



EPSOM

COLLEGE

PROVISION OF MEDICAL CARE

Introduction

This policy document describes the means by which the College supports pupils with medical needs. It sets out the College's medical protocols, including the management of pupils' medicines. It has been developed in accordance with guidance set out in *Managing Medicines in Schools and Early Years Settings* (DfES/DoH, 2005), which draws on existing legislation.

The College does not discriminate against pupils who have disabilities, which for the purposes of this document includes those with medical needs, with respect to their access to the curriculum and participation in co-curricular activities.

Most pupils will at some time have short-term medical needs, such as having to complete a course of antibiotics. A few pupils, however, will have long-standing medical needs and may require medicines indefinitely to keep them well; for example pupils with well-controlled epilepsy. Other pupils may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection, and those with severe asthma who may have a need for daily inhalers, plus additional doses during an attack. Pupils with medical needs are expected to attend school regularly and take part in normal activities, with, in some cases, individual support provided as necessary. Teaching staff and other adults in positions of responsibility may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

The Medical Centre and other medical services

The Medical Centre, staffed by registered nurses, provides 24hr care during term time. Treatment, advice and support is offered to enable pupils to maintain their physical and emotional well-being during their time at the College. Parents wishing to discuss their child's particular medical needs, or to see the medical facilities provided, are welcome to contact staff at the Medical Centre at any time.

Three nurse surgeries are held every day except on Sundays, with an on-call service available at all other times. The School Medical Officers, one lady and one gentleman, run a 'drop in' surgery every day, except on Sunday. All full boarding and weekly boarding pupils must be registered under the National Health Service with the School Medical Officers. This entitles them to receive all services provided by the local surgery, Old Cottage Hospital, Alexandra Rd, Epsom. If medical treatment is required during the school holidays, a pupil may make an appointment to be seen at the surgery. In the event of an acute illness, a patient may be able to register as a 'temporary resident' to obtain treatment from any other doctor in the NHS. Specialist medical consultations and treatment are normally provided during term time under the NHS in local hospitals, if a pupil is insured, by referral under any scheme for private specialist consultation.

Boarding pupils who fall ill at school are sometimes admitted as 'in-patients' to the Medical Centre, where they can be cared for with the necessary facilities at hand and separately from other boarders. The parents or guardian of a boarding pupil who is likely to be kept in the Medical Centre for more than 24 hours will be contacted.

Day pupils should continue to register with their own GP at home. Although the facilities and services at the Medical Centre will always be made available to day pupils who become ill or are injured while at school, it is expected that for all routine and non-emergency medical care the pupil's own GP will be consulted. Day pupils who develop illnesses or injuries away from school and who are unable to participate in activities should bring a

note from home outlining the problem. This must be given to their housemaster/mistress for countersigning before being shown to the member(s) of staff responsible for the activities.

During their first term at Epsom College all pupils will undergo a health check carried out by staff at the Medical Centre. It is requested that all new pupils are up-to-date regarding necessary boosters in accordance with the UK childhood immunization programme. Parents are asked to inform the Medical Centre in writing of all immunisations administered elsewhere during their child's time at school.

Pupils have access to the services of an independent counsellor/ psychotherapist. Consultations are by appointment in the Medical Centre. A local physiotherapist also runs a clinic at the College.

The College supports recommendations by the governing bodies of rugby and hockey for the wearing of custom-made mouth guards at all levels of both games, and invites a dental organisation specializing in the supply of mouth guards to visit the school right at the beginning of every academic year to give pupils the opportunity to obtain a professionally fitted mouth guard.

Parents are expected to arrange eye tests and routine dental checks for their children during the school holidays. As it is not possible to be registered for NHS treatment with more than one dentist, emergency treatment can only be provided privately.

The Medical Centre does not arrange referrals for orthodontic treatment.

