



# Administration of Medication in an Educational Setting CPD Accredited Course Notes

The following course notes are provided to support the content of our training module and seminar presentation.

The notes will assist in the assessment process and as a reference document.

## Introduction

Welcome to the SSS Learning Administration of Medication Course. This course is designed to give staff in educational settings, who have volunteered to be named medication administrators, an overview of the key aspects of practice. Whilst we will explain conditions and administration techniques, for some administration procedures you will be required to complete authorised training by a health professional e.g. EpiPen training.

There are many reasons why a child may need to take medication during the day. Usually it is for a short term but sometimes chronic conditions or emergency procedures may require more long term administration or care. Administering medication to children carries a great responsibility. In this course we will examine the laws and policies in place to make practice safe for you, pupils and your school/academy.

We will look at:

- Legislation & legal responsibilities
- Roles & responsibilities
- School/Academy policy
- Pupil medication categories
- Medication categories
- Prescription medication labelling
- Dosage
- Medication disposal
- Administration procedures
- Confidentiality
- Supporting staff and visitors who have medical conditions
- Record Keeping
- Managing specialist medical needs

## Legislation & legal responsibilities

Whilst there is no specific legislation guiding the actual process of administering medication in schools and academies, there is legislation which you should be aware of:

**The Education (School Premises) Regulations 1996**, introduced the requirement for every school to have an appropriate room for the medical examination, treatment and care of pupils during school hours.

**The Children and Families Act 2014 (Section 100)**, introduced new duties on Governing Bodies to support children with medical conditions. The aim of this legislation was to ensure that children who have a medical condition are able to play a full and active role in school life, remain healthy whilst in education and achieve their academic potential.

The Act ensured that no child with a medical condition could be denied admission or be prevented

from taking up a place in school because arrangements for their medical condition have not been made. The Act also states that the support needed should be individually tailored to the child's medical condition. This includes training staff to be aware of the child's condition, knowing what to do in an emergency, supervising a child to take their own medication, administering medicines daily or being prepared to administer medicines in an emergency. It should be noted that this legislation does not place a legal duty on teachers or school staff to administer medication, this is a voluntary role.

In terms of governance, the key points of this legislation are:

- To ensure that arrangements are in place to support pupils with medical conditions;
- To ensure that leaders within educational establishments have consulted health and social care professionals, pupils and parents so that the needs of children with medical conditions are properly understood and effectively supported;
- To ensure pupils with medical conditions are properly supported to have full access to education, including educational visits, trips and physical education.

This is further supported by the **Equality Act 2010** which made discrimination on grounds of illness a crime. The Act states that children with medical conditions must be given '*equality of opportunity*' i.e. the same access to learning activities as their peers.

There are three key legal statements to remember on medication administration:

1. It is legal for anyone to give '*prescription only*' medication as long as they follow the instructions of the prescriber e.g. doctor, dentist. However, this does not include '*prescription only*' medication which requires specialist administration e.g. injections, rectal insertion. Legally, for such techniques bespoke training must be completed.
2. Medication is the sole property of the person it is prescribed to. It should never be shared with or used by anyone else.
3. The dosage stated on the prescription label should never be varied without the express direction of the prescriber.

*"It is your organisation's responsibility to provide adequate training and to ensure you are competent to administer medication."*

## Roles and Responsibilities

### Governance

Governance has the general responsibility for ensuring your organisation develops and ratifies policies and protocols for administration of medication procedures to meet the needs of your setting, and to ensure pupils with medical needs have the same opportunities as their peers. They must ensure all documentation is fit for purpose and ensure the views of staff and parents are considered.

### The Head Teacher/Principal

The Head Teacher or Principal is responsible for the day to day decisions with regard to support for pupils with medication needs. They are responsible for accepting and dealing with parental requests to administer medication to their child. These requests should be considered on individual merit. By accepting any requests to supervise or administer medication, they are then responsible for making sure parents are aware of the setting's policy and procedures and their own parental role and responsibilities. Delegated by governance, the Head Teacher or Principal has overall responsibility for operation of the policy on medicine administration and deciding if an Individual Health Plan (IHP) is needed.

Not all pupils self-administering or receiving medication on site will need an Individual Health Plan (IHP). They are usually only needed when a pupil has complex health needs, needs specialist treatment or have known circumstances where they may need emergency care.

The IHP will contain:

- The name of the pupil;
- Their date of birth;
- The known condition;
- Care requirements;
- Contact details of their GP/specialist;
- Emergency contact details.

