



CONNECT
MULTI-ACADEMY TRUST

Supporting pupils at school with medical conditions

Policy Owner	K. Broadfoot
Review Frequency	2 years

Review date	Version No.	Approved by	Date approved	Effective from
Sept 2026	2.0	Resources Committee	Sept 2026	Sept 2026



Contents

	Page
1 Introduction	3
2 Aims of the Policy	3
3 Roles and Responsibilities	4
4 Being notified that a child has a medical condition	5
5 Individual Healthcare Plans (IHPs)	5
6 Managing Medicines	6
7 Administration	7
8 Storage Arrangements	8
9 Controlled Drugs	8
10 Pupils managing their own needs / self-administration	8
11 Medication Errors	8
12 Reporting of Refusal, Side Effects and Errors	9
13 Disposal of old or unused medication	9
14 Unacceptable practice	9
15 Emergency Procedures	10
16 Training	10
17 Record Keeping	11
18 Liability and Indemnity	11
19 Complaints	12

Appendix 1 – Being notified a child has a medical condition

Appendix 2 – Parental Authorisation Form

Appendix 3 – Daily Medication Log

Appendix 4 – Individual Healthcare Plan

Appendix 5 – Use of Emergency Inhaler

Appendix 6 – Overview of common medical conditions and treatment

MEDICATIONS POLICY

1. Introduction

This policy has been developed for Connect Multi-Academy Trust to ensure pupils are fully supported with their medical conditions. It has been developed in line with the Department for Education's '*Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015.*' This publication may be accessed via the government website: [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions).

Under Section 100 of the Children and Families Act 2014, there is a duty on governing bodies and proprietors of academies to make arrangements for supporting pupils at their school with medical conditions. The Equality Act 2010 has also been taken into consideration when writing this policy as some pupils will be considered disabled due to their medical conditions. The Special Educational Needs and Disability (SEND) Code of Practice (<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>) will ensure compliance with this guidance in respect to those children who have medical conditions that require EHC plans.

Connect Multi-Academy Trust is committed to giving all of its pupils opportunities to access the curriculum. Every effort will be made to ensure that pupils with medical needs experience the best possible care whilst at school. This policy provides a sound basis for ensuring that children with medical needs receive proper care and support in the academy / school, including school trips.

All medical information received by Connect MAT will be treated confidentially. Information to ensure the safety and care of individual pupils will be disclosed, as appropriate, to staff of Connect MAT. Such procedure will be discussed with the pupil, where appropriate, and parent/carer for their agreement prior to the disclosure.

2. Aims of the Policy

This policy aims to ensure that:

- Pupils, staff and parents understand how schools within Connect MAT will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Administration of prescribed and non-prescribed medication supports pupils' continuous attendance at the academy / school

The Trust will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- Ensuring full co-operation with all relevant parties; healthcare professionals, local authority and clinical commissioning groups (CCGs)
- Ensuring that clear arrangements are in place to manage the administration and storage of all medicines on the premises
- Ensuring that the appropriate level of insurance is in place to appropriately reflect the level of risk

- Ensuring that written records are kept of all medicines administered to pupils

3. Roles and Responsibilities

Academy Trust Board

The Academy Trust Board (ATB) has the ultimate responsibility to make arrangements to support pupils with medical conditions. The ATB will ensure that staff are suitably trained and are competent in dealing with and supporting children with medical conditions. The Trust will ensure that the school is appropriately insured and can support pupils in this way.

The ATB delegate this responsibility to the Headteacher at each academy / school.

Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know (including external providers) are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Liaise with Health Visitors / Practitioners in the case of any pupil who is starting school who has a medical condition that may require support at school.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Academy / School Staff

Academy / School Staff will:

- Be aware that they may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they may not be required to do so.
- Take into account the needs of pupils with medical conditions that they teach, although administering medicines is not part of teachers' professional duties.
- Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions, including administering medication
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Health care professionals

Healthcare professionals will:

- Notify the school when a pupil has been identified as having a medical condition which will require support in school
- Support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- Liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

- Notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school.
- Provide advice on developing healthcare plans
- Provide support in schools for pupils with particular conditions (e.g. asthmas, diabetes, epilepsy)
- Ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

Parents/Carers

Parents/Carers will:

- Provide the school with sufficient and up to date information about their child's medical needs
- Be involved in the development and review of their child's individual healthcare plan
- Carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times)

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in age-appropriate discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan

4. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

See Appendix 1.

5. Individual healthcare plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This may be delegated to the SENDCO or other senior leader.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out (Appendix 4):

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The SENDCO with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams or assessments, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Will ensure all IHP's are kept confidential with detail only disclosed to those designated individuals entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements

6. Managing medicines

Prescription and non-prescription medicines will only be administered at the academy / school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent. A Parent Authorisation of Administration of medication form (Appendix 2) must be completed and signed by the parent or carer.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils must not carry any medication on their person unless this forms part of the IHP.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will:

- Ensure consent form is in place and signed.
- Check maximum dosages and when the previous dosage was taken.
- Inform the parents that medication has been administered.
- Fill in the daily medication log on Meditracker. If Meditracker is off line use the daily log in Appendix 3 and transfer information to Meditracker when it is back online.
- Non-prescription medication will be given to pupils for a maximum of 3 days, unless stated otherwise in the IHP

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, which parents must ensure is in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Pupils who refuse medication will not be forced but the academy / school will inform parents/carers and / or healthcare professionals as soon as possible. The IHP will be amended if necessary.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7. Administration

Under good practice, only prescribed drugs should be administered within the school day. However, with the permission of the headteacher, schools will allow, where required, pupils to receive medication as prescribed and advised only with the prior consent of the parents (see Appendix 2 and guidance below).

This consent must be renewed on an annual basis and copy of the consent stored with the recording log, within Meditracker.

All medication must be in its original container either as prescribed or bought over the counter. No decanted medication may be given.

Those administering medication should ensure that medication being administered is being given to the:

- a) right pupil.
- b) right time.
- c) right date.
- d) right dose in accordance with the prescription. Expiry date check.
- e) right route i.e., orally. Topically, or eye drops or by auto-injector.
- f) final check the medication has been swallowed/absorbed.

If there is any doubt, then the person administering the medication should check with another trained colleague or seek the advice of the parent/carer.

It is important that staff administering medication understand the significance of dose timings and how to use eye drops, patches, inhalers, creams etc. Where additional training is required, the Headteacher will seek to organise the appropriate courses. All staff should have a basic understanding of dosage instructions, and basic hygiene when administering medicines, and this will be included in the designated training.

Administration of non-prescription drugs, such as Paracetamol, may only be administered with the written consent of the parent/carer.

To ensure doses are appropriately spaced (i.e. at least four hours apart), no Paracetamol will be administered to a pupil, prior to 4 hours after the start of the school day, unless it has been demonstrated in writing by the parent/carer that no medication was administered on that morning.

The pupil should not be given a second dose within the school day without the permission of the parent/carer or unless it is prescribed.

Monitoring of the individual requests from pupils, for non-prescribed drugs such as Paracetamol, should be undertaken, and where deemed to be frequent, further discussions should take place with the parent/carers and a recommendation to seek medical advice should be given.

8. Storage Arrangements

Medication is stored, secured and labelled in a secure medication cabinet or secure refrigerator.

Prescription, non-prescription and controlled drugs are labelled and locked in the appropriate/designated location, and will be signed in and out on each occasion.

This is overseen by the nominated representative. Parental contact will be made if there has been an allergic reaction and medication has had to be administered or when the drugs are running low for example.

9. Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug **MUST** store this in the designated location. All controlled drugs are kept in the secure medication cabinet or secure refrigerator at 'school location' and can only be accessed by the Academy / School Nominated Representative or other named staff on IHP.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

10. Pupils managing their own needs/ self-administration

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

11. Medication Errors

If a medication error occurs, this must be reported immediately to the Headteacher and recorded on Meditracker.

