



BURGESS HILL

— GIRLS —

Medical Policy (whole school including EYFS)

1.5.1

SECTION 1 - GENERAL

1. Introduction

- Aims to provide a safe and healthy environment for all.
- Recognise that pupils may suffer from medical conditions that may affect their schooling.
- Encourages and supports all pupils to achieve their full potential in all aspects of school life regardless of illness or disability.
- Meets the health needs of pupils through the Medical Centre.

2. Medical Centre

The School Medical Centre is run by a Registered General Nurse. Facilities are provided in the Medical Centre for pupils who require first aid for injury sustained during school hours or who fall ill during the day. There are limited facilities to allow girls to rest for short periods of time prior to being collected by parents or returning to lessons. Boarding pupils may rest for a short stay but will be transferred back to the care of their Boarding Housemistress if unable to return to school after this rest period.

The Medical Centre is manned as follows:

8.00am until 4.30pm on weekdays

Wednesdays 8am to 4pm

At all other times Nurse is available on call from home for boarding cover if needed.

A completed medical form with details of any medical conditions, medication and all vaccinations received to date must be returned to the Registrar prior to joining school to ensure the best care for the girls. A copy will be held securely at the Medical Centre as well as in the Silverdale Surgery and Boarding Houses if boarding. In addition, should any girl have a medical condition needing special attention, perhaps serious allergy, asthma, epilepsy, diabetes for example, parents should request a Health Care Plan form from Nurse and complete with an attached photo and return it to Nurse as soon as possible with any emergency medication needed. Staff will then be informed of the condition and suitable training given to ensure optimum care.

Independent Listener

For those times when girls need to talk to someone other than a friend, parent or teacher we have two independent listeners available, one male and one female. They can be contacted by mobile phone directly without the need for staff intervention. Their phone numbers are on posters around the school and in boarding. Boarding pupils are introduced to both Listeners in the Autumn Term and they attend some functions in school so girls can become familiar with them. We also have a School Counsellor available by appointment through the School Nurse. The counsellor is available on Thursdays for three hours and in an emergency on a Friday. The pupil will inform her parent of the consultation with or without help from a member of staff in school. The first three consultations are free and thereafter a nominal fee is charged. We try to avoid dependency and if it is considered necessary then help is sought through NHS Services out of school.

3. **Responsibilities of the School Nurse**

The responsibilities of the school nurse includes:

- Assessing the health of residential boarders and monitoring their health progress.
- Providing first aid and health care during the school day to all pupils and staff
- Monitoring and collating medical information.
- Record keeping.
- Production and upkeep of individual health care plans for significant medical conditions reviewed annually.
- Monitoring medicines throughout the school.
- Organising First Aid training for staff and maintaining First Aid register.
- Ensuring all first aid boxes are adequately equipped at all times.
- Checking the expiry dates of emergency adrenaline auto-injectors stored on site.
- Health evaluation for boarding pupils.
- Facilitating immunisations in conjunction with the Community School Nurses
- Overseeing referrals to medical officer / dentist / optician.
- Advice on health issues.
- Liaison with parents and staff.
- Liaison with outside medical professionals e.g. Practice Nurses, Diabetic liaison nurse.
- Maintenance of confidentiality.

4. **School Medical Officer**

- The School Medical Officer is Dr Trish Taylor. Dr Taylor is a local GP attached to the neighbouring Silverdale Surgery. The Nurse and Boarding Staff are able to liaise with the doctors at the local surgery for professional guidance and consultation.
- The option to consult a female doctor upon request can be arranged if non-urgent should Dr Taylor be unavailable.
- All boarders are registered with Dr Taylor for the provision of general medical services during the first term of joining the school.

5. **School Dentist/Optician**

- Local dental practices, usually Dentaessence, provide dental care for boarders. A health questionnaire and consent form to allow for this is available online on the Dentaessence website. Routine treatment is carried out so as not to interfere with lessons wherever possible. Dental treatment through NHS dental practices for students under 19 in full time education is free after 6 months of being registered with the NHS. An emergency dentist is available after hours in Hayward's Heath if needed but there will be a charge for this service.
- Orthodontic treatment may also be needed in which case appointments are arranged so as to minimise disruption to academic work. Cases are referred by the dental practice to a practice in Hayward's Heath if the work is considered necessary. It is, however, preferred if major orthodontic treatment is carried out at home during the school holidays because treatment will take time out of lessons and not all treatment will be free in the UK.

