

E-ACT

St Ursula's Academy

Administration of Medication Policy

This policy was reviewed by E-ACT on/by:
Date: July 2013
Department(s): Legal

This policy was ratified/reviewed by Governors on:
Date:
Date:
Date:
Frequency of review: Every 1 year(s)

Note: This document uses the most current Government information and guidance at the time of writing. It may change according to Government policy. Contact E-ACT Head Office with any questions.

Administration of Medication Policy (Amended July 2013 and extra guidance added)

Notes to governors are in purple text.

Areas for customisation are in blue text.

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1. Aim

This policy aims to:

- provide a clear policy and set of procedures which will be understood and accepted by staff, parents and students, and which provide a sound basis for ensuring that students with medical needs receive proper care and support at the Academy;
- set out the necessary safety measures to support students with medical needs (including long term or complex needs.);
- define individual responsibilities for students' safety;
- explain the procedures to ensure the safe management of any medications; and
- ensure that work is set for students absent through ill health.

2. Responsibilities

2.1 Parents/Guardians

Parents/Guardians are responsible for making sure that their child is well enough to attend the Academy.

Normally any prescribed medication should be administered at home. The Academy accepts, however, that it may be necessary for some medication to be administered during Academy hours. The Principal will make reasonably practicable arrangements for the administration of prescribed medicines at the Academy.

Under arrangement made by the Academy, parents/guardians must provide the Principal with sufficient information about their child's medical condition and treatment or special care needed at the Academy

Parents/ Guardians are responsible for ensuring that these details are up to date.

Parents are responsible for ensuring that any medicines that need to be administered during the school day are prescribed by a qualified medical practitioner and have the details of the medication and the administration of it clearly set out on the bottle/packet.

Where appropriate, parents/guardians should be involved in drawing up a Healthcare Plan for their child.

2.2 The Academy

2.2.1 No members of staff are obliged to give, or oversee the giving of, medication to students. Only the Academy Nurse (if appointed) or other Academy staff who are authorised and trained in the giving of medication, or trained volunteers working under the Academy HSM, are authorised to give or oversee the taking of, medication.

2.2.2 The Academy will only oversee the administration of medicines prescribed by a qualified medical practitioner or nurse consultant. The academy will **never** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

This is particularly important in relation to activities away from the school. The leaders will carry first aid equipment but will not administer, or oversee the taking of, non-prescribed medicines.

2.2.3 The Academy is responsible for requesting information concerning details of all students' medical conditions and treatment/care.

2.2.4 The Academy will make its own arrangements for administering medication in line with the government guidance in 'Managing Medicines in Schools and Early Years Settings', which is linked to the health and safety management system.

2.2.5 The Academy will ensure that appropriate work is set and marked for students absent through ill health.

2.3 The **Principal** is responsible for:

- ensuring that appropriate procedures are in place;
- ensuring the formulation of individual Healthcare Plans where necessary;
- appointing an Academy Nurse or other appropriately trained staff;
- in consultation with the Nurse (or trained staff), for drawing up and implementing emergency medical procedures and First Aid arrangements;
- ensuring that staff who agree to accept responsibility for administering prescribed medication to a student, have proper training and guidance organised by a registered nurse, a medical practitioner or other appropriately qualified health professional;
- ensuring that all parents are aware of the Academy's Policy and Procedures for dealing with medical need; and
- ensuring that arrangements are in place for requesting and receiving information from parents.

In the absence of the Nurse, the Principal is responsible for trained staff giving prescribed medication during the school day.

2.4 The **HSM** is responsible for:

- Putting appropriate arrangements in place in consultation with the Nurse;
- Arranging regular reports from the Nurse or person appointed to oversee the taking of medication by students;
- Ensuring the suitability of the procedures; and
- Reporting on progress to the Principal.

2.5 The **Academy Nurse** (if appointed)

The Academy nurse is responsible for:

- collating information provided by parents;

- administering all prescribed medication;
- administering any non-prescription medication;
- ensuring the safe storage of medication;
- providing Academy staff with guidance and training for staff and volunteers on medical conditions and how they may affect the education of individual pupils; and
- reporting regularly to the HSM.

The Academy Nurse may be involved, in conjunction with parents/guardians and medical advisers in the formulation of Individual Health Care plans.

In conjunction with the local NHS Trust and the Principal, the Academy Nurse, if appointed) will be involved in advising/providing support for staff training on medical issues.

