2. Initial dosage: How much buccal midazolam is given initially? (note recommended number of milligrams for this person)

3. What is the usual reaction(s) to buccal midazolam?

4. If there are difficulties in the administration of buccal midazolam, what action should be taken?

5. Can a second dose of buccal midazolam be given? If so after how long? (state the time to have elapsed before re-administration takes)	
6. How much buccal midazolam is given as a second dose? (in milligrams)	
7. When should the person's usual doctor be consulted?	
8. When should 999 be dialled for emergency help?	
9. Which trained members of staff should administer the medication, with a witness?	
10. Who / Where Needs to be informed?	
Parent / Guardian	Tel:
Other	Tel:

9b Precautions: Under what circumstances should buccal midazolam not be used?	
All occasions when buccal midazolam is administered must be recorded (see overleaf)	
This plan has been agreed by the following:-	
School Doctor (Block Capitals)	Signature Date

Parent /Guardian (Block Capitals)	Signature Date
Headteacher (Block Capitals)	Signature Date
Insurance Cover in Place?	Pembrokeshire County Council

This form should be available for review at every medical review of the patient

11. HEALTH CARE PLAN FOR CHILD WITH SEVERE ALLERGY	
Name of child	
Date of Birth	
This child is allergic to:	
All foods must be checked carefully to ensure the absence of these foods. Even a tiny amount may cause a severe allergic reaction (ANAPHYLAXIS)	
Symptoms of an allergic reaction include	Itchiness at contact point (lips, hands) Lumpy red rash Swelling of face lips and tongue Distressed state Vomiting / tummy pain This child:
Symptoms of anaphylaxis include	Difficulty breathing Sudden weakness Collapse Loss of consciousness

12. EMERGENCY PROCEDURE FOR ALLERGIC REACTION

Report child's condition to Headteacher/ Teacher in charge

One member of staff:

If any symptoms of anaphylaxis or severe allergic reaction CALL AMBULANCE Inform operator you have a case of ANAPHYLAXIS.

Inform Parents (Telephone no:)

Another member of staff:

Assess severity of reaction:

If child has itchiness, lumpy red rash, swelling of face, lips and tongue, vomiting:

Give antihistamine:

Name of medicine:

Dose and method:

If child has any difficulty breathing, drowsiness, floppiness, is very pale, collapse, severe swelling, unconsciousness:

Give EPIPEN injection as trained

If child has reliever inhaler for asthma, and has breathing difficulty:

Give reliever inhaler:

Name of inhaler:

Dose and method:

If second dose of EPIPEN is prescribed, and child's condition has not improved after ten minutes:

Give second dose of EPIPEN as trained

First aid procedures and await ambulance

13.

INSTRUCTIONS FOR GIVING EPIPEN INJECTION

Follow the protocol for the child affected.

Remove grey cap.

Push the black end of the EpiPen firmly into the child's thigh midway between knee and hip, at right angles to the leg, until you feel/ hear a click. (You can inject straight through clothing).

Hold the EpiPen in place for ten seconds.

Remove the EpiPen, and massage the leg for thirty seconds.

Await ambulance. Give used EpiPen to ambulance personnel.

In cases of doubt it is better to give EpiPen than not to give it. It will not do the child any harm provided an ambulance has been called for further treatment.

14. RESPONSIBILITIES AND ACTIONS REQUIRED	
Protocol and medication to be kept in:	
New members of staff to be informed by:	
Overall responsibility for ensuring (as far as possible) no contact with the foods or substances to which this child is allergic, in school, on school trips, in cookery classes and during mealtimes, lies with:	
Emergency procedure and medication to be taken when child goes on trips, swimming etc.	
Child to be encouraged to ask responsible adult/ or refuse when offered food by other children /adults.	
Parents to inform school if any changes to treatment, and school to review plan annually.	
Parents to provide medication and monitor expiry dates.	
THIS HEALTH CARE PLAN AGREED BY	
Headteacher (name in capitals)	
Signature	
Date	
Parent (name in capitals)	
Signature	
Date	
Doctor (name in capitals)	
Signature	
Date	
School nurse (name in capitals)	
Signature	
Date	

GUIDANCE NOTES ON MEDICAL CONDITIONS

The guidance notes in this section are designed to provide basic information on each of the conditions described together with comments on other issues relating to the support of pupils with medical conditions in school. The information provided is not exhaustive and further details about any condition in this section should be sought in the first instance from the School Health Service.