If you are supporting a pupil with an IHP in place it is essential to be familiar with the plan and of any updates made to it.

### Parents

The administration of medicines is the responsibility of parents and, where possible, they should request when medicine is initially prescribed that dosage timings permit the medicine to be given to child before or after core hours. Parents must make the school/academy aware of their child's needs. Where medication needs to be taken during core hours, parents must provide sufficient and up-to-date information about their child's medical and medication needs and work with the school or academy to facilitate the support needed on the premises and during educational visits.

Parents must sign a consent form for the school/academy to administer medication to their child.

Parents are responsible for providing, replenishing and disposing of the medication. All medication provided must be in its original container with the pharmacist label. They will also assist in developing an IHP if one is required.

Key responsibilities of parents are:

- To consent to a written agreement with the school/academy detailing the support to be provided;
- To provide written instructions of their child's medication needs to include the name of the medicine, strength, frequency of administration, possible side effects and any special instructions *e.g.* taken with food;
- To provide sufficient medication and ensure it is correctly labelled;
- Renew expired medications if still needed to ensure continuity of supply;
- To collect and dispose of their child's medication;
- To inform in writing any changes to their child's medication needs;
- Where appropriate, provide written permission for their child to carry his/her own medication.

## Teachers and other members of staff

Any member of staff may be asked to provide support to pupils with medical conditions but they cannot be directed to do so, as it does not form part of their statutory professional duties. As professionals they should give due consideration to the needs of the pupils that they teach however, they must not be unduly pressured or coerced into providing support. By agreeing to undertake administration of medication you have taken on a voluntary role.

Under common law, everyone working in a school or academy has a duty of care to act in the best interests of a child. Those with qualified teaching status act '*in loco parentis*' where they are expected to act or take all reasonable action that a parent would take. As such, in emergency situations they may administer medication without being registered as a volunteer.

Your key responsibilities for administering medication are to:

- Be familiar with your organisation's Medication policy;
- Understand basic medical principals and legal ramifications;
- Understand the nature of a pupil's medical condition and be aware of situations where they may need additional support *e.g.* before physical education for asthmatic pupils;
- Undertake specific training for the medication you will be administering, including possible side effects and what to do if they occur;
- Administer medication as directed;
- Supervise pupils who self-administer medication;
- Understand and adhere to the safe storage of medication;
- Be aware if there is an IHP in place and understand what needs to be done and by whom, together with any emergency procedures detailed in the plan;
- Maintain accurate administration records;

- Liaise with parents;
- Report any errors or '*near misses*'. For reporting purposes, a '*near miss*' is considered an error, as does a medication error which does not result in harm to the pupil.

## Pupils

Pupils with medical conditions have a key role in looking after their own health. They are often best placed to provide information about how their condition affects them. Where age, ability and competency allows they should be fully involved in discussions about their medical support needs and, if needed, contribute as much as possible to the development of their IHP.

Where deemed appropriate, pupils should be encouraged to be responsible for taking their medication. Self administration should only happen with parental agreement and following a risk assessment which will consider their age, access to medicines and competence.

Pupils should know where their medicines will be stored and how to access them either to self administer or for administration by a named adult. This includes arrangements for outside/off-site activities.

## Multi-Agency Roles

In some cases, supporting a pupil with a medical condition during core hours is not the sole responsibility of one person and may involve partnership working with external agencies e.g. healthcare professionals, social care professionals, Local Authority staff.

Where available, school nursing services are responsible for notifying the school/academy when a child has been identified as having a diagnosed medical condition which will require support in the setting. They would not usually have an extensive role but can provide advice, training and liaise with lead clinicians locally on the appropriate support for the child.

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support in the educational setting. Specialist local health practitioners/teams may also provide support or deliver training for staff to support children with diagnosed conditions e.g. asthma, diabetes, epilepsy, anaphylaxis (a serious allergic reaction that is rapid in onset and may cause death), Percutaneous endoscopic gastrostomy (feeding through a gastric tube, sometimes referred to as '*Peg feeds*'), stoma care (where faeces or urine is collected in a pouch attached to the outside of the body).

## Policy

All schools and academies should have an overarching policy for supporting pupils with medical conditions. This should cover the role of Individual Healthcare Plans (IHPs). IHPs are essential for children with medical conditions that require medication when their condition fluctuates or where there is a high risk that emergency intervention may be needed. They are not compulsory or always needed for short term medical conditions.