2.6 The **teachers in charge of particular activities** are responsible for ensuring that appropriate arrangements are made for students with medical needs during;

- Educational Visits/Learning Outside the Classroom
- Sporting activities

2.7 All **staff** are responsible for:

- knowing the arrangements and following the procedures; and
- reporting any problems to the Nurse or the person appointed to oversee the administration of medication; and
- setting appropriate work for students absent through ill health.

3. Policy on specific medical issues

3.1 The Academy welcomes all students and encourages them to participate fully in all activities.

3.2 The Academy will advise staff on the practical aspects of management of:

- Asthma attacks
- Diabetes
- Epilepsy
- An Anaphylactic Reaction

Further, detailed information is contained in the appendices to this document.

An example of a Response to Asthma Policy is at Appendix A.

3.3 The Academy will keep a record of students who may require such treatment.

3.4 The Academy expects all parents whose children may require such treatment to ensure that appropriate medication has been lodged with the Academy together with clear guidance on the usage of the medication.

3.4 Here the Academy may wish to include their procedures on the storage of asthma inhalers (are students expected to keep these with them?), insulin and epi-pens etc.

4. Equal Opportunities

In making, reviewing and implementing of this policy E-ACT and the Academy will have regard to its equal opportunities policies, and in particular will have regard to the needs of any student with disabilities.

5. Monitoring and Review

The Principal in conjunction with the HSM will determine the monitoring and review arrangements in the Academy.

The Academy Health and Safety Committee will consider the working of the policy and make any relevant recommendations to the Principal via the HSM.

The Principal, will report on the management and progress of the policy to the Local Governing Body annually.

The Local Governing Body will report as appropriate to E-ACT in its annual report.

The Academy Health and Safety Committee will review the policy at least every three years, or when it considers it appropriate.

This policy was ratified reviewed (tick one) by the Local Governing Body on _____ (date).

Signed, Chair of Governors

Date

Print name

Appendix A

Helping Students with Allergic Reactions/Anaphylaxis

Contents

What is anaphylaxis?

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What the academy should do

Sporting and off-site activities

References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of students are assessed and treated on an individual basis.

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, academy life can continue as normal for all concerned.

Causes

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis.

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

Symptoms

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness. This is rare in young students but does occur in adolescence.

More common symptoms in students are:

- nettle rash (hives) anywhere on the body;
- sense of impending doom;
- swelling of throat and mouth;
- difficulty in swallowing or speaking;
- alterations in heart rate;
- severe asthma;
- abdominal pain, nausea and vomiting;
- sudden feeling of weakness (drop in blood pressure).

A student would not necessarily experience all of these symptoms

Even where only mild symptoms are present, the student should be watched carefully. They may be heralding the start of a more serious reaction.

Medication

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior.

Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

What the academy should do

Students who are at risk of severe allergic reactions are not ill and neither are they disabled. They are normal students, except that if they come into contact with a certain food or substance, they may become very unwell. It is important that such students are not made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Many schools and academies have decided that it is necessary to draw up individual protocols for students with severe allergies. The academy (in consultation with the academy nurse), the student's doctor, and (where appropriate) the education authority should agree such protocols with the parents and student. The risks for allergic students will be reduced if an individual plan is in place.

In addition a general policy for responding to students with severe allergies should be incorporated into the academy's first aid and medicines policies. All staff should have at least some minimum training in recognising symptoms and the appropriate measures. Academies should have procedures known to staff, students and parents.

The general policy could include risk assessment procedures, day-to-day measures for food management, including awareness of student's needs in relation to the menu, individual meal requirements and snacks in academy. It is important to ensure that the catering supervisor is fully aware of each student's particular requirements. A 'kitchen code of practice' could be put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular student may be allergic.

Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the student's leg. In cases of doubt it is better to give the injection than to hold back.

Where students are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff. In large academies, it will be quicker for staff to use an injector that is with the student rather than taking time to collect one from elsewhere.

Staff are not obliged to give injections, but when they volunteer to do so training should be provided by an appropriate provider e.g. one from the local health trust.

Sporting and off-site activities

Whenever a severely allergic student goes out of the academy building, even for sports in the academy grounds, his/her emergency kit must go too. A staff member trained to treat allergic symptoms must accompany the student. Having the emergency kit nearby at all times is a habit the student needs to learn early, and it is important the academy reinforces this.

Where a student has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the student is not excluded from school trips and activities. For example, for a day trip a student can take a lunch prepared at home, and for longer visits some students take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic student should always take plenty of safe snacks.

Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the student should wear shoes at all times and all food or drink should be covered until it is time to eat. Adults supervising activities must ensure that suitable medication is always on hand.