The parent/carer must also be informed immediately and, where indicated, medical advice sought as to next steps and actions required.

The headteacher will undertake a fact-finding investigation into the error, so lessons may be learnt, and actions initiated. This may take the form of re-training a member of staff or other appropriate action.

12. Reporting of Refusal, Side Effects and Errors

All refusals (this includes pupils spitting out the medication) by pupils to take their medication must be recorded in the log within Meditracker and reported to the parent/carer. The same applies to side effects and errors.

If following intervention by the parent/carer the pupil consents into taking their medication it can be re-administered.

13. Disposal of old or unused medication

Drugs no longer in use should be returned to parent/carer to be disposed of in an appropriate manner.

14. Educational Visits

Connect MAT is committed to ensuring that pupils with medical conditions are able to participate fully and safely in educational visits, residential experiences and off-site activities wherever reasonably possible.

Prior to any visit, appropriate risk assessments will be undertaken to identify and manage any medical needs. Visit leaders will work with parents, carers and healthcare professionals where necessary to ensure that suitable arrangements are in place, including access to medication, emergency procedures and any reasonable adjustments required.

Individual healthcare plans will be reviewed before visits and relevant information shared with staff on a need-to-know basis. Essential medication, such as inhalers, auto-injectors, diabetes supplies or other prescribed medication, will accompany the pupil and remain readily accessible at all times.

Staff attending visits will be informed of pupils' medical needs and, where appropriate, trained in the administration of medication or emergency procedures. Emergency contact details and healthcare information will be available throughout the visit.

No pupil will be excluded from an educational visit solely because of a medical condition unless a thorough risk assessment concludes that participation cannot be made safe despite all reasonable adjustments and support being considered.

15. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

16. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

An emergency inhaler is kept for emergency use only. All pupils with asthma are asked to have a current inhaler kept in school. If the emergency inhaler is used, parents will be notified and as soon as possible after Notification of use of Emergency Inhaler needs to be signed by parents. (See Appendix 5)

17. Defibrillators

Connect MAT recognises the importance of rapid access to emergency medical equipment in the event of a cardiac arrest. Automated External Defibrillators (AEDs) are located at designated points within the school and are clearly signed. The location of all defibrillators is communicated to staff through induction, annual training and emergency procedures.

The school ensures that all defibrillators are regularly checked and maintained in accordance with the manufacturer's guidance. Designated staff are responsible for undertaking routine inspections and reporting any faults or replacement requirements immediately.

In the event of a suspected cardiac arrest, staff should immediately call 999, commence CPR where appropriate and follow the instructions provided by the emergency services and the AED. The school encourages staff to undertake basic life support and defibrillator awareness training, although AEDs are designed to be used safely by any person in an emergency.

Where a pupil has a known cardiac condition, individual healthcare plans will include details of emergency procedures and any additional actions required by staff.

18. Training

Staff responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The support and training needs will be identified through the Individual Health Care Plans (IHCP), together with who will provide the training. Staff who provide support will be included in meetings where the medical condition is discussed. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.

Named staff will be responsible for administering a pupil's medication. When a controlled drug has been prescribed for a pupil's medical condition, at least two members of staff should be trained on how to manage this medication. Arrangements should be in place to cover staff absence, or staff turnover, so that someone is always available.

The relevant healthcare professional will lead on identifying the type and level of training required and will agree this with the headteacher.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Be recorded, together with a clear plan for refresher sessions, or updates if the pupil's condition changes

Healthcare professionals may provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This training will take place at least every 3 years, in conjunction with the whole school first aid training plan/schedule. This should include the contents of this policy, and awareness of common conditions such as asthma, allergies, epilepsy and diabetes (See Appendix 6 for general information on these conditions). This will be provided for new staff during their induction.