- Eyesight checks for Boarding pupils are available on request at Specsavers Opticians in Burgess Hill and appointments may be made through Nurse or Boarding Housemistress. An eyesight test is free for pupils under 19 in full time education but lenses and glasses may not be, depending on product chosen i.e. designer glasses may be chosen but a voucher for a maximum amount will be offset against the cost and the balance will need to be paid by the pupil.

6. **Consent**

Parental consent is obtained for general medical care, emergency treatment and administering first aid.

A pupil has the right to consent to, or refuse any medical treatment. This is based on competency and not age. The pupil should understand the nature of the treatment, and the consequences of refusal, and can thus be deemed competent. (Gillick Competent)

7. **First Aid Cover**

- It is the responsibility of the School Nurse to ensure that adequate first aid cover is available at all times.
- There is a register of staff holding a current First Aid Certificate.
- One Housemistress from each residential House holds a 3 day First Aid at Work certificate and the other house staff have a 1 day course including the Gap Assistants and temporary cover staff.
- Regular First Aid training is held for school staff from all sections of the school community– a one day course mainly but a good proportion have a three day or expedition first aid certificate. Nursery Teachers and Infant Teaching Assistant Staff have a Paediatric (EYFS) Early Years First Aid 2 day course
- First Aid boxes are checked every term including in school minibuses by the Nurse.
- A defibrillator is kept in Senior School Reception.

SECTION 2 – SUPPORTING PUPILS WITH MEDICAL NEEDS

8. **Confidentiality**

In accordance with the school doctor and nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasions the doctor or nurse may liaise with the Headmistress, teaching or catering staff and House staff and that information [ideally with the pupil's prior consent] may be passed on as necessary. The doctor and nurse will respect a pupil's confidentiality except on the very rare occasion when they consider that it is in the pupil's best interests, or necessary for the protection of the wider school community, to pass a limited amount of information to the Headmistress and selected staff. The pupil will be informed prior to this.

9. **Records and record keeping**

- 9.1 A medical questionnaire is completed for each pupil, by the parent/carer, prior to admission to the school, outlining any significant medical problems and current treatment, as well as any known allergies (including hay fever).
- 9.2 Parents are required to sign a form giving their consent to the school staff administering first aid medical treatment, emergency dental treatment, and giving authority to the school to consent to their child being given an anaesthetic in an emergency. There is also a consent form for the administration of medicines. No medication can be administered unless this form has been completed.
- 9.3 Medical forms completed by parents are transferred onto ISAMS by nurse and the hard copy is securely stored. This information is held electronically with secure access control.
- 9.4 A record of administered medication is kept by the medical centre on ISAMS and by boarding staff by hard copy. The record includes name, date, time, medication and reason for administration. Any treatment or contact with a boarder is shared by email in real time.

10. Health and Welfare

- 10.1 Pupils should be up to date regarding routine immunisations in accordance with schedules issued by the Department of Health. The surgery staff will notify us of any booster vaccinations deemed necessary for boarders and permission will be sought from parents prior to administration of the vaccination at the surgery.
- 10.2 Other one-off vaccinations are given by the NHS School Nurses on site as necessary for certain year groups like year 8 students receiving the Cervical Cancer prevention vaccination, HPV. Permission will be obtained from parents first after reading an information leaflet sent out from school with their daughter. Year 2 children receive flu vaccine, year 10 receive SLB + Meningitis ACWY.
- 10.3 All residential boarding pupils undergo a routine medical examination with the doctor on admission, including screening of height, weight and physical development.
- 10.4 Health promotion is provided informally by the Nurse and in a more structured way in PSHE lessons. Nurse is always available to discuss and advise on health issues.

11. Day Pupils

The Medical Centre facilities are available to Day pupils taken ill during the school day.

- 11.1 Parents will be contacted to collect their child if they are considered unable to return to class.
- 11.2 Children who are unwell in the morning should not be brought to school.