References

Managing Medicines in School and Early Years Settings, DfES 2005

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOC-EN.doc>

Make sure you refer to the updated version amended in November 2007.

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at Academy Group to compliment the DCSF guidance. It can be downloaded at

<http://www.medicalconditionsatschool.org.uk/>

The **Anaphylaxis Campaign** website at <http://www.anaphylaxis.org.uk/home.aspx> contains *Guidance for schools*, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign Helpline is 01252 542 029.

The Anaphylaxis Campaign **Allergy in schools** website at:

<http://www.anaphylaxis.org.uk/information/schools/information-for-schools.aspx> has specific advice for schools at all levels.

Appendix B

Helping Students with Asthma

General

The charity, Asthma UK, estimates that on average there are 3 students with asthma in every classroom in the UK.

Academy staff are not required to administer asthma medicines to students (except in an emergency), but where staff are happy to administer asthma medicines the academy will ensure that they are covered by insurance and will receive any necessary training.

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Students with asthma should be encouraged to carry their own inhalers as soon as the parent/carer, doctor or asthma nurse agrees that they are mature enough.

This policy sets out the academy's response to the problems posed by asthma, taking into account its responsibility for ensuring as far as is reasonably practicable the health and safety of employees and students.

Aim

The policy sets out the system for ensuring that:

- staff and students with asthma are known;
- appropriate training is given to staff and students;
- all staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively;
- and
- governors, staff, students and parents know what the system is and the part they have to play.

Responsibilities

The Principal is responsible for:

- ensuring that a system is in place and is properly managed and reviewed;
- ensuring that a system is in place for recording asthma sufferers;
- ensuring that a system is in place for training staff; and

- reporting annually to the academy council on any incidents and the general working of the system.

The Health and Safety Manager (or Academy Nurse) is responsible for:

- the management of the system;
- ensuring that asthma sufferers are known and records and register kept appropriately;
- ensuring that appropriate training is given;
- obtaining and circulating appropriate guidance;
- ordering supplies of the Asthma UK School Asthma Cards;
- ensure that the Asthma UK procedure in the event of an asthma attack is visibly displayed in the staffroom;
- reviewing the system periodically;
- ensuring that appropriate storage for medicines is provided, where necessary;
- liaising with medical staff as necessary;
- communicating with teaching and support staff, and parents; and
- reporting to the Principal.

All Staff will:

- know which of their students is on the asthma register;
- allow students to take their own medicines when they need to;
- know what to do in the event of an asthma attack in academy;
- where appropriate, store in their classroom a spare inhaler in case the student's own inhaler runs out or is lost;
- make a note (and inform [the HSM](#)) when a student has had to use the inhaler, and inform [parents/school nurse/asthma nurse - as agreed and set out in in school policy](#)) when a pupil has had to use the inhaler.

Parents/Carers of asthma sufferers are responsible for:

- providing the academy with a spare reliever labelled with the student's name by the parent/carer;
- completing and returning to the academy the Asthma card.

All Students will:

- be told about asthma at times designated by the HSM (Academy Nurse).

Record Keeping

Parents will be asked to complete a medical questionnaire at the beginning of the academy year. This will include asthma.

All students with asthma will then be sent an Asthma UK *School Asthma Card* to give to the doctor or asthma nurse to complete. The card must then be returned to the academy.

The names of sufferers will be kept on the academy register maintained by the HSM (Academy Nurse).

The HSM (Academy Nurse) will ensure that parents/carers are requested annually to update the Asthma Card, or supply a new one if the student's medicines, or how much they take, change.

PE and Games

Taking part in PE activities is an essential part of academy life for all students including those with asthma. They will be encouraged to take a full part in PE activities.

All PE staff will know who has asthma from the academy's asthma register.

Before each lesson PE staff will remind students whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson.

The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

Academy Environment

The academy will do all it can to make the environment favourable to students with asthma.

The academy will not keep furry or feathery animals. There is also a rigorous no smoking policy.

The academy will as far as possible not use chemicals in the academy that are potential triggers for asthma.

Students with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

Dealing with the Effects of Asthma (Each academy will need to determine how they manage the following, which is just an example)

When it is known that a student has to miss a lot of academy time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the student's tutor will talk to parents/carers to determine how best to ensure that the student does not fall behind.

If appropriate the tutor will also talk to the academy nurse or SEN co-ordinator about the student's needs.

In the event of an asthma attack the academy will follow the procedure outlined by Asthma UK in its *School Asthma Pack*.