The medical conditions covered include:

- Anaphylaxis
- Asthma
- ADHD and the use of Ritalin
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Myalgic Encephalomyelitis (ME)
- Hydrocephalus
- Self-Catheterisation
- Stomas
- Tracheotomies
- Tube Feeding
- For information regarding other conditions, the advice of parents, GP, the School Health Service, specific organisations and websites should be sought.

ANAPHYLAXIS

What is Anaphylaxis?

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in foods such as nuts, dairy, shellfish, certain drugs and insect stings. In its most severe form the condition can be life threatening.

Symptoms of Anaphylaxis usually occur following exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty breathing, collapse and unconsciousness.

Medication and control

Medication to treat anaphylactic reactions include antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, usually into the fleshy part of the thigh.

Medication for an individual pupil must be kept in a locked cabinet which is readily accessible, in accordance with the school health and safety policy. It is the parents' responsibility to ensure that medication kept at school is within its expiry date.

All pupils with anaphylaxis will require a Health Care Plan.

Key staff in school must be aware of the pupil's condition and where the pupil's medication is kept. Training of staff must be made through arrangements made with the School Health Service. If there is any doubt regarding the pupil's medical condition, administer the EpiPen and dial 999 for the ambulance.

ASTHMA

WHAT IS ASTHMA?

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

Asthma attacks are characterised by coughing, wheezing, an inability to speak properly and difficulty in breathing out. In severe attacks the pupil's skin and lips may turn blue.

MEDICATION AND CONTROL

Medication to treat the symptoms of asthma usually comes in the form of inhalers which are generally colour coded with instructions on the medication as to which colour inhaler to use on different circumstances.

Most pupils with asthma will be able to administer their inhalers from an early age. Inhalers should be readily accessible particularly during P.E lessons.

Where pupils are unable to use an inhaler by themselves or where additional medication such as a nebuliser is required, a Health Care Plan must be completed. For pupils whose asthma is controlled by an inhaler an information card providing basic details should be completed.

ADHD

WHAT IS ADHD?

Attention deficit hyperactivity disorder is a medical condition related to the dysfunction of certain areas of the brain. Children with ADHD lack certain chemicals known as neurotransmitters which are responsible for efficient nerve conduction. Common characteristic behaviours include:

Inattention

Pupils have difficulty in choosing what to attend to and then sustaining attention. Children with ADHD are highly distractible and unable to focus for any period of time. Although in activities which they find stimulating, such as video games, they may concentrate for hours.

Impulsivity

Children may seem to act without thinking and not appreciate the consequences of their actions. They experience difficulty in turn taking activities, and seem not to learn from their experiences.

Hyperactivity

Hyperactivity involves excessive purposeless movement, often fidgeting, or squirming with some part of the body frequently in motion or constant talking.

DIAGNOSIS AND TREATMENT OF ADHD

The diagnosis and treatment of ADHD will involve a number of professionals including the Educational Psychologist, Consultant Paediatrician, Child Psychiatrist as well as school staff and parents. Information and checklists such as Connors will be collected by the Health service. Following a diagnosis, the child will have a treatment programme to suit their needs. This may include a behaviour management/support programme to share between home and school, as well as a differentiated curriculum to meet the child's needs. Medication may be prescribed by the GP or Consultant Paediatrician generally a psycho-stimulant drug such as Ritalin or concerta. These psycho-stimulant drugs work by restoring the level of certain neurotransmitters in the brain, thus helping to balance out patterns of activity and reduce symptoms of inattention, impulsivity and hyperactivity. In the first few weeks following prescription, the dosage of the drug may need adjusting, and dialogue between home and school is essential in order to report any side effects on the child's behaviour.

Side effects include:

- Loss of appetite
- Headaches
- Sleepiness
- Aggravation of existing tics

CYSTIC FIBROSIS

WHAT IS CYSTIC FIBROSIS?

Cystic fibrosis is an inherited condition in which abnormally thick mucus in the lungs blocks the airways, causing difficulty in breathing, frequent lung infections and eventually permanent lung damage. Cystic fibrosis also creates digestive problems through its effect on the pancreas; other complications can include diabetes, bowel obstruction, liver disease and heart strain. Most children with cystic fibrosis nowadays survive into adulthood.

MEDICATION AND CONTROL

The main treatment for cystic fibrosis is physiotherapy older pupils will be able to manage their own physiotherapy, but younger pupils may need support. Pupils may also use a nebulizer. Many pupils with cystic fibrosis will need to take dietary supplements in the form of enzyme and vitamin capsules. The pupil may also need frequent courses of antibiotics or long term intravenous antibiotics. All pupils with cystic fibrosis will require a Health Care Plan.