12. Procedure for pupils who are unwell during the school day

- 12.1 Pupils who are unwell during the school day should be sent to the Medical Centre. Junior School children must be accompanied by at least 1 other child and Senior School girls should also come with a friend if they feel faint or are otherwise unfit to come by themselves. In the event of an emergency ask reception or an adult to phone Nurse.
- 12.2 In the case of an accident, the Medical Centre should be contacted immediately and Nurse will attend on site and take appropriate action.
- 12.3 In the unlikely event of the Nurse being unavailable, the School Office should be contacted to alert a qualified first aider to attend.
- 12.4 Accident forms should be completed as appropriate
- 12.5 Boarders who are not well enough to attend the Medical Centre should remain in their own beds and the nurse will visit them in the Boarding House. Arrangements for their care will be organised at the time, but will include as a minimum provision, a means of communication with the medical staff and regular monitoring.

13. **School Trips**

The school encourages pupils with medical needs to participate in school trips, wherever safety permits.

The Trip Leader is responsible for ensuring appropriate training and information on medical conditions is current and that any emergency medication necessary is collected before the trip and returned to school after the trip.

14. **Sporting Activities**

Nurse will inform PE staff of students with medical conditions. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures. Pupils who need to take precautionary measures before or during exercise should be allowed immediate access to their medication, e.g. asthma inhalers. There are emergency inhalers available throughout the School – at Reception, Senior, Junior and Nursery, Boarding and Medical Centre.

SECTION 3 – DEALING WITH MEDICINES SAFELY

15. **Storage of Non-Prescription Medication**

A limited supply of common non-prescription medicine is held in the Medical Centre in a secure storage area. Consent for the administration of these medicines is obtained on the medical form. Should a girl require regular treatment a supply should be sent in to the Medical Centre in the original container clearly showing the girls name, dosage, frequency and expiry date.

A spare asthma inhaler should be supplied also in case of emergency for all asthmatic girls and stored in an unlocked drawer where the girls can access them in an emergency. Spare auto adrenaline injectors are stored in a safe unlocked area in Reception, Nursery for Nursery and Infants, Junior for Junior School children and Senior for Senior School children. Boarding girls with severe allergies have 2 sets, one in the LRC and the other in Boarding Housemistresses office.

Boarding Houses stock a limited supply of selected non-prescription medicines supplied by the Medical Centre and authorised by the School Medical Officer and staff trained in their administration.

It is forbidden for a pupil to keep medication in her room without prior permission. If a pupil needs to take her own medicines she must inform staff. If Chinese remedies have been taken then conventional medicines cannot be given until at least 4 hours has passed as it would be unclear as to what they contained.

16. Storage of Prescribed Medication – see Administration and Control of Medicine Protocol below

The supplied container must be labelled with the name of the pupil, the name and the dose of the drug and the frequency of administration along with an expiry date. Prescribed medicines are stored in a secure storage area in the Medical Centre or the Boarding House. A record of controlled medicines received is made on the Controlled Medication Log in the Medical Centre.

Emergency medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Pupils are permitted to carry their own inhalers, hay fever medications, and Auto Adrenaline Injectors. A register of expiry dates is kept by Nurse and checked at the beginning of each term.

17. Protocol for the Administration and Control of Medicines

17.1 Medicines are dispensed by the Medical Centre on the direction of the School Medical Officer. Nursery teachers and boarding staff that have been trained in the administration of medicines are able to administer prescribed medication, if it is in its original container with the pharmacy label and instructions on, to a child, following the guidance taught. They are not allowed to prescribe i.e. give a child Calpol that has not been prescribed by a medical professional and has a pharmacy label on.

17.2 The nurse dispensing medicines to the Boarding Houses will provide full instructions as to the dosage, administration and special precautions, according to NMC guidelines for the dispensing of medicines.

17.3 When administering medicines the school nurse will exercise her professional judgement and apply her knowledge and skill to the given situation.

17.4 Pupils are not given aspirin unless prescribed by a doctor.

17.5 The nurse will ensure that:-

- The medicine is given based on the patient's informed consent and that they are aware of the purpose of the treatment.
- The prescription is clearly written.
- The prescription identifies the patient and specifies the substance to be administered, with the dosage, timing, route and frequency of administration.
- The prescription is signed and dated by the prescriber.
- Substances to which the patient may be allergic will not be given.
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17.6 When administering medicines the nurse or boarding House staff will ensure that:

- The medicine is in its original container.
- The container is clearly marked with the pupil's name, the dosage, expiry date and route and frequency of administration.
- The medication log does not show a previous dosage within the permitted timescale.

