

Medical Policy

This policy is reviewed on a year basis

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Job title: College Nurse

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This policy has been adopted by the governors and is available to parents on request. It is available to parents on request. It applies wherever staff or volunteers are working, including when this involves being away from the school.

'Parents' refers to parents, guardians and carers.

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Introduction

The purpose of this policy is to outline processes and procedures for the care and management given to students with medical needs. It sets out the College's medical protocols, including the management and storage of student's medicines. It has been developed in accordance with guidance set out in [Managing Medicines in Schools and Early Years Settings](#) (DfES/DoH, 2005).

The College is an inclusive community which welcomes and aims to support students with long term medical conditions.

Most students will at some point have short-term medical needs, such as having to complete a course of antibiotics. As far as possible medication should be taken at home and should only be taken in school when absolutely essential. However, some students may require regular medication on a long-term basis to treat medical conditions, for example students with well-controlled epilepsy or asthma. In other cases, students may require medicines for a particular circumstance, such as those with severe allergies who may need an adrenaline injection, and those with severe asthma who may need additional inhaler doses during an attack. Students with medical needs are expected to attend school regularly and take part in normal activities.

The College aims to achieve and promote the five outcomes as outlined in Every Child Matters Green Paper (2004) reported by the Government's proposal that all children have the right:

1. To be healthy
2. To stay safe
3. To enjoy and achieve
4. To make a positive contribution
5. To achieve economic well-being.

It is responsibility of the parents:

- To ensure their child is well enough to attend school
- To provide full details of any medical condition affecting their child and any regular medication required by the child
- To keep the school informed of any changes to their child health or medication.
- Ensuring that their child has a sufficient amount of medication which is in date, and replacing them on request
- Ensuring that all medication is provided in its original container with the label, from the pharmacist if the medication is prescribed or the parent if it is over the counter, showing the:
 - Child's name, date of birth
 - Name and strength of medication and dose
 - Any additional requirements, e.g. to take the medication with food etc.
 - Expiry date
 - Dispensing date or date of purchase.

Medical Services

The college has a permanent Registered Nurse who is available Monday-Friday from 0830-1700hrs. Treatment, advice, and support is offered to enable students to maintain their physical and emotional well-being during their time at the college.

Outside of these hours all residential staff, HouseParents and the Assistant Principal (Boarding) have a valid first aid at work certificate and have undertaken additional specialised training to manage students' health and safety in the absence of the nurse. Other members of staff should not give any medication to the students.

All full boarding and weekly students must be registered under the National Health Service. This entitles them to receive all services provided by the local surgery. Registration with the General Practitioner (GP) is completed as part of the enrolment and induction process. The GP linked with the College is as follows:

Waterloo Health Centre,

5 Lower Marsh.

London. SE1 7RJ.

Tel: 02079284049

The nurse or residential staff member will assist students with making appointments to see the GP. Students over 16 years may see the GP independently at the nurse's discretion, students over 18 years can see the GP independently without the need of authorisation. Any student regardless of age can request to be accompanied by a member of staff if that is their preference and this will be offered to them prior to arranging appointments.

Day students should continue to register with their own GP at home. Although the facilities and services at the Nurse office will always be made available to day students who become ill or are injured while at school. Day students who develop illnesses or injuries away from school and who are unable to attend or participate in activities, should contact DLD attendance and the College nurse

During the first term at the school, all the students will undergo a health check carried out by the College Nurse. It is requested that all students are up to date regarding necessary immunization in accordance with the UK childhood immunization programme.

Parents are expected to arrange eye tests and routine dental checks for their children during the school holidays. The College does not arrange referrals for orthodontic treatment.

Any other specific services that a student may need access to can be discussed with the College Nurse who will help students to facilitate necessary appointments or referrals.

Students may wish to use their own private clinicians, if this is the case the parent/guardian is asked to inform the college nurse of any treatments and/or procedures that students may be undergoing to ensure the students' needs are understood whilst in college.

Where students are required to have follow up appointments for on-going medical conditions or long-term health conditions it is requested that where reasonably possible these are facilitated to not conflict with students timetabled studies. If this is unavoidable or an emergency, attendance can be authorised with medical evidence to support the appointment date and time

The College has in place suitable procedures for dealing with medical emergencies.

In case a student needs to be taken to hospital, an ambulance should always be called, and staff will never be permitted take a child to hospital in their own car.

if a parent is unable to accompany their child to hospital, a member of staff will always accompany a child taken to hospital by ambulance and will stay with the child until their parent arrives.