This overarching policy should include or be underpinned by a separate policy on administration of medicines. This should include procedures for:

- Medicine storage;
- Administration;
- Return of medicine to parents;
- Supervised medication administration by adults;
- Medication plans for children self-administering medication.

As multi-agency partners may be involved in providing support it is vital that policies identify all relevant partners, detail how they will work together and clearly outline the key responsibilities of each partner.

In respect of implementation, policies should:

- State whether non-prescription medication will be administered. (Best practice is to receive consent from the pupil's GP however written consent from parents is acceptable. The Early Years Statutory Framework allows children to be given analgesics. Written permission from parents must be given before a child is given any stock supply of analgesia. Once written permission has been given, it does not have to be provided on each occasion. It is good practice, however, to ask the parent to sign the written record to confirm that you have told them that you gave the agreed medication. Staff should record each dose of analgesia given and always check when the last dose was given before giving a dose of analgesia. If the staff are unable to check if or when a child had been given a dose of analgesia within the last 6 hours they should not administer another dose. **Aspirin or any medicines that contain this product, must not be given to a child under 16 unless prescribed by a doctor under medical guidance. Use of ibuprofen in children under 16 should be avoided due to unknown allergies and contra-indications. However, it can be given with medical or parental consent;**
- State who is responsible for ensuring that sufficient staff are suitably trained;
- Detail the role of staff;
- Demonstrate a commitment that all relevant staff will be made aware of the child's condition;
- Cover arrangements in case of staff absence or staff turnover, to ensure someone trained is always available;
- Detail briefing procedures for supply teachers;
- Detail emergency procedures;
- Demonstrate how risk assessments for on-site administration and for school visits, holiday clubs, and other school activities outside the normal timetable will be carried out;

- Explain when Individual Healthcare Plans will be drawn up and how they will be monitored and reviewed.

All policies and procedures should be regularly reviewed to ensure they continue to support staff and meet the current needs of pupils. They should also be automatically immediately reviewed should a critical incident occur. It is essential you familiarise yourself with your organisation's policy.

## Pupil Medication Categories

Pupils with medication needs can be grouped into three main categories:

- Those who need a short-term prescribed medication for acute conditions, for example an ear or chest infection. Usually these pupils will have been absent, but may still be on medication when they are well enough to return;
- Those who have a long-term condition which requires regular medication to alleviate symptoms or control the condition. These pupils will have a clinical diagnosis and be under the clinical supervision of a doctor or nurse specialist. The two biggest categories within this group would be pupils with asthma and those with Attention Deficit Hyperactivity Disorder (ADHD);
- Those who require medication to be given in an emergency. These pupils will have a known medical condition and a Medication Plan which outlines what is a medical emergency in the context of their condition, such as children with severe allergies who may need an adrenaline injection.

Within each of these three categories medication may be self-administered, supervised, or administered by a third party.

It is important that pupils who are deemed competent, following agreement and discussion with their parents, should be encouraged to take responsibility for managing their own medicines and procedures. This should then be reflected within the pupil's Individual Healthcare Plan. Policies should reflect a positive attitude of support for pupils to carry and administer their own medication as this will not only benefit the pupil directly, but can also positively influence the attitude of others. However, as all medicines can be harmful to other children, a risk assessment of each individual pupil carrying their own medication should be undertaken.

Children with long-term and complex medical conditions often require ongoing support, medicines or care throughout the day to help them manage their condition and keep them well. Without this support they may experience attendance difficulties and so are not exposed to a full, enriched curriculum. This can negatively impact their educational development.

Pupils with medical conditions may have problems integrating as they can be self-conscious about their medical condition and, if the condition leads to them being regularly absent, they may fail to develop secure relationships with their peers. This may then lead to some pupils feeling different to their peers, being more vulnerable to bullying or developing emotional disorders such as anxiety or depression. All attempts should be made to seamlessly facilitate a pupil's medical condition into routine school/academy life to improve their wellbeing, emotional health and educational experience. Educating the pupil's peers is essential to enable positive relationships and develop empathy and understanding within the peer group.

Whilst age appropriate independent management and self-care should be encouraged, some pupils may only be able to manage their medical condition through monitoring and adult intervention. In such cases this routine support should be carried out sensitively and not encourage a sense of helplessness. That said, ongoing adult intervention may be necessary to avoid life threatening emergency situations from occurring, so planning and regular review of practice is essential.