It is recognised that it is not a requirement to have specific training to administer non-prescribed medications such as pain relief or antihistamines, but in line with good practice, every school will have sufficient people who have had training in administering & managing medication.

19. Record keeping

The academy / school will ensure that records are kept of all medicine administered to pupils in line with the Trust's Data and Retention Policy and Schedule. Parents will be informed if their child has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

20. Liability and indemnity

The Academy Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

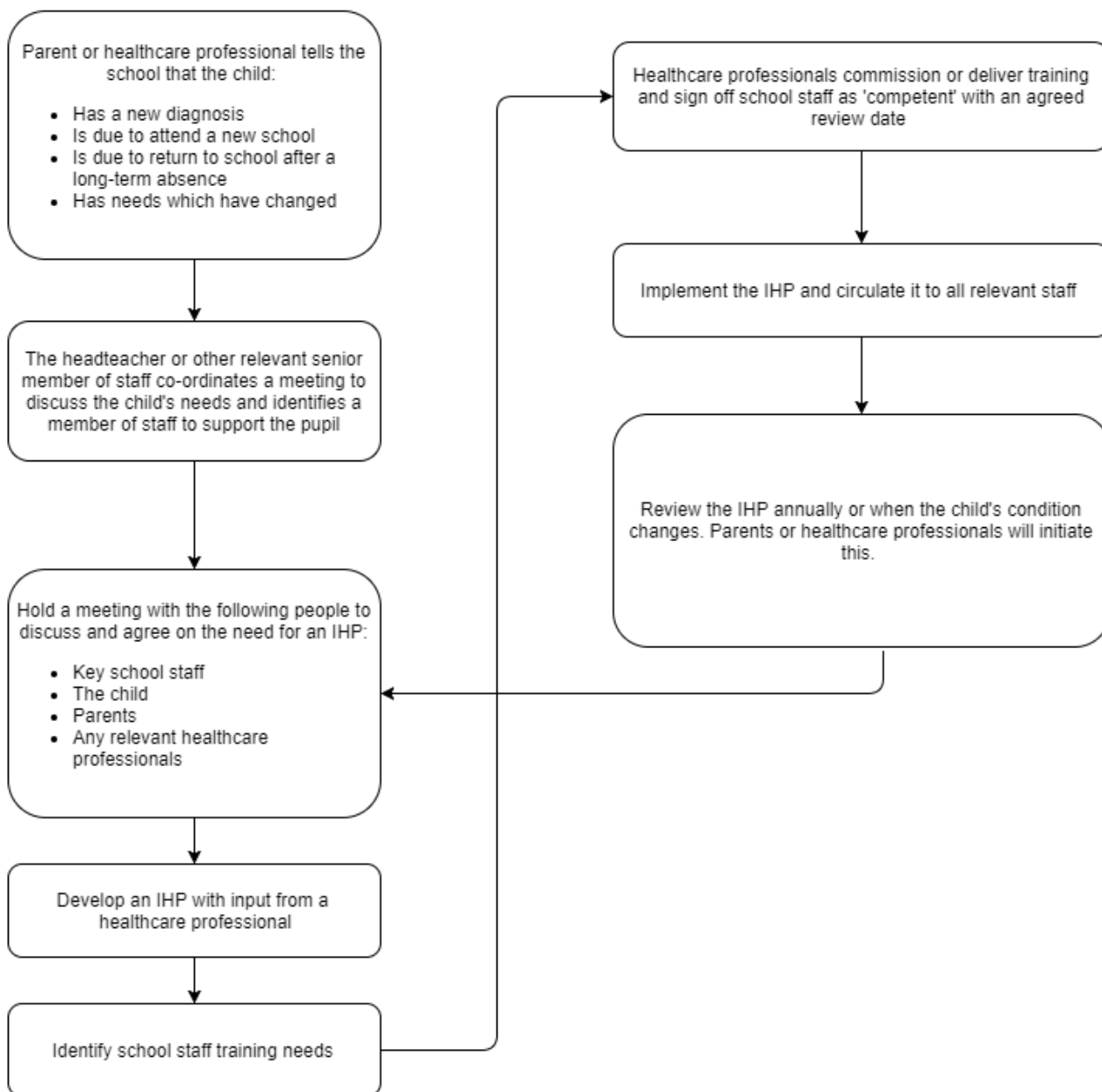
The academy / school is covered under the Risk Protection Arrangement for Academy Trusts with the following cover provided:

