URMSTON GRAMMAR

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

September 2016

Protecting Our Students

A copy of this policy is to be found on the Y Drive under 'Safeguarding Policies' and on our school website.

1. Introduction

This policy has been developed to ensure all students at Urmston Grammar with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It complies with the statutory requirement laid out in the DfE document "Supporting pupils with medical conditions" (April 2014)

- The Children and Families Act 2014 (section 100) places a duty on governing bodies of academies to make arrangements for supporting pupils at their school with medical conditions
- It is the school's intention that all pupils at the school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education

This policy describes the management systems and arrangements in place to create and maintain a safe learning environment for all our children, young people and staff. It identifies actions that should be taken to redress any concerns about child welfare.

Safeguarding and promoting the welfare of children and young people goes beyond implementing basic child protection procedures. It is an integral part of all activities and functions of Urmston Grammar. This policy complements and supports other relevant school and Local Authority policies.

The governing body will ensure that arrangements are in place in schools to support pupils with medical conditions and that Health and social care professionals, pupils and parents will be consulted to ensure that the needs of pupils with medical conditions are effectively supported.

The policy registers an awareness that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well.

As children's health needs may change over time, in ways that cannot be predicted, extended absences may result, thereby generating the need for considered reintegration together with emotional and educational support meaning there is a need for short term and frequent absences to be effectively managed;

This policy covers the social and emotional implications associated with medical conditions and the support that can/should be offered and should be read in conjunction with the Special Educational Needs policy in the event that a pupil with a medical condition also has a statement or an EHC plan.

2. Unacceptable practice

Although staff should use their discretion and judge each case on its merits with reference to the pupil's individual health needs, it is generally not acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plan;
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise pupils for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent pupils from participating, or create unnecessary barriers to children participating in any aspect of school life, including PE and school trips, eg by requiring parents to accompany the child.

3. Identification of a medical condition process

- All incoming pupils are issued with an admissions form to be completed in which medical conditions are identified by the parent/guardian. *In the event of a sixth form student failing to return this document, then admission to the school site will not be permitted after the announced date until the completed form is received;*
- Once per year, all parents are contacted in writing to determine if a child has developed a medical condition that the school is unaware of. The returns are logged and on the school information management system - SIMS;
- Positive information relating to a medical condition that is generated by these methods is to be passed onto the designated Child Protection and Safeguarding member of staff who will, liaise with the SENCo regarding the development of an Individual Health Care Plan (IHCP) for the named pupil. This document is shared with all stakeholders before it is authorised. For further information about the Individual Health Care Plan system, see point 4 below;
- Should a pupil develop a medical condition during the course of the school year, then this information should be shared with school at the earliest opportunity by the parent/guardian;
- All known and reported medical conditions are kept recorded on SIMS and accessible to teaching and support staff. SIMS is updated whenever necessary (at least annually) and must be referred to by teaching and support staff when encountering pupils for the first time and when preparing to lead or participate in a trip out of school.

4. Individual Health Care Plan process

- Urmston Grammar has utilised a management plan system in school since 2008. This is now known as the Individual Health Care Plan (IHCP);
- Each IHCP is devised in a similar format to reduce confusion.

The format is:

a. Name and form of pupil (plus a photo);
b. Details of diagnosis;
c. Presentation of the medical condition;
d. On-going assistance (to be delivered at all times);
e. Reactive assistance (to be delivered in the event of a medical development as detailed);
f. Medical Contacts – including names and contact details of professional healthcare workers involved;

g. Date of IHCP plus its status (ie Draft or Authorised);

- The detail of each IHCP is devised following consultation with the parents, pupil and relevant medical healthcare workers;
- During the interim period between a condition being notified to the school and an authorised IHCP being put in place, the draft plan will be initiated as quickly as possible and will constitute the care and support initially provided;
- The latest version of the IHCP is placed in a named pupil folder on the Y drive under the tab 'Student Medical IHCP'. When a IHCP is updated then the older version is removed and electronically filed by the SENCo;
- Updates/new IHCP's are communicated to staff during the Friday briefing;
- A paper copy of the latest version of each IHCP is kept **INSIDE** a cupboard in the main school office. These plans are for ready access and are positioned to NOT be seen by unauthorised people when the door is open. Copies are also posted in the staffroom on a covered notice board
- Paper copies are also issued to the Catering Manager to ensure that catering and mid-day staff are aware of medical conditions;
- Teaching staff are directed to refer to SIMS and then to make a discreet note in record books, adjacent to the names of relevant pupil(s) in their teaching groups, to indicate that an IHCP is in place. In the event of cover work being set, this information **must** be relayed to the cover/supply teacher;
- Where the school has been notified, all students with medical needs will be indicated on SIMS.