- The medicine is taken in the presence of a member of staff.
- An entry is made in the medication log.
- An entry is made in the pupil's file recording the date, time, medicine and the dosage.
- Refusal to take medication is noted in the log.
- Any mistakes are reported immediately to the Nurse, Doctor or Pharmacist.

18. **Self Administration of Medicines**

Medicines may be self administered by Sixth Form students in some cases, but must be kept in a secure area. Parents must state on the medical consent form whether or not they agree to their child storing and administering their own medicines. Pupils storing and administering their own medication will be risk assessed by the School Nurse.

19. **Hygiene/Infection Control**

There is a single isolation room with attached toilet and shower in Silverdale Boarding House next door to the assistant housemistress's flat for isolation of any pupil deemed infectious to others. It is possible to use a 3 bedded room on the first floor with adjacent toilet and shower if a greater number of beds are needed.

Protective disposable gloves, face masks and polythene aprons (PPE) are available in the isolation room and disinfecting hand gel is supplied on the wall outside the room which must be used when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Soiled dressings etc are deposited in yellow waste bins and commercially disposed of.

SECTION 4 ANAPHYLAXIS, ASTHMA, DIABETES AND EPILEPSY

20. **ANAPHYLAXIS**

20.1 **What is Anaphylaxis and what causes it?**

Anaphylaxis is an extreme allergic reaction requiring **IMMEDIATE** medical treatment.

When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts such as peanuts, tree nuts (EG almonds, walnuts, cashews, Brazils), sesame, fish, shell fish, eggs and dairy products. Wasp and Bee stings, latex (rubber), penicillin or other drugs can also cause allergic reaction. In some people exercise can trigger a severe reaction whether on its own or in combination with other factors such as food or drugs (eg aspirin) In its most severe form the condition can be life threatening, but it can be treated with medication.

20.2 **Symptoms and Signs**

- A metallic taste or itching in the mouth.
- Swelling of the face, throat, tongue and lips.
- Difficulty in swallowing.
- Wheezing or difficulty breathing (Asthma).
- Hives anywhere on the body
- Flushed complexion.
- Abdominal cramps and nausea.
- Sudden feeling of weakness (drop in blood pressure)

- A rise in heart rate.
- Collapse or unconsciousness.

Symptoms usually occur within seconds or minutes of exposure but can rarely take some hours. Nobody would necessarily have all of these symptoms although more than one will be present. The most dangerous symptoms are sudden feeling of weakness or feeling faint and difficulty in swallowing/breathing and if present should be treated with an epipen immediately.

20.3 Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. **In cases of doubt it is better to give the injection than to hold back.** An ambulance should be called immediately.

Administering the Adrenaline auto-injector device.

If the child is conscious and able, he/she should be encouraged to self-administer the auto-injector under supervision.

If the child is unable, the following procedure should be followed:

Dial 999 and call an ambulance stating that a child has collapsed with anaphylactic shock.

Where: Into the fleshy part of the thigh.
The injection can be given through school skirt and tights.

How: LOOK AT THE PEN. THE INSTRUCTIONS ARE CLEARLY WRITTEN ON IT

- With thumb nearest cap form a fist around the pen.**
- With other hand, pull off safety cap.**
- Hold black tip near outer thigh and jab firmly from a distance of about 10cm (listen for the click which indicates the pen has fired. If no click is heard then you have forgotten to pull off the safety cap)**
- Hold in place for ten seconds and discard safely in emergency box. BEWARE A needle will now be visible and sharp.**
Note time auto-injector given.
- STAY WITH THE CHILD - ensure airway is clear.**
- Place in recovery position if necessary.**
- If no improvement after 10 minutes repeat with second injection. Or if the child has deteriorated within 5 minutes of the first dose a second dose can be given if available.**
- Send the child to hospital with the emergency box and used contents.**

N.B. There are no serious side effects even if the medication is given in error.
Relapse is possible after apparent recovery.
The child should always be sent to hospital after an attack, even if they seem to have fully recovered and the auto-injectors replaced as soon as is possible but latest next day.

