Medical Conditions at School

A policy resource pack
Introduction

This document has been written by a group of organisations working in collaboration to assist your school to develop an effective school-wide policy for children and young people with medical conditions.

Properly implemented and regularly evaluated and updated, a medical conditions policy will ensure children and young people with medical conditions at your school can:
+ be healthy
+ stay safe
+ enjoy and achieve
+ make a positive contribution
+ achieve economic well-being.

Ideally a medical conditions policy should be a stand-alone policy to ensure it receives due attention within your school, but it can also be integrated into the school’s current health, first aid, health and safety or healthy schools policies.
If your school already has a related policy or one that refers to elements covered in the framework (for example, your school may already have a policy on the storage of medicines, or an asthma or anaphylaxis policy) then this can be integrated into your new medical conditions policy.

All policies should be developed taking into consideration up-to-date legislation and guidance. At the time of publication of this pack (September 2007), resources to reference from the Department for Children, Schools and Families (DCSF)* and the Department of Health include:

+ Managing Medicines in Schools and Early Years Settings
+ Implementing the Disability Discrimination Act in Schools and Early Years Settings
+ Healthy Schools frameworks
+ Every Child Matters; Change for Children
+ Including Me (published by the DfES and the Council for Disabled Children).

* The Department for Children, Schools and Families was previously known as the Department for Education and Skills (DfES).
How to use this resource

Policy

Policy statement
This section will help your school set out its commitment to ensure the safety of pupils with medical conditions. Your school can use this as a standard statement about the overall purpose of your medical conditions policy. This is helpful for use in documents like the school prospectus.

Policy framework
This section sets out the essential points of a school medical conditions policy. This should be used as the framework for your school’s policy. It is important that your medical conditions policy incorporates all these elements.

Policy example and guidelines
This section provides further detail on each numbered point in the policy framework and provides examples of how your school could implement and maintain an effective medical conditions policy.

To demonstrate how you meet the policy framework, your school can use, add, subtract or amend points from the example policy and guidance section when you are developing and updating your own policy. For example, residential schools may want to add a clause about how pupils with medical conditions can be supported to manage their condition through a written care/self-management plan*.

This section has been written and designed to make it easy for you to identify relevant action points for discussion with colleagues and to cut and paste into your own policy. This section should be kept to help your school review and update the policy.

The policy example and guidelines is available as a text file to download from www.medicalconditionsatschool.org.uk. You can easily adapt this by cutting and pasting in your own information when you put together and update your school’s medical condition policy.

Legislation and guidance
This section provides a list of resources and guidance that your school may find helpful to reference when writing your own medical conditions policy.

Further advice and resources
This section provides information on where to go for further advice on individual medical conditions.

* Written care/self-management plans give people with medical conditions and their carers information about how to monitor their own condition on a day-to-day basis. Healthcare Plans referred to in this pack are for school activities only.
Anaphylaxis
This section provides information on anaphylaxis including its symptoms, medication and treatments, triggers and emergency procedures.

Asthma
This section provides information on asthma including its symptoms, medication and treatments, triggers and emergency procedures.

Diabetes
This section provides information on diabetes including its symptoms, medication and treatments, triggers and emergency procedures.

Epilepsy
This section provides information on epilepsy including its symptoms, medication and treatments, triggers and emergency procedures.

Appendices
Forms
These forms will help your school implement a medical conditions policy. These are easily photocopied.

Posters
Emergency procedure posters for the four conditions included in this pack: anaphylaxis, asthma, diabetes and epilepsy.
Contents

Policy statement 1.1
Policy framework 1.2
Policy example and guidelines 1.3
Legislation and guidance 1.21
Further advice 1.23
Policy statement

+ This school is an inclusive community that aims to support and welcome pupils with medical conditions.
+ This school aims to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure they can:
  + be healthy
  + stay safe
  + enjoy and achieve
  + make a positive contribution
  + achieve economic well-being.
+ The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
+ All staff feel confident in knowing what to do in an emergency.
+ This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
+ This school understands the importance of medication being taken as prescribed.
+ All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.
These points provide the essential framework for your school’s medical conditions policy.

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions.

2. This school’s medical conditions policy is drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings.

3. The medical conditions policy is supported by a clear communication plan for staff, parents* and other key stakeholders to ensure its full implementation.

4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.

5. All staff understand and are trained in the school’s general emergency procedures.

6. This school has clear guidance on the administration of medication at school.

7. This school has clear guidance on the storage of medication at school.

8. This school has clear guidance about record keeping.

9. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

11. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

12. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

* The term ‘parent’ implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.
Policy example and guidelines

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions

   a. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

   b. This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
   + be healthy
   + stay safe
   + enjoy and achieve
   + make a positive contribution
   + achieve economic well-being.

   c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

   d. This school aims to include all pupils with medical conditions in all school activities.

   e. Parents* of pupils with medical conditions feel secure in the care their children receive at this school.

   f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

   g. All staff feel confident in knowing what to do in an emergency.

   h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

   i. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.

   j. The medical conditions policy is understood and supported by the whole school and local health community.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.
2. This school’s medical conditions policy has been drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings.

a. This school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:
   - pupils with medical conditions
   - parents
   - school nurse
   - head teacher
   - teachers
   - special educational needs coordinator
   - pastoral care/welfare officer
   - members of staff trained in first aid
   - all other school staff
   - local emergency healthcare staff (such as accident & emergency staff and paramedics)
   - local healthcare professionals
   - the school employer
   - school governors.

b. The views of pupils with various medical conditions were actively sought and considered central to the consultation process.

c. All key stakeholders were consulted in two phases:
   - initial consultation during development of the policy
   - comments on a draft policy before publication.

d. This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.
3. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

a. Pupils are informed and regularly reminded about the medical conditions policy:
   + through the school’s pupil representative body
   + in the school newsletter at several intervals in the school year
   + in personal, social and health education (PSHE) classes
   + through school-wide communication about results of the monitoring and evaluation of the policy.

b. Parents are informed and regularly reminded about the medical conditions policy:
   + by including the policy statement in the school’s prospectus and signposting access to the policy
   + at the start of the school year when communication is sent out about Healthcare Plans
   + in the school newsletter at several intervals in the school year
   + when their child is enrolled as a new pupil
   + via the school’s website, where it is available all year round
   + through school-wide communication about results of the monitoring and evaluation of the policy.

c. School staff are informed and regularly reminded about the medical conditions policy:
   + through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents
   + at scheduled medical conditions training
   + through the key principles of the policy being displayed in several prominent staff areas at this school
   + through school-wide communication about results of the monitoring and evaluation of the policy
   + all supply and temporary staff are informed of the policy and their responsibilities.

d. Relevant local health staff are informed and regularly reminded about the school’s medical conditions policy:
   + by letter accompanied with a printed copy of the policy at the start of the school year
   + via primary care trust (PCT) links and the school/community nurse
   + through communication about results of the monitoring and evaluation of the policy.

e. All other external stakeholders are informed and reminded about the school’s medical conditions policy:
   + by letter accompanied with a printed copy of the policy summary at the start of the school year
   + through communication about results of the monitoring and evaluation of the policy.
4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

a. All staff at this school are aware of the most common serious medical conditions at this school.

b. Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

c. All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.

d. Training is refreshed for all staff at least once a year.

e. Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room*.

f. This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

g. This school has procedures in place so that a copy of the pupil’s Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

h. This school has made arrangements with the local hospital to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.

*Emergency procedure posters are provided in this pack for anaphylaxis, asthma, diabetes and epilepsy – see Appendix 2 or download from www.medicalconditionsatschool.org.uk.
5. All staff understand and are trained in the school’s general emergency procedures

a. All staff know what action to take in the event of a medical emergency. This includes:
   + how to contact emergency services and what information to give
   + who to contact within the school.

b. Training is refreshed for all staff at least once a year.

c. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.

d. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

e. Generally, staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate.

6. The school has clear guidance on the administration of medication at school

Administration – emergency medication

a. All pupils at this school with medical conditions have easy access to their emergency medication.

b. All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

c. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

d. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – general

e. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at this school.

f. This school understands the importance of medication being taken as prescribed.
g. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

h. There are several members of staff at this school who have been specifically contracted to administer medication.

i. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil’s parent.

j. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.

k. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

l. In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.

m. Parents at this school understand that if their child’s medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

n. If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

o. If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

p. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

q. If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

r. If a pupil misuses medication, either their own or another pupil’s, their parents are informed as soon as possible. These pupils are subject to the school’s usual disciplinary procedures.
7. This school has clear guidance on the storage of medication at school

Safe storage – emergency medication
a. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

b. Most pupils at this school carry their emergency medication on them at all times. Pupils keep their own emergency medication securely.

c. Pupils at this school are reminded to carry their emergency medication with them.

d. Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

Safe storage – non-emergency medication
e. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.

f. Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

h. All controlled drugs are kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves.

i. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.

j. The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil’s name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.

k. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil’s name, the name of the medication, expiry date and the prescriber’s instructions for administration, including dose and frequency.

l. Medication is stored in accordance with instructions, paying particular note to temperature.

m. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
n. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

o. It is the parent’s responsibility to ensure new and in-date medication comes into school on the first day of the new academic year.

Safe disposal

p. Parents at this school are asked to collect out-of-date medication.

q. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

r. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

s. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child’s GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

t. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil’s parent.

u. Collection and disposal of sharps boxes is arranged with the local authority’s environmental services.

8. This school has clear guidance about record keeping

Enrolment forms

a. Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Healthcare Plans

Drawing up Healthcare Plans

b. This school uses a Healthcare Plan to record important details about individual children’s medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

See Appendix 1 – Form 1

c. A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:
+ at the start of the school year
+ at enrolment
+ when a diagnosis is first communicated to the school.

d. If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil’s parents to complete.

See Appendix 1 – Form 2

See Appendix 1 – Form 3a
e. The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil’s Healthcare Plan together. Parents then return these completed forms to the school.

f. This school ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

**School Healthcare Plan register**

- g. Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

- h. The responsible member of staff follows up with the parents any further details on a pupil’s Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

**Ongoing communication and review of Healthcare Plans**

- i. Parents at this school are regularly reminded to update their child’s Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

- j. Staff at this school use opportunities such as teacher–parent interviews and home–school diaries to check that information held by the school on a pupil’s condition is accurate and up to date.

- k. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

**Storage and access to Healthcare Plans**

- l. Parents and pupils at this school are provided with a copy of the pupil’s current agreed Healthcare Plan.

- m. Healthcare Plans are kept in a secure central location at school.

- n. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils’ Healthcare Plans. These copies are updated at the same time as the central copy.

- o. All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

- p. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

- q. This school ensures that all staff protect pupil confidentiality.

- r. This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

- s. This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.
Use of Healthcare Plans

Healthcare Plans are used by this school to:

+ inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
+ remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
+ identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
+ ensure that all medication stored at school is within the expiry date
+ ensure this school’s local emergency care services have a timely and accurate summary of a pupil’s current medical management and healthcare in the event of an emergency
+ remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

t. If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child’s Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.

u. All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

v. If a pupil requires regular/daily help in administering their medication then the school outlines the school’s agreement to administer this medication on the pupil’s Healthcare Plan. The school and parents keep a copy of this agreement.

w. Parents of pupils with medical conditions at this school are all asked at the start of the school year on the Healthcare Plan if they and their child’s healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

Residential visits

x. Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil’s current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours. See Appendix 1 – Form 5

y. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil’s Healthcare Plan.

z. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
aa. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. 
See Appendix 1 – Form 5

Other record keeping

bb. This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.
See Appendix 1 – Form 3a and 3b

c. This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
See Appendix 1 – Form 4

dd. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.
See Appendix 1 – Form 4

ee. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

9. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

a. This school is committed to providing a physical environment that is accessible to pupils with medical conditions.

b. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

c. This school’s commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

d. This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

e. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
f. All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school’s anti-bullying and behaviour policies.

g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

**Exercise and physical activity**

h. This school understands the importance of all pupils taking part in sports, games and activities.

i. This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

j. This school ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

k. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

l. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils’ medical conditions when exercising and how to minimise these triggers.

m. This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

n. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

**Education and learning**

o. This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

p. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

q. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school’s SEN coordinator consults the pupil, parents and the pupil’s healthcare professional to ensure the effect of the pupil’s condition on their schoolwork is properly considered.

r. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

s. Pupils at this school learn about what to do in the event of a medical emergency.
Residential visits

1. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

u. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

v. Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is this school’s responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

10. This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this

a. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

c. The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks.

d. Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

See Appendix 1 – Form 6
This school uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school’s policy and procedures are implemented after each review.

Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy

- This school works in partnership with all interested and relevant parties including the school’s governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

**Employer**

**This school’s employer has a responsibility to:**
+ ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
+ ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
+ make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
+ report to parents, pupils, school staff and the local authority about the successes and areas for improvement of this school’s medical conditions policy
+ provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.
Head teacher
This school’s head teacher has a responsibility to:
+ ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
+ liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
+ ensure the policy is put into action, with good communication of the policy to all
+ ensure every aspect of the policy is maintained
+ ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils’ Healthcare Plans
+ ensure pupil confidentiality
+ assess the training and development needs of staff and arrange for them to be met
+ ensure all supply teachers and new staff know the medical conditions policy
+ delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
+ monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
+ update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
+ report back to all key stakeholders about implementation of the medical conditions policy.

All school staff
All staff at this school have a responsibility to:
+ be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
+ understand the school’s medical conditions policy
+ know which pupils in their care have a medical condition and be familiar with the content of the pupil’s Healthcare Plan
+ allow all pupils to have immediate access to their emergency medication
+ maintain effective communication with parents including informing them if their child has been unwell at school
+ ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
+ be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
+ understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
+ ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
+ ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
Teaching staff
*Teachers at this school have a responsibility to:*
+ ensure pupils who have been unwell catch up on missed school work
+ be aware that medical conditions can affect a pupil’s learning and provide extra help when pupils need it
+ liaise with parents, the pupil’s healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
+ use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse or school healthcare professional
*The school nurse at this school has a responsibility to:*
+ help update the school’s medical conditions policy
+ help provide regular training for school staff in managing the most common medical conditions at school
+ provide information about where the school can access other specialist training.

First aider
*First aiders at this school have a responsibility to:*
+ give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
+ when necessary ensure that an ambulance or other professional medical help is called.

Special educational needs coordinators
*Special educational needs coordinators at this school have the responsibility to:*
+ help update the school’s medical condition policy
+ know which pupils have a medical condition and which have special educational needs because of their condition
+ ensure pupils who have been unwell catch up on missed schoolwork
+ ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

Pastoral support/welfare officers
*The pastoral support/welfare officer at this school has the responsibility to:*
+ help update the school’s medical conditions policy
+ know which pupils have a medical condition and which have special educational needs because of their condition
+ ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
Local doctors and specialist healthcare professionals

Individual doctors and specialists caring for pupils who attend this school, have a responsibility to:

+ complete the pupil’s Healthcare Plans provided by parents
+ where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
+ offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
+ ensure the child or young person knows how to take their medication effectively
+ ensure children and young people have regular reviews of their condition and their medication
+ provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
+ understand and provide input in to the school’s medical conditions policy.

Emergency care services

Emergency care service personnel in this area have a responsibility to:

+ have an agreed system for receiving information held by the school about children and young people’s medical conditions, to ensure best possible care
+ understand and provide input in to the school’s medical conditions policy.

Pupils

The pupils at this school have a responsibility to:

+ treat other pupils with and without a medical condition equally
+ tell their parents, teacher or nearest staff member when they are not feeling well
+ let a member of staff know if another pupil is feeling unwell
+ let any pupil take their medication when they need it, and ensure a member of staff is called
+ treat all medication with respect
+ know how to gain access to their medication in an emergency
+ if mature and old enough, know how to take their own medication and to take it when they need it
+ ensure a member of staff is called in an emergency situation.

Parents*

The parents of a child at this school have a responsibility to:

+ tell the school if their child has a medical condition
+ ensure the school has a complete and up-to-date Healthcare Plan for their child
+ inform the school about the medication their child requires during school hours
+ inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
+ tell the school about any changes to their child’s medication, what they take, when, and how much
+ inform the school of any changes to their child’s condition
+ ensure their child’s medication and medical devices are labelled with their child’s full name

* The term ‘parent’ implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.
provide the school with appropriate spare medication labelled with their child’s name
+ ensure that their child’s medication is within expiry dates
+ keep their child at home if they are not well enough to attend school
+ ensure their child catches up on any school work they have missed
+ ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
+ ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

12. The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year

a. This school’s medical condition policy is reviewed, evaluated and updated every year in line with the school’s policy review timeline.

b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

c. In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:
+ pupils
+ parents
+ school nurse and/or school healthcare professionals
+ headteacher
+ teachers
+ special education needs coordinator
+ pastoral support/welfare officer
+ first aider
+ all other school staff
+ local emergency care service staff (including accident & emergency and ambulance staff)
+ local health professionals
+ the school employer
+ school governors.

d. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.
**Legislation and guidance**

**Introduction**

+ Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.
+ Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

**Managing Medicines in Schools and Early Years Settings (2004)**

This provides guidance from the DfES (now DCSF) and DH on managing medicines in schools and early years settings. The document includes the following chapters:
+ developing medicines policies
+ roles and responsibilities
+ dealing with medicines safely
+ drawing up a Healthcare Plan
+ relevant forms.


+ Many pupils with medical conditions are protected by the DDA and SENDA, even if they don’t think of themselves as ‘disabled’.
+ The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools’ responsibilities and other specific issues.

Schools’ responsibilities include:
+ not to treat any pupil less favourably in any school activities without material and sustainable justification
+ to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: *Implementing the DDA in Schools and Early Years Settings*.
+ to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

*DfES publications are available through the DCSF.*
The Education Act 1996
Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000
This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act 1974
This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

Management of Health and Safety at Work Regulations 1999
These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968
This act specifies the way that medicines are prescribed, supplied and administered.

Additional guidance
Other guidance resources that link to a medical conditions policy include:
+ Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
+ Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
+ National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
+ Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
+ Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
+ Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when travelling on local authority provided transport
Further advice and resources

The Anaphylaxis Campaign
PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK
Summit House
70 Wilson Street
London EC2A 2DB
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK
Macleod House
10 Parkway
London NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Epilepsy Action
New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term Conditions Alliance
202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

Department for Children, Schools and Families
Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Textphone/Minicom 01928 794274
Fax 01928 794248
info@dcsf.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Children
National Children’s Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Children’s Bureau
National Children’s Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
www.ncb.org.uk
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The Anaphylaxis Campaign
Asthma UK
Diabetes UK
Epilepsy Action
Long-Term Conditions Alliance
Contents

What is anaphylaxis? 2.1
Signs and symptoms 2.3
Medication and treatments 2.5
Anti-histamines 2.5
Injectable adrenaline 2.5
How to use – EpiPen 2.6
How to use – Anapen 2.6
Medication and treatments at school 2.7
Managing the condition 2.8
Triggers 2.10
Exercise and physical activity 2.16
Emergency procedures 2.17
Other resources 2.19

The content for this section was produced by:

The Anaphylaxis campaign
Helping people with severe allergies live their lives

Registered charity number 1085527
What is anaphylaxis?

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body’s immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:
+ peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
+ other foods (eg dairy products, egg, fish, shellfish and soya)
+ insect stings
+ latex
+ drugs.
On rare occasions there may be no obvious trigger.

Allergies are increasingly common and it is likely that there will be pupils in your school with allergies and some may be at risk of anaphylaxis. Research has shown that 1 in 70 children are allergic to peanuts but this figure may be as high as 1 in 50 if tree nuts are included.
Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

+ generalised flushing of the skin anywhere on the body
+ nettle rash (hives) anywhere on the body
+ difficulty in swallowing or speaking
+ swelling of throat and mouth
+ alterations in heart rate
+ severe asthma symptoms (see asthma section for more details)
+ abdominal pain, nausea and vomiting
+ sense of impending doom
+ sudden feeling of weakness (due to a drop in blood pressure)
+ collapse and unconsciousness.
Nettle rash (hives)

Swelling of mouth

Nettle rash (hives)

Nettle rash (hives)
Medication and treatments

Anti-histamines
Some pupils with severe allergies will be prescribed anti-histamines for use to relieve mild symptoms or as part of their emergency procedure for a severe reaction, or both. If they do need them they will come in either liquid or tablet form.

Directions on when to give anti-histamines should be taken from the pupil’s doctor but be aware that directions may vary from one pupil to another. If anti-histamines are prescribed as part of the emergency procedure they should be kept together with the pupil’s adrenaline.

Injectable adrenaline
Every pupil who is at risk of anaphylaxis should be prescribed an adrenaline injector. Treatment of anaphylaxis requires intramuscular adrenaline – an injection of adrenaline into the muscle. The pupil may be prescribed one of two adrenaline injectors, either the EpiPen or the Anapen. Adrenaline is also called epinephrine.

When to administer adrenaline
Follow directions from the pupil’s doctor and/or the school nurse as to when adrenaline should be given.

However, if the pupil is having any of the following symptoms then these are signs of a serious allergic reaction and adrenaline should be given without delay:
+ difficulty in breathing or swallowing
+ weakness or floppiness
+ steady deterioration
+ collapse or unconsciousness.

Once the injection is given, signs of improvement should be seen fairly rapidly. If there is no improvement or symptoms are getting worse a second injection, if available, may be administered after 5–10 minutes.

If adrenaline has been given, an ambulance must be called and the pupil taken to hospital.

How to administer intra-muscular adrenaline
Adrenaline should be administered into the upper outer aspect of the thigh – see diagram opposite.

Adrenaline injectors (EpiPen or Anapen) should only be administered by members of staff or volunteers who have received training from a healthcare professional (eg the school nurse).

Both injectors are pre-measured and contain a single dose. After use the injector should be made safe by placing in a rigid container and then handed to the paramedic or ambulance crew to be taken with the pupil to the hospital, both for their information and safe disposal.
How to use – EpiPen

+ The EpiPen is administered into the upper outer aspect of the thigh.
+ Remove the grey safety cap, with the black tip facing down.
+ Hold the pen 5–10 centimeters away from, but at right angles to, the thigh and jab firmly.
+ Hold in place for 10 seconds, remove and massage the injection area for 10 seconds.
+ Place the device in a rigid container.
+ Call an ambulance to take the pupil to hospital.

How to use – Anapen

+ The Anapen is administered into the upper outer aspect of the thigh.
+ Remove the black needle cap.
+ Remove the black safety cap from the firing button.
+ Place the pen on the upper outer aspect of the thigh.
+ Press the firing button.
+ Hold in place for 10 seconds then remove.
+ Place the device in a rigid container.
+ Call an ambulance to take the pupil to hospital.

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.
+ If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
+ If there are also signs of vomiting, lay them on their side to avoid choking.
+ If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Please note:
At the time of going to press, we are aware that two other adrenaline injectors will soon be on the market.
Medication and treatments at school

Staff administering medication
+ Where school staff agree to administer treatment and medication to a pupil in an emergency, training sessions must be arranged by the school nurse or matron.
+ If a school nurse is not available, contact the local surgery, allergy clinic or the community paediatrician. The training session should be conducted by a qualified healthcare professional (e.g., a school nurse, an allergy specialist nurse, GP, school doctor or community paediatrician).
+ The training session should include:
  + what is anaphylaxis
  + signs and symptoms
  + emergency procedures, including where and how to administer the pupil's prescribed adrenaline injector.