DIABETES

WHAT IS DIABETES?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body's method of converting that glucose into energy is not working, due to

lack of insulin. Pupils are therefore unable to control their blood glucose levels. If the blood glucose level is too high a Pupil may show symptoms of thirst, frequent trips to the toilet weight loss and tiredness. If the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

MEDICATION AND CONTROL

Diabetes cannot be cured, but can be treated effectively by injections of insulin and by following an appropriate diet. The aim of treatment being to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) or too low (hypoglycaemia).

All pupils with diabetes will require a Health Care Plan.

Some pupils may need to monitor their blood glucose levels on a regular basis, and may require an insulin injection at lunchtime. Most pupils with diabetes will need to eat snacks between meals and occasionally during class time. It is essential that fast acting sugar is kept available in case of a hypoglycaemic episode.

EPILEPSY

WHAT IS EPILEPSY?

Pupils with epilepsy have recurrent seizures (fits or convulsions). A seizure is a clinical event in which there is a sudden disturbance of neurological functions, epilepsy is a physical condition not a psychiatric illness.

There are two broad types of epilepsy:

Generalised Seizure

In this type of seizure the whole brain is involved, consciousness is lost and there is no prior warning. The seizure may take a variety of forms:

Tonic/Clonic-the pupil becomes rigid, falls to the ground and then has jerking movements of the arms, legs and body.

Absence-the pupil experiences a momentary loss of consciousness and then resumes what they were doing before e.g. goes blank.

Tonic-the body muscles stiffen but there is no rhythmical jerking

Atonic-the pupil suddenly becomes limp or floppy and falls to the ground.

Myoclonic-repeated brief jerks of the limbs, neck or trunk.

Partial/ Localised Seizure

In this type of seizure only a part of the brain is involved and consciousness may or may not be affected. The pupil may have a prior warning sign before the seizure occurs. The seizure

may take one of the following forms:

Simple Partial- consciousness is not lost so the pupil remains completely aware of what is going on and the seizure is usually associated with only minor movements of the head or limbs. There may be some slight sensory disturbance e.g. distorted vision, tingling sensations.

Complex Partial- the pupil may lose consciousness of his/her surroundings and therefore appear confused. The pupil may be unable to respond normally during the seizure e.g. become moody, hostile or obsessed.

Secondary Generalised- these seizures involve the spreading of either of the two seizures above to the whole brain, thus giving the appearance of a tonic/clonic seizure.

Medication and Control

The majority of pupils with epilepsy will receive medication.

All pupils with epilepsy will require a Health Care Plan, detailing medication, types of seizure and how to react should the pupil experience a seizure.

If there is any doubt regarding the pupil's medical condition dial 999, for the ambulance.

SELF-CATHETERISATION

WHAT IS INTERMITTENT SELF-CATHETERISATION?

Intermittent self-catheterisation is the procedure by which an individual passes a small tube into the bladder to allow the passage of urine out of the body. Medical conditions which may cause the bladder not to empty completely by normal means include:

- Congenital defects in the nerve connections to the brain
- Nerve injuries caused by fractures or diseases of the spine
- Over-tightening of the sphincter muscle
- Bladder muscles which are too lax
- The effects of surgical operations on other organs in the pelvic area

GENERAL ISSUES

All pupils who need assistance with self-catheterisation will require an individual Health Care Plan.

Where a pupil requires support in school a minimum of two staff who have volunteered to assist with the insertion of a catheter must undergo training through arrangements made with the School Health Service. In exceptional circumstances the provision of training may be delayed. In these circumstances parents must retain responsibility for their child's medical support until the staff have received their training. Training must be regularly updated.

Symptoms which will require urgent medical assistance:

- The presence of blood in the pupil's urine
- The catheter cannot be passed or urine cannot be drained when appropriate
- Urine is leaking between catheterisations

STOMAS**WHAT IS A STOMA?**

A stoma is a surgically created orifice on the surface of the abdomen which offers an outlet for the passage of waste material, urinary or faecal, from the body. This waste material is collected in a special pouch or stoma bag fitted over the opening. Stomas may be of a temporary or permanent nature. Medical conditions which may necessitate a stoma include:

- Congenital conditions such as spina bifida, imperforate anus, ectopic bladder, hirschprung's disease
- Medical conditions
- Accident or injury

General issues

All pupils who have a stoma will require a Health Care Plan.