Resources

Asthma UK has downloadable school policy guidelines that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example. Also available are school asthma cards and information and posters for young people to encourage them to be active with their asthma. To order copies of these resources call 0800 121 6255. To answer any questions about asthma call the Asthma UK Adviceline on 0800 121 6244 (Monday to Friday, 9.00am to 5.00pm) or use the online form to email your query to the experts.

Asthma Attack Cards

You can order an Asthma Attack Card in three ways:

- [An online publications section](#)
- Telephone the Supporter Care Team on 08456 03 81 43
- [Email the Supporter Care Team](#)

Guidance from QGP Ltd is on the Academy's Handsam system

Monitoring and review

Staff will report incidents of asthma to the [HSM \(Nurse or whoever\)](#).

The [HSM \(nurse\)](#) will keep a record of incidents.

The [HSM \(nurse\)](#) will report to the Principal as agreed;

The Principal will report annually to the Governing Body

Appendix C (NEW 2013)

Helping Students with Diabetes

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References

This section provides some basic information about diabetes but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children are assessed and treated on an individual basis.

What is diabetes?

Most education staff will encounter children with diabetes as about one in 550 school-age children have diabetes.

Diabetes mellitus, usually called diabetes, is a condition in which the body does not produce enough, or properly respond to, insulin, a hormone that enables the body to absorb glucose in order to turn it into energy.

In diabetes, the body either fails to properly respond to its own insulin, does not make enough insulin, or both. This causes glucose to accumulate in the blood, often leading to various complications.

Types of diabetes

Diabetes is either due to a lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the person's needs or the insulin is not working properly (Type 2 diabetes).

The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. The UK

ranks the fifth highest in the world for the rate of children diagnosed with type 1 diabetes. Each year in the UK more than 24 in every 100,000 children aged 14 and younger are diagnosed with this form of diabetes, which must be treated with insulin. The incidence of type 1 diabetes among children is increasing by 4% year on year, with the greatest rise in under-fives.

Experts say it is unclear why the figure is so high. Unlike type 2 diabetes, type 1 is not linked to obesity or lifestyle, but genetics do appear to play a role.

Recognising type 1 diabetes - The 4 Ts

- Thirsty
- Toilet (needing to urinate more often)
- Tired
- Thinner (unexplained weight loss)
-

It is vital that people are aware of the symptoms of type 1 diabetes because if left undiagnosed and untreated, it can lead to serious illness and even death. A quarter of the 2,000 children a year who develop Type 1 diabetes are only diagnosed once they are already seriously ill.

Type 2 diabetes, once described as adult-onset diabetes, is now also found in young adults and children. The links between Type 2 diabetes and obesity are firmly established. Without the intervention of a healthy diet and appropriate exercise, obesity may develop into diabetes over a relatively short period of time. Thus overweight children are at greater risk of developing diabetes. Preventing childhood obesity, which is currently rising in the UK, is therefore a public health priority which from April 2013 will be the responsibility of local authorities.

The symptoms of Type 2 can develop extremely quickly (over the course of weeks or even days) even in children and adolescents who were previously healthy. Children with Type 2 diabetes are usually treated by diet and exercise alone.

What the school/academy should do

The school/academy health and safety, medicines and disability policies should cover all the issues related to pupils with diabetes. All staff should make sure that they know the school's policies and understand what is expected of them. It is important that cover supervisors and new staff are also

informed. Parents and pupils, where they are of an appropriate age and understanding, should be involved in drawing up the policy and therefore will know what the school/academy policy is.

Children and young people with diabetes do not have any associated special educational needs. With a sympathetic staff they should all be able to attend any mainstream school/academy, eat ordinary school/academy food (providing the balance of intake is maintained) and take a full part in school/academy life including all extra-curricular activities. Whether a child with diabetes also has special educational needs will depend on how the diabetes impacts on their access to education and their ability to make adequate progress.

The aim should be to make the child's school/academy life as normal as possible. It is important that a child does not use diabetes as an excuse to avoid taking part in a disliked activity or for avoiding difficult situations. The school/academy can play an essential role in encouraging independence, enabling children with diabetes to look after themselves with minimal supervision.

Each child with diabetes may experience different symptoms and therefore each child will require an individual health care plan. The plan should be drawn up with the parents and the health professional responsible for the child. This is frequently a specialist diabetic nurse rather than a doctor. Where the child is of sufficient age and understanding he/she should also be involved in the planning.

Staff with a diabetic child in their class should be aware of the individual health plan and the particular issues that may occur and how to react in an emergency.