## Medication categories

Medications fall into one of four categories and are easily identifiable by the code marked on the packaging.

1. General Sales List (marked GSL) – which include medicines such as cold & flu remedies, throat lozenges, paracetamol.
2. Pharmacy medicines (marked P) – which are only available behind the pharmacy counter and where a professional can give advice e.g. codeine, lactulose (stool softener).
3. Prescription Only Medication (marked POM) – which requires a prescription from a doctor or a dentist. This includes medicines such as antibiotics, anti-depressants, anti-epileptics.
4. Controlled Drugs (marked POM & CD) – these are the most serious category of medication as they have powerful effects on the body and can harm or cause addiction. There are strict restrictions on how these drugs should be prescribed, dispensed, stored and administered. Examples include Morphine, Fentanyl and Methylphenidate which is used to treat ADHD.

## Medication labelling

The pharmacist labelling on prescribed medication contains important information to support you.

At the top of the label is the name and contact details of the pharmacy that dispensed the medication, which is useful if you have any questions about the medication.

Below this is the name and strength of the medication.

Below this is the prescriber's instructions, which legally must be adhered to.

The final line will state the date prescribed and the owners name *i.e.* who it has been prescribed for.

The expiry date of the medication is not shown on the prescription label but can be found on the original packaging.

If a parent supplies prescription medication which doesn't have a prescription label, has been altered or tampered with or is unreadable it must not be accepted or used.

## Dosage

As there are many ways to administer medication, it is important to use the correct method. If given incorrectly you may cause the pupil to become ill, it may affect the effectiveness of the medication

or worst case scenario cause an overdose.

There are 3 main routes for administering medication:

1. Orally – through the mouth *e.g.* tablets, capsules, lozenges, liquids.
2. Topically – applied to the skin *e.g.* creams, gels, or to mucus membrane *e.g.* eye drops, nasal sprays.
3. More intrusive routes – injections or rectal administration. You must complete specialist training from a NHS practitioner before undertaking this type of administration *e.g.* by a school nurse, epilepsy nurse.

## Pills/tablets

Pills and tablets are marked with instructions on how many to take and how often to take them. If marked three times a day, then there is no need for the medicine to be administered on site. It can be given by parents at home at breakfast time, on return home and before bed. If marked four times a day, then one dose will need to be given on site.

Medications labelled PRN (*pro re nata*) means they should be taken when needed. They will state how many should be taken *e.g.* take one as required.

If the label says '*swallow whole*' the pupil must do this to avoid causing further medical problems *e.g.* stomach irritation, ulcers, mouth irritation. Some tablets are designed to pass through the stomach to then release the medication in the small intestine. If they are crushed when taken, the medication will be released in the stomach where, due to the acidity, it may not then work. They may also be labelled to take before or with food. This is to prevent stomach irritation. If not taken at lunchtime, you can administer these medications with a snack *e.g.* toast, biscuit, cracker.

## Creams/Ointments

If directions say to spread thinly (*e.g.* steroid creams), this is to avoid skin irritation or damage to the epidermis which is the outer layer of skin. If the label says '*use as directed*' you cannot use it as you need the prescriber's instructions.

All medications held should be stored somewhere that is lockable. Controlled drugs should be stored in a further lockable container and only accessible to named staff. No one else should have access to them.

## Emergency Medication

Epinephrine auto-injectors (EpiPens, Anapens) and inhalers may be needed quickly so they should be stored in an unlocked container. All staff who are designated to administer emergency treatment for convulsions *e.g.* rectal diazepam or buccal midazolam, must receive training and be assessed as competent by a qualified NHS professional.

Most medication is stored at room temperature (maximum 25° C) however some need to be

refrigerated. Such medication should be stored in a container in a fridge at a temperature between 2° C and 8°C.

## Disposal

Regular termly checks should be made to see if any medications have passed or are approaching their expiry date. Disposal of expired or medication which is no longer needed is the responsibility of the pupil's parent. If this is not possible you should take it to a pharmacy who will dispose of it safely. It is a criminal offence to flush medication into the sewer system or put it in the waste bin. Always record when medication has been returned to a parent or has been taken to a pharmacist.

Some medications require using sharp instruments e.g. syringes. These must be handled with care to prevent infection or the transfer of blood borne viruses. All schools and academies should have a sharps bin located in the designated medical room and a portable sharps bin. Pupils must not have unsupervised access to, touch or carry these bins.