Adrenaline at school
+ Pupils at risk of anaphylaxis will normally be prescribed one or two adrenaline injectors to keep near them at all times.
+ Schools may request that the pupil's parents* provide an additional one or two adrenaline injectors, to be kept in different locations within the school. The number of injectors prescribed is at the discretion of the pupil's doctor. Each case needs to be taken on its own merits.
+ Adrenaline injectors should be kept in a medical kit. This may also include anti-histamines, reliever inhaler (for asthma symptoms), the written emergency procedure, emergency contact telephone numbers, and anything prescribed by the pupil's doctor.
+ Adrenaline injectors should always be accessible—never in a locked room or cupboard.
+ Store injectors at room temperature.
+ Keep the pupil's medical kit together in one container such as a plastic box with a lid or a specially designed container. Mark the outside of the container clearly with the pupil's name, a green cross indicating its medical content and possibly a photograph of the pupil.
+ Parents are responsible for checking expiry dates of all medication and should replace them as necessary. The ideal time to do this is at the end of each term when the kit should be taken home. Medication should not be left on school premises during school holidays.
+ Depending on the age and level of the pupil they may want to be responsible for their own injector, carry it with them and use if able.
+ Once adrenaline has been administered signs of improvement should be seen fairly rapidly. If there is no improvement, or the symptoms get worse, a second injection may be administered after 5–10 minutes.
+ If adrenaline is given but the pupil is not having an allergic reaction there should be no serious side effects, but their heartbeat could increase and they may have palpitations for a few minutes. However, it is still advisable to take the child to hospital for observation.
+ If the child has other medical needs such as a heart condition the pupil's doctor will need to give advice as to the possible problems associated with giving adrenaline.
+ To dispose of a used adrenaline injector put it in a rigid container and hand to the paramedic or ambulance crew so they know exactly what has been administered.

*The term ‘parent’ implies any person or body with parental responsibility such as foster parent, guardian, carer or local authority.
Managing the condition

Allergen avoidance
It may sound simple, but if a pupil with allergies does not come into contact with their particular allergen, then they will not have a reaction.

Risk assessment
Along with your school Health & Safety risk assessment, a formal allergen risk assessment needs to be carried out and measures taken to reduce risks of an anaphylactic reaction for the pupil with allergies.

Regular communication with the pupil with allergies and their parents
The family are living with this condition and hopefully will know a great deal about daily management. Let them help you.

Kitchens and dining areas should be kept clean of food allergens
Attention should be paid to hygiene and cross-contamination risks. Hot soapy water is good for cleaning surfaces and utensils.

Knowledge of food ingredients at meal and snack times
Pupils with food allergies may often ask about ingredients. If staff keep ingredients lists to hand then these questions can be answered easily and without fuss.

Pupils with allergies should be discouraged from sharing food

Easy access to emergency medicines
Know, at all times, where the pupil’s medicines can be found and who is trained to administer them.

Regular staff training
Training by a healthcare professional should be given to all staff at least once a year. Staff who volunteer to administer an adrenaline injector should have training so they understand when and how to give adrenaline, plus training in daily management techniques. Staff not wishing to volunteer to administer an adrenaline injector should have the management training only.
Medical Conditions at School

anaphylaxis
Triggers

In the case of allergy, the trigger is an allergen – a food or substance that the body’s immune system wrongly perceives as a threat. The severity of a reaction caused by an allergen can vary and is dependent on a number of factors including:

+ how much of the allergen has been taken into the body
+ the general level of health of the pupil
+ whether or not a pupil’s asthma’s symptoms are under control.

Common food allergens

If the school caters for pupils with food allergies, the ingredients used in school meals must be monitored extremely carefully. Always read labels and have them available for the pupil to see if they request. Even tiny traces of an allergen can trigger a life-threatening reaction for pupils with severe allergies.

It is essential that pupils with allergies and their parents advise what allergens the pupil should avoid. This can be part of their Healthcare Plan.

To download information sheets on the following, and other, allergens visit www.anaphylaxis.org.uk.

Peanuts

It is fairly common for people with peanut allergy to react to tree nuts, and vice versa. Doctors often advise people with peanut or nut allergy to be cautious and avoid all nuts.

+ Peanuts are also known as groundnuts, earth nuts and monkey nuts.
+ Peanuts are legumes rather than nuts, but it is probably unnecessary for the child to eliminate other legumes (such as peas, beans and lentils) unless there is evidence that they cause problems.
+ Food labels should be read carefully.
+ Foods most likely to contain peanuts or tree nuts include: cakes, biscuits, confectionery, veggie burgers, salads and salad dressings, pesto sauce and Indian, Chinese, Thai or Indonesian dishes. Marzipan and praline are also both made with nuts.
+ Beware of salad dressings containing unrefined nut oil.
+ A research team based in Southampton showed that refined peanut oil poses little or no risk for the vast majority of people with peanut allergy, in contrast to unrefined peanut oil, which is likely to retain its allergic properties (for more information, see the Anaphylaxis Campaign’s peanut oil factsheet www.anaphylaxis.org.uk).
Tree nuts and peanuts are by far the most common allergen to cause severe reactions. It is fairly common for someone with peanut allergy to react to tree nuts, and vice versa. Doctors often advise people with peanut or nut allergy to be cautious and avoid all nuts.

+ Tree nuts include almonds, Brazil nuts, cashews, hazelnuts, pistachios and walnuts. They are biologically distinct from peanuts, which are actually legumes.
+ Food labels should be read carefully. Foods most likely to contain peanuts or tree nuts include cakes, biscuits, confectionery, veggie burgers, salads and salad dressings, pesto sauce and Indian, Chinese, Thai or Indonesian dishes. Marzipan and praline are both made with nuts.

People who are allergic to sesame must seek to avoid it completely, as even a tiny amount may trigger a severe reaction. The rise in sesame allergy is probably linked to its increased use in cooking: it is often used for flavouring and decorative purposes in foods.

+ Heating or cooking does not destroy the allergenic properties of sesame.
+ Sesame oil should be regarded as extremely risky because it is almost certain that it will be unrefined and, therefore, contain the allergenic proteins that trigger allergic reactions.
+ Dishes containing sesame include tahini, gomashio (a Japanese flavouring), hummus and halvah (a sweet often made with sesame). Chinese stir fry oils sometimes contain sesame oil.
+ It has also been found in the drink Aqua Libra.
+ People have also reported allergic reactions to: veggie burgers, breadsticks, burger baps, cocktail biscuits, Middle Eastern foods, Chinese and Japanese foods, stir fry vegetables and health food snacks containing sesame.
+ It may also be wise to avoid bread and other products bought from in-store bakeries because they may be contaminated by sesame seeds from other products.

Medical Conditions at School

2.11
Egg

Most children with egg allergy will only have mild symptoms, and some are able to tolerate some forms of cooked egg. But there are a few pupils who experience severe, life-threatening reactions.

+ Read food labels carefully to check if products contain egg or albumen (an egg product).
+ Some pupils with egg allergy can eat well-cooked egg (for example, in cake) without any ill effects but not raw or lightly cooked egg. Other pupils are allergic even to egg that has been well cooked.
+ Mayonnaise often contains egg and this is sometimes raw egg.
+ A lot of fresh pasta contains egg, but you will certainly be able to find dried pasta that is egg-free. Some varieties may occasionally carry a very small risk of cross-contamination with egg. Check with individual companies to identify which products are safe.
+ If a pupil has a severe egg allergy, it is vital that the parents provide input on what their child can have.

Milk and dairy

Most pupils with milk allergy will only have mild symptoms, and some are able to tolerate it in cooked foods. A few will experience severe, life-threatening reactions. In severe cases, even trace amounts can trigger symptoms.

+ If a pupil has a severe milk allergy, it is vital that the pupil’s parents provide detailed written information to the school about what their child can and cannot eat. This should be attached to their Healthcare Plan.
+ Foods to be avoided include: milk, butter, or anything derived from butter (for example, buttermilk, butter cream, butter icing), cheese, yoghurt, ghee (clarified butter used in South Asian cooking), curds and ice cream.
+ Other foods that may also contain milk or milk products include: cakes, biscuits, pies, breads, crisps and other snacks, processed meats, ready-made meals, most vegetable margarines, gravy mixes, and desserts.
+ This list is not exhaustive – milk and milk products are used in many products – check food labels and ask the pupil’s parents for advice.
+ When reading food labels look out for ‘whey’ and ‘casein’ as these are milk proteins and should be avoided.
Most fish allergies – such as cod and other white fish – develop in childhood and are likely to be life-long.

+ Pupils who react to one type of fish are wise to eliminate all fish from their diet, as there is a high risk of cross-contamination (for example, on the fish counter). Those with fish allergy may be able to eat shellfish, but again it is important to be aware of the risk of cross-contamination.
+ Note that exposure to a minute amount of fish can cause a reaction. On rare occasions people have also been known to go into anaphylactic shock after inhaling airborne particles of the allergen when fish is cooked or at open markets.
+ Some ingredients to look out for and avoid include surimi (a seafood product present in some processed foods), Caesar salad dressing, Worcestershire sauce and caponata (all of which are likely to contain anchovies), and kedgeree (a rice and fish dish).

Allergic reactions to shellfish are rare in young children, and are usually not seen until the teenage years or adulthood. However, this may be because shellfish are not normally a part of the diet of young children.

+ Shellfish are biologically distinct from fish and can be divided into four main groups:
  + crustaceans (eg crab, lobster, crayfish, shrimp, prawn)
  + bivalves (eg mussels, oysters, scallops, clams)
  + gastropods (eg snails)
  + cephalopods (eg squid, cuttlefish, octopus).
+ Those who are allergic to one type of shellfish are often advised to avoid all shellfish due to the risk of cross-contamination (for example, in a fish market). They also often avoid fish for the same reason.

Other common allergens . . .

Wasp and bee stings

Most people known to be at risk of a severe allergic reaction to stings find the prospect of being stung very frightening. Fortunately, the risks of this happening are minimal if sensible precautions are taken.

+ Children and young people need to take special care outdoors and wear shoes at all times.
+ Make sure any food or drink is covered and kept in sight.
+ The chances of a sting proving life-threatening are reduced considerably if a pupil has suitable medication on hand at all times.
There are two types of latex allergy. These are known as ‘type-1’ and ‘type-4’ reactions.

**Type-1 latex allergy**
This is potentially life-threatening. Those affected are sensitive to the natural proteins in latex. Children diagnosed with this allergy may suffer from nasal irritations, rashes, asthma and anaphylaxis.

+ Latex allergy is serious but it can be managed and controlled.
+ There are numerous everyday items to be avoided including rubber gloves, balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments.
+ Condoms usually contain latex – this may need to be mentioned in sex education classes.

+ Even if a pupil only has a mild allergy to latex they should try, as much as possible, to avoid contact with it. This is because with each contact, the allergic reaction may increase in severity and symptoms may get worse.

Pupils who have a severe allergy should not use any latex products.
+ Some pupils with latex allergy may also have food allergy to sweet chestnut and also other fruits such as banana, kiwi and avocado.

**Type-4 latex allergy**
A non-life threatening dermatitis, which occurs when latex comes into contact with the skin. Chemicals used when processing the rubber cause the allergic skin reaction. Symptoms include reddening, itching and swelling of the skin, which develop one or two days after contact.
Other possible trigger situations at school

Cookery lessons
+ Ensure the teacher is aware of any pupils with allergies and their particular triggers (allergens).
+ Wherever possible, do not use ingredients that pupils in your school/class are known to be allergic to.
+ Ensure that work areas and utensils are washed thoroughly in hot soapy water before and after use.

Science experiments
+ Ensure the teacher is aware of any pupils with allergies and their triggers.
+ Whenever possible, avoid using those allergens in experiments.
+ Clean work surfaces down thoroughly after use especially if another class has been experimenting with allergens (eg nuts).

Art and craft lessons
+ Ensure the teacher is aware of any pupils with allergies and their triggers.
+ Whenever possible, avoid using those allergens for craft work (see contaminated materials).

Pet/wild bird food
+ Food for pets (such as hamsters, guinea pigs and rabbits) and wild birds often include potential allergens. Buy separate ingredients and mix your own, excluding any possible allergens (eg peanuts).

Birthday and end of term treats
+ Have a ‘swap box’ in the classroom that is supplied with ‘safe’ food by the pupil’s parents. The pupil can then swap their treat for something safe. Older pupils may choose to simply go without.

Contaminated materials
(eg cereal boxes, egg cartons)
+ If there is a pupil with severe allergies in your class do not use containers or boxes that may have been in contact with their particular allergen during lessons (eg craft or technology).

Snacks in tuck shops and vending machines
+ Avoid selling packets of nuts and seeds as a snack. This is because the allergen can be easily carried on the hands of the person eating them and contaminate work surfaces, computers, books etc.
+ While this type of cross-contamination reaction is not likely to be life threatening it can be serious enough to cause disruption to the school and increase anxiety in the pupil, their parents and school staff.