If a parent is not present then health professionals, and not school staff, will be responsible for decisions about the medical treatment that the child requires. Staff accompanying a child to hospital should ensure that they have basic medical information about the child, for example their Care Plan if one is in place and identifying data e.g. full name and date of birth and their parents' contact details

Sharing medical information

The College will work closely with parents/guardians, general practitioners, specialist nurses and any other appropriate outside agencies to ensure that every student's health and wellbeing needs are met. Under the [Data Protection Act 1998](#) documents which contain information about an individual's physical or mental health are 'sensitive personal data', or 'special category data' under the General Data Protection Regulation, the information that is collected by the college nurse is stored in a secure locked cabinet which only the college nurse and any additional qualified registered nurses will have access to.

Safe keeping of records of all students is part of the NMC code for professional conduct and cannot be breached unless the student is considered to be at risk, some information may be shared to select key staff to ensure the student is best safeguarded. (See Safeguarding Policy)

At any point the student visits the nurse due to being unwell or sustaining an injury the nurse will keep a record of the visit, take notes of the medical complaint, nursing assessment and any interventions given. This information will be stored electronically, all medical documentation has restricted access to selected personnel within the college where the information needs to be shared.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. All parents of students about to be admitted to the College are required to complete a questionnaire giving details of their child's medical history. This information remains confidential and forms part of the student medical record.

Parents are responsible for providing medical evidence from your home doctors of any medical conditions or ongoing investigations that may affect a student's day to day activities and potential requirement for time off during term time. These must be translated into English.

The parent/guardian is also responsible to notify the College of changes or updates to the student's condition throughout the academic year.

In addition, parents must accept that if information is withheld, staff may not be held responsible if they act incorrectly in giving medical assistance to a student while undertaking their duty of care in what they consider having been good faith. Sharing information is important if staff and parents are to guarantee the best care for a student. It is particularly important to have sufficient information about the medical condition of any student with long-term condition.

If a student has any existing or ongoing medical conditions, then the nurse would like to work in partnership with the student and if also preferred the parent/guardian to complete an Individual Health Care Plan. This will enable a greater understanding of the student's health and emotional needs to ensure students are receiving care to a high standard with a holistic approach. Following this, if necessary, the nurse will put in place emergency action plans if the student should become unwell whilst in college.

In accordance with Department for Health requirements regarding the retention of medical and health record, The College should retain documents connected to a student medical needs and the administration of medication until the child is 23 years old or in the case of a Special Needs student, until 26 years old.

All staff are obligated to protect student information under [General Data Protection Regulations \(GDPR\) 2018](#). Staff at DLD College undergo specific training to ensure that student information is secure and protected.

Students have a right to access any medical information that is held in their own name by completing in writing a 'subject access request' to the college nurse. The College is required to fulfil this request under GDPR within one month of receiving the written request. Any information that may involve a third party will not be shared, any information involving a safeguarding concern may not be shared which will be decided at the Principles discretion.

Parents/Guardians may also request information in writing and dependant on the student's age and level of Gillick Competence can be shared in line with GDPR.

Students' records are liable for inspection and monitoring by the Independent Schools Inspectorate (ISI) however this is not to gain access to medical information but to ensure the college is maintaining high standards of protecting student confidentiality.

Confidentiality

The confidentiality and right of students as patients are appropriately respected by The College. This includes the right of a student deemed to be "Gillick Competent" to give or withhold consent for his/her own treatment. Gillick competence is use in medical law to decide whether a child (16 years

or younger) is able to consent to his/her own treatment, without the need for parental permission or knowledge.

A student will be Gillick competent is presumed to have sufficient understanding and intelligence to understand fully what is proposed unless there's significant evidence to suggest otherwise.

Students under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment.

In the event of a student refusing to give consent for a medical treatment or the sharing of information then the duty of the nurse is to assess the situation and act in what is deemed as the best interest of the individual. If a student is assessed as not being Gillick Competent, then consent would be sought from a parent/guardian.

In accordance with [The Nursing and Midwifery Council](#) (NMC), Nurses have a duty to protect medical information about students, and keep it confidential, regardless of their age. This includes making sure that they are informed about their care and that information about them is shared appropriately.

It is recognised and respected by the College that all students have the right to confidentiality. As well as the college nurse's professional accountability the College including all staff members are regulated under the General Data Protection Regulation (GDPR) 2018 to protect the personal information of individuals.

Where possible consent will be sought from the individual concerned to share information with other appropriate members of staff. However, there are instances in which confidentiality can, and is required to be broken.

Breaking confidentiality is done in exceptional circumstances, and the nurse could act within their code of practice to breach this confidentiality and share necessary information. Such information must only be shared with other health and care professionals as well as agencies, only when the interests of student safety and public protection override the need for confidentiality.

Illness management

During registration and Periods 1-2, day students would not be expected to visit the nurse, unless emergency or other unavoidable causes.

Sick boarders overnight should see the nurse before 9:00 am. Students are encouraged to see the nurse during breaks or free periods however if they need to leave a lesson, they can approach their teacher to discuss who will allow students to leave lesson for medical attention if required.