## Administration procedures

Some administration procedures are legal requirements, some are best practice and some may be dictated by your school/academy's policy. These procedures must be followed to avoid dangerous practice which would place the pupil, you and your organisation at risk.

Always follow the 6 Rights:

- ✓ **Right pupil** – ask the pupil to say their name and check it against the name on the medicine container.
- ✓ **Right medicine** – check the name on the actual medicine with the name stated on the medicine plan or administration sheet to ensure they are the same. Check to see if the pupil is taking more than one medicine which you also need to administer and always check the expiry date before administering.
- ✓ **Right dose** – check the written instruction on the label every time you administer.
- ✓ **Right route** – check to see if medication is given orally, rectally, or buccal (placed inside the cheek, next to the gum).
- ✓ **Right time** – check the frequency of giving the medicine, check the time and check the pupil has not already received the medication.
- ✓ **Right to refuse** – if a pupil refuses to take the medication you should not force or coerce them to. You should record the incident and inform senior leadership and parents.

In some cases, '*covert administration*', giving medication without the pupil knowing, may be necessary. This is when medication may be deliberately concealed in food or drinks. It is only ever used in extenuating circumstances, usually when a pupil lacks the capacity to make the right choice that is in their best interests. Before such action can be taken a Mental Capacity Assessment must be made to determine if the pupil lacks the capacity to consent. Following this assessment, a '*Best Interests*' meeting is held which will involve anyone responsible for the pupil's care, usually the Head Teacher/Principal, GP, school nurse, parents and the person who will be administering

the medication. The group will carry out a risk assessment and if covert administration is agreed, they will draw up a plan stating the method of covert administration. They will also set a date for reviewing the plan.

**Covert administration should only be used when directed by the outcome of a Best Interests meeting.**

Always adhere to basic hygiene standards e.g. washing hands before administration. Wear gloves if applying creams/lotions. If using a spoon or a cup they should be clean and kept with the medication. Oral syringes are used for administering small doses of liquid medicines. Medicine spoons or cups are used for larger doses.

If administering pills or tablets, always have cool water available. Never supply fruit juices, fizzy water/juice or hot drinks as this can affect the effectiveness of the medication.

As stated earlier, the laws for controlled drugs are strongly enforced so great care must be taken when administering them. Always have a witness present when administering them.

You should:

- Never administer medication to more than one pupil at a time;
- Never give out medication in advance;
- Never leave medication unattended;
- Never give medication to an unqualified/undesignated person to administer.

## Self-administration

Where pupils are confident, and it is age appropriate to do so, they may self-administer medication. Prior to agreeing to this, a risk assessment should be carried out. We would always advocate that self-administration is supervised. You may also be required to prompt a pupil to self-administer at the correct times. Inhalers can be safely carried by pupils however controlled drugs should be stored as described earlier and self-administration strictly supervised.

## Confidentiality

Pupil medical information should be treated as confidential and protected. However, it is vital that all information concerning pupils with medical concerns and those requiring medicines within core hours is shared with all relevant staff. This includes those immediately concerned with the pupil's medical support and those who may need to intervene either routinely or in an emergency. This sharing and coordinating of information is for pupil safety. The role of coordinating and sharing pupil's medical information should be a designated one and this designated person should be the first point of contact. Such procedures should also be detailed within the organisation's General Data Protection Regulations (GDPR) policy.

## Supporting staff and visitors who have medical conditions

So far we have looked at administration of medication for pupils however, teachers, staff and visitors to educational settings may also have medical conditions that requires them to take medication during their working day or in emergency situations. They should be supported and encouraged to inform the Head Teacher/Principal of any ongoing condition/s that may cause a medical emergency. All medication brought into the setting should be stored safely and securely where pupils cannot access it.

As a matter of good practice, educational settings should enquire whether visitors and non-permanent members of staff have any medical conditions they need to be aware of and request that any medication they have in their possession is stored safely and not accessible to pupils. However, if they do not wish to disclose this information their privacy and confidentiality about their medical condition must be respected.

To enable pupils to support teachers, staff and visitors with ongoing medical conditions, consideration should be given to educating them on what to do in an emergency and who to contact for help and advice. This proactive approach will help pupils to understand health and wellbeing and to be more confident if an emergency occurs.