5. Training Needs

- At the time of writing each IHCP, the need for additional training is considered. Urmston Grammar ensures that First Aid training is delivered to the nominated members of staff. When additional training is needed then this will be secured from the relevant healthcare professionals;
- It is recognised at Urmston Grammar that it is sometimes pertinent to deliver first aid training or information about the specific medical condition to pupil(s) in order to promote greater awareness, understanding and care for the named pupil. In the instances when this happens, it is always done with the consent of the named pupil;
- With the consent of the relevant pupil and their parents, friends of the pupil may also receive appropriate training/information pertinent to the condition;
- Appendices attached give information about the main medical conditions in school with action flow charts where necessary. Further appendices will be added when appropriate and staff will be informed of the addition(s);
- Relevant flow charts (laminated) are displayed in the First Aid room.

6. Support

- Again, it is recognised that when pupils' medical conditions result in absences from school then anxiety about missed academic work and/or social issues can generate further difficulties. Accordingly:
  - In absences exceeding five school days, parents/guardians can request work to be collated and arranged to be sent to the absent pupil. This will not always be deemed necessary by the family. Work requests will be made by email and deadlines cited in the email must be adhered to;
  - In the event of longer term absences, discussion between the parent, pupil and relevant Pastoral Leader, will take place, when appropriate, prior to the return of the pupil and reintegration options will be shared and decided upon. Any approach deemed appropriate to the Pastoral Leader, pupil and parents can be used.

Past approaches have included:

- A part-time timetable for determined periods to assist with reintegration;
- The use of nominated pupil buddies to be offered to meet the pupil upon their return;
- With consent, the form group given agreed information about the medical condition to develop a wider support network for the pupil and to reduce the possibility of bullying occurring due to ignorance;
- Access to the sick room for sleeps/rests rather than recovering pupils needing to leave school when they are unable to continue with lessons;
- Use of technology (eg laptop or photocopier) if this will assist with note making and/or homework completion;
- Differentiated work to facilitate easing back into school;
  - Use of home tuition agencies to be initiated as and when appropriate. This may necessitate the sharing of relevant schemes of work/materials between teachers and Home Tutors;
- When a pupil with a medical condition returns to school, anxiety re the possible worsening of the condition whilst at school can be felt by the pupil and parents/guardians. In order to minimise this anxiety, the IHCP mechanism is explained to all parties and the process for the storing and taking medication will be discussed. Additionally, the school's policy to keep in contact with the parents (using support staff when appropriate) will be reiterated;
- It will be pertinent in some cases to discuss with parents the arrangements for the pupil's journey to and from school;
- When the pupil is in school, regular meetings will be held with an identified member of staff and the named pupil to determine how the processes are working and if any unplanned for issues need addressing.

7. Medication Issues

It may be necessary for pupils with medical conditions to access prescribed medication during the school day. Whenever possible, pupils should be supported in school to manage their own medicines. It may be necessary however, to store some medications. The following points should be noted:

- Medicines should only be administered at school when it would be detrimental to a pupil's health not to do so;
- As no pupil under 16 should be given prescription or non-prescription medicines without parental written consent (except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parent), parents/guardians should be informed at the start of each academic year (via the Medical Conditions update letter) that written consent is required in the event of medication being brought into school;
- Whenever possible, pupils should be allowed to carry their own medicines and relevant devices or they should be able to access their medicines for self-medication (possibly with pre-determined support] quickly and easily;
- Regular Epipen training will be given to teaching staff, First Aiders and Catering Staff;
- Urmston Grammar will continue with the practice of <u>not</u> issuing pain killing medication eg paracetamol to pupils;
- Parents are to check that incoming medication is within date. Medication brought to the main office for secure storage should also be checked by office staff to ensure it is within date;
- Medicines and devices to be stored within school should be taken to the main office. The medication should be in a labelled container and have the dosage requirements clearly detailed. The medications will be kept securely in a cabinet that is accessed ONLY by authorised staff. In the instance of asthma inhalers, blood glucose testing meters, adrenaline pens, as the office is always manned, then there will be no instance of a pupil not being able to access their item when/if it is required;
- A record will be kept of all instances of a drug being administered including the pupil's name, date and time, name of the medicine and the name of the member of staff who observed the medication being taken.