On arrival to the nurse room, if the door is closed and the **engaged sign** is displayed on the door the nurse is not available and likely with another student. Therefore, the student should wait outside until the nurse is available. If students feel they have an emergency and are unable to wait, students should go to their Housemaster/mistress or house parent's desk, where they will contact the nurse on the emergency telephone if it is deemed necessary.

When seeing the nurse, the student will be asked to explain their symptoms, the nurse will make a full assessment and offer advice and/or treatment options.

Boarding students will be encouraged to return to lessons if assessed as well enough. They can also be moved to the medical sick bay for a period of rest and/or return to the boarding house for a period of rest if necessary.

If students are too unwell to continue lessons, if in boarding they will be asked to return to their rooms to rest and a handover will be given to the HouseParents to continue to monitor the student's condition and action any plans given by the nurse. They will be in continuous communication with the college nurse to report symptoms and any changes to the student's condition.

Day students will be encouraged to return to lessons if assessed as well enough. They can also be moved to the medical sick bay for a period of rest if appropriate to be re-assessed by the nurse and a plan made.

The nurse will discuss options for treatment and management of their condition with the student. If the student is over 16 years of age and deemed Gillick Competent, they will be able to take responsibility for going home safely and following any advice/plans given by the nurse. If the student is under the age of 16 years and/or not Gillick Competent the nurse will contact the parent/guardian to facilitate a safe journey home. The student will remain under the care of the nurse in the medical room until it is confirmed the student can travel home safely.

If students are deemed too unwell to continue lessons, the nurse will update the register as a medical absence and inform the attendance officer.

The college nurse will only authorise absence if they have a face-to-face consultation with the student, when possible

When in the college nurses working hours, all students are expected to see the nurse if they are feeling well and are not permitted to make the decision that they are too unwell to continue lessons themselves or via telephone/email exchange with a guardian. If the nurse is busy with another student, students MUST wait their turn to be assessed. If a student leaves lessons or college without first seeing the nurse it will be considered a non-authorised absence which will be reflected on their attendance monitor. Only the college nurse can authorise an absence during school hours.

All students who have chronic health care conditions will have individual health care plans developed by the college nurse in conjunction with the student and when appropriate parents/guardians.

Out of hours or when the nurse is unavailable

Boarding students should see the HouseParents for any medical needs in the absence of the nurse. HouseParents will help the student to manage their symptoms and make referrals to external services where required. If any medical intervention is given out of hours a secure notification is sent electronically to the nurse who will follow up with the student at the earliest opportunity to check on their symptoms, re-assess severity and implement a care plan and/or make referrals if needed.

Day students should go to their Housemasters/mistresses during the school day, where they will liaise with the nurse to make arrangements to see the student at the earliest opportunity. Outside of the college day students are advised to speak with their parent/guardian, local GP or contact NSH on 111 for medical advice.

It is the responsibility of the parent/guardian to follow the medical advice and inform the college if the student has required any medical intervention or has been seen by a doctor who has recommended a period of rest.

Administration of medicines

Medication is not authorised to be brought into the college or boarding house by either day or boarding students. This is clearly outlined in both boarding and day student's pre-enrolment guidance.

Many students bring medication from overseas this includes any herbal or alternative therapies. These are not permitted, if brought into the college without the nurse permission all medication, will be removed and destroyed. This is to ensure safety of all students.

All medication is stored, supplied and administered by the college nurse and delegated personnel who have completed medicines management training.

The exception to this is students who carry emergency medications for asthma, allergies, diabetes or epilepsy. The college nurse must be informed of students with any of these medications. The nurse will meet with students individually to discuss their medication needs and their competence of understanding and ability to administer correctly.

Any prescribed medication students have must be handed into the nurse at the earliest opportunity, either during induction/enrolment or when the medication was prescribed if during the academic year.

Any medications found to be out of date or no longer required should be handed to the college nurse for safe disposal. The nurse will mark all out of date medications clearly and will be returned to the local pharmacy to be destroyed. Any out of date or non-approved medication found in the college or boarding house must be clearly marked, kept locked away securely and handed to the nurse at the earliest opportunity for safe disposal.

Administration:

- The college nurse is permitted to administer all medications kept within the college.
- Any agency nurses working in the college are permitted to administer medication within the scope of their own practice and have a valid NMC pin.
- HouseParents and identified key staff on completion of appropriate training and competencies are able to give medications as outlined by the college nurse.
- Unless in an emergency all medication should be given maintaining student privacy.
- Only oral medication is permitted for use unless in an emergency.
- All medication should be left in its original packaging and the information leaflet available.
- Any medication given both by the college nurse or by an authorised member of staff should be accounted for and documented in the 'record keeping for medication administration' book.
- The student's allergy status and prior medications must be confirmed verbally prior to administration.
- The college nurse holds a completed list with signatures of staff qualified to administer medications.
- A list of stored medications and homely remedies is kept in the nursing office.