### Record Keeping

Record keeping provides an audit trail of all action taken prior to and during the administration period. Accurate record keeping:

- Offers protection to staff and pupils and provides evidence that agreed procedures have been followed;
- Details the consent of parents for your organisation to administer medication;
- Provides a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom and any side effects of the medication noted by staff;
- Records if a pupil was unwell, unable or refuses to take their medication. The record should be signed, dated and timed. Parents should be informed as soon as possible of the pupil's refusal or the inability to administer the medication. Parents should then make alternative arrangements for the dose to be administered. This conversation should be noted, dated with the time recorded and entry signed by the member of staff;
- Should be maintained on trips or off-site activities which includes how much medication was taken when off-site and if any has been returned. The on-site record should be updated on return.

## Managing specialist medical needs

When managing long-term or urgent specialist medical needs, specialist training is essential before commencing your administration of medication responsibilities. The following section is designed to give an overview of the most common conditions managed in educational settings however, this does not replace the mandatory training you will require by an NHS professional.

### Allergies

Allergies occur when the body's immune system mistakes harmless substances as a threat e.g. stings, insect bites, foods, pollen, animal dander, hay, latex and chemicals. Symptoms can include sneezing, vomiting, developing a rash, swelling, blocked nose or difficulty in talking. Schools and academies can agree to administer antihistamines for known mild reactions providing parental consents are completed.

Where antihistamines are not effective resulting in serious reactions, this is known as anaphylaxis. Anaphylaxis is a serious allergic reaction that is rapid onset causing swelling to the throat, bronchospasms and may cause death. The emergency treatment for anaphylaxis is epinephrine which is administered through an auto-injector pen (a pre-loaded syringe device). Parents will need to provide the required prescribed auto-injector to the school/academy.

An IHP should be completed for pupils with this known condition stating:

- What they are allergic to;
- What their symptoms may be;
- What potentially triggers the reaction;
- What action should be taken.

If you are required to administer epinephrine, at the same time you are administering it someone else should call for an ambulance to attend. It is important to call for an ambulance even if the pupil seems to be improving. When the ambulance attends you should give the used auto injector to the paramedics. The administration should be recorded in your medical records and on the pupil's IHP.

Remember, specialised auto-injector training is necessary to administer them and if the pupil is going to off-site activities, a trained staff member should accompany them.

### Asthma

Asthma affects the respiratory system. It causes airways to narrow, making it difficult to breathe. Inhalers help to open up the airways, delivering medication straight to the lungs.

There are 2 types of inhalers:

- Preventers which may be coloured brown, red or orange.
- Relievers which may be coloured blue, white or blue & white.

Pupils prescribed with relievers need immediate access to them as it can't be predicted when they will need them. If the pupil is not carrying their inhaler, they should be kept away from other pupils but somewhere they can be accessed quickly. Inhalers should be labelled with:

- The pupil's name;
- Their date of birth;
- The name and strength of the medication;
- The dosage;
- The date dispensed;
- The expiry date.

Inhalers should be stored at room temperature with the mouth cap on.

The main symptoms of asthma are: wheezing (a whistling sound when breathing), breathlessness, a tight chest (which may feel like a band is tightening around it) and coughing. The symptoms can sometimes get temporarily worse during an asthma attack. Severe asthma attacks can be life-threatening and you should seek emergency help if one is suspected. In a severe attack a pupil may be unable to complete their sentences, have blue lips, visibly struggle to breathe, gasp for breath, and show no signs of improving after using their inhaler.

An ambulance should be called if the pupil:

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

Pupils with inhalers should have an IHP in place detailing what triggers an attack and what action should be taken. Asthma should not impact on a pupil's ability to join in activities e.g. physical education, in fact such activity is beneficial to asthma sufferers. Preventative action can be taken by using their inhaler 10 minutes prior to the exertion. Inhalers must always be readily available during sporting/energetic activities.

Some schools and academies decide to have a stock supply of asthma inhalers for emergency use. This is entirely voluntary. The Department of Health has published a protocol which provides further information.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

## Diabetes

Diabetes is a serious condition where the body cannot regulate sugar levels and the pancreas cannot produce any or enough insulin or insulin is ineffective. There are 2 types of diabetes:

**Type 1** – most common in children, where the pancreas cannot produce insulin. This requires them to take regular insulin by injection or a pump.

**Type 2** – more common in adults as a result of poor diet, lack of exercise and/or weight gain. It occurs when the pancreas does not work properly or it can't produce enough insulin.