8. School Trips

- In the event of any pupils being taken out of school on an authorised trip, then the leading member of staff MUST check on SIMS in order to ensure any pupil with a medical condition is correctly considered during all stages of the planning process and the actual trip;
- Where in place, the IHCP must be referred to;
- Any medication or device kept in school for the named pupil(s) must be signed out of the office, taken on the trip and then returned to the office to be re-signed in upon the return of the trip.

9. Emergency Procedures

- In the event of a pupil with a known medical condition becoming seriously unwell, then the Reactive Assistance guidance given in the IHCP should be followed and First Aid should be called for;
- Whether or not a pupil has a IHCP, in any instance of concern being generated about a pupil's health then the named parent/guardian must be contacted after First Aid assistance is requested;

- In the event of a pupil requiring ambulance/hospital assistance then a copy of the pupil's record should be printed from SIMS together with a copy of their IHCP if appropriate, and handed to the health workers;
- If a pupil needs to be taken to hospital, a member of staff should stay with the pupil until the parent/guardian arrives, or accompany the pupil to the hospital;
- Any member of staff calling for ambulance assistance MUST ensure that the ambulance is directed down the cricket drive from Moorside Road (for ease of access) and that the gates are unlocked in preparation for the arrival of the ambulance;
- A defibrillator is now in school but must not be used until appropriate training has been given.

10. **Confidentiality and Sharing of Information within School**

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time. To this end, we will:

- disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.
- Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.
- ensure that arrangements are in place to inform new members of staff of the child's medical needs.
- ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

11. Incidents Outside of Normal School Hours

There will be occasions when students are on school premises before normal school hours or when the majority of staff have left school for the evening. For example, when a detention has been issued or where students are seeking additional support from a teacher. Should a student become unwell this may mean a First Aider is not available. On such occasions staff should remain with the student and attempt to summon help, if possible using a mobile phone. If in any doubt staff should call 999.

Anaphylaxis Guidance

This Guidance is general information and advice so that pupils with Anaphylaxis can be as fully included as possible in school life. Schools will need to consult the relevant health professional where pupils have high level medical needs because of Anaphylaxis.

Anaphylaxis is a disability under the terms of the Disability Discrimination Act, so schools will need to make reasonable adjustments.

ANAPHYLAXIS

What is it?

- This is a severe and life threatening allergic reaction.
- Allergies among pupils are increasing.
- It happens when the immune system reacts inappropriately to a trigger allergen which it sees as a threat.
- It can be accompanied by shock which is the most extreme form.
- **It is life threatening if not treated promptly with adrenaline.**

Triggers:

- Peanuts (legumes) and tree nuts
- Foods (e.g. dairy, egg, shellfish, fish, soya)
- Insect stings
- Latex
- Drugs

Treatments

- Anti Histamines
- Injectable adrenaline (Epipen)

What does a pupil with an emergency look like? (Signs can include the following):

- Flushed skin (generalised anywhere on the body)
- Nettle rash (hives)
- Difficulty swallowing or speaking
- Swelling of throat and mouth
- Severe asthma symptoms
- Abdominal pain
- Weakness (sudden drop in blood pressure)
- Collapse/unconsciousness

A list of actions to be carried out by the nearest member of staff trained to assist

- Assess the situation
- Follow the emergency procedure given by the paediatrician or the protocol given by the pupil's doctor
- Give the medication in line with procedures (note the time in case a second dose is needed)
- Call 999 (if the Epipen was given)

GIVE THE EPIPEN

- The NAMED Epipen should be retrieved from the school medicines cabinet
- It should then be administered by a member of staff who has undergone the relevant Trafford training for that academic year and who has signed the authorising document
  The Epipen is placed alongside the outer, upper thigh on top of clothing as per instructions from training:
  Remove the cap.
  Hold it 5-120 cms away at right angles to the thigh and jab firmly.
  Hold for 10 seconds (count).
  Remove device and massage the area for 10 seconds.
  Put the device in a rigid container.
  Note the time.