Procedure for administration of medication:

- Check the student name
- Check the student allergy status both verbally and against electronic records
- Check if any medication has been taken in the previous 24hrs.
- Explain medication to be given to student and get verbal consent.
- Check medication is correct strength, route and expiration and packaging has not been damaged or tampered with.
- Give the medication to the student with water and ensure full dose is taken
- Document medication administration as per record keeping protocol.
- Any refusal of medication should be documented in the student's clinical notes and the medication disposed of safely.

Storage and management:

- Medication is kept in the nursing office in a locked cabinet, the college nurse is the only person who has access to the keys.
- Houseparent have a supply of some named medications which are kept in a locked cupboard away from communal areas.
- The nursing office also has restricted access, the door is kept locked at all times.
- The college nurse will complete a monthly audit of medication stock balance in the medical room and HouseParents cupboard.
- An allocated member of the houseparent team will complete a weekly audit of medication stock balance and report any discrepancies to the college nurse and director of boarding.
- The director of boarding will investigate any discrepancy.
- The college nurse will complete once per term check of compliance of medication administered by HouseParents.

Medication for College Trips

Any trips of exertions that are arranged the trip leader will send a list of attendees to the college nurse who will advise on any medical conditions, medications or allergies that the trip leader should be aware of. Confidentiality is considered so information will be shared on a need to know basis but to always ensure the student's safety is the priority.

Students who are measured as Gillick Competent and take regular medication will be expected to be responsible to ensure they carry sufficient medication with them. Any students who need assistance with medication a plan will be written by the college nurse who will then meet with the trip leader to offer additional advice and guidance prior to the trip.

Boarders

Prescribed medication

All full or weekly boarders are automatically registered with Waterloo Health Centre, who will be responsible for all routine health care including prescribing medications for short term and long-term treatments.

The college nurse is required to have written consent from parents on an annual basis to administer treatments, medications and give health advice. The nurse will carry out the administration of medicine according to the guidelines set out by the NMC (Nursing and Midwifery Council).

Any existing prescribed medication should be delivered to the college nurse by the parent/guardian (**NOT the student**) in the original packing with expiry date, batch number information, and with the pharmacy label attached, stating:

1. The content
2. Student's name
3. The dosage (including timing, and method of administration)
4. Side effects
5. Expiry date

All medications for boarders coming into school are recorded by the college nurse in the medication record book. The college nurse will complete a drug chart to be signed by boarding staff to record administration of the medication in case the student is not able to self-administer medication. Any medication that is no longer required, should be given to the college nurse for safe disposal.

Student self-medication

All boarders who have an acute or a chronic medical condition will be encouraged to take responsibility for it and may be considered able to self-administer their medication.

The nurse will discuss the medication requirement with the student as an individual and carry out a risk assessment considering:

- If the student is mature to understand instructions and details of medication.
- Can the medication be stored safely?
- Will other students have access to the medication?
- Is the medicine dangerous?

If the student can demonstrate full understanding of their medication needs, they will be asked to complete a student medication agreement and sign a statement to say that they know when and how they should take their medication.

Boarder who are found to not store medication appropriately or who do not follow the guidelines to self-medication will have their right to self-medicate withdrawn until the start of the next academic term.

Students who require asthma inhalers or auto-injector epipens will not be expected to sign an agreement but will still meet with the nurse to develop an emergency action plan.

Over the counter medication

Medicines may not be given to a student under the age of 16 without the written consent of his or her parents, included in the medical consent form, on which parents are invited to specify any medicines that they do not wish their child to be given.

Residential boarders can also access Over the Counter medicines by seeing the School Nurse during the school day. The School Nurse can administer OTC medicines in accordance with the consent given by the parent/guardian on the medical forms completed when the student joins DLD College. The School Nurse will document the administration of medication on a secure medical database. Outside the school day, trained members of the boarding staff can administer OTC medicines.

Overseas medication

Medications from abroad, not licensed in the UK, should not be brought into the school. The school will not accept, store, or administer Food supplements, herbal medicines, medicines from abroad or alternative remedies unless prescribed or supported in writing by a UK GP or Hospital.

Controlled Drugs

Controlled Drugs must be brought to School by the parent/guardian and NOT by the student. The School Nurse will check the receipt of all Controlled Drugs in the boarding houses. These medications are then kept in a lockable cupboard in the nurse office or in the house parents' cupboard.

Trained members of staff administering these medicines sign a dedicated Controlled Medication Book to witness the date, time and dosage of medicine and that the student has taken the medicine. Each dose is counter-signed by the student. The School Nurse monitors the administration and storage of Controlled Drugs closely.