Trees – conkers
+ A few pupils with allergies report that they break out in a localised skin rash when they handle conkers. We are not aware of any severe reactions.
Exercise

Pupils who are at risk of a severe allergic reaction should have their emergency medication nearby at all times.
+ When going outdoors for PE or other activities the pupil’s emergency medical kit should be kept close at hand at all times. A good place is in the ‘valuables’ box with a teacher.
+ If the pupil carries their own medication they can continue to do so (or have it within reach).
+ If the school has responsibility they should ensure their kit is within easy reach.
+ If a pupil wears a medical alert talisman they should not be asked to remove it. However, to avoid injuries it could be covered over with a sweat band (if on the wrist), as long as the teacher in charge knows the pupil and is aware of their condition.

Exercise-induced anaphylaxis

A few children have exercise-induced anaphylaxis. This can be caused by exercise alone or a combination of food and exercise. It is vital that the parents of pupils with exercise-induced anaphylaxis have input as to which activities are acceptable and which are not.
Emergency procedures

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

+ generalised flushing of the skin anywhere on the body
+ nettle rash (hives) anywhere on the body
+ difficulty in swallowing or speaking
+ swelling of throat and mouth
+ alterations in heart rate
+ severe asthma symptoms (see asthma section for more details)
+ abdominal pain, nausea and vomiting
+ sense of impending doom
+ sudden feeling of weakness (due to a drop in blood pressure)
+ collapse and unconsciousness.

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should:

+ assess the situation
+ follow the pupil’s emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil’s doctor
+ administer appropriate medication in line with perceived symptoms.

If they consider that the pupil’s symptoms are cause for concern, call for an ambulance . . .

State:

+ the name and age of the pupil.
+ that you believe them to be suffering from anaphylaxis
+ the cause or trigger (if known)
+ the name, address and telephone number of the school
+ call the pupil’s parents.

While awaiting medical assistance the designated trained staff should:

+ continue to assess the pupil’s condition
+ position the pupil in the most suitable position according to their symptoms – see opposite.
Symptoms and the position of pupil

+ If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
+ If there are also signs of vomiting, lay them on their side to avoid choking.
+ If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Do . . .

+ If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
+ Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew.
+ On the arrival of the paramedics or ambulance crew the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

+ After the incident carry out a debriefing session with all members of staff involved.
+ Parents are responsible for replacing any used medication.

How to use – EpiPen
How to use – Anapen

See page 2.6
Other resources

www.anaphylaxis.org.uk
Download information and read the latest news and advice about anaphylaxis and severe allergy.

www.allergyinschools.org.uk
Information to support school nurses and school staff.

www.cateringforallergy.org
Information about anaphylaxis and severe food allergies for catering staff.

Action for Anaphylaxis
The Anaphylaxis Campaign’s training video provides a wealth of guidance on how to care for children who are at risk of severe allergic reactions. To order visit: www.anaphylaxis.org.uk and click on ‘products’ or contact the Anaphylaxis Campaign (see opposite).

Trainer adrenalin injectors and information
Inactive adrenalin injectors can be useful for training purposes, these can be obtained from:

ALK-Abello
2 Tealgate
Hungerford
Berks RG17 0YT
Phone 01488 686016
www.epipen.co.uk

Lincoln Medical
13 Boathouse Meadow Business Park
Cherry Orchard Lane
Salisbury SP2 7LD
Phone 0800 953 0183

NHS Direct
Phone 0845 4647
www.nhsdirect.co.uk
The Anaphylaxis Campaign

The Campaign is an independent charity guided by UK allergists. It has the following aims:

1. To preserve the health and relieve those persons who suffer anaphylactic reactions and associated disorders by advancing research into the cause and care of such conditions and to publish the results of such research.

2. To advance the education and general understanding of the public concerning anaphylaxis and associated disorders. The Campaign has a range of educational products including information sheets, videos and a children’s book.

Anaphylaxis Campaign
PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 542029
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Registered charity number 1085527
Disclaimer

The organisations involved in the production of this pack have made every effort to ensure the accuracy of information it contains, but cannot be held liable for any actions taken based on this information.

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asthma
Contents

What is asthma? 3.1
Signs and symptoms 3.2
Medication and treatments 3.3
Reliever inhalers 3.3
Preventer inhalers 3.5
Spacers 3.7
Steroid tablets 3.7
Nebulisers 3.7
Managing the condition 3.10
Asthma control 3.10
Asthma reviews 3.10
Personal asthma action plans 3.10
Triggers 3.11
Exercise and physical activity 3.15
Emergency procedures 3.17
Other resources 3.19
What is asthma?

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react.

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.
Signs and symptoms

The usual symptoms of asthma are:

+ coughing
+ shortness of breath
+ wheezing
+ tightness in the chest
+ being unusually quiet
+ difficulty speaking in full sentences
+ sometimes younger children will express feeling tight in the chest as a tummy ache.

Asthma varies in severity from person to person. While some children and young people will experience an occasional cough or wheeze, others will have severe symptoms. Some pupils may experience symptoms from time to time (maybe after exercise, or during the hay fever season), but feel fine the rest of the time.

However, a pupil should visit their doctor or asthma nurse if experiencing any of the following:

+ regular or frequent daytime symptoms
+ night-time symptoms resulting in poor sleep and daytime tiredness
+ frequent time off school for their asthma.

Any of the above can be a sign that a pupil has poor asthma control, this could be for a variety of reasons, including:

+ they have not been prescribed the right medication for their needs
+ they are not using the correct inhaler technique
+ they are not taking their medication as prescribed
+ they are not avoiding, or able to avoid, their asthma triggers.
Medication and treatments

The vast majority of pupils with asthma should only need to take reliever medication (usually a blue inhaler) at school.

Reliever inhalers

Every child and young person with asthma should have a reliever inhaler. Reliever medication can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. However, relievers do not reduce the swelling in the airways.

+ Relievers are essential in treating asthma attacks.
+ Reliever inhalers are usually blue.
+ They come in different shapes and sizes (see below for examples).
+ It is very important that a pupil with asthma is given a reliever inhaler that they can use reliably and effectively. The pupil should be shown how to use their reliever inhaler and spacer properly and have their technique regularly checked by their doctor or asthma nurse.

+ Reliever medication is very safe and effective and has very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot. In an asthma attack it is better for the pupil to continue taking their reliever inhaler until emergency help arrives.
+ Children and young people with infrequent asthma symptoms will probably only have a reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week, they should see their doctor or asthma nurse for an asthma review as they may also need to take preventer medication.

Common inhalers – visit asthma.org.uk/inhalerdemo for information on how to use inhalers
At school
+ Pupils with asthma need to keep their reliever inhalers with them, or close at hand, at all times. You never know when they might need it. They should also have a spare inhaler available.
+ As soon as a pupil is mature enough, allow them to keep their reliever inhaler with them at all times. The pupil’s parents*, doctor or asthma nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).
+ It is essential that all pupils with asthma are allowed to access their reliever inhaler freely at all times. Reliever inhalers should never be kept in a locked room or drawer.
+ Pupils should be reminded to take their reliever inhaler to PE lessons, school trips and other activities outside the classroom.
+ If pupils are playing sport on the sports field then reliever inhalers can be left with the teacher in a box.
+ It is important to know which reliever belongs to which pupil. Each asthma medication should be clearly labeled with the pupil's name.
+ The expiry date of all asthma medication should be checked every six months.
+ Parents should always be told if their child is using their reliever inhaler more than usual.

Younger children – if, after discussion between the parents and the doctor or asthma nurse, it is believed that a child is too young to carry their own reliever inhaler, it should be kept in an unlocked classroom in an easily accessible place.

Spare reliever inhalers – all parents of pupils with asthma should be asked to provide a spare reliever inhaler, separate from the one the pupil carries with them all the time. This ensures that if a pupil forgets or loses their everyday inhaler, a spare is available.
+ Pupils with asthma should always be aware of where to go to get their reliever inhaler (including their spare) when they need it.
+ In primary school, spare inhalers should be kept in the pupil’s individual classroom. Spice racks are a good way of storing spare inhalers.
+ At secondary school, a central room that is never locked should be used to store spare inhalers.

*The term parent implies any person or body with parental responsibility such as foster parent, guardian, carer or local authority.
Misuse of reliever inhalers

- Reliever medication is a prescription-only medicine. It is not harmful if a pupil without asthma misuses another pupil’s reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass shortly and will not cause any long-term effects.
- However, it is important to talk firmly and discipline if necessary the pupil who has tried somebody else’s medication so that they learn to treat all medication with respect.

Healthcare Plans can be used to help both parents and the designated staff member to record and check asthma inhalers and other medication. See Appendix 1 – Form 1

Preventer inhalers

Preventer medication protects the lining of the airways. It help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medication means that a child or young person with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all pupils with asthma will need a preventer. Preventers are usually prescribed for people who have been using their reliever inhaler three or more times a week.

- Preventers reduce the risk of asthma attacks.
- Preventer inhalers are usually brown, beige, orange, red or white.
- The protective effect of preventer medication builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child or young person is feeling well.
- Preventer inhalers are usually corticosteroids.
- Corticosteroids are a copy of steroids produced naturally in our bodies. They are completely different from the anabolic steroids associated with bodybuilders.
- Doctors prescribe the lowest possible dose of inhaled steroid to get a person’s asthma under control.
- Low doses of inhaled steroids have minimal side effects and have no significant effect on growth. The benefits of taking the medication far outweigh any potential side effects.
At school
+ Pupils should not usually need to take preventer inhalers during school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's Healthcare Plan
+ Residential schools will need to make sure that they know which pupils in their care are taking preventer medication and set up appropriate management.
+ Many pupils with asthma on school visits will need to take their preventer inhaler morning and evening.

Do inhaler medicines have an expiry date?
+ All reliever and preventer inhalers have an expiry date. Parents should be responsible for ensuring that all their child's asthma medication is within the expiry date. Asthma inhalers usually last about two years.
+ In addition, a named staff member should be responsible for checking the expiry dates of all spare reliever inhalers kept at school, three times a year.
+ Healthcare Plans can be used to help both parents and the designated staff member record and check medication expiry dates.
Spacers
Spacers are used with aerosol inhalers. A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make aerosol inhalers easier to use and more effective.

At school
- Spacers may often be needed and used at school, especially by pupils under the age of 12.
- Each pupil with asthma who has been prescribed a spacer by their doctor or asthma nurse should have his or her own individually labeled spacer. This should be kept with their inhaler.

Steroid tablets
A short course of steroid tablets (usually 3–5 days) is sometimes needed to treat asthma in children. These tablets are very effective at bringing severe asthma symptoms under control quickly.

Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a preventer inhaler. However, children and young people with asthma should not experience any side effects from the occasional course of steroid tablets.

At school
- It is rare for a pupil with asthma to have to take steroid tablets during school hours.

Nebulisers
A nebuliser is a machine that creates a mist of medication that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medication in an emergency. However, research shows that using a spacer works just as well as a nebuliser in most asthma attacks. Use of nebulisers in emergency situations is becoming far less common.

At school
- Some children and young people with asthma have nebulisers at home. However, pupils with asthma should not normally need to use a nebuliser at school.
- If a doctor or asthma nurse does advise that a pupil needs to use a nebuliser in school, the staff involved will need training by a healthcare professional.
There are a number of different types of spacer. Here are a few examples.
Managing the condition

Asthma control

Children and young people can usually control their asthma effectively by avoiding their known triggers where possible and by taking the appropriate medication with the correct technique.

Asthma reviews

It is important that children and young people with asthma have regular review appointments with their doctor or asthma nurse to monitor their asthma symptoms, the medication they are taking (including their inhaler technique) and any side effects. Most children and young people should have a review every six to 12 months, more regularly if they have just been diagnosed, or if their asthma is difficult to control.

Personal asthma action plans

Every parent of a child or young person with asthma should be offered a written personal asthma action plan for their child by their child’s doctor or asthma nurse. The doctor or asthma nurse should complete this personalised care/self-management plan in discussion with the child and their parent at the child’s regular asthma review.

The plan includes information parents need to help their child keep their asthma under control, including:
+ details about their child’s asthma medication
+ how to tell when their child’s asthma symptoms are getting worse and what they should do about it
+ what to do if their child has an asthma attack.

Using a personal asthma action plan can help parents prevent their children from having asthma attacks.

If a child’s asthma is getting worse or better, a written personal asthma action plan shows the parent how to change their child’s medication accordingly. These changes to a child or young person’s medication are usually to the medication they take outside of school hours.