Special arrangements may need to be made for a pupil with long-term medical needs, including one who has to attend hospital appointments on a regular basis. It may be appropriate to develop a written health care plan for such a pupil, involving the parents, the School Medical Officers, other relevant health professionals, the Housemaster/Housemistress (HMM) and Matron (M). It is recognised that inadequate support for a pupil's medical needs may have a significant impact on the way he or she functions in and out of school. The impact may be direct in that the condition may affect his or her cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. A health care plan would include details of the pupil's condition, special requirements (like dietary needs), possible side effects of any medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, who to contact in an emergency and the role teaching staff can play.

The College has in place suitable procedures for dealing with medical emergencies, including sports injuries. Teaching and other staff are encouraged to acquire and maintain first aid qualifications.

It is a condition of entry to the College that the Headmaster reserves the right to authorise any medical or dental treatment that the medical authorities think necessary. If a pupil requires emergency medical treatment while under the school's care, every effort will be made to obtain a parents' consent (or that of the pupil if aged 16 or over) beforehand. However, should the College be unable to contact a parent, and delay in receiving treatment might prove serious, the Headmaster or HMM/M, acting on the parents' behalf, is authorised to provide the necessary consent for urgent treatment (including anaesthetic or operation) recommended by a doctor.

A written record, separate from any NHS records, is kept at the Medical Centre of all illnesses, accidents and injuries suffered by pupils while at school and all medication, treatment, and first aid administered to pupils.

Sharing pupils' medical information

The College aims to co-operate closely with parents and health professionals to ensure that a suitably supportive environment can be provided for pupils with medical needs.

Parents are requested to provide the College with sufficient information about their child's medical needs should treatment or special care be needed. All parents of pupils about to be admitted to the College are required to complete a questionnaire giving details of their child's medical history. Information contained in the questionnaire forms part of the pupil's medical records and remains confidential to the School Medical Officers and Medical

Centre staff in accordance with their Code of Professional Conduct. Parents are given the opportunity to update this information using a special form sent out with other information at the end of every term.

In addition, parents of new pupils are asked to pass on essential medical information to teaching staff and others responsible for the day-to-day supervision of their child by means of a separate form ('*Medical information*'). Parents complete the form online before entry to the College. Such information is stored on the College's MIS - iSAMS - to which teaching staff have access as appropriate. It is made clear that parents are responsible for updating the information and for keeping the College informed about changes to their child's health and medical needs throughout his or her time at the College. Parents must accept that if information is withheld staff may not be held responsible if they act incorrectly in giving medical assistance to a pupil while undertaking their duty of care in what they consider to have been good faith. Sharing information is important if staff and parents are to ensure the best care for a pupil. It is particularly important to have sufficient information about the medical condition of any pupil with long-term medical needs. Inadequate support for the medical needs of a child may have a significant impact on the experiences of the child and the way he or she functions in or out of school.

Parents of children who have suffered from any serious illness or accident during a school holiday must notify the HMM/M before the beginning of the following term. This would apply also to half-term breaks. A report from the family GP or the specialist consulted would be appreciated. In the case of an infectious illness, parents must contact the school before their child leaves home to enable the School Medical Officers to decide if the pupil may return to school.

Pupils returning from overseas who bring with them medication obtained in another country must provide written details from the prescriber of the name, nature, dose and quantity of the medication supplied. These details must be written in or translated into English. The School Medical Officers' permission must be sought before a pupil may keep and use such medicine while under the care of the College's teaching and medical staff. Where permission is not granted but the pupil continues to keep and use the medicine, parents and guardians will be informed and expected to accept full liability. Normal procedures apply to the storage, administration and recording of such medicines.