Children with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools/academies may need to make special arrangements for pupils with diabetes if the school/academy has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which the blood glucose level falls too low.

Hypoglycaemia - the symptoms of hypoglycaemia are variable and can start to manifest at widely-varying levels of blood glucose. Symptoms include:

- hunger;
- sweating;
- drowsiness;

- pallor;
- glazed eyes;
- shaking or trembling;
- lack of concentration;
- irritability;
- headache;
- mood changes, especially angry or aggressive behaviour.

If these symptoms are ignored the child will rapidly progress to loss of consciousness and a hypoglycaemic coma. If a child has a 'hypo', it is very important that the child is not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10 -15minutes;
- the child becomes unconscious.

Hyperglycaemia (high glucose level) may also be experienced by some children. Hyperglycaemia (the opposite of a 'hypo' insulin reaction) is usually slow to develop. Symptoms include:

- a dry skin;
- a sweet or fruity smell on the breath rather like pear drops or acetone;
- excessive thirst, hunger or the passing of urine;
- deep breathing;
- fatigue.

Treatment is the administration of insulin.

Where there are any changes to the child's behaviour, staff should draw such signs to the parents' attention and/or discuss such symptoms with the child's specialist diabetic nurse or doctor.

Medication

The diabetes of the majority of children is controlled by injections of insulin each day. The majority of younger children will be on a twice-a-day insulin regime of long-acting insulin and it is unlikely that these will need to be given during school/academy hours, although for those who do, it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school/academy, supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school/academy lunch break, before PE or more regularly if their insulin needs adjusting. The majority of older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Sporting and off-site activities

All schools/academies should have agreed policies about what to do when any pupil with a medical condition or disability takes part in PE and sports, or is on a school/academy activity off-site or outside school hours.

The policy could be part of the general suite of health and safety, medicines and disability policies, or a stand-alone policy for sporting and off-site activities. Such policies should include details of each child's

individual needs. All staff accompanying the group should ensure that they know the school/academy policy and what is expected of them in relation to each child. The parents and child should be involved in drawing up the details for the individual and know exactly what the policy is.

Children with diabetes can participate in all physical activities and extra-curricular sports. Staff in charge of physical education or other physical activity sessions or taking children out of school/academy should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand in case the child has a 'hypo'.

Children with diabetes can also participate in safely managed visits. Schools /academies should consider what, if any, reasonable adjustments they might make to enable such children to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps for children to access medication as and when required. Staff supervising excursions should always be aware of medical needs and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Disability and diabetes

Some children with medical needs are protected from discrimination under the *Disability Discrimination Act (DDA) 1995*, now superseded and subsumed into the Equality Act 2010. Diabetes is a long-term and permanent medical condition and therefore all children with the condition are considered disabled.

Under the law on disability responsible bodies for schools/academies (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school/academy life including admissions, school/academy trips and school/academy clubs and activities. Schools should be making reasonable adjustments for disabled children including those with diabetes at different levels of school/academy life. Thus children with diabetes should take part in *all* activities organised by the school/academy, except any specifically agreed with the parents and/or relevant health adviser.

The school must take responsibility for the administration of medicines and managing complex health needs during school/academy time in accordance with government and local authority policies and guidelines.

References

Managing Medicines in School and Early Years Settings

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-1448-2005>. *Make sure you refer to the updated version amended in November 2007.*

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance. This free pack can be downloaded at <http://www.medicalconditionsatschool.org.uk/>

Diabetes UK is the foremost UK diabetes charity. Diabetes UK works to help people suffering from diabetes, as well as providing funding for research, raising awareness and campaigning.

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Appendix D (NEW 2013)

Helping Students with Eating Disorders

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Introduction

This is a subject that needs to concern every school/academy, both primary and secondary. With today's youngsters under ever more pressure to succeed and schools/academies doing everything possible to push up exam and test pass rates, eating disorders are becoming ever more common. Girls are most at risk but some boys are also victims and there can also be unpleasant side effects such as bullying and truancy. High profile cases keep the subject under the media spotlight and teachers must be prepared to take action even if they fear this may lead to some form of conflict with the home.

Who gets eating disorders?

Girls and women are 10 times more likely than boys and men to suffer from anorexia or bulimia.

However, eating disorders do seem to be getting more common in boys and men. They occur more often in people who have been overweight as children.

Information and Statistics

Although official statistics say that around 2% of the female population are struggling with an eating disorder, recent studies amongst some groups such as teenage girls reveal much higher rates. Eating disorders can affect anyone - men and women, boys and girls, people of all ages and backgrounds.