CALL 999

- State the name of the child
- State that you believe they have anaphylaxis
- State the trigger (if known)
- State the name, address and number of the school.
- Position a member of staff to direct the crew to where the pupils is located.
- Give the ambulance crew the used injector/s.

The second pen can be administered after 5 minutes if there is no improvement and if the ambulance has not arrived.

CALL THE PARENTS

The pupil should be lying down unless there are breathing difficulties.

If the pupil is weak or faint they may be in shock and should be put in a lying position with legs raised.

Useful references

The Anaphylaxis Campaign - http://www.anaphylaxis.org.uk/home.aspx

Allergy In Schools - http://www.anaphylaxis.org.uk/information/Schools/information-for-schools.aspx

Action for anaphylaxis - http://www.anaphylaxis.org.uk/Products.aspx?p=1

NHS Direct - http://www.nhsdirect.nhs.uk/

Anaphylaxis UK - http://www.anaphylaxis.co.uk/

MANAGEMENT OF ANAPHYLAXIS USING A PRESCRIBED AUTO-INJECTOR (Trained Staff Only)

Child presents with sudden illness displaying one or more of the symptoms listed (usually within minutes of contact with a known allergen)

↓

Call an ambulance (specify the problem is anaphylaxis), and collect auto injector.

↓

Contact the child's parents/carers

↓

Ensure the child is in a comfortable position – usually lying down with feet elevated unless there are breathing difficulties.

↓

Adrenaline should be administered into outer side of thigh between knee and hip as soon as possible, by an individual who has received training in the administration of an auto-injector.

Time of dose to be noted and used auto-injector to be retained.

↓

If the child is not breathing or without pulse, basic life support should be commenced.

If there is no improvement within 5 minutes, a second injection may be given.

↓

Staff member must accompany the child to hospital, together with any documentation and used/unused auto-injectors.

SYMPTOMS MAY INCLUDE:

Swelling of throat, mouth or tongue

Difficulty in swallowing or speaking

Alterations in heart rate

Severe difficulty breathing

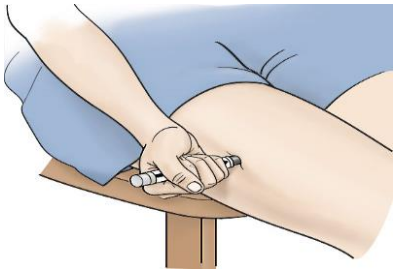
Sudden feeling of weakness (drop in blood pressure)

GUIDELINES FOR USING AND ADRENALINE AUTO INJECTOR EPIPEN®/ANAPEN® (Trained Staff Only)

(Instructions with a good diagram are provided in the box)

Give the injection into the middle of the outer/front thigh. The injection can be given through clothing.

- Remove the injector from the packaging.
- Remove the safety cap.
- Hold the injector firmly in your fist, place on thigh with the tip at right angles to the skin.
- Press hard onto thigh
- Epipen – Press hard *(there should be a click)*
- Anapen – Press the trigger at the top.
- Hold in place for 10 seconds
- Remove the pen and rub the area for 10 seconds
- Call an ambulance even if the child improves
- Stay with the child



- If no improvement occurs a second dose may be given after 5 –10 minutes. If a second dose is required where possible choose the opposite leg.
- The child will require a period of hospital observation.
- Ensure the child is in a comfortable position, preferably lying down with legs elevated unless there are breathing difficulties.

DIABETES GUIDANCE

What is Diabetes?

Diabetes Mellitus is a life-long condition, in which the amount of glucose (sugar) in the blood is too high due to ineffective insulin secretion or insulin action or both.

There are two main types of diabetes:

Type 1 Diabetes
Most children will have type 1 diabetes, meaning that they can no longer produce insulin, because the insulin producing cells in the pancreas have been destroyed. Without insulin body cannot use glucose properly. Type 1 diabetes is fatal without life-long insulin therapy.