- Professional Indemnity
- Accidental bodily injury
 - Accidental Death £100,000
 - Permanent Total Disablement £100,000
 - Loss of Limb or Eye £100,000

21. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

Appendix 1: Being notified a child has a medical condition



Appendix 2: Parental Authorisation Form

Parental Authorisation in Administration of Medication

I request that (Name of Child in full)

Date of Birth(dd/mm/yyyy)

Be given the following medication which has been prescribed or advised by a registered medical practitioner:

Name of Medication:	
Dosage:	
Amount Supplied:	
Method of Administering:	
Expiry Date:	
At the following times of the day:	

I understand that the medicines must be delivered to
(Academy / School Nominated Representative) and that this is a service which is subject to agreement with the academy / school.

Signed(Parent/Carer)

Date

Address:	
Postcode:	
Contact Telephone No:	

Please Note:

1. Medications will not be administered by the academy / school unless the authorisation is completed and signed by the parent/carers of the pupil.
2. The headteacher of the academy / school reserves the right to withdraw this service.

Appendix 3: Daily Medication Log

DAILY LOG

Updated Stock	Date	Name	Medication	Time Given	Dosage Given	Administered by	Balance left

Appendix 4 – Individual Healthcare plan

INDIVIDUAL HEALTHCARE PLAN

Student Details			
Surname			
First name		Date of Birth	
Parent or Carer			
Telephone		Postcode	
Address			
Second Contact			
Telephone			
Year Group		Year Manager / Class Teacher	
Academy/ School Nominated Representative (ASNR)			
GP Medical Practice			
Allergy/Illness			
Symptoms			
Immediate Action			
Additional Notes			
Plan Date			
Parent/Carer Signature		Review Date	
ASNR Signature		Date	

Appendix 5 – Use of emergency inhaler

Notification of Use of Emergency Salbutamol Inhaler ‘Reliever’ (usually blue)

Name of pupil:	
Date of birth:	
Class:	

Dear Parent/Carer,

This letter is to formally notify you that your child has had problems with their breathing today.

Details	
---------	--

They did not have their own asthma inhaler with them / Their own asthma inhaler was not working
[Delete as appropriate]

A member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given puffs. We would strongly advise that you have your seen by your own doctor as soon as possible and arrange for a new salbutamol inhaler to be provided and kept in school.

Name:

Signed:

Date:

Appendix 6 – Overview of Common medical conditions and treatment

Overview of common medical conditions and treatment

ASTHMA

Medication

Age appropriate asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, or the individual child is of an age where the medication is held by the teacher in the classroom.

Treatment

Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking, preventers come in brown (sometimes white) containers.

Relievers: These medicines, sometimes called bronchodilators, quickly open up narrowed airways and help the pupil's breathing difficulties. Generally speaking, relievers come in blue containers.

RELIEVER MEDICATION SHOULD BE CARRIED BY THE PUPIL AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH AS CROSS-COUNTRY RUNS / PE / PLAYTIMES

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child, it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

During an attack

a) **Ensure that the reliever medicine is taken promptly and properly:**

b) **Make sure an adult stays with the pupil**

if in doubt contact a qualified First Aider

c) **Stay calm and reassure the pupil:**

- listen to what the pupil is saying and to what he/she wants: the pupil probably has been through it before
- loosen tight clothing around the neck
- offer the pupil a drink of warm water
- try tactfully to take the pupil's mind off the attack
- don't put your arm around the pupil's shoulder as this is restrictive

d) **Help the pupil to breathe:**

- Encourage the student to breathe deeply and slowly
- Most people with asthma find it easier to sit upright or to lean forwards slightly
- The pupil may want to rest his/her hands on the knees to support the chest
- Make sure that the pupil's stomach is not squashed up into the chest
- Lying flat on the back is not recommended

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE.