The UK has the highest rate of eating disorders in Europe and also of self-harm. Exact figures are hard to know. Those quoted in studies are probably only the tip of the iceberg and one must differentiate between figures for those receiving treatment as opposed to those suffering.

Recent figures suggest that 1 in 100 women has a clinically diagnosed eating disorder (approx 269 thousand females in Eng and Wales alone) and over half have a 'serious issue with food' that would not be clinically diagnosed but causes them significant trouble. Estimates vary, but between 11 and 13 million people in this country have psychological issues or problems connected with food.

Whilst some eating disorders may be obvious (perhaps because someone looks very ill) usually one cannot tell someone has an eating disorder just by looking at them. Sufferers may be at or near normal weight, under weight or over weight.

Common eating disorders

Anorexia nervosa is the most well known eating disorder. It is characterized by excessive food restriction and irrational fear of gaining weight, as well as a distorted body self-perception. It typically involves excessive weight loss and is usually found more in females than in males. Anorexia nervosa usually develops during adolescence and early adulthood. Due to the fear of gaining weight, people with this disorder restrict the amount of food they consume. This restriction of food intake causes metabolic and hormonal disorders. Outside of medical literature, the terms anorexia nervosa and anorexia are often used interchangeably; however, anorexia is simply a medical term for lack of appetite and people with anorexia nervosa do not in fact, lose their appetites.

Anorexia nervosa most often has its onset in adolescence and is more prevalent among adolescent females than adolescent males. However, more recent studies show the onset age has decreased from an average of 13 to 17 years of age to 9 to 12 years. While it can affect men and women of any age, race, and socioeconomic and cultural background, anorexia nervosa occurs in 10 times more females than males.

As with other eating disorders, anorexia can be associated with depression, low self-esteem, and alcohol and drug misuse and self-harm.

Anorexia nervosa is an eating disorder and mental health condition that can be life-threatening.

Bulimia nervosa is an eating disorder characterized by binge eating and purging, or consuming a large amount of food in a short amount of time followed by an attempt to rid oneself of the food consumed (purging), typically by vomiting, taking a laxative or diuretic, and/or excessive exercise.

Some individuals may tend to alternate between bulimia nervosa and anorexia nervosa. These acts are also commonly accompanied with fasting over an extended period of time. It is often associated with negative emotions such as guilt and self-loathing. Bulimia nervosa is considered to be less life threatening than anorexia; however, the occurrence of bulimia nervosa is higher. Bulimia nervosa is nine times more likely to occur in girls and women than men. The vast majority of those with bulimia nervosa are at normal weight.

Bulimia nervosa often starts in the mid-teens. However, people do not usually seek help for it until their early to mid-twenties because they are able to hide it, even though it affects their work and social life. People most often seek help when their life changes - the start of a new relationship or having to live with other people for the first time.

Binge Eating Disorder

This is a pattern of behaviour that has recently been recognised. It involves dieting and binge eating, but not vomiting. It is distressing, but much less harmful than bulimia. Sufferers are more likely to become overweight thus making them also more at risk of developing Type 2 diabetes.

Young people with special educational needs

A learning difficulty, autism or some other developmental problems can disrupt eating. For example, some children with autism may take a dislike to the colour or texture of foods, and refuse to eat them. The eating problems of pre-teen children are more to do with food texture, “picky eating” or being angry rather than with wanting to be very thin. The ways of helping these problems are rather different from those for anorexia and bulimia.

Spotting disorders

Children with eating disorders tend to display a variety of symptoms both physical and behavioural:

The main symptom is losing a lot of weight deliberately.

For example, by:

- eating as little as possible
- making yourself vomit
- over-exercising – burning more calories than you consume in a day

Physical:

- Extreme weight loss or poor or inadequate weight gain in relation to their growth. This can affect primary school children and teenagers, boys as well as girls.
- Constipation and abdominal pains
- Dizzy spells and feeling faint
- Bloating stomach, puffy face and ankles
- Downy hair on the body; occasionally loss of hair on the head when recovering
- Dry, rough or discoloured skin
- Poor blood circulation and feeling cold
- Loss of periods

Behavioural:

- Rigid or obsessive behaviour attached to eating, such as cutting food into tiny pieces
- Mood swings
- Restlessness and hyperactivity
- Wearing big, baggy clothes
- Vomiting or taking laxatives
- Sleeps badly
- Find it difficult to concentrate or think clearly about anything other than food or calories
- Feels depressed
- Loses interest in other people
- Becomes obsessive about food and eating (and sometimes other things such as washing, cleaning or tidiness)

Self-esteem, body image and emotions

Having a positive body image is an important part of emotional wellbeing and good self-esteem.