It is not usually necessary to keep a copy of pupils’ personal asthma action plans in school. Instead schools should use a Healthcare Plan to help keep written information about individual pupils with asthma.

All residential schools should keep a copy of the written personal asthma action plans of pupils with asthma who board.
Triggers

A trigger is anything that irritates the airways and causes asthma symptoms. There is a wide variety of asthma triggers which can affect people’s asthma in different ways. Many people with asthma have several triggers. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions where possible.

Common triggers include viral infections (colds and flu), house-dust mites, pollen, tobacco smoke, furry and feathery animals, air pollution, laughter, excitement and stress.

Implementing a number of changes at school to minimise asthma triggers may help prevent asthma attacks.

- **Tobacco smoke**
  - Adopt a complete no-smoking policy on the school premises and for school activities and ensure that it is upheld and maintained.
  - Ensure all staff and adults leading school activities taking place off site, such as sport training, school visits, outings and field trips adhere to a complete no-smoking policy.

- **Colds and Flu**
  - Children and young people who regularly take preventer medicine or steroid tablets, or those who have recently been admitted to hospital are eligible to receive a free flu vaccination.
  - Remind parents of pupils with asthma to ask their doctor or asthma nurse about the flu vaccination at the start of the school year.
Chalk dust
+ Wet-dust chalk boards or use white boards.

House-dust mites
+ Ensure rooms are regularly wet-dusted and cleaned to reduce dust and house-dust mites.
+ Vacuum all areas frequently. Vacuum cleaners should have good suction and a filtered exhaust that does not scatter dust.
+ Limit the number of soft furnishings and soft toys in the classroom.

Mould
+ Ensure classrooms are well aired and avoid condensation.
+ Remove any damp and mould in the school quickly.
+ Ensure piles of autumn leaves are kept in areas away from pupils and regularly removed from the school grounds.

Pollen and grass cuttings
+ Avoid keeping pollinating plants in the classroom or playground areas.
+ Avoid mowing playing fields and grass areas during school hours – this is best done on a Friday afternoon (or after sport on a Saturday).
+ Children with pollen allergies should have the option of remaining indoors on high pollen days (this includes during PE and games/activities).

Stress and emotion
+ Assist pupils with time management and in learning relaxation techniques to help avoid and manage stress especially at exam time.
+ Encourage pupils to set aside some time in their week to do something for themselves.
+ Be aware of pupils whose asthma is triggered by extreme emotion or fits of laughter.

Furry and feathery animals
+ Do not keep furry or feathery pets in classrooms or anywhere in the school.
+ Be aware that symptoms could be triggered from the clothing of other pupils with pets at home.

Scented deodorants and perfumes
+ Be aware of pupils whose asthma is triggered by scented deodorants and perfumes.
+ Encourage staff and pupils not to wear strong perfumes.
+ Ensure changing rooms are well ventilated.
+ Do not use room deodorisers or air fresheners.
+ Encourage the use of unscented and non-aerosol products across the school.

Latex Gloves
+ Use non-latex gloves in all areas at school.
Dust from flour and grain

+ Be aware of pupils whose asthma is triggered by dust from flour and flour grain.
+ Avoid spreading dust from flour and grain in cooking classes.

Chemicals and fumes

+ As far as possible avoid chemicals and fumes that trigger pupils’ asthma in science and craft lessons.
+ Use fume cupboards in science lessons if possible.
+ Be aware of pupils with asthma and their triggers. Before the lesson begins, discreetly offer them the option of using their reliever inhaler or standing towards the back.
+ If certain chemicals or fumes are known to trigger pupil’s asthma, allow them to leave the room until the fumes are no longer in the classroom.

Cleaning and gardening products

+ Rather than sprays, use solid or liquid alternative cleaning products where possible.
+ Avoid using furniture polish, floor cleaners, carpet cleaners and oven cleaners in school hours. Ensure there is plenty of airing time.
+ Minimise use of cleaning products where possible and open windows after use to air.
+ Only use lawn weed and insect sprays outside of school hours.

School maintenance or woodwork chemicals

+ Avoid isocyanate chemicals. These chemicals are found in spray paint, foam moulding, adhesives, foundry cores and surface coatings.
+ Avoid colophony chemicals found in soldering fumes, glues and some floor cleaners.

Wood dust

+ Ensure pupils with asthma use an extractor fan and mask in all carpentry, joinery and wood work classes.
+ Avoid working with hard woods especially western red cedar.

Weather and air quality

+ Avoid leaving windows open during thunderstorms – thunderstorms can release large quantities of pollen into the air, which can trigger asthma attacks.
+ Ensure that pupils with asthma have the option of remaining indoors during very cold or very hot days.
+ Give pupils with asthma the option of remaining indoors on days when pollution levels are high. This includes during PE and games/activities.
Medical Conditions at School

asthma
Exercise and physical activity

Exercise and physical activity is good for everyone, including children and young people with asthma. The majority of pupils with asthma should be able to take part in any sport, exercise or activity they enjoy, as long as their asthma is under control.

For some children and young people exercise is their only trigger (often known as exercise-induced asthma), while for others it is one of many triggers. However, as exercise is part of healthy living, it is one asthma trigger that should be managed, not avoided.

PE, school sport, games and activities
+ Pupils with asthma should be encouraged to participate in all PE and activity-based lessons.
+ Pupils with asthma should be encouraged to become involved in after-school clubs and sport activities.

Tips for supervising pupils exercising with asthma:
+ If exercise and physical activity makes a child or young person’s asthma worse, always ensure that they use their reliever inhaler (usually blue) immediately before they warm up.
+ Always start a session with warm up exercises.
+ Try to avoid things that trigger asthma during exercise (eg dust, cold air, smoke, pollen, cut grass).
+ Always make sure they have their reliever inhaler with them.
+ If a pupil has asthma symptoms while exercising, they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again.
+ Always end a session with warm down exercises.
PE teachers and sport coaches should also:

+ Always make sure they know which pupils they teach/coach have asthma and what triggers their asthma.
+ Understand how to minimise potential asthma triggers during exercise.
+ Encourage the use of unscented and non-aerosol products in changing rooms.
+ PE staff should ensure that each pupil’s inhaler is labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they should be encouraged to do so.
+ Speak to the parents if they are concerned that a pupil has undiagnosed or uncontrolled asthma (or ask the form teacher to). These pupils may need to have their asthma reviewed by their doctor or asthma nurse.
+ Make time to speak to parents to relieve concern or fears about their children with asthma participating in PE.
+ If a pupil needs to sit out for five minutes, try to keep them involved as much as possible, for example by asking them to take notes on the match or getting them to do some ball work (if they are feeling well enough to do so).

Classroom teachers should follow the same principles as described above for games and activities involving physical activity.

A very small minority of children and young people with difficult-to-control asthma may find it difficult to participate fully in exercise because of the nature of their asthma. However, there have been changes to PE and exercise in schools and there are now opportunities to try alternative ways of exercising, enabling more children and young people to get involved.
Emergency procedures

Common signs of an asthma attack
+ coughing
+ shortness of breath
+ wheezing
+ feeling tight in the chest
+ being unusually quiet
+ difficulty speaking in full sentences
+ sometimes younger children express feeling tight in the chest as a tummy ache.

Do . . .
+ keep calm
+ encourage the pupil to sit up and slightly forward – do not hug them or lie them down
+ make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer
+ ensure tight clothing is loosened
+ reassure the pupil.

If there is no immediate improvement
+ Continue to make sure the pupil takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

999

Call an ambulance or a doctor urgently if any of the following:
+ the pupil’s symptoms do not improve in 5–10 minutes
+ the pupil is too breathless or exhausted to talk
+ the pupil’s lips are blue
+ you are in any doubt.

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.
After a minor asthma attack
+ Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
+ The parents must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack
+ Never leave a pupil having an asthma attack.
+ If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
+ In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
+ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
+ Send another pupil to get another teacher/adult if an ambulance needs to be called.
+ Contact the pupil’s parents immediately after calling the ambulance/doctor.
+ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
+ Generally staff should not take pupils to hospital in their own car.
Other resources

www.asthma.org.uk
Download specialist information on every aspect of asthma.
+ Use interactive, educational tools.
+ Email an asthma nurse specialist.
+ Plus much more about asthma and Asthma UK.

www.kickasthma.org.uk
A website for children and young people with asthma. Join Suki, Bex, Connor, Woody and the rest of the Kick-A Crew to learn what it is like to have asthma.

Asthma UK Adviseline
Ask for help and advice from an asthma nurse specialist
08457 01 02 03
9am – 5pm, Monday – Friday
or email via the web
www.asthma.org.uk/adviseline
Interpreting service and Typetalk available.

Interactive resources
How to Use your Inhaler: gives examples of inhalers and the techniques for using them.
Look Inside your Body: find out more about the respiratory system.
Both available at: asthma.org.uk

NHS Direct
Phone 0845 4647
www.nhsdirect.nhs.uk

Asthma Attack Card*
A pocket-sized card to inform people with asthma and those around them about what to do in an asthma attack.

What is asthma? poster*
A lively poster detailing the key facts about asthma.

Out There & Active poster*
A poster packed with information – including common asthma triggers, tips on asthma and exercise and what to do in an asthma attack.

Out There & Active information card*
An ideal card to give to young people with asthma, summarising essential information.

Out There and Active: a guide for parents*
This booklet gives parents of children with asthma the information and guidance to support and encourage their child to take part in exercise. Free copies of the booklet are available for schools to give out to parents.

*N These resources are available free from Asthma UK.
Medical Conditions at School

**Asthma UK**

The charity dedicated to improving the health and well-being of the 5.2 million people – including 1.1 million children – in the UK with asthma.

**Asthma UK**
Summit House
70 Wilson Street
London EC2A 2DB
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Registered charity number 802364

*These resources are available free from Asthma UK.*
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diabetes
Contents

What is diabetes? 4.1
Type 1 diabetes 4.2
Type 2 diabetes 4.2

Signs and symptoms 4.3
Complications 4.3

Medication and treatments 4.5
Medication for Type 1 diabetes 4.5
Medication for Type 2 diabetes 4.8

Managing the condition 4.9
Lunch or snack breaks 4.10
Blood testing 4.11
Insulin during school hours 4.12
Diabetes management outside school 4.12
School visits 4.13

Triggers 4.14
Hyperglycaemia (hyper) 4.14
Hypoglycaemia (hypo) 4.14

Exercise and physical activity 4.15
Tips for supervising pupils during exercise 4.15
Pupils who use an insulin pump 4.16
Pupils with Type 2 diabetes 4.16

Emergency procedures 4.17
Hyperglycaemia (hyper) 4.17
Hypoglycaemia (hypo) 4.18

Other resources 4.19
What is diabetes?

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:
+ the pancreas does not make any or enough insulin
+ the insulin does not work properly
+ or sometimes it can be a combination of both.

Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrate, move into the body’s cells where it is used for energy. The body’s cells need glucose for energy and it is insulin that acts as the ‘key’ to ‘unlock’ the cells to allow the glucose in. Once the door is ‘unlocked’ the glucose can enter the cells where it is used as fuel for energy. When insulin is not present or does not work properly, glucose builds up in the body.

Glucose comes from the digestion of starchy foods and from the liver, which makes glucose. Starchy foods are high in carbohydrates and include:
+ bread
+ rice
+ potatoes
+ chapatis
+ yams and plantain
+ sugar and other sweet foods.

There are two main types of diabetes.
Type 1 diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. Children or young people with this form of diabetes need to replace their missing insulin, so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Type 1 diabetes usually appears before the age of 40 and most pupils with diabetes will have Type 1 diabetes. Nobody knows for sure why this type of diabetes develops. There is nothing a pupil with Type 1 diabetes or their parents* could have done to prevent it.

More than 15,000 school-age children in the UK have Type 1 diabetes.

Type 2 diabetes

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40, although in South Asian and Black people it often appears earlier – usually after the age of 25. However, recently more children and young people are being diagnosed with the condition, some as young as seven.

*The term ‘parent’ implies any person or body with parental responsibility such as foster parent, guardian, carer or local authority.
Signs and symptoms

If diabetes goes untreated, the body starts breaking down its stores of fat and protein to try to release more glucose but this glucose still cannot be turned into energy and the unused glucose passes into the urine. This is why children and young people with untreated diabetes often pass large amounts of urine, are extremely thirsty, may feel tired, and lose weight.