Emergency Medication

Residential boarders can carry Asthma Inhalers and/or Adrenaline Auto-Injector Devices on them provided the School Nurse has received written notification from parents and they comply with the above criteria regarding labelling. Those students with Adrenaline Auto-Injector Devices must provide school with at least 1 device, for easy access in an Anaphylaxis emergency.

Medicines for day students should be brought into school when absolutely necessary and must be stored at the nurse office, with exception of inhalers and Adrenaline autoinjector pens.

Where possible, the administration of any medication should be scheduled outside of school hours. If, however, required at school, the handling and administration of Controlled Drugs (CD) and Prescription Medication (PM) and Emergency Medication (EM) will only be accommodated in school if the consent is completed by parents.

The CD, PM or EM must also comply with the following criteria:

- a. Medication is in the original container in which it was dispensed
- b. The original dispensing label must be intact and all necessary instructions clearly visible
- c. The name of the individual for whom the medication was prescribed is clearly displayed on the label
- d. The dosage and frequency of the medication is clearly displayed on the label
- e. The route of administration is clearly displayed on the label
- f. The expiry date is clearly displayed on the label

Over the counter medication

Day students can also access Over the Counter Medicines by seeing the School Nurse. The School Nurse can administer OTC medicines in accordance with the consent given by the parent/guardian on the medical forms completed when the student joins DLD College.

Procedure for adverse reaction to medicines

Any drug has potential to produce unwanted or unexpected adverse reactions. Detection and recording of these are of vital importance. Students should report any unusual side effects to the college nurse immediately or in their absence a member of the houseparent team

Side effects are rare but can include:

- Difficulty in breathing
- Swelling of face, lips and tongue - Consider Anaphylaxis
- Dry/sore mouth
- Abdominal pain – dyspepsia and nausea

Although unlikely these side effects will be observed it is important to be aware of all potential risks associated with medications being administered. It is also essential to be aware of student's medical history which may have implications in giving medications.

Out of hours adverse reactions should be dealt with immediately by either contacting 999 or if able to mobilise going to A&E. The college nurse should be notified by completing an incident report. You must remove the administered medication batch from use and hand in to the college nurse.

The college nurse will be responsible for notifying any adverse effects to the Medicine and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme.

<https://yellowcard.mhra.gov.uk/>

Medication errors

In the event of a medication given incorrectly it must be reported to the college nurse immediately. The nurse will medically assess the effected person and determine any treatment that may be required. The incident will be recorded. The nurse has a duty of candour to ensure the student and parent/guardian are aware of the error and subsequent actions. Staff involved may be identified as needing further training which will be facilitated.

Common conditions

The long-term medical conditions in children that most commonly cause concerns in schools are asthma, diabetes, epilepsy and severe allergy reaction (anaphylaxis). Some basic information about

these conditions is offered on the following pages. It is important that the needs of students are assessed on an individual basis.

DLD College is an inclusive community that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

Asthma

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

DLD College is an inclusive community that aims to support pupils with asthma, ensuring they participate fully in all aspects of school life.

It recognises that asthma is a widespread, serious but controllable condition which affects the airways to the lungs causing shortness of breath, cough, tightness in the chest and wheeze.

DLD College is aware that asthmatic pupils need immediate access to their reliever inhaler at all times and must always carry one.

Relevant staff will be given training and education updates to ensure that the pupil is always safe while in college or involved in extra-curricular activities.

Asthma medicines

Students must have their reliever inhaler with them at all times, and also to have a spare reliever to ensure they are never without if one has run out.

Staff must ensure that any asthmatics students leaving the school for matches/trips/etc MUST have their “reliever” inhaler (blue). If away on a residential trip the student must also take their “preventor” inhaler plus any other prescribed medication.

Medication only to be given to person named on prescription.

Record Keeping

- Parents / Guardians will be expected to disclose medical conditions prior to the enrolment process.
- The College Nurse will meet with all students at enrolment to complete an initial health assessment
- Following this the college nurse will arrange an appointment to complete an individual health care plan with the pupil and an asthma action plan.
- Parental consent is required for school staff to administer Salbutamol in the event of an emergency

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward.
3. Use the child's own inhaler – if not available, use the emergency inhaler
4. Remain with child while inhaler and spacer are brought to them
5. Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately. If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
6. Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
7. If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
8. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
9. The child's parents or carers should be contacted after the ambulance has been called.
10. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Sources of Reference:

- <https://www.asthma.org.uk/>
- <http://www.nhs.uk/conditions/asthma/Pages/Introduction.aspx>
- <http://medicalconditionsatschool.org.uk/>
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Diabetes

DLD College is an inclusive community that aims to support pupils with diabetes, ensuring they participate fully in all aspects of school life.

DLD College is aware that diabetic pupils need immediate access to their medicine, monitoring devices and hypo packs always and therefore appropriate steps are taken to ensure easy access to these items.