Pupils are not allowed to carry or keep medicines at school, unless the HMM/M has been informed in advance by the pupil's parents. In most cases the HMM/M will notify the Medical Centre.¹ This applies to both prescribed and non-prescribed ('household') medicines. An exception might be made for what would be regarded as a single daily dose, such as a couple of painkiller tablets provided by the parents of a day pupil before leaving for school. But where the type or quantity of medicine brought in by the pupil poses even the slightest risk to the pupil if not self-administered as intended, or other pupils are put at risk if the medicine were to fall into the wrong hands, the HMM/M must always be informed. Parents in any doubt about the appropriateness of their child carrying medicine at school, taking fully into account the safety of other children as well as their own, must come down on the side of caution. For parents of new pupils with long-term medical needs, such as those with severe asthma who may wish to carry an inhaler at all times, the *Medical information* form referred to above gives an opportunity to make a request for their child to carry or otherwise keep medicine in his or her possession on the College campus or elsewhere while engaged in school activities. Again, it must be stressed that parents are responsible for keeping the College informed about changes to their child's medical needs.

The College recognises that a pupil may seek medical advice outside school without his or her parents' knowledge. Responsibility for keeping the College informed about the pupil's medical needs then rests with the pupil him/herself. In particular, if as a result of the pupil seeking medical advice without his or her parents' knowledge medication is prescribed or otherwise obtained, the pupil must notify the School Medical Officers before that medication is brought to school. They may decide that others, such as the HMM/M, should be given brief details: length of course, dose frequency and possible side effects (but not the medicine's name or the nature of the medical condition for which it was prescribed). The pupil will be invited to object to the sharing of this information.

¹ Parents are encouraged to communicate to HMM/M via e-mail if at all possible. Any detailed information regarding the type, quantity, dose, frequency, expiry date, etc. of the medicine can then quickly be passed on directly and accurately to staff at the Medical Centre.

Similarly, a pupil who is prescribed medicine by or on behalf of Medical Centre staff will be reminded that the HMM/M should be informed.

Teaching staff and others who have direct responsibility for the care and welfare of pupils in the normal day-to-day running of school activities, both on and off campus, are required to familiarize themselves with the medical needs of the pupils in their care, as detailed on iSAMS. HMM/M's sometimes bring details of the medical needs of a particular pupil to the attention of teaching staff; in particular when a change has occurred in the pupil's medical condition.

Confidentiality within the Medical Centre

The Medical Centre aims to provide a safe environment where the school nurses and the School Doctors are able to have a private consultation with pupils or staff. All information given to the school nurses is treated as confidential. All records, both written and electronic, are kept securely and accessed by the school nurses only. Parents must respect that their child has a right to confidentiality and may not always wish to inform parents of a condition or treatment. Permission to disclose information to parents will be discussed with the pupil beforehand. All staff with access to medical information will have a confidentiality clause written into their employment contract.

There are occasions when other members of staff need to be aware of a pupil's medical condition, for example in cases of severe allergies or asthma. This information may also be displayed in the pupil's general records on iSAMS. Parents of pupils going out on school trips must complete consent forms detailing any medical issues which is given directly to the teachers involved, and so preventing the need for any possible breaches of confidentiality from the nursing staff.

If a pupil or member of staff is sent home by the nursing staff, for safety reasons they must inform the Housemaster or Housemistress but without divulging any confidential medical details. If requested, names and times of people having consultations with the nurse may be given to senior management, but without any confidential medical information, including the reason for the consultation.

The nurses may meet with Housemasters and Housemistresses on a regular basis to discuss pastoral concerns of any pupils. It is recognised that although it is desirable for teaching/pastoral staff to be aware of any social issues, nurses are still bound by their code of confidentiality, and must be mindful of this when sharing information. If the nurse feels that a pupil has raised an issue which would benefit from support from his/her teachers, the nurse will ask for consent to discuss it with the relevant staff and also for the pupils themselves to seek support from other staff where appropriate.

If the nurse feels it is in the child's best interest to breach their confidentiality, for example in cases of child abuse or serious bullying, then the pupil must be informed prior to disclosing any confidential information to other staff or parents. The nurse must be aware that they may need to justify these actions at a later date.