After an attack

Minor attacks should not interrupt a pupil's concentration and involvement in school activities. As soon as the attack is over, encourage the pupil to continue with normal activities.

DIABETES MELLITUS (TYPE 1 DIABETES)

This is a condition which is ever present in schools. The following can happen:

- **Hypoglycaemia** – when blood sugar levels fall below normal 4mmol/l
- **Hyperglycaemia** – prolonged high blood sugar level, which can lead to diabetic coma.

Hypoglycaemia (low blood sugar most common) – symptoms:

- Faintness
- Palpitations
- Strange behaviour
- Sweating
- Cold skin
- Strong pulse
- Shallow breathing

Treatment – Follow the pupil's Care Plan

Mild or Moderate Hypoglycaemia; below 4mmol/l

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint

- Sit down, check blood glucose level. Stay with child
- Give 3 dextrose tablets or sugary drink i.e. 50 mls of lucozade or 100 mls of coke or sugary drink
- Type 1 Diabetics have emergency boxes stored in the medical room.
- Pupils also carry emergency supplies with them.
- When pupil recovers - blood glucose rises above 4mmol/l - give starchy food, e.g. 2 biscuits or sandwich.
- In the unlikely event of a pupil losing consciousness call an ambulance.

Severe Hypoglycaemia

- **If pupil is unconscious and not able to swallow do not give anything by mouth.**
- **Stay with the pupil put in recovery position**
- **Call 999**

Hyperglycaemia (high blood sugar) – symptoms:

- Dry skin, rapid pulse
- Deep breathing, very difficult to inhale
- Smell of acetone on casualty's breath
- Treatment – rest and reassure patient, call for an ambulance.

(This usually comes on over days and so is not an acute problem) but can be serious.

ANAPHYLACTIC SHOCK

There is a sudden allergic reaction to:

- Certain foodstuffs e.g. Nuts
- Drugs
- A sting from an insect
- Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

Symptoms:

- Anxiety
- Blotchy skin/rash
- Swelling of face/eyes/throat
- Seriously impaired breathing
- Rapid pulse
- Unconsciousness

Treatment:

- Dial 999
- If shocked, best to lie patient down
- Keep patient warm

If a member of school displays those symptoms contact a First Aider IMMEDIATELY.

Known sufferers of anaphylactic shock may carry their own medication. The school will retain a supply of medication for all who may suffer anaphylactic shock. This is kept in the designated area.

Further details are found in the Allergy Safety Policy.

EPILEPSY

Minor Partial Seizure – A sufferer may remain conscious with the following

Symptoms:

- Sudden 'switching off'
- Staring blankly
- Slight twitch/jerking
- Possible shouting/noise making

Treatment:

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

Complex Partial seizure – Where consciousness is affected

Symptoms:

- Confusion
- Unaware of surroundings
- Mumbling sounds
- Chewing movements
- Not respond when spoken to

Treatment

As above

Generalised –Tonic Clonic Seizure

In some cases a child or young person loses consciousness

Symptoms:

- May start with casualty crying out
- Casualty falls down & may go unconscious
- Rigid back
- Breathing may become difficult
- Lips may go blue
- Clenched jaw
- Convulsions
- Saliva and/or blood in the mouth
- Loss of bowel control.

Treatment:

- Observe casualty
- Loosen clothing
- Administer Emergency Medication (as per care plan)
- Place in recovery position when convulsions cease
- Call 999 if fitting continues and recovery to consciousness is slow
- Contact Parents

Quite often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours

In all the above conditions the school keeps a medical record and staff should familiarise themselves with this.

Medication should be stored in the designated area.