Type 2 Diabetes
Type 2 Diabetes is most common in adults; however the number of children with type 2 Diabetes is increasing, largely due to lifestyle and an increase in childhood obesity. People with type 2 Diabetes still produce insulin however this may be insufficient for their needs or the insulin produced may not be able to work effectively. Type 2 Diabetes can be managed with diet and exercise initially but will require medication at some stage. This medication may be tablets and/or injections.

The incidence of both type 1 and type 2 diabetes in students is rising each year. The information in this policy will focus on type 1 diabetes.

Rationale

Diabetes is one of the most common chronic lifelong conditions in children and young people affecting approximately 20,000children of school age in UK (Diabetes UK 2008).

The ultimate goal is that students with diabetes are facilitated to self-manage their condition according to their chosen management plan.

Diabetes can be managed effectively within school, however an understanding of the condition by school staff is essential, with appropriate support and management, students with diabetes can enjoy school life to the full with their diabetes rarely stopping them from participating in school activities.

Aim

To support students with diabetes within the school setting.

Recommendations, Roles and Responsibilities

Schools have a common law `duty of care` to act in the same manner as a responsible parent/carer, to ensure students with diabetes are healthy and safe.

Parents/carers have the prime responsibility for their child`s health and should provide schools and day care settings with sufficient information about their child's diabetes. They should arrange a meeting with the relevant Head of School before the child starts school or when diabetes first develops.

How is Diabetes treated?

Children with type 1 diabetes manage their diabetes with **insulin** taken via injection or using an insulin pump, **regular blood glucose monitoring** and carefully managed **diet** and **exercise**.

Insulin

Most children use a **pen device** making it easier for them to do their own injections. Insulin is injected into the fatty tissue just under the skin. The thighs, upper arms, stomach and buttock areas are commonly used. Pen needles are often much thinner and shorter than people expect making the injection more comfortable.

Multiple Daily Injections

Most children now inject insulin 4-5 times a day and therefore often need a lunchtime injection at school.

Children who inject insulin at lunchtime may need a little extra time before lunch to accommodate their injection.

Insulin Pumps

Some children use an insulin pump instead of injections. An insulin pump is about the size of a pager and is connected by thin tubing to a small cannula inserted under the skin.

The pump delivers a small amount of insulin continuously and extra insulin can be given with food.

Twice daily Injections

Some children have insulin twice a day although this is now becoming more uncommon treatment.

Injecting at school

Appropriate support and training from the Paediatric Diabetes Team must be provided where schools agree to give or supervise injections.

Blood Glucose Monitoring

Blood glucose monitoring is a very important way of monitoring diabetes control.
People who do not have diabetes have blood glucose levels that stay between 4-7mmols/l.

The target for people with diabetes is 4-8 mmols/l however this is difficult to achieve during puberty.

Most students with diabetes will test their blood glucose levels several times each day and most children will need to test at least once whilst at school.

Doing a blood glucose test is simple enough for most school age children to be taught how to do this themselves. They will simply need a suitable place in school to do so. Some children may require adult supervision to carry out the test and/or interpret the results. Students should be allowed to

keep their blood glucose testing meter with them if appropriate. This information will be documented in the Management Plan.

When to test

- **Before lunch:** Many children will do a blood glucose test immediately before lunch. This provides information to assist decision-making about the effectiveness of the insulin dose that was given at breakfast. If the child has insulin with lunch, this dose may be adjusted depending on the blood glucose level at that time.
- **Before activity:** Some children may wish to test before or after PE to help reduce the risk of a hypoglycaemic episode. A blood glucose test is definitely recommended before swimming and will help to determine how much additional carbohydrate (CHO) to give (see section on **exercise**).
- **Hypo (low blood glucose) symptoms:** It is always preferable to confirm a low blood glucose level by testing, as it can be difficult to differentiate between high and low symptoms. If blood glucose level is below 4mmol/l there is not enough glucose in the blood (see section on **hypoglycaemia 3.8**).
- **If the child is unwell:** It is essential to monitor blood glucose levels more frequently during illness. If a child becomes unwell at school and has a blood glucose meter in school, a test should be done immediately. If blood glucose level is above 14mmols/l there is too much glucose in the blood (see section on **hyperglycaemia 3.9**).

There may be other times (such as during exams, other periods of stress, or when reviewing insulin doses) when more frequent testing may be needed.
The Individual Healthcare Plan should state clearly when blood glucose monitoring is required.