Administering pupils' own medicines

Many children will need to take medicines during their time at school. It is clear that boarders need to have such medicines kept at school on their behalf and made available to be taken at appropriate times. However, such medicines should only be brought to school by a day pupil when absolutely necessary; that is where it would be detrimental to the pupil's health if the medicine were not administered during the school day. It is therefore helpful, where clinically appropriate, if medicine is prescribed in dose frequencies that enable it to be taken outside school hours. Parents of day pupils are encouraged to ask the prescriber about this. Even medicine that needs to be taken three times a day could possibly be taken in the morning, after school hours and at bedtime, and thereby kept at home. Similarly, any boarding pupil, for whom provision must clearly be made to take medicines while on school premises, should if at all possible have that medicine administered at the start or end of the school day so that the medicine remains at all times either in the house or in the Medical Centre.

It is accepted, however, that there are circumstances where a pupil does need to take medicine during the school day. This will usually be for a short period only; perhaps to finish a course of antibiotics or to apply a lotion. Allowing pupils to do this may minimise a period of absence.

Prescribed medicines must be brought to school and kept at all times in the original labelled container, as dispensed by a pharmacist, and carry the prescriber's instructions for administration (the 'patient's information leaflet'). Details should include

- name of pupil,
- name of medicine,
- dose,
- method of administration,
- time and frequency of administration,
- any side effects,
- expiry date.

Proprietary non-prescription ('over the counter') medicines and other homely remedies must also be brought in and kept in the original container with the manufacturer's instructions for use.

Pupils' own prescribed and non-prescribed medicine may be administered

- at the Medical Centre under the supervision of qualified medical staff,
- by untrained and unqualified staff such as housemasters/mistresses and tutors,
- by pupils 'self-managing' their medicine.

There is no legal duty that requires College staff to administer medicines. However, HMM/M's, tutors and others regarded as unqualified may be willing in some circumstances to take on this responsibility, or may be willing to assist in other ways; for example, where medicine must be kept refrigerated. During term time there is always on duty in the Medical Centre at least one appropriately trained member of staff who is able to manage medicines as part of his or her duties.

Unqualified staff must check with staff at the Medical Centre before agreeing to administer any medicine to a pupil. It may be necessary to give staff special instruction to ensure that they are aware of issues such as the indications for the use of the medicine, contra-indications, side effects, dosage, precautions to be observed during administration, reasons for not administering the medicine and the duration of treatment before further medical advice is sought.

HMM/M's will be given the opportunity to receive training on the Management & Administration of Medicines in School. This is in the form of e-learning and on-line assessment.

Staff administering a pupil's own prescribed or non-prescribed medicine should check

- the pupil's name,
- the prescribed or recommended dose,
- the expiry date,
- any written instructions provided by the prescriber or manufacturer on the label or container.

Staff in any doubt about procedure should not administer the medicine but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular pupil, the issue should be discussed with the parent, if at all possible, or with Medical Centre staff.

If a pupil refuses to take medicine, staff should not force them to do so, but should make a note of this in the pupil's record. The Medical Centre and the pupil's parents should be informed of the refusal on the same day. If a refusal to take medicine results in an emergency, normal emergency procedures should be followed.

Pupils' self-management of medicines

The College aims to support pupils who are willing and able to take responsibility for managing their own medicines and who fully understand the dangers of misuse, and regards this as good practice. Pupils, especially those with a long-term illness, should if at all possible be encouraged to participate in decisions about their medicines and accept complete responsibility, with full parental approval. Children develop at different rates and so the age at which pupils are ready to take care of and be responsible for their own medicines varies. This needs to be borne in mind when making a decision about transferring responsibility to a pupil: there is no set age when this transition should be made. There may be circumstances where it is not appropriate for a pupil of any age to self-manage his or her medicines. Parents who do not wish their child to manage their own medicine may stipulate that their child's medicine is kept and administered by school staff. But those parents who are willing to accept this responsibility on behalf of their child as well as themselves may make an appropriate request to the College via their child's HMM/M. (As stated earlier in this document, the HMM/M must always be informed *in advance* by parents before a pupil is allowed to carry or keep medicines at school.)