20.4 **Management in school**

- All staff are informed when a pupil with diagnosed anaphylaxis is enrolled at the school and are reminded of the symptoms and the need for a quick reaction once anaphylactic shock has been diagnosed.
- Dietary requirements are discussed with the catering manager and house staff. Special arrangements are made for school trips and outings.
- The pupil will carry a pre-loaded Adrenaline injection pen – which has been prescribed for them.
- Parents will provide an emergency box containing Antihistamine liquid, inhaler and auto-injector which will be stored on site.
- The expiry date on the auto injector should be checked regularly.
- An individual healthcare plan (IHP) is completed and reviewed annually.
- Key staff will be trained in the use of the auto-injector

21. **ASTHMA**

21.1 **What is Asthma and what causes it?**

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can precipitate asthma attacks in susceptible people. The narrowing or obstruction of airways causes difficulty breathing and can be alleviated with treatment.

21.1 **General Policy**

Burgess Hill Girls recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma. The school encourages children with asthma to achieve their potential in all aspects of school life. The school recognises that it is possible for children with asthma to have special educational needs because of their asthma.

Children with asthma are encouraged to participate fully in P.E. Those children whose attacks are triggered by exercise should take their reliever inhaler and complete a warm up of short sprints 5 minutes prior to the start of the lesson. Special care needed on frosty cold days as cold air can precipitate an attack.

21.2 **Symptoms and signs**

Asthma attacks are characterised by coughing, wheeze and difficulty breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

21.3 Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur. Most pupils will relieve their symptoms with medication using an inhaler. If the pupil has forgotten their inhaler, an emergency inhaler is available.

In the event of a child having an asthma attack staff should follow the procedure below:

- a. **Ensure the reliever inhaler is taken immediately.**
- b. **Stay calm and reassure the child.**
- c. **Help the child to breathe by ensuring tight clothing is loosened. Do not put your arm around the pupil as this may restrict breathing.**
- d. **Encourage the child to breathe slowly and deeply.**
- e. **The pupil should sit rather than lie down.**
- f. **Call the school nurse.**

If the medication has had no effect after 5 minutes, or the pupil appears distressed, is unable to talk in complete sentences and is becoming exhausted an ambulance should be called Immediately.

Asthma, if well controlled, should not cause too many problems.

BUT asthma attacks can become serious quickly and should never be taken lightly. Call an ambulance quickly if the pupil is not recovering within 5 minutes or is becoming tired and colour is changing and not able to speak in complete sentences

21.4 Management in school

- It is the parents' responsibility to notify the school if their child suffers from asthma.
- The medical staff produce an IHP from the information provided by parents, which is available to all school staff.
- It is the responsibility of parents to notify the medical centre of any changes in medication.
- A spare inhaler, clearly marked with the pupil's name, is kept either in the medical centre or in the boarding house.
- Pupils are allowed access to their inhalers at all times.

22. DIABETES

22.1 What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. Children with Diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly. Without insulin, every cell in the body lacks energy, blood sugar levels become too high and dangerous, and life threatening chemicals accumulate.

22.2 Medication and Control

Diabetes in the majority of school-aged children is controlled by two to four injections of insulin each day. Most children can administer their own insulin.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals.

Pupils with diabetes must be allowed to eat regularly during the day.

If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which her blood sugar level falls to too low a level. Staff should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

22.3 Hypoglycaemic Reaction

The following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Agitation
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability
- Unconsciousness.

TREATMENT – URGENT

- Fast acting sugar to be given immediately, such as glucose tablets, sugary drink, jam, honey, fresh fruit juice or “hypo stop”.
- If the pupil is unconscious rub jam, honey or “hypo stop” inside cheek and gums. Do not force to drink. Place in the recovery position and call the nurse or an ambulance.
- Recovery should be in 10 – 15 minutes. The child may feel nauseous, tired or have a headache.
- After recovery give slower acting sugar, such as milk and biscuits or a sandwich.

22.4 Hyperglycaemia

Hyperglycaemia is caused by excess food and/or too little insulin and/or malaise.

Symptoms – gradual onset (hours or days)

- Greater than usual need to go to the toilet.
- Excessive thirst and drinking.
- Tiredness and general malaise.
- Excessive irritability.

Later symptoms include:

- Rapid/deep breathing.
- Reduced consciousness.
- Weight loss.
- Sometimes acetone/nail polish remover odour to the breath.

The symptoms are gradual giving plenty of warning of poor diabetic control.