Exercise, Activities and PE

Exercise is important for all students, to reduce their risk of heart disease. People with diabetes are more at risk of heart disease than the general population so it is essential that children with diabetes are included in exercise activities in school safely. PE staff must be aware that the child has diabetes and how exercise may affect them.

Exercise uses fuel (carbohydrate) and therefore lowers blood glucose. The risk in someone with Type 1 diabetes is that their blood glucose will go too low (hypoglycaemia), during or after exercise.

This can be prevented by:

- eating a small carbohydrate containing snack before exercise (e.g. biscuit, fruit, cereal bar)
- eating a small carbohydrate containing snack or drink, before and/or during exercise if it is prolonged (more than 45 minutes)
- ensuring usual school meals are not delayed after exercise
- older children may alter their insulin around exercise and therefore may not need to eat

Students should have easy access to their hypoglycaemia treatment in the place where the activity is happening. Staff must be aware how to treat a hypoglycaemic episode.

Students should be encouraged to test their blood glucose before exercise, particularly swimming due to the added risk of activity involving water. Blood glucose levels should be between 8-14mmol to safely participate in sport, exercise or activities. If below 8mmol, give a snack as described above.

If above 14mmol and/or showing signs of hyperglycaemia (drinking excessively or passing lots of urine), exercise should be avoided.

Hypoglycaemia (low blood glucose <4mmol/l)

Hypoglycaemia (hypo), or low blood glucose, occurs when the level of glucose in the blood is too low. This may be due to too much insulin, too little food, exercise, stress or warmer weather. Each student will have unique signs and symptoms when their blood glucose level is too low and these must be stated clearly in the health care plan. Students may become drowsy, feel dizzy/shaky, lose concentration, or behave erratically.
Children should be allowed to test their blood glucose level and access emergency glucose if a hypo is suspected. A hypo kit should be provided by the child's parents/carers. All staff need to know where the hypo kit is kept. Students should not be reprimanded if they are eating in prohibited places within the school as they may be treating a hypo.

Do not ask the student to go to the first aider/office to treat a hypo as this uses more energy and will make the hypo worse. Always treat the student in their present situation.

Low blood glucose levels constitute a medical emergency and must be treated immediately. The health care plan should state clearly the action required.

Staff should be aware that cognitive function can be affected for several hours after an episode of hypoglycaemia, therefore children may not perform as well as expected academically.
Students taking examinations should be allowed to check their blood glucose level immediately before an exam and to take food and drink with them in case of hypoglycaemia. Prior to exams, a request for special consideration relation to the impact of examination stress on blood glucose levels should be made in writing to the education authority/exam board.

Preventing a hypo at school

- Follow the dietary advice to ensure the child has their snacks and lunch on time.
- Ensure the child eats their snacks and lunch and provide an alternative if they don't.
- Ask staff in the dining room to inform you if the child has not eaten very much lunch so an early snack can be given.
- Give extra carbohydrate before activity.

Repeated episodes of mild hypoglycaemia may result in an episode of severe hypoglycaemia so it is vital to liaise closely with the parents/carers to discuss any concerns that you have and let them know if the child has experienced any hypoglycaemia in school. (If the hypo is mild and has been managed in school the information can be given to parents/carers at the end of the school day.

Severe Hypoglycaemia

Severe symptoms of hypoglycaemia are temporarily disabling and the assistance of another person is required to treat the hypo. During a severe hypo the child has impaired consciousness, is unconscious or may have a convulsion. As the student is unable to swallow, nothing should be given by mouth.

Treatment of a severe hypo in school

- Stay with the child all the time.
- Check the airway to make sure it is clear.

- Put the child onto their side into the recovery position. This is the safest position should the child vomit.
- Call an ambulance.
- Inform the parents/carers

Hyperglycaemia (high blood glucose >14mmol/l)

Hyperglycaemia, or high blood glucose, occurs when the level of glucose in the blood is too high. This may be due to too much food, not enough insulin, stress or illness.
Students may become lethargic or behave erratically and are often very thirsty and pass lots of urine. Students should be allowed to test their blood glucose level and to drink water and use the toilet freely if needed.
Prolonged hyperglycaemia can lead to a very serious condition called Diabetic Ketoacidosis (DKA). DKA can take from just a few hours to several days to develop but can be life threatening, so early recognition is essential.