It must be accepted by all concerned that medicines may be harmful to anyone for whom they are not appropriate. The College recognizes its legal obligation² to assess the risk of misuse of prescribed and non-prescribed medicines kept by its pupils. Details of this assessment, which must be undertaken in every instance, are set out at the end of this document. The final decision on whether or not a pupil may carry or keep medicine while at school must rest with the School Medical Officers and other Medical Centre staff acting on his behalf. They will need to take into consideration the safety of other children and medical advice from the prescriber in respect of the individual child.

Where permission is not granted (by either parent or the School Medical Officers, or both) for a pupil to carry or keep medicine while at school, the HMM/M or a tutor, if willing, may accept responsibility for storage and administration of the medicine and appropriate record keeping. A book will be kept in the house office in which every administration procedure is to be recorded. The administering member of staff and the pupil will both sign the record to confirm issue and receipt of the medicine. But at the request of either parents or HMM/M, or on the insistence of the School Medical Officers, medicine will be kept securely in the Medical Centre and taken there by the pupil under the supervision of Medical Centre staff.

Occasionally, a pupil in the school will be prescribed a controlled drug.³ Although it is legal for a child to have such a drug in his or her possession, and the risk assessment set out at the end of this document does cover the self-management of controlled drugs by pupils, the College considers it good and safe practice to have all controlled drugs kept and administered in the Medical Centre or by HMM/M, where special precautions regarding secure storage, record keeping and disposal of unwanted supplies can be arranged.

Protocol for administering homely remedies

It is recognized that there are circumstances in which those responsible for a group of pupils away from College (e.g. on a field trip, camp, expedition or overseas visit) staff may be asked to hold medication provided by individual pupils, either prescribed or non-prescribed 'homely remedies', for administration when either they consider it necessary or when a pupil requests it. Under conditions set out in the College's off-site operating procedures, parental consent must be obtained before these can be administered. As with all medicines, they must be stored safely and securely, and preferably in a locked cupboard to which only members of staff assuming

² National Minimum Standards for Boarding Schools, Standard 3.4 — DfE, April 2015.

³ Medicines controlled by Misuse of Drugs Act (1971) and its associated regulations.

responsibility have access. Pupils must never be allowed to 'help themselves'. Staff should not carry non prescribed or 'homely remedies' to be given on an ad hoc basis.

During term time and while on the College campus, there should be no need for any member of staff other than those who work in the Medical Centre to supply non-prescribed 'homely remedies'. An exception might be made for paracetamol-based painkillers, which house staff may be prepared to issue, for example, at night.

Medicines may not be given to a pupil under the age of 16 without the written consent of his or her parents. The Medical Centre issues an appropriate consent form⁴ to all parents of new pupils. More than forty proprietary medicines held in stock are named on the form, on which parents are invited to specify any medicines that they do not wish their child to be given.

General guidelines for staff

Staff issuing and administering any medicine to a pupil must observe the following protocol.

- Establish the reason for giving the medicine to the pupil at that time.
- Check whether the pupil is allergic to any medicine.
- Check whether or not the pupil has taken any medicine recently and, if so, what and when (to ensure that the maximum dose recommended for that age, printed on the container or pack, is not exceeded).
- Check whether or not the pupil has taken that medicine before and, if so, whether there were any problems.
- Check that the expiry or 'use by' date on the container or pack has not passed.
- Supervise the pupil taking or applying the medicine.
- Record the details: the name of the pupil, the nature of the medicine, the reason why the medicine was administered, the dose, and the date and time. These must be recorded immediately in the relevant house incident book, expedition log, etc. with the member of staff administering the medicine signing and dating the entry.