Diabetes is a life-long, incurable condition that affects approximately 1 in 1000 children. Effective management of this disease is vital in order to reduce the risk of developing long-term complications such as blindness, kidney failure and nerve damage.

Diabetes comprises a group of disorders with many different causes, all of which are characterised by a raised blood glucose level. This is the result of a lack of the hormone insulin and/or an inability to respond to insulin. Insulin in the blood, produced by the pancreas, is the hormone which ensures that glucose (sugar) obtained from food can be used by the body. There are two main types of diabetes: Type 1 diabetes and Type 2 diabetes.

- **Type 1 - diabetes** develops if the body is unable to produce any insulin. The majority of children who have Type 1 diabetes need to have daily insulin injections or are fitted with an insulin pump and they monitor their blood glucose levels and to eat regularly counting their carbohydrates.
- **Type 2 - diabetes** develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly. Children with Type 2 diabetes are usually treated by diet and exercise alone.

It is important to note that every person who has diabetes is different and will have their own specialised plans. To acknowledge this and to ensure students are receiving the best possible care they will meet with the college nurse privately to discuss their condition and management. Together they will develop an individual health care plan to identify needs and emergency management.

It is also recognised that diabetes may have a significant impact on a young person's emotional wellbeing and can be challenging to manage with the student's ongoing physical and emotional development as well as pressures from studying. Every effort will be made by the College team to identify when any student may need additional support and can put measures in place to support challenging phases students may face.

Medication and Control

Diabetes in children is controlled by injections which can be a twice a day insulin regime of a longer acting insulin or may be on multiple injections or on an insulin pump. Most students carry their own blood glucose monitoring kit, hypo treatment and medication with them – this should be discussed with the school and documented in the IHCP, but if extra doses are required at school, students can attend Nurse office.

Dietary requirements

Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. School may need to make special arrangements for students with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous

activity, particularly in extremes of weather, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level.

Record Keeping

During the meeting the School Nurse will agree and complete a record of the student's diabetes, learning and health needs. This information may include issues such as agreeing to administer medicines and any staff training needs. This information will be agreed by the parents, and the health professional, if present, and kept safe and confidentially in the student's health record in the medical centre and updated when necessary. This information may be shared with key professionals within the college to ensure the safety of the student at all times. This will make staff aware of any particular warning signs and maintain communication between parents/guardians and school ensuring the student maintains good diabetic management.

Medicines

We will follow the manufacturer's guidelines for the correct storage procedures for any medicines required. Emergency procedures will be identified on the IHCP with a list of staff who are trained to administer emergency medication. Medication will be either carried by the pupil if appropriate or kept in Nurse Office in the emergency box.

Students' requiring regular injections for insulin management will be supported in doing so and offered private facilities where required. Parents/guardians are asked to ensure that students have the correct medication and supplies with them for each term when in boarding and any emergency medications should be shared with the college nurse. Spare supplies of emergency medication are kept by the college nurse in a locked pharmaceutical fridge.

School Visits

The college encourages all students regardless of any medical conditions to participate in off-site activities, both social and educational. They are protected by the Disability Discrimination Act 1992 and the Equality Act 2010.

Students with diabetes are expected to carry with them their insulin and administration equipment, even those who would not usually take insulin during school hours, in case of any delays over their usual injection time. They will have to take some snacks. Diabetics should also take their monitoring equipment and their usual hypo treatment with them.

The college nurse will liaise with the student, parents/guardians and teaching staff prior to trip planning to ensure that appropriate measures are in place for the student's safety.

Residential and Overnight Visits

The school will provide a plan for the trip, including, including itinerary, meal plans etc.

The college nurse will ensure a copy of the IHCP is reviewed and adapted to include evening and overnight care and taken on the trip.

If a pupil is not confident in managing all aspects of their condition for an overnight visit including administration of medication, then a trained member of staff will need to accompany the pupil to assist. It is parents/guardians responsibility to ensure the pupil has all the correct equipment with them for a residential visit.

Boarding Students

The policy equally applies to boarding students, in addition extra training will be provided for boarding staff to ensure they are competent in managing diabetes and fully aware of emergency procedures.

Diabetes will be addressed with the boarding community to ensure safety of the student and risk assessment carried out as necessary. The School Nurse will ensure boarders with diabetes have an annual review with their healthcare professional to discuss their diabetes management.

Hypoglycaemia (Low Blood sugar)

Hypoglycaemia or (hypo) - occurs when the level of glucose in the blood falls too low (usually under 4 mmol/l). A blood glucose monitor is available for use by the School Nurse to establish the blood sugar level.

Treat hypos immediately you are aware of them; if left untreated the situation will worsen.

The child should not be left unsupervised when he/she is having a hypo.