Complications

Children and young people with diabetes can sometimes have short-term complications as a result of their condition. These complications include hypoglycaemia, hyperglycaemia and ketoacidosis.

Hypoglycaemia (or hypo)

Hypoglycaemia occurs when the level of glucose in the blood falls too low (usually under 4 mmol/l*). When this happens, a pupil with diabetes will often experience warning signs, which occur as the body tries to raise the glucose levels. Signs of a hypo vary from pupil to pupil, they may include any of the following:

+ hunger
+ trembling
+ sweating
+ anxiety or irritability
+ rapid heartbeat
+ tingling of the lips
+ blurred vision
+ paleness
+ mood change
+ difficulty concentrating
+ vagueness
+ drowsiness.

A hypo may occur if the pupil has taken too much of their diabetes medication, delayed or missed a meal or snack, not eaten enough carbohydrate, taken part in unplanned or more strenuous exercise than usual, or the pupil has been drinking alcohol, especially without food. Sometimes there is no obvious cause. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable. The pupil is not to blame. (See page 4.18 for what to do in a hypo.)

*Please note: the term mmol/l, used throughout this document, refers to the unit of measurement (millimoles per litre) on blood glucose meters that a person with diabetes uses to check their blood glucose levels (see page 11 for more information on blood glucose meters).
Hyperglycaemia (or hyper)
Hyperglycaemia is the term used when the level of glucose in the blood rises above 10mmol/l and stays high.

The symptoms of hyperglycaemia do not appear suddenly but build up over a period of time.

These may include the following:
+ thirst
+ frequent urination
+ tiredness
+ dry skin
+ nausea
+ blurred vision.

If a pupil with diabetes starts to develop these signs and symptoms, it means that their body is beginning to use its store of fat as an alternative source of energy, producing acidic by-products called ketones. This is due to a relative lack of insulin causing the blood glucose to rise. Ketones are very harmful and the body tries to get rid of them through the urine.

It is necessary to be aware that children can become unwell with hyperglycaemia, but show no symptoms. The parents should be contacted and extra insulin may be requested to be given. (See page 4.17 for what to do in a hyper).

Ketoacidosis
If the early signs and symptoms of hyperglycaemia are left untreated, the level of ketones in the body will continue to rise and ‘ketoacidosis’ will develop.

Ketoacidosis is recognised by symptoms such as:
+ vomiting
+ deep and rapid breathing (over-breathing)
+ breath smelling of nail polish remover.

These symptoms are emergencies and the parents must be contacted and 999 called for the emergency services.

If it is left untreated, a pupil experiencing diabetic ketacidosis (DKA) will eventually become unconscious and a coma will develop – this can be life-threatening.

However, it is important to know that at any of the intermediate stages, ketoacidosis can be treated with extra insulin and damage can usually be limited.

If in any doubt, at any time, call for emergency help (999). (See page 4.17 for what to do in a ketoacidosis).
Medication and treatments

The medication used to treat both types of diabetes helps pupils with the condition to achieve blood glucose, blood pressure and cholesterol levels as near to normal as possible. This, together with a healthy lifestyle, will help to improve the well-being of pupils with diabetes and will help protect them against long-term complications such as damage to the eyes, kidneys, nerves, heart and major arteries.

Medication for Type 1 diabetes

Type 1 diabetes is treated with insulin. Insulin cannot be taken by mouth because the digestive juices in the stomach destroy it. Treatment for this type of diabetes is sub-cutaneous insulin up to four injections a day or via a pump device. Some children may need help with this.

Pupils with diabetes need to adjust their insulin dose and diet according to their daily routine. In order to do this, they may need to test their blood glucose levels regularly using a finger-pricking device and an electronic blood glucose meter. Some children may need help with this.

If a pupil has Type 1 diabetes insulin is vital to keep them alive and they must have their insulin as recommended.

Most pupils with diabetes will use a pen-like device to administer their insulin in separate doses, but it is getting more common for insulin pumps to be used. The decision about which system to use should be reached by the pupil, their family and the pupil’s healthcare team, which will include a doctor who specialises in care of people with diabetes (a diabetologist), a paediatric diabetes specialist nurse (PDSN) or diabetes specialist nurse and a dietitian.

Insulin pens

It is very unusual for a pupil with diabetes to use a syringe and needles in school time for their insulin. They are much more likely to have a pen-like device (known as an insulin pen), which can be easily carried in their pocket or bag. Insulin pens are very popular with young people as they are ready-to-use, discreet and come in a variety of styles and colours.

There are two types of insulin pen:
+ disposable these come prefilled and are thrown away when empty
+ replaceable these have a replaceable cartridge of insulin.

Using cold insulin can make the injection more painful, so the insulin the pupil is currently using should be kept at room temperature. Spare medication, not currently in use, should be stored in a fridge.

After removing from the fridge, insulin can be used for up to a month, after which it should be discarded, even if the cartridge is not empty, and a new supply started. The amount of insulin the pupil needs to keep at school will depend on how much insulin they are prescribed.
Extreme temperatures will destroy insulin. Therefore, insulin pens should not be kept in direct sunlight or near a radiator or other heat source.

The pupil’s parents should talk to the school and come to an agreement about whether the insulin should be kept in a named container in a central but accessible place or whether the pupil is mature enough to keep it with them for use throughout the day and in case of hyperglycaemic events.

How to inject
Choose an area of skin usually on the stomach, legs or bottom. Pinch up a skin fold (as demonstrated in the illustration below). Push the needle in quickly as far as it will go and press the plunger down smoothly. Keeping the needle in place and the skin fold pinched up count to ten slowly (to prevent leakage back). Then remove the needle. Do not rub or massage the area. Remember to choose a different injection site each time to prevent a build-up of lumps under the skin.

How to use an insulin pen
With both disposable and replaceable cartridge pens, the dose is loaded by turning the button at the end of the pen, as it is turned the button clicks. The clicks are the units of insulin being drawn up and correspond with the prescribed dose. After the dose has been set, a piston on a spring at the other end delivers the insulin.

Most pupils will use an insulin pen or a pump. If a pupil with diabetes uses a syringe and insulin – the pupil’s parents and their healthcare professional will need to advise.
Needle disposal

The needles for insulin pens need to be changed after each injection. Pupils with diabetes who use insulin pens should have a special sharps disposal container to drop needles in after injecting insulin (or doing a blood test). This must be stored in a safe place until it is full and needs to be collected for disposal. This should be kept in a locked cupboard when not in use for safe keeping and should be accessible to the pupil when they need to take their insulin. The pupil must not be expected to take the sharps container home every day.

Some pupils carry a needle clipper, a small device that snips and collects the needles after use, this can be carried by the pupil (if mature enough to do so).

Some pupils may have a self-sheathing needle on their pen device, where a sheath covers the needle as it is withdrawn from the skin. It then deadlocks and so removes the need for disposal in a sharps bin.

Arrangements for collection of full sharps bins need to be made with your local authority. These arrangements vary throughout the country and can differ from area to area. The pupil’s diabetes specialist nurse will be able to help and can advise the school about what the arrangements are locally. Details of the pupil’s diabetes specialist nurse should be included on the pupil’s Healthcare Plan.

Insulin pumps

Insulin pump therapy is also known by the longer name of continuous subcutaneous insulin infusion (CSI II). This name describes what an insulin pump does – it continually infuses insulin into the subcutaneous tissue (the layer of tissue just beneath the skin).

+ Insulin pumps run on batteries and have many safety features including warning if the power is running low, or if they are running out of insulin. They are about the size of a mobile phone.
+ The pump can be safely and discreetly ‘worn’ in lots of different ways, such as attached to a belt or the waist of trousers or worn in a pouch that is attached to the arm or leg (if the insulin is being given at these sites).
+ The advantage of insulin pump therapy is that for some pupils it can help improve their diabetes control and minimise the frequency of hypos. It can also give pupils with diabetes more freedom with insulin, diet and activity levels, as the pump mimics the action of the pancreas.

How an insulin pump works

Insulin pumps are usually worn 24 hours a day but can be disconnected for a short time if necessary, for example, during some contact sports (see Exercise and Physical Activity page 4.16).

+ Running from the pump is an infusion set, which is a thin plastic tube with a soft plastic cannula (a very thin and flexible tube) at the other end.
+ The cannula is inserted under the skin and can usually be left in place for two to three days.
+ After two or three days a new infusion set should be inserted into a different place on the body.
+ The cannula stays in the body when the pump is disconnected, for example during PE, and a cap is put on the exposed end to keep it clean.
Setting and boosting the pump

Insulin pumps work by delivering varying doses of rapid-acting insulin continually throughout the day and night, at a rate that is pre-set according to the individual’s need. The insulin is rapid-acting, so when a pupil who uses a pump eats a meal they give themselves an additional dose by pressing a button on the pump. And because the dose can be ‘boosted’ in this way, the pump mimics the way the pancreas produces insulin in someone who does not have diabetes. Occasionally there is a risk of hyperglycaemia if the bolus dose (additional dose with food) is forgotten but because the pump is always with the pupil a high glucose level can be easily dealt with.

An insulin pump does not test blood glucose levels or work out how much insulin to deliver. Each pupil who uses a pump:
+ must learn to set the insulin dose themselves according to their diet, activity and blood glucose levels.
+ needs to test their blood glucose levels at least four times a day, in order to give them the information they need to set the right dose for them.

Medication for Type 2 diabetes

Type 2 diabetes is mainly treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. However, tablets and/or insulin may sometimes be required to achieve normal blood glucose levels in pupils with Type 2 diabetes.

There are several kinds of tablets for people with Type 2 diabetes including medication that:
+ helps the pancreas to produce more insulin
+ helps the body to make better use of the insulin produced by the pancreas
+ slows down the speed at which glucose is absorbed from food.

Most pupils with Type 2 diabetes will be prescribed a tablet called metformin.

Taking metformin helps the liver to stop producing glucose and helps the body by making the insulin that is available more effective at carrying glucose into muscle and fat cells.

Metformin is taken either with the last mouthful of a meal or immediately afterwards. It does not usually cause hypoglycaemia.
Managing the condition

Although diabetes cannot be cured, it can be managed and treated very successfully. An essential part of managing diabetes is having a healthy lifestyle: eating a healthy diet that contains the right balance of foods and taking regular physical activity – the recommendation for all children and young people is 60 minutes of physical activity per day.

+ **Pupils with Type 1** diabetes need insulin for the rest of their lives. They also need to eat a healthy diet that contains the right balance of foods: a diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables.

+ **Pupils with Type 2** diabetes need to eat a healthy diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables. If it is found that this alone is not enough to keep their blood glucose levels in the target range, they may also need to take medication (see page 4.8).
Lunch or snack breaks

Pupils with Type 1 diabetes need to eat at regular intervals. A missed meal or snack could lead to hypoglycaemia.

It is important to know the times a pupil with diabetes needs to eat and make sure they keep to those times. They may need to be at the front of the queue at the canteen and have their lunch at the same time each day. Snacks are best eaten during breaks to avoid any fuss.

If it is necessary for a pupil with diabetes to eat or drink in class or during an exam, it is important to discuss with the pupil how they feel about having their diabetes explained to the class to enable other pupils to understand more about their condition and avoid any misunderstandings.

Pupils with Type 2 diabetes will not have the same need for snacks etc as they may need to lose weight, they are also not so susceptible to hypos.
Blood testing

Most pupils who are treating their diabetes with insulin will need to test their blood glucose levels on a regular basis. At school this may be:
+ before or after physical activity
+ before a meal
+ anytime they feel that their blood glucose level is falling too low or climbing too high.

Pupils with diabetes should aim for blood glucose levels of between 4mmol/l and 8mmol/l before meals, and less than 10mmol/l two hours after a meal.

A blood glucose meter is used to test blood glucose levels. A test strip is inserted into a small machine (meter), which gives a measurement in millimoles per litre (mmol/l). The pupil then pricks their finger using a lancet and a small drop of blood is applied to the test strip. Older pupils with diabetes will usually want to keep their testing equipment with them so they can test their blood glucose if and when needed. The lancet (finger pricker) and reagent (test) strip are disposed of in a special sharps disposal container used only for contaminated waste, often referred to as a ‘sharps bin’ (the same container pupils use for depositing their insulin pen needles). This should be kept with the pupil when needed and locked in a safe place when not in use.