Common conditions — practical advice for teaching staff

The long-term medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). Some basic information about these conditions is offered on the following pages, but it is clearly beyond the scope of this document to provide detailed medical advice. It is important that the needs of pupils are assessed on an individual basis.

A note will be made on iSAMS of all pupils who have any of these conditions.

ASTHMA

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children in the UK have asthma.

The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or a shortness of breath. Not everyone will get all these symptoms, and some pupils may only get symptoms from time to time.

There are two main types of medicines used to treat asthma. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms. They are sometimes taken before exercise. Preventers (brown, red and orange inhalers, sometimes tablets) are usually used out of school hours. Pupils who suffer from asthma need to have immediate access to their reliever inhalers when they need them, and they should always be available during

⁴ *Proprietary Medicinal Products Administered in Medical Centre.*

games, other outdoor pursuits and on educational visits. A spacer device is used with most inhalers, and the pupil may need some help to fit this. It is good practice to support pupils with asthma to take charge of and use their inhaler, as most manage to do.

The Medical Centre has a supply of non-prescribed inhalers for emergency use

Further information is available from Asthma UK (www.asthma.org.uk).

DIABETES

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the pupil's needs or the insulin is not working properly (Type 2 diabetes). About one in 550 school-age children have diabetes. The majority 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. Children with Type 2 diabetes are usually treated by diet and exercise alone.

The diabetes of the majority of children is controlled by injections of insulin each day. Older children may be on multiple injections and others may be controlled on an insulin pump. Most can manage their own injections.

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, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. They are 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.

Pupils 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 at lunchtime, before games or more regularly if their insulin needs adjusting. They also need to be allowed to eat regularly during the day. If a meal or snack is missed, and possibly after strenuous activity, a pupil may experience a **hypoglycaemic** episode (a 'hypo') during which blood glucose levels fall too low. Staff in charge of games and other outdoor activities should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand. Hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, irritability, headache and mood changes, especially angry or aggressive behaviour, are all indicators of low blood sugar — a hypo in a pupil with diabetes. It is very important that the pupil 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 pupil and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10 to 15 minutes later. The Medical Centre should always be contacted.

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink.

Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the attention of parents and Medical Centre staff. If the pupil is unwell, is vomiting or has diarrhoea this can lead to dehydration. If a smell of pear drops or acetone can be detected this may be a sign of ketosis and dehydration and the pupil will need urgent medical attention.

Further information is available from Diabetes UK (www.diabetes.org.uk).

EPILEPSY

Children 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 and for many reasons. At least one in 200 children have epilepsy, but most of those with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

What the pupil experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a pupil will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected, a pupil may appear confused, wander around, be unaware of the surroundings and may not respond if spoken to. Afterwards there may be little or no memory of the seizure.

In some cases such seizures go on to affect all of the brain and the pupil loses consciousness. The muscles become stiff and rigid, the pupil may fall down, and then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the pupil's colour around the mouth may change to pale blue or grey.

After a seizure a pupil may feel tired, be confused, have a headache and need time to rest or sleep.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. The pupil may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could lead to deteriorating academic performance.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be administered during the school day. Triggers such as anxiety, stress, tiredness or being unwell may increase a pupil's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures, but this is very rare. Most children with epilepsy can use computers and watch television without any problem. During a seizure it is important to make sure that the pupil is in a safe position, not to restrict his or her movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the pupil's head will help to protect it. Nothing should be placed in the mouth. After a convulsive seizure has stopped, the pupil should be placed in the recovery position and monitored until he or she has fully recovered. The Medical Centre should always be contacted.

Further information is available from Epilepsy Action (www.epilepsy.org.uk).

ANAPHYLAXIS

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives (weals) anywhere on the body, generalized flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the pupil should be watched carefully: they may be heralding the start of a more serious reaction.