Signs and symptoms

A child can show any of the following symptoms if the blood glucose level is low:

- May look very pale and sometimes sweaty
- May ask for food; complain of tummy ache (hunger)
- Trembling or shakiness
- May be “wobbly” unsteady
- May complain of a headache or feel unwell.
- Glazed eyes
- Poor concentration, sleepy
- Be grumpy, silly or have challenging behaviour – different to their usual behaviour patterns.
- Anxiety or irritability.
- Fast pulse or palpitations.
- Drowsiness.

Each pupil may experience different symptoms, and this should be discussed when drawing up the healthcare plan.

Immediately give something sugary, a quick-acting carbohydrate such as:

- a) A glass of Lucozade.

- b) Glucose tablets.
- c) Glucogel if severe

Treating hypoglycaemia

Note: Child must be alert and responsive before treatment otherwise see severe hypoglycaemia

1. Call for the college nurse immediately / nearest first aider
2. Refer to students emergency IHCP
3. Take blood sugar level (if equipment available)
4. Give the pupil a fast acting glucose source eg: glucose tab or gel
5. Wait ten minutes and repeat blood glucose test
6. If the student responds well, follow up with a carbohydrate snack
7. Once fully recovered the student may continue with lessons.

If child is unconscious or you are unable to rouse them, or he/she is having a seizure:

- Place them in the recovery position
- Never leave him/her alone
- Call **999** for an ambulance.
- Do not put anything in mouth.
- If a trained member of staff is available, to administer the Glucagon injection.
- Inform parents as soon as possible.

Hyperglycaemia (High Blood sugar)

Hyperglycaemia - (hyper) is if a pupil's blood glucose level is high (over 13mmol/l) and stays high. It can be due to eating too much food, having too little insulin, not enough physical activity, illness, infection or stress.

Common symptoms:

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

The School Nurse will administer a bolus of insulin or the pupil may feel confident to give extra insulin.

If the following symptoms are present or the child is unconscious, then call 999:

- A. Deep and rapid breathing (over-breathing).**
- B. Vomiting.**
- C. Breathe smelling of nail polish remover or pear drops.**

If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

- Stay with the student and keep calm
- Place the student in the recovery position
- Contact the parent/guardian as soon as possible

Resources

<https://www.diabetes.org.uk/>

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3>

Epilepsy

DLD is committed to fully meeting the needs of pupils who have epilepsy, keeping them safe, ensuring they achieve to their full potential, and are fully included in school life. We will do this by:

- Keeping careful records of changes in behaviour and levels of achievement to identify pupils who are not achieving to their full potential.
- Tackling any problems early.
- Ensuring that all pupils with epilepsy are fully included in school life, activities and outings (day and residential) and are not isolated or stigmatised.
- Giving voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school.
- Making necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- Liaising fully with parents and health professionals (with the parent's permission) to share information about the pupil's education, healthcare, medication and any affects this has on their school life (for example epilepsy medication and seizures can affect a person's ability to concentrate). This will be an ongoing process.
- Ensure that staff are epilepsy aware and know what to do if a pupil has a seizure.
- If needed, there will be a trained member of staff available at all times to deliver emergency medication.
- Every student with epilepsy will have an Individual Health Care Plan in place which will include information on the pupil's seizures, medication, and emergency protocols.
- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents.

Medicines

The majority of children with epilepsy take anti-epileptic drugs (AEDs) to control their seizures. These drugs are usually taken twice a day, outside of school hours. This means there should be no issues about storing or administering medicines in school time.

Certain types of medicines taken for epilepsy can have an effect on a child's learning or behaviour. It is important staff are aware of this. If a teacher notices a change in the child's learning or behaviour, then this should be discussed with their parents.

The college encourages all students regardless of any medical conditions to participate in off-site activities, both social and educational. Students with epilepsy are expected to carry with them sufficient medication with them on trips including appropriate emergency medication if prescribed, the location of which must be made known to the staff leader. The college nurse will liaise with the student, parents/guardians and teaching staff prior to trip planning to ensure that appropriate measures are in place for the student's safety. All outings and offsite activities are attended by a safe member who has the appropriate emergency first aid training.

Following the meeting, an individual healthcare plan (IHP) will be drawn up. It will contain the information highlighted above and identify any medicines or first aid issues of which staff need to be aware. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam.

First aid management for seizure

First aid for the pupil's seizure type will be included on their IHP and all staff (including support staff) will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms.

1. Stay calm.
2. If the child is convulsing then put something soft under their head.
3. Protect the child from injury (remove harmful objects from nearby).
4. **NEVER** try and put anything in their mouth or between their teeth.
5. Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not try and move the child unless they are in danger.
8. Do not try and restrain the child.
9. Do not give them food or drink until they have fully recovered from the seizure.
10. Aid breathing by gently placing the child in the recovery position once the seizure has finished.

If any type of seizure activity lasts **more than 5 minutes** or has several cluster of seizures within 30 minutes **call 999**.