Regular monitoring of blood sugar levels is needed for both Types 1 & 2. Healthy eating and regular exercise is also important.

If a pupil has Type 1 diabetes, parents must provide a kit containing insulin needles/pens, test strips and a sharps bin. The pen in use should be kept at room temperature and the spares refrigerated until needed. Alternatively, an insulin pump may be worn which automatically detects when blood sugar levels are too high. Pupils may still need support and supervision when using a pump e.g. removal for swimming. Each pupil's IHP will state how much assistance they need, what to do if anything goes wrong.

If blood sugar levels are too low this is known as hypo-glycaemia often referred to as a '*hypo*'. This can happen if the pupil:

- Injects too much insulin;
- Misses a meal;
- Takes part in unplanned vigorous physical activity.

Common '*hypo*' signs are the pupil:

- Feeling weak;
- Feeling hungry;
- Perspiring;
- Trembling;
- Going pale;
- Having difficulty concentrating;
- Displaying anxious/irrational behaviour.

They may however exhibit no signs. Any known signs will be detailed in their IHP. Hypo-glycaemia can be fatal so concerns need to be actioned quickly.

If blood sugar levels are too high this is known as hyper-glycaemia ("*hyper*"), which can lead to a condition known as ketoacidosis. This can happen if pupils:

- Don't take enough or any medication;
- Are stressed or anxious;
- Are unwell;
- Eat/drink too much sugar.

Common '*hyper*' warning signs are:

- Extreme tiredness;
- A dry mouth;
- Excessive thirst;

- Head/stomach aches;
- Frequency of urination.

The pupil's IHP should detail what action to take which may include taking an extra dose of insulin, drinking sugar free fluids or monitoring ketone levels.

Ketones are produced when the body breaks down fat for energy because there is not enough insulin to break down glucose. They cause the blood to acidify leading to ketoacidosis, known as DKA. Ketones are toxic. Signs of ketoacidosis are:

- Vomiting;
- Deep rapid breathing;
- A smell on the breath similar to pear drops or nail varnish remover.

If any of these symptoms are detected an ambulance should be called immediately then parents informed. If signs of hyper-glycaemia are spotted quickly this can be avoided.

Generally, pupils with Type 1 diabetes check their blood levels five times a day. Some may only need supervision whilst they do this however, others may need you to do this. If you are to undertake this, you will be trained to carry out the procedure.

Blood glucose readings should always be taken before and after physical activity. If the reading is too high or too low the pupil should not take part in the activity.

## **Eczema**

Eczema is a skin condition which affects individuals at different levels – from mild through to severe. Although it can affect all areas of the body, it commonly affects the neck, elbows, wrists, ankles and back of knees. There are many causes for eczema but the most common triggers are dust, pollen, soaps/detergents, certain fabrics and temperature changes.

In mild conditions the skin appears dry, flaky and is itchy. In severe conditions there may be weeping, crusting and bleeding. The itch can be so severe as to cause irritability and lack of sleep or concentration. Pupils often scratch eczema, tearing the skin leaving it open to infection. Therefore, good skin care is essential. To support pupils with eczema you may be asked to regularly administer creams or lotions.

## **Attention deficit hyperactivity disorder (ADHD)**

Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness. It is thought that around 2% to 5% of school-aged children may have ADHD.

Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old. The symptoms of ADHD usually improve with age, but some adults who are diagnosed with the condition at a young age continue to experience difficulties. Children

with ADHD may also experience additional difficulties, such as sleep and anxiety disorders.

The exact cause of ADHD is unknown, but the condition has been shown to run in families. Research has also identified a number of possible differences in the brains of people with ADHD compared to those who do not have the condition. ADHD can occur in people of any intellectual ability, although it's more common in people with learning difficulties. Although there is no cure for ADHD, it can be managed with appropriate educational support, specialist advice and support and medication if necessary.

There are five types of medication licensed for the treatment of ADHD:

- Methylphenidate;
- Dexamfetamine;
- Lisdexamfetamine;
- Atomoxetine;
- Guanfacine.

Methylphenidate (Ritalin) is the most commonly used medication for ADHD in children over the age of 6 in the UK. These medications are not a permanent cure for ADHD, but in some cases they may help someone with the condition to concentrate better, be less impulsive, feel calmer, learn and practice new skills.

Some medications need to be taken every day, but some can be taken just on school days. Treatment breaks are occasionally recommended, to assess whether the medication is still needed.