However, around half of girls and a third of boys diet to lose weight. This lack of body confidence can lead to other social and health problems such as depression, eating disorders and disengagement in learning.

Young people with anorexia and bulimia often believe their value as a person is related to their weight and how they look. They think others will like them more if they are thinner, seeing their weight loss in a positive way.

They often have a distorted view of what they look like (their body image). They may think they look fat when they are not. They may try to hide how thin or obese they are by wearing loose or baggy clothes.

Many people also practise a type of behaviour known as 'body-checking', which involves persistently and repeatedly:

- weighing themselves
- measuring themselves, such as their waist size
- checking their body in the mirror

An all-party parliamentary group established in May 2011 launched an enquiry into the causes and consequences of body image. Some of the key findings were:

- Parents were one of the main influences on children and their own body image concerns were mimicked by their children.
- In secondary schools/academies the peer group was the major influence; body dissatisfaction could impact on peer relationships.
- There is a need to equip children, young people and important 'gatekeepers', such as parents and teachers, with the tools to deal with social and cultural pressures to conform to unrealistic beauty ideals.
- The culture of media, advertising and celebrity was perceived to be the main social influence on body image.
- A major contributor to body dissatisfaction was image manipulation and a lack of body diversity in advertising.

Dealing with eating disorders

Schools/academies can, and should, have a number of tactics at their disposal. Boarding schools in particular, which provide all the food for their children throughout long terms, need to be particularly vigilant when it comes to monitoring what pupils eat, but day schools should watch what children eat for their school/academy lunch and how much, and watch lunch boxes, and be especially careful when children are away from home on school/academy trips.

BEAT www.b-eat.co.uk the charity for people with eating disorders and their families, offers extensive advice which includes:

- creating a school/academy policy around eating disorders;
- having an off-time-table day to promote well-being and healthy eating;
- taking a whole-school/academy approach to looking at issues such as self-esteem, healthy eating and promoting sports; and
- looking at ways to exploit emotional literacy and healthy approaches to food and exercise in PSHE, science and PE.

The Times Educational Supplement provides an eating disorders policy. It is designed as a practical policy to help school/academy staff recognize the warning signs of eating disorders and help schools/academies put a clear procedure in place for managing and supporting cases of eating disorders. <http://www.tes.co.uk/teaching-resource/Eating-Disorders-Model-Policy-6116952/>

A PowerPoint that can be used for staff training on bulimia, which is often the hardest to spot is at: <http://www.tes.co.uk/teaching-resource/Bulimia-Warning-Signs-PPT-6297744/requestAction/update/>

Body image and self-esteem lessons are important in both primary and secondary schools/academies, either as individual lessons in the PSHE programme or embedded in the core curriculum. As well as helping children to interpret the information they receive through the media, lessons should include the promotion of a body image that is based on health and wellbeing rather than physical appearance. This should be evident in the ethos of the school/academy and throughout all aspects of school/academy life, in school meals and in other curriculum subjects such as PE and food technology. Media Smart offers some useful free body image resources for schools/academies including a one hour lesson that includes teaching materials and 2 worksheets. <http://www.mediasmart.org.uk/resources/bodyimage>

A range of other teaching resources can be found at

<http://www.tes.co.uk/TaxonomySearchResults.aspx?parametrics=52004,52044,52047&event=23&mode=browse>

More information

In addition to government websites visit; www.b-eat.co.uk for further information and advice. *BEAT* also offers various resources and training events for training professionals.

Anorexia and Bulimia Care offers a professional, personal and caring service, from a team of staff with experience in eating disorders, providing encouragement, advice and support for all involved (sufferers and family members) to help make full recovery possible. www.anorexiabulimiacare.co.uk

National Centre for Eating Disorders – NCFED <http://www.eating-disorders.org.uk/> provides eating disorders treatment, information and professional training in the help & treatment of eating disorders.

Appendix E

Helping Students with Epilepsy

Contents

What is epilepsy?

What causes epilepsy?

Triggers

Medication

What the academy should do

Sporting and Off-site activities

Disability and epilepsy

References

This section provides some basic information about epilepsy but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of students are assessed and treated on an individual basis.

What is epilepsy?