A blood glucose meter is not a device to be ‘shared’ or used in any way but as a single, named-person device.
Insulin during school hours

Although many pupils at school will start on a twice daily injection regime of insulin at breakfast and early evening, regimes alter depending on the pupil’s needs and so some may need to have an injection during the school day, for example before lunch, or they may use an insulin pump. It is unusual and may be inappropriate for a pupil to have to use a first aid room to take their insulin if they are happy to inject discreetly at the table or the first aid room is a long way from where the pupils eat.

Insulin injections – some types of insulin are given immediately before eating, so the pupil may need to inject discreetly at the meal table. Most children will use a pen injector and will need to dispose of the needle into a sharps bin afterwards.

Insulin pumps – are attached 24 hours a day and they deliver a set dose of rapid-acting insulin continuously, but a pupil with diabetes will need to ‘boost’ the dose at mealtimes having worked out the amount of carbohydrate they have eaten. Older pupils will usually do this themselves, for younger children discussion with parents and their healthcare professional is needed about how this is managed at school.

Diabetes management outside school

Children and young people with diabetes should have an annual review with their healthcare professional to discuss their diabetes management. They should also have reviews every three months. A pupil’s diabetes specialist nurse may want to visit the pupil at school and values feedback from school staff.
School visits

Pupils with diabetes must not be excluded from day or residential visits on the grounds of their condition. They are protected by the DDA (Disability Discrimination Act) and the DED (Disability Equality Duty).

Day-only school visits

Going on a day visit should not cause any real problems for pupils with diabetes. They need to remember to take their insulin and injection kit with them, even those who would not usually take insulin during school hours, in case of any delays over their usual injection time. They will have to eat some starchy food following the injection, so should also have some extra starchy food with them. They should also take their monitoring equipment and their usual hypo treatment with them.

Residential and overnight visits

It is important to know how confident a pupil with diabetes is at managing their own injections and monitoring their own glucose levels before deciding on appropriate staffing for an overnight visit. If a pupil is not confident in managing all aspects of their condition for an overnight visit including administration of medication then a trained member of staff will need to accompany the pupil to assist.

The school will need to ensure that a copy of the pupil's Healthcare Plan is taken on the trip.

If any medical equipment has been lost or left behind, the paediatric department or accident and emergency department at the nearest hospital should be able to help.

If the pupil is travelling outside the UK on a school trip, Diabetes UK (see page 4.20) publishes country guides. These contain useful information about local foods and diabetes care, and translations of useful phrases.

Pupils with diabetes need to make careful preparation for an overnight trip.

The equipment they need to take with them will include:
+ tablets or insulin injections (and spares)
+ blood glucose monitoring kit
+ hypo remedies
+ ketone urine/blood test sticks
+ emergency contact numbers
+ personal identification card/bracelet.

If the pupil uses an insulin pump, they will also need:
+ spare insulin set
+ spare battery (for pump)
+ extra insulin for pump
+ extra long acting insulin
+ insulin pen or syringe – in case of pump failure.
Triggers

Hypoglycaemia (hypo)
Hypoglycaemia occurs when the level of glucose in the blood falls too low, usually under 4 mmol/l (see page 4.3 for symptoms of hypoglycaemia).

Hypoglycaemia can be caused by:
+ too much insulin
+ a missed or delayed meal or snack
+ not enough food, especially carbohydrate
+ strenuous or unplanned exercise.

Hyperglycaemia (hyper)
Hyperglycaemia is the term used when the blood glucose levels rise above the normal range, usually above 10 mmol/l. If the levels stay high the pupil may become very unwell and develop ketoacidosis (see page 4.4 for symptoms of hyperglycaemia and ketoacidosis).

Hyperglycaemia can be caused by:
+ too little or no insulin
+ too much food
+ stress
+ less exercise than normal
+ infection or fever.
Exercise and physical activity is good for everyone, including pupils with diabetes. The majority of pupils with diabetes should be able to enjoy all kinds of physical activity. It should not stop them from being active or being selected to represent school or other sporting teams.

However, all pupils with diabetes do need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose.

**Tips for supervising pupils with Type 1 diabetes during exercise**

+ If the blood glucose level is 15mmols/l or above the pupil should **not** take part in physical activity.

**Before an activity**

+ Ensure the pupil has time to check their glucose levels.
  + If the test shows a blood glucose level of 14mmol/l or above, a urine or blood test for ketones (the by-product of the body burning fat for energy) should be performed.
  + Even if ketones are not present and their blood glucose level is 14mmol/l, there may still not be enough insulin for the muscles to be able to create the energy needed to exercise. Blood glucose levels will rise as a response to the activity and the body will not be able to provide the muscles with energy.
  + Ensure the pupil waits until their insulin has taken effect and their blood glucose levels have come down, before taking part in physical activity.

+ Inform the pupil how energetic the activity will be and ask if they have food to eat beforehand.
+ Check that a pupil with diabetes has eaten enough before starting an activity, to prevent their blood glucose dropping too low and causing a hypo.
+ Some pupils with diabetes may also need to eat or drink something during and/or after strenuous and prolonged exercise to prevent their blood glucose level dropping too low and causing a hypo (see page 4.18 for how to treat a hypo).

While it is important that teachers keep an eye on pupils with diabetes they should not be singled out for special attention. This could make them feel different and may lead to embarrassment.

If a pupil with diabetes does not feel confident participating in physical activity, teachers should speak to the pupil’s parents to find out more about the pupil’s situation. The majority of pupils should be able to take part in any sport, exercise or physical activity they enjoy, as long as they are enabled to manage their diabetes.
During an activity
It is important that the person conducting the activity is aware that there should be glucose tablets or a sugary drink nearby in case the pupil’s blood glucose level drops too low. If the activity will last for an hour or more the pupil may need to test their blood glucose levels during activity and act accordingly (see page 4.18 for how to deal with a hypo).

If a hypo occurs while a pupil is taking part in an activity, depending on the type of activity, the pupil should be able to continue once they have recovered. A pupil’s recovery time is influenced by a number of factors, including how strenuous the activity and how much the pupil has eaten recently.

The pupil should check their blood glucose after 10 – 15 minutes and take further action if necessary. If their blood glucose is still low repeat immediate treatment. If above 4mmol/l the pupil should eat a longer-acting starchy food (see list on page 4.18).

After an activity
Pupils with diabetes may need to eat some starchy food, such as a sandwich or a bread roll, but this will depend on the timing of the activity, the level of exercise taken and whether a meal is due.

Pupils who use an insulin pump
Pumps need to be disconnected if taking part in contact sports and, although some may be waterproof, pupils may prefer to disconnect when swimming.

Pumps cannot be disconnected for long periods of time because the pump uses rapid-acting insulin. Generally, the rule is that they should not be disconnected for more than an hour. While the pump is disconnected, no more insulin will enter the body and the blood glucose level will gradually begin to rise.

To ensure insulin levels are correct after exercise, check that the pupil remembers to reconnect their pump as soon as the activity is over and tests their blood glucose levels. In the case of extended activity it is important to check how the pupil manages their glucose levels.

Pupils with Type 2 diabetes
If a pupil has Type 2 diabetes and is taking metformin, it is very unlikely that they will have a hypo during exercise.
Emergency procedures

Hyperglycaemia

If a pupil’s blood glucose level is high (over 10mmol/l) and stays high.
Common symptoms:
+ thirst
+ frequent urination
+ tiredness
+ dry skin
+ nausea
+ blurred vision.

Do . . .

Call the pupil’s parents who may request that extra insulin be given.

The pupil may feel confident to give extra insulin.

999

If the following symptoms are present, then call the emergency services:
+ deep and rapid breathing (over-breathing)
+ vomiting
+ breath smelling of nail polish remover.
Hypoglycaemia

What causes a hypo?
+ too much insulin
+ a delayed or missed meal or snack
+ not enough food, especially carbohydrate
+ unplanned or strenuous exercise
+ drinking large quantities of alcohol or alcohol without food
+ sometimes there is no obvious cause.

Watch out for:
+ hunger
+ trembling or shakiness
+ sweating
+ anxiety or irritability
+ fast pulse or palpitations
+ tingling
+ glazed eyes
+ pallor
+ mood change, especially angry or aggressive behaviour
+ lack of concentration
+ vagueness
+ drowsiness.

Do . . .

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:
+ a glass of Lucozade, coke or other non-diet drink
+ three or more glucose tablets
+ a glass of fruit juice
+ five sweets, eg jelly babies
+ GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.
+ roll/sandwich
+ portion of fruit
+ one individual mini pack of dried fruit
+ cereal bar
+ two biscuits, eg garibaldi, ginger nuts
+ or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink and call for an ambulance and contact the parents.
Other resources

www.diabetes.org.uk
Download information and read the latest news and advice about diabetes.

Diabetes UK Careline
Diabetes UK Careline provides support and information to people with diabetes as well as friends, family and carers. We can provide information to help you learn more about the condition and how to manage it.

Diabetes UK Careline
Macleod House
10 Parkway
London NW1 7AA
Phone 0845 120 2960
Monday-Friday, 9am-5pm
careline@diabetes.org.uk

Children with Diabetes (CWD)
Phone 01242 257 895
jackie.jacombs@childrenwithdiabetes.com
www.childrenwithdiabetes.com/uk/

INPUT (promoting INsulin PUmp Therapy)
Phone 01590 677911
john.davis@input.me.uk
www.input.me.uk

Juvenile Diabetes Research Foundation
Phone 020 7713 2030
info@jdrf.org.uk
www.jdrf.org.uk

NHS Direct
Phone 0845 4647
www.nhsdirect.nhs.uk
Diabetes UK

Diabetes UK is the largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition.

Diabetes UK Central Office
Macleod House
10 Parkway
London NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Registered charity number 215199
Disclaimer

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What is epilepsy?

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain’s messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types. Some of the common types of seizure are described in ‘signs and symptoms’ (see pages 5.2–5.5).

Epilepsy can affect anyone, at any age. It can have an identifiable cause such as a blow to the head, meningitis or a brain tumour, but for the majority of people there is no known cause. In some cases, the tendency to have seizures runs in families, but having a parent with epilepsy does not necessarily mean a child will have the condition. In the UK, about 47,000 children of school age have epilepsy: on average about one in every 214 children.
Signs and symptoms

The brain is responsible for controlling the functions of our bodies. What a child or young person experiences during a seizure will depend on where in the brain the epileptic activity begins, and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each pupil with epilepsy will experience the condition in a way that is unique to them. Seizures can happen at any time and they generally only last a matter of seconds or minutes, after which the brain usually returns to normal.

Seizures can be divided into two groups:
+ generalised
+ partial (sometimes called ‘focal’).

This illustration shows the lobes of the brain and some of the possible symptoms occurring during seizures

- Frontal lobe (motor)
  Possible symptoms:
  + uncontrolled jerking of one arm or leg
  + head and eyes turning to one side

- Temporal lobe (memory, emotions etc)
  Possible symptoms:
  + feeling of intense fear or happiness
  + vivid memory flashbacks
  + intense déjà vu
  + intense smells or taste
  + unpleasant sensation in the stomach

- Occipital lobe (visual)
  Possible symptoms:
  + flashing lights, balls of light or colours in one half of vision

- Parietal lobe (sensory)
  Possible symptoms:
  + tingling or warmth down one side of the body
**Generalised seizures**
Some seizures affect the whole or most of the brain, and are called generalised seizures. These will always involve a loss of consciousness, although the child or young person will not necessarily fall to the floor.

**Absence seizures**
In an absence seizure the person stops what they are doing and may stare, blink or look vague for just a few seconds. Absence seizures can sometimes be mistaken for daydreaming or inattention, but in fact the person has lost consciousness. Absence seizures are one of the most common seizure types in children and young people, and can occur many times a day. You may be able to help your pupils who have absence seizures by providing written information at the end of a lesson, and helping them catch up on things they have missed.

**Myoclonic seizure**
These seizures involve sudden contractions of the muscles. The seizure can be a single movement or a series of jerks. Myoclonic seizures most commonly affect the arms, and sometimes the head, but can affect the whole body. Usually no first aid is needed unless the pupil has been injured.