22.5. Management in School

- It is the parents' responsibility to notify the school if their child suffers from diabetes.
- The medical staff are responsible for notifying school staff of those pupils who are diabetic.

- Healthy eating and regular blood testing is encouraged.
- Snacks are available between meals and before exercise.
- Time is allowed for blood testing and insulin injections.
- The medical staff liaise with parents and the Diabetic Liaison nurse.
- All diabetics should have an individual treatment plan to facilitate management.

23. **EPILEPSY**

23.1 **What is Epilepsy?**

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals.

23.2 **Symptoms**

- Unusual behaviour (for example, plucking at clothes, or repetitive movements)
- Strange sensations.
- Confusion.
- Convulsions.
- Loss of consciousness.
- Stopping and staring blankly

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost).

Examples of some types of generalised seizures are:

a) Tonic Clonic Seizures – or Grand Mal.

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured.

During the clonic phase of the seizure there will be rhythmic movements of the body (convulsions), which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary from a few seconds to several hours.

b) Atonic Seizure – Drop Attack.

During an atonic seizure there is a sudden loss of muscle tone, causing the pupil to fall if standing.

c) Myoclonic Seizure.

During a myoclonic seizure abrupt jerking of the limbs occurs. These often occur shortly after waking up, either on their own or with other forms of generalised seizure.

d) Absences – or Petit Mal.

There is a brief interruption of consciousness without any other signs, except perhaps for a fluttering of the eyelids. These occur most commonly in children. Parents and teachers may think that the child is being inattentive or day dreaming.

Examples of Partial Seizures are:

e) Simple Partial Seizure (when consciousness is not impaired).

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

f) Complex Partial Seizure (when consciousness is impaired).

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

23.3 Medication and Control

Seizures can be frightening to watch, but the person having the seizure is not in pain and will have little or no memory of what has happened.

Nothing must be done to stop or alter the course of a seizure once it has begun except where medication is given by appropriately trained staff.

During the seizure:

- Prevent others from crowding around.
- Put something soft under the person's head to prevent injury.
- The pupil's airway must be maintained at all times, but on no account should anything be put into their mouth.
- Do not attempt to restrain the convulsive movements.
- Do not move the pupil unless he or she is in a dangerous place.
- Move any furniture away from the pupil to avoid injury.

After the seizure:

- Turn the pupil on her side in the recovery position.
- Wipe away excess saliva and if breathing is laboured check that nothing is blocking the throat.
- Do everything possible to minimise embarrassment. If the person has been incontinent deal with this as quickly as possible.
- Stay with the person giving reassurance until they have fully recovered.
- Check to see if they are carrying an epilepsy information card and note the duration of the seizure.

Medical help should be called if:

- The pupil has injured him/herself badly in a seizure.
- The pupil is having trouble breathing after a seizure.
- One seizure immediately follows another or the seizure lasts longer than usual. (Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration).

23.4 Management in School

- It is the parents' responsibility to notify the school if their child suffers from epilepsy and a health care plan completed.
- Awareness training for school staff is provided by the Medical Staff.

24 Eating Disorder Policy see separate policy

25 EYFS (Nursery)**ADMINISTRATION OF MEDICINES
IN THE EYFS**

Any medicines that need to be taken by a child during the school day should be given to the Class Supervisor/Reception Teacher /Deputy Manager on arrival. The medicine must be in the original container and clearly labelled with the dispensing label, including the child's name. A letter should also accompany it stating the time and the dosage required and the reason for taking this medicine. The letter should be signed and dated by the parent/carer; or there are medicine books in each Nursery classroom for parents to fill in their requirements and sign/date.

A Reception Teaching Assistant will take the medication over to the Nurse who will store it in her fridge. In the Nursery the member of staff will place it in the medicine box in the fridge in Little Oaks kitchen.

Nursery/Reception will arrange for the School Nurse to come to Little Oaks at the appropriate time to administer the correct dose.

The medicine can then be collected from the Supervisor/Reception Teacher/Deputy Manager by the parent at the end of the day. An 'administration of medicines' note will then be given to the person collecting the child confirming time medicine was administered etc.

During the holidays, when the Nurse is not on site, the contracted Nursery staff have completed 'Medicines Awareness for Schools' & can therefore administer prescribed medicines. A Medication Administration Record book records all medicines during these periods. EYFS staff are all paediatric first aid trained.