Transferring of the pupil to hospital is as detailed in the general medical policy. A student will always be accompanied by a member of staff until a suitable guardian is present.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment

Resources

- Well at school: <http://www.wellatschool.org/epilepsy>
- Epilepsy Action: <https://www.epilepsy.org.uk/>
- Young Epilepsy: www.youngepilepsy.org.uk

Allergies and Anaphylaxis

DLD College recognises that a number of community members (pupils, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at DLD College or attending any School related activity. The policy sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise

DLD College welcomes any pupil with long term medical conditions and will ensure that their needs are met so that pupils can fulfil their full potential in all aspects of college life. Relevant staff will be given training and education updates to ensure that the pupil is always safe while in college or involved in extra-curricular activities.

- Parents / Guardians will be expected to disclose medical conditions and or allergies prior to the enrolment process.
- The College Nurse will meet with all students at enrolment to complete an initial health assessment
- Following this the college nurse will arrange an appointment to complete an individual health care plan with the pupil and an allergy action plan.
- The college nurse will organise a minimum of bi-annual reviews to reevaluate pupil's allergy action plan and make necessary amendments.
- Pupils will be expected to carry their emergency medications (when prescribed) on them at all times.
- Parents/Guardians are encouraged to provide the College with a labelled spare auto-injectors to be stored safely and used if required.
- Spare adrenaline will be stored in the medical centre for emergency situations.
- Pupils at risk of becoming unwell in college as a result of their allergies will be identified discretely and shared with members of staff on a confidential platform.
- Staff taking any students out of College for excursions or trips will liaise with the college nurse regarding any potential medical needs.

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high pitched sound (stridor) when breathing in.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact Emergency Services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis

The common causes of allergies and intolerances relevant to this policy are the **14 major food allergens**:

1. Cereals containing Gluten
2. Celery including stalks, leaves, seeds and celeriac in salads
3. Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
4. Eggs - also food glazed with egg
5. Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
6. Soya (tofu, bean curd, soya flour)
7. Milk - also food glazed with milk
8. Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
9. Peanuts - sauces, cakes, desserts, ground nut oil, peanut flour
10. Mustard - liquid mustard, mustard powder, mustard seeds
11. Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil
12. Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
13. Lupin, seeds and flour, in some bread and pastries
14. Molluscs, (mussels, whelks, oyster sauce, land snails and squid)

Recognition and management of an allergic reaction/anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- **Food:** While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.⁴ Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to **insect stings** are often faster, occurring within 10-15 minutes.

Signs and symptoms

A. **Mild-moderate** allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Management:

1. Stay with the child, call for help if necessary
2. Locate adrenaline autoinjector(s)
3. Give antihistamine according to the child's allergy treatment plan
4. Phone parent/emergency contact

Watch for signs of **ANAPHYLAXIS**

B. Life-threatening allergic reaction:

- Airway: Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue
- Breathing: Difficult or noisy breathing
- Wheeze or persistent cough
- Consciousness: Persistent dizziness
- Becoming pale or floppy
- Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector* without delay
3. Dial 999 to request ambulance and say **ANAPHYLAXIS**

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Try to ensure that a person suffering an allergic reaction remains as still as possible and does not get up or rush around. Bring the AAI to the pupil, not the other way round.

- When dialling 999, say that the person is suffering from anaphylaxis (“ANA-FIL-AX-IS”).
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil’s condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.

In a young pregnant person, the advice is to lie the person on their left side.

- Tell the paramedics:
 - if the child is known to have an allergy;
 - what might have caused this reaction e.g. recent food;
 - the time the AAI was given

Recording

The use of any AAI device should be recorded. This should include:

- Where and when the reaction took place.
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil’s parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil’s GP informing them of the reaction.

Resources

- www.allergyuk.org
- www.anaphylaxis.org.uk
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Medication in nurse office

Paracetamol 500mg Tablets

Ibuprofen 200mgs Tablets

Buscopan 10mg Tablets

Cetirizine Hydrochloride 10mg Tablets

Loratadine 10 mg

Chlorphenamine maleate 4mg (Piriton)

Loperamide Hydrochloride 2mg Tablets

Dioralyte sachets

Cold & Flu Relief Capsules – Containing: Paracetamol 500mgs, Caffeine 25mgs & Phenylephrine Hydrochloride 6.1mgs

Phenylephrine Hydrochloride 12.2mg Capsules

Calcium Carbonate 500mg Tablets

Senna tablets 7.5 mg

Strepsils Lozenges

Simple Linctus Oral Solution

Be Calm Tablets– Extracts Hop strobili and valerian roots.

GlucoTabs – 3.7g Glucose/Tablet

GlucoGel – 10g active glucose gel.

Epi-Pen – Adrenaline 0.3mg Auto-injector

Adrenaline 1:1000 1mg/ml Vial IM/IV

Salbutamol Inhaler 100mcgs/dose