Most pupils will be able to cope with changing their stoma appliance, where a pupil requires support a minimum of two staff who volunteer should undergo training through arrangements made with the School Health Service. This training will need to be updated.

TRACHEOSTOMIES**WHAT IS A TRACHEOSTOMY?**

A tracheostomy is an artificial opening created in the windpipe into which a tube is inserted to enable a pupil to breathe. Tracheostomies may be temporary or permanent. A tracheostomy tube consists of an outer sleeve which is left in place to maintain an opening through which an inner breathing or speaking tube is passed. Because a tracheostomy causes the natural filtration system of the nose and throat to be bypassed secretions are produced in the chest and for some pupils these will need to be drawn off at regular intervals so that secretions do not progress into the lower respiratory system. In such cases this task is accomplished by insertion of a suction catheter through the tracheostomy tube- the catheter is then connected to a suction pump.

The main reasons which necessitate a tracheostomy are congenital or acquired defects to the airways and respiratory tract.

General issues

All pupils with a tracheostomy will require a Health Care Plan. Where the pupil requires support in school a minimum of two staff who have volunteered should be trained through arrangements made with the School Health service. This training should be regularly updated.

Under the Pembrokeshire insurance policy, school staff are not allowed to suction. They can

be the secondary carer but not the primary carer. Where children are in mainstream and have a tracheostomy, a medical carer accompanies them to school as their primary carer and school staff are the secondary carers. School staff are not authorised to carry out all procedures linked with tracheostomies, e.g. they are not authorised to undertake any procedures linked with suctioning.

Symptoms which may indicate that emergency assistance is required:

- Excessive coughing
- Excessive wheezing
- Panic and clutching at the throat
- Change of colour in the face
- Summon assistance from trained carer call 999 for the ambulance

TUBE FEEDING

WHAT IS TUBE FEEDING?

Tube feeding is a method by which food in liquid form can be transferred directly into the stomach by tubes which bypass the mouth, throat, and upper digestive / respiratory tract.

There are two principle means by which this type of feeding is achieved:

- A naso-gastric tube which passes through the nasal passageway and directly into the stomach via the oesophagus
- A gastrostomy tube which is surgically inserted through the abdominal wall forming a direct passageway from outside the body into the stomach.

Medical conditions which may necessitate tube feeding:

- An inability or unwillingness to swallow
- Adequate control of breathing during the swallowing process is not present, causing food to be inhaled into the respiratory tract
- Short-term nutritional support whilst being temporarily incapacitated from feeding orally

General issues

All pupils who require tube feeding will require a Health Care Plan. A minimum of two staff who volunteer should undergo training provided through arrangements made with the School Health Service.

Symptoms which require urgent medical assistance:

- Coughing, wheezing and high coloration of the face
- Signs of panic
- Loss of colour from the face
- Signs of infection or soreness around the gastrostomy tube site
- Leakage of feed or other fluids around the tube site
- High temperature
- Distended abdomen
- Abnormal movement of the tube
- Signs of obvious discomfort

MYALGIC ENCEPHALOMYELITIS (ME)

WHAT IS ME?

Myalgic Encephalomyelitis (ME) means 'inflammation of the central nervous system and muscles'. Research suggests that ME is due to a persistent viral infection, an overactive immune system or both. ME is generally triggered by viral infections such as glandular fever or flu, but can also be triggered by vaccinations, stress or accidents, as well as no obvious triggers.

GENERAL ISSUES

Symptoms of ME include:

- Fatigue, made worse by physical/mental exertion
- Prolonged recovery period
- Impairment of short-term memory and concentration
- Fluctuation of symptoms
- Joint/muscle pain
- Headaches
- Pins and needles
- Hypersensitivity to light, sound and smell
- Faintness and heart symptoms

Pupils will require a Health Care Plan in order to provide flexibility of pace to meet the pupil's needs. Staff need to be aware of the pupil's individual symptoms of fatigue and arrangements to be made to meet these needs.

HYDROCEPHALUS

WHAT IS HYDOCEPHALUS?

This is a congenital condition and is associated with spina bifida, meningitis, and toxoplasmosis. It manifests itself in a blockage and accumulation of watery fluid (known as cerebral-spinal fluid) flowing through narrow pathways over the inside of the brain and down the spinal cord. This is remedied by a shunt or valve fitted to the back of the head which redirects this fluid.

GENERAL ISSUES

Shunts can become blocked, leading to headaches, nausea and photophobia. Shunts should be checked regularly. All pupils with shunts should have a Health Care Plan, providing actions to be taken should the pupil display any of the above symptoms.