Students with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 students in the UK. Eighty per cent of students with epilepsy attend mainstream schools. Most students with diagnosed epilepsy never have a seizure during the academy day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a

few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning.

What causes epilepsy?

Some students have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other students there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy; depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

Triggers

If the student has had seizures for some time the parents, or indeed the student if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- tiredness;
- lack of sleep;
- lack of food;
- stress;
- photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual student. Academies should obtain detailed information from parents and health care professionals. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual student's epilepsy.

Medication

Students with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well-controlled. Most students need to take medicine to control their seizures. Medicine is usually taken twice each day, outside of academy hours, which means that there are no issues about storage or administration for academy staff. There are some students who require medicine three times

daily but even then it is usually taken before the school day, after the school day and before going to sleep.

The only time medicine may be urgently required during the academy day is when seizures fail to stop after the usual time or the student goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening.

If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

Academies with students who require rectal diazepam should have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

For more information go to:

http://partner.ncb.org.uk/dotpdf/open_access_2/including_me.pdf

What the academy should do

Most teachers during their careers will have several students with epilepsy in their class. Therefore all staff should be aware that any of the students in their care could have a seizure at any time and therefore should know what to do. It is important that cover supervisors and new staff are also kept informed and up-to-date.

All individual students with epilepsy should have a health care plan that details the specifics of their care. The Principal should ensure that all class and subject teachers know what to do if the student has a seizure.

The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

If a student does experience a seizure in an academy the details should be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the student's specialist.

Students with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height or working in science laboratories. Concerns about safety should be discussed with the student and parents as part of the health care plan.

During a seizure it is important to make sure that:

- the student is in a safe position;
- the student's movements are not restricted; and
- the seizure is allowed to take its course.

In a convulsive seizure something soft should be put under the student's head to help protect it.

Nothing should **ever** be placed in the mouth.

After a convulsive seizure has stopped, the student should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- it is the student's first seizure;
- the student has injured him/herself badly;
- they have problems breathing after a seizure;
- a seizure lasts longer than the period set out in the student's health care plan;
- a seizure lasts for five minutes – (if you do not know how long they usually last for that student);
- there are repeated seizures - unless this is usual for the student as set out in the student's health care plan.

This information should be an integral part of the academy's general emergency procedures but also relate specifically to each student's individual health care plan.

Sporting and off-site activities

All academies should have agreed policies about what to do when any student with a medical condition or disability takes part in PE and sports, or is on an academy activity off-site or outside academy hours.

The policy could be part of the general suite of health and safety, medicines and disability policies, or a stand-alone policy for sporting and off-site activities. Such policies should include details of each Administration of Medication Policy (July 2013)

student's individual needs. All staff accompanying the group should ensure that they know the academy policy and what is expected of them in relation to each student. The parents and student should be involved in drawing up the details for the individual and know exactly what the policy is.

The majority of students with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all students to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE should be recorded in his/her individual health care plan.

Academies should encourage student with epilepsy to participate in safely managed visits. Academies should consider what reasonable adjustments they might make to enable such students to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include the student and might also include risk assessments for such students.

Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Disability and epilepsy

Some students with medical needs are protected from discrimination under the *Equality Act 2010*. Epilepsy is a long-term medical condition and therefore students with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress.

Under the *Equality Act 2010*, academies **must not** discriminate against disabled students in relation to their access to education and associated services – a broad term that covers all aspects of academy life including admissions, academy trips and academy clubs and activities. Academies should be making reasonable adjustments for disabled students including those with epilepsy at different levels of academy life. Thus students with epilepsy should take part in *all* activities organised by the academy, except any specifically agreed with the parents and/or relevant health adviser.

Whether or not the epilepsy means that an individual student is disabled, the academy **must** take responsibility for the administration of medicines and managing complex health needs during academy time in accordance with government and local authority policies and guidelines.

References

Managing Medicines in School and Early Years Settings, DfES 2005

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOC-EN.doc>

Make sure you refer to the updated version amended in November 2007

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance. This free pack can be downloaded at

<http://www.medicalconditionsatschool.org.uk/>

Epilepsy Action www.epilepsy.org.uk publishes ***Epilepsy - A teacher's guide*** -

<http://www.epilepsy.org.uk/info/education/index.html>. This looks at classroom first aid, emergency care, and medication and school and academy activities. Further information is available from a freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am - 4.30 pm, Friday 9:00 am - 4:00 pm)

The National Society for Epilepsy (NSE) <http://www.epilepsysociety.org.uk/> has information on **education and epilepsy** which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am - 4:00 pm.)