Letters giving details of the procedure to be followed in the event of a pupil developing an allergic reaction or anaphylactic shock are sent from the Medical Centre to parents of children who are known to be at risk. Parents complete a comprehensive form that enables Medical Centre staff to draw up a care plan.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices ('Epipens' /Jext/Emerade) containing one measured dose are available on prescription. If the pupil carries one he or she will have been taught how to use it and should be given every assistance to do so. The effects of this medication are felt within seconds. The adrenaline injection is administered into the muscle of the upper outer thigh, and can be done so through clothing if necessary. The Medical Centre must always be contacted.

Additional prescribed Epipens and copies of the parental form and care plan for each pupil are kept by the HMM/M and also in the Common Room.

The Medical Centre holds non-prescribed adrenaline pens for emergency use

Staff who volunteer to be trained in the use of auto-injectors can be reassured that they are simple to administer. Applied in accordance with the incorporated manufacturer's instructions, the EpiPen offers 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 pupil's leg. In cases of doubt it is better to give the injection than to hold back.

The Catering Manager and her staff are fully aware of the needs of pupils who are at risk of severe allergic reactions. Day to day policy measures for food management are in place, and appropriate steps to minimize any risks to allergic pupils are taken.

Further information is available from The Anaphylaxis Campaign (www.anaphylaxis.org.uk and www.allergyinschools.co.uk).

Risk assessment for the self-management of medicines by pupils

Risks

- The pupil to whom the medicine belongs does not administer the medicine according to the prescribed or recommended dose.
- Medicine that is prescribed to a pupil (or otherwise obtained by the pupil) without parental knowledge is brought to school.
- Medicine is taken by pupils for whom it was not prescribed or otherwise provided.
- Medicine obtained overseas and then brought to school is not familiar — nor are its effects — to medical authorities in the United Kingdom.

Controls

- Parents notify their child's housemaster/mistress (either in writing or via e-mail) giving details of the medicine they wish their child to keep at school.
- Notification is passed on to the Medical Centre.
- Parents ensure that their child is fully aware of the dangers of medicine being taken by anyone for whom it is not appropriate.
- A pupil who is prescribed medicine by or on behalf of Medical Centre staff will be reminded that the housemaster/mistress would normally be given brief details: length of course, dose frequency and possible side effects (but not the medicine's name or the nature of the medical condition for which it was prescribed). The pupil will be invited to object to the sharing of this information.
- Any pupil who seeks medical advice without his or her parents' knowledge, and as a result of which medication is prescribed or otherwise obtained, must notify the School Medical Officer before that medication is brought to school. He will decide who else should be informed.
- Prescribed medicine is brought to school and kept by the pupil at all times in the original labelled container in which it was dispensed by a pharmacist and carries the prescriber's instructions for its administration (including the name of the pupil, the name and dose of the medicine, the date of its expiry and the frequency of administration).
- Non-prescription medicine is brought in and kept at all times in its original container with the manufacturer's instructions for use.
- Taking into account the nature and quantity of the medicine, the School Medical Officer (and/or Medical Centre staff acting on his behalf) and the housemaster/mistress must all be satisfied that the pupil is sufficiently mature and trustworthy to assume responsibility for keeping and self-administering the medicine while on College premises or otherwise engaged in College activities.
- The pupil accepts responsibility for ensuring, to the satisfaction of the housemaster/mistress, that the medicine he or she is being allowed to keep at school does not fall into the wrong hands.
- The housemaster/mistress ensures that the pupil has the means of storing the medicine safely and securely in the house, with the pupil, but no one else, having ready access as necessary.
- The housemaster/mistress continuously monitors the pupil's management of the medicine, particularly its safe and secure storage, while it remains on school premises.
- Parents ensure that date-expired medicine is removed from school and returned to a pharmacy or otherwise safely disposed of.
- Parents ensure that medicine held at school is taken home at the end of each term.