If the student is wearing an insulin pump, immediate action is required if a high blood glucose level is suspected in case of pump failure/blockage. The Management Plan should state clearly the action required.

High blood glucose levels and illness constitutes a medical emergency. The Management Plan should state clearly the action required.

School Day Trips and Residential

Students are likely to be excited and much more active during school trips and therefore diabetes management will need tailoring accordingly. Insulin doses may need to be reduced, extra carbohydrates may be required and additional supervision and blood glucose monitoring may be needed to prevent hypoglycaemia.

Careful planning is necessary and it is recommended that school staff meet with the child/parents/carers and the diabetes team to discuss the student's needs. They can then ensure that appropriate action is taken to enable the student to participate fully and safely on school trips. A risk assessment will be needed and additional safety measures may need to be taken. For residential trips it is often useful if a copy of the itinerary and sample food menus are available at this meeting.

The child's individual Management Plan should also be reviewed at this time and a copy should be taken on the trip.

ASTHMA ATTACK GUIDANCE

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

- Take your reliever inhaler (usually blue), immediately
- Sit down and ensure that any tight clothing is loosened. Do not lie down
- If no immediate improvement during an attack, continue to take one puff of your reliever inhaler every minute for five minutes or until symptoms improve
- If your symptoms do not improve in five minutes – or you are in doubt – call 999
- Continue to take one puff of your reliever inhaler every minute until help arrives

You are having an asthma attack if any of the following happen:

- Your reliever does not help symptoms
- Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- You are too breathless to speak, eat or sleep
-

Do not be afraid of causing a fuss. If you are admitted to hospital or an accident and emergency department because of your asthma, take details of your medicines with you.

After an emergency asthma attack:

- Make an appointment with your doctor or asthma nurse for an asthma review, within 48 hours of your attack
- You will also need another review within one or two weeks after your asthma attack to make sure your symptoms are better controlled
-

Do not ignore worsening symptoms:

Most people find that asthma attacks are the result of gradual worsening of symptoms over a few days. If your asthma symptoms are getting worse do not ignore them! Follow your personal asthma action plan. If symptoms continue to get worse make an urgent appointment to see your doctor or asthma nurse. Quite often, using your reliever is all that is needed to relieve your asthma symptoms when you start to have an asthma attack. At other times, symptoms are more severe and more urgent action is needed.

WHAT TO DO IF A CHILD/YOUNG PERSON HAS AN ASTHMA ATTACK IN SCHOOL

Child/young person (CYP) presents as wheezy, breathless, tight chested or coughing continuously

- Give blue inhaler Immediately, usually normal dose of 2-4 puffs
- Sit them down
- Stay with CYP and reassure them
- Loosen tight clothing

Have symptoms improved after 5 minutes?

YES

- Resume normal activities
- May need blue inhaler every 4 hours
- Inform parents/carers

NO

Repeat dose of blue inhaler and stay with the CYP

Have symptoms improved?

YES

NO

Give 1 puff of the blue inhaler every minute until help arrives

- Stay with the CYP
- Get someone to call an ambulance then the parents/carers
- KEEP REPEATING THE DOSE AS ABOVE

When calling an ambulance remember to give the following information:

- **Location – landmarks, best entrance to school etc**
- **State CYP having an asthma attach**
- **Description of situation if able, i.e. age of CYP, symptoms, response to inhaler/medication given**

EPILEPSY GUIDANCE

Types of Seizure and Symptoms

Simple partial seizures

- twitching
- numbness
- sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of deja vu.

Complex partial seizures

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing.

Atonic seizures

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.
- *Myoclonic seizures*
- brief forceful jerks which can affect the whole body or just part of it
- the jerking could be severe enough to make the person fall.

Absence seizures

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head.
- Look for an epilepsy identity card or identity jewellery. These may give more information
- about a student's condition, what to do in an emergency, or a phone number for advice on how to help.
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm and reassure the person.
- Stay with the person until recovery is complete.

Don't

- Restrain the student
- Put anything in the student's mouth
- Try to move the student unless they are in danger

- Give the student anything to eat or drink until they are fully recovered
- Attempt to bring them round

Dial 999 if...

- You believe it to be the student's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- The student is injured during the seizure.
- You believe the student needs urgent medical attention.