**Tonic-clonic seizures**
Tonic-clonic seizures are the most widely recognised epileptic seizure. In a tonic-clonic seizure, the pupil loses consciousness, the body stiffens, and then they fall to the ground. This is followed by jerking movements, sometimes called convulsions. Sometimes the pupil will be incontinent (lose control of their bladder or bowel). After a few minutes, the jerking movements usually stop. The pupil may be confused and need to sleep after the convulsions are over, for minutes or even hours, until recovery is complete. However, some pupils will recover quickly.
Atonic seizures
In atonic seizures all muscle tone is lost and the person simply drops to the ground, hence the other name for this type of seizure: ‘drop attack’. When a pupil experiences an atonic seizure, the body goes limp and they usually fall forward – this can lead to them banging their head. Although they fall heavily, the child or young person can usually get up again straight away. If a pupil’s epilepsy often includes atonic seizures, they may need to wear safety headgear to reduce the impact of banging to their head.

Partial seizures
In some types of seizure, only part of the brain is affected: these are called partial seizures. Sometimes a partial seizure can turn into a generalised seizure, and some types of partial seizure can act as a warning or ‘aura’ for a generalised seizure. Partial seizures can be either simple, where consciousness is not impaired, or complex, where consciousness is impaired to some extent.

Simple partial seizures
The symptoms depend on the area of the brain affected. For example, a pupil experiencing a simple partial seizure may go pale and/or sweaty, and may report tingling or a strange smell or taste. During a simple partial seizure, the pupil remains fully conscious and the seizure is brief. Some pupils experience a simple partial seizure on its own, or it may be a warning that the seizure may spread to other parts of the brain.

Complex partial seizures
The specific symptoms of a complex partial seizure depend on which area of the brain the seizure is happening in. In a complex partial seizure, it can appear that the person is fully aware of what they are doing, but they may act strangely, for example, chewing, smacking their lips, plucking at their clothing or just wandering aimlessly. It is important to remember that a person experiencing a complex partial seizure cannot control their behaviour, and that their consciousness is altered so they cannot follow instructions and may not respond at all.

Status epilepticus
Sometimes a pupil with epilepsy can experience a longer seizure, or a series of seizures without regaining consciousness. If this continues for more than 30 minutes, it is called ‘status epilepticus’ and is a medical emergency – as the stress on the pupil’s body may lead to brain damage. Some people are prescribed emergency medication, such as rectal diazepam or buccal midazolam, which aim to bring them out of the seizure before they enter ‘status epilepticus’. These need to be administered by a properly trained member of staff. Training can usually be provided by the local health authority.
The effect of epilepsy on the pupil at school

There are various considerations for pupils with epilepsy, especially if their seizures are not controlled. These might include safety in sports, activities and practical subjects. Storage and administration of medicines may also need to be planned for.

Seizures are just one aspect of epilepsy that can affect education. A pupil with epilepsy may experience many seizures during a school day, and this disruption can make learning a difficult process. Epilepsy can have other effects that are not easily observed during the school day, such as night-time seizures that can leave a pupil exhausted and unable to concentrate, and social or psychological effects.

Learning difficulties and disabilities

Most pupils with epilepsy are just as capable of learning as other pupils, and some are high achievers. However, pupils with epilepsy can struggle academically in comparison to their intellectual level, and some have problems with learning and attendance. Some pupils with epilepsy have learning disabilities and need a high level of support.

Pupils with epilepsy experience a range of difficulties at school. Some reasons why pupils with epilepsy can have difficulties at school are:
+ difficulty concentrating
+ working more slowly than others
+ being too tired.

Epilepsy can lead to variation in a pupil’s performance, and may also be associated with developmental delay and learning difficulties. Pupils and their families may find these effects have an impact socially, and sensitive input from school staff is needed to prevent damage to the pupil’s self-esteem.

Behavioural and learning difficulties in and outside school can be due to:
+ frequent and/or prolonged seizures
+ damage to the brain
+ side effects of epilepsy medication.

They can also result from a low level of epileptic activity in the brain, which can disturb brain function without causing a seizure.

People with epilepsy often complain of a poor memory and the reasons for this may vary. Epileptic activity or underlying damage to the brain may cause memory problems. Some anti-epileptic drugs may cause side effects including memory problems, drowsiness, dizziness, headache or disturbances to vision.

Having many seizures or severe seizures can cause damage to the brain, and this can lead to learning disabilities. Epilepsy can occur in combination with other factors, and sometimes epilepsy and learning disabilities can both be a part of a syndrome. (A syndrome is a group of signs and symptoms that, added together, indicate a particular medical condition.)
Medicines and treatments

Regular medication

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some pupils with difficult to control epilepsy may take several different types of medication. Generally, these can be taken outside school hours. Side effects can include drowsiness, poor memory and concentration, confusion, irritability, over-activity and weight gain.

At school

It is unlikely that a pupil will need to take their regular epilepsy medication during school hours. School staff can give prescribed medication or supervise a child taking their own medication, but consent must be given by the pupil’s parents* in advance. School staff should be aware that epilepsy medication can cause side effects that may affect the pupil during the school day. More information about medication is available from Epilepsy Action (see page 5.16).

It is important to remember that pupils with epilepsy may appear to display inappropriate behaviour or lack of concentration, but these may be due to their medication and/or condition.

Epilepsy surgery

One alternative to long-term medication for a small number of children and young people is epilepsy surgery. This usually involves an operation to remove a small amount of brain tissue in the area involved in abnormal activity, with the aim of stopping or reducing seizures.

At school

When a child or young person is being considered for epilepsy surgery, they will have a series of tests to find out if they are suitable. This may be a long process, and can be worrying and distressing. After the tests, the doctor will decide whether surgery is the best option, and if so, the child or young person will have the surgery and may then gradually reduce their medication. School may need to be aware that a pupil is likely to have several periods out of school before and after the surgery. School staff should also be aware of the psychological impact of the tests, surgery, and coming to terms with the outcome of the surgery, whether or not this means being free from seizures.

*The term ‘parent’ implies any person or body with parental responsibility such as foster parent, guardian, carer or local authority.
Vagus nerve stimulation (VNS)

VNS is another treatment for epilepsy, where a small electric impulse generator is implanted under the skin below the left collar bone in an operation. The generator sends electrical signals along electrodes, that are attached to the vagus nerve in the neck, to the brain. The signals aim to stop or prevent seizures.

At school
The surgery to implant the VNS generator is minor, but the pupil will need some time away from school to recover. Using a VNS device can have side effects such as hoarseness, sore throat, coughing or shortness of breath.

Ketogenic diet

The ketogenic diet is a treatment for children with difficult to control epilepsy. The diet uses high fat and low carbohydrate levels to mimic the effect of starvation on the body. The diet must be carried out under close medical supervision.

At school
A pupil who is on the ketogenic diet will usually bring their own food to school, and may need supervision at school breaks and meal times. It is very important that children on the ketogenic diet do not eat or drink anything that is not part of their diet, as this could lead to seizures. It would be helpful for other pupils to be aware of the reason for the pupil’s diet.
Managing the condition

Healthcare Plans

Epilepsy is different for each individual. Planning and procedures must be tailored to the pupil’s needs. To help with this, schools should agree a Healthcare Plan with the pupil and their parents/carers. This should explain:
+ the types of seizures the pupil is likely to have, and what to do when the pupil has a seizure
+ what represents a medical emergency for the pupil and what to do in such an emergency, including when and how to give emergency medicines
+ details of additional educational needs such as learning difficulties
+ adjustments in order to allow the pupil access to activities such as swimming or cookery
+ other information which will aid the pupil’s best possible care.

See Appendix 1 – Form 1

Disability Discrimination Act

Epilepsy is considered a disability under the Disability Discrimination Act (DDA). In addition to ensuring that discrimination does not occur, it may be necessary to make reasonable adjustments, such as providing a different type of computer screen (eg LCD or TFT screen) for a student with photosensitive epilepsy (see page 5.10). Some pupils with epilepsy may be entitled to access arrangements in external exams, such as extra time, which is classed as a reasonable adjustment under the DDA. It is important for schools to be aware of this, make sure that pupils and parents are aware of the options available, and apply in good time to the relevant exam boards. The pupil’s epilepsy specialist healthcare professional may be able to give some advice and support on what type of access arrangements are appropriate.

Psychological and social factors

As with any other pupil, psychological and social factors may also affect behaviour and learning. Unfortunately, epilepsy is a condition that can lead to pupils feeling stigmatised and isolated. Personal, social and health education (PSHE) or science lessons can be good opportunities to make pupils aware of epilepsy and its effects. This can be done without referring to an individual pupil with epilepsy, but if they are happy to talk about their experiences this can be very valuable.
In many pupils with epilepsy, seizures happen without warning, but in some people certain triggers can be identified. Some examples are given below.

**Stress, anxiety or excitement** can cause some pupils with epilepsy to experience more seizures. These could be during or after these feelings have happened.

In school, factors might include:
+ worrying about their epilepsy and how it might affect their school life
+ worrying about exams
+ excitement/worry about being able to take part in school activities or events
+ stress caused by being bullied or teased.

There may also be factors outside school that cause stress (for example, a difficult home life or bereavement).

**Not taking medication** as prescribed can lead to changes in a pupil's epilepsy, such as the pattern or severity of their seizures.

**Unbalanced diets** or skipping meals can lead to low blood sugar levels that, in some pupils with epilepsy, may be a seizure trigger. There is no evidence to suggest that specific foods can trigger seizures.

**Hormonal changes** can affect a pupil's epilepsy. This could include the onset of puberty (in either sex) or seizures associated with menstruation (sometimes referred to as catamenial epilepsy).

**Late nights** broken sleep, or irregular sleep patterns can trigger seizures. Establishing a regular sleep pattern may help.
Most people with epilepsy should be aware of possible triggers and know which activities or equipment to avoid. Drawing up a Healthcare Plan (HP), in consultation with the pupil and their parents, can help the school and relevant staff to clarify possible triggers and how to avoid them.
Exercise and physical activity is good for every child and young person, including those with epilepsy. Some pupils with epilepsy are advised against taking part in some activities when this is not necessary. With the relevant safety precautions (including qualified supervision where appropriate) pupils with epilepsy can take part in most, if not all, school activities including sport. Many pupils with epilepsy have their seizures completely controlled by medicines and do not need to take any greater safety precautions than anyone else.

Indeed, when a child or young person with epilepsy is active they are less likely to have seizures. So, for most people with epilepsy, exercise can be of real benefit. However, a very small number of people with epilepsy find that exercise increases their likelihood of having a seizure. This is usually due to over-exertion. Also, taking up exercise or a sporting activity for the first time, or after a long period of inactivity, could affect a pupil’s body weight and metabolism, which in turn could have an effect on their seizure control.

Pupils with epilepsy may need to speak to their doctor before taking up a new sport or leisure activity, particularly if their seizures are not fully controlled. Things to take into account are the type, severity and frequency of the seizures, and known triggers, such as stress and excitement. Good communication between schools and young people and their families is important for ensuring that pupils with epilepsy are fully included in school activities.
Medical Conditions at School  epilepsy
Emergency procedures

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child’s epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

**Tonic-clonic seizures**

**Symptoms:**
+ the person loses consciousness, the body stiffens, then falls to the ground.
+ this is followed by jerking movements.
+ a blue tinge around the mouth is likely, due to irregular breathing.
+ loss of bladder and/or bowel control may occur.
+ after a minute or two the jerking movements should stop and consciousness slowly returns.

**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 pupil’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 pupil.
+ Put anything in the pupil’s mouth.
+ Try to move the pupil unless they are in danger.
+ Give the pupil anything to eat or drink until they are fully recovered.
+ Attempt to bring them round.

**Call for an ambulance if . . .**
+ You believe it to be the pupil’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 pupil is injured during the seizure.
+ You believe the pupil needs urgent medical attention.

999
Seizures involving altered consciousness or behaviour

Simple partial seizures
Symptoms:
+ twitching
+ numbness
+ sweating
+ dizziness or nausea
+ disturbances to hearing, vision, smell or taste
+ a strong sense of deja vu.

Complex partial seizures
Symptoms:
+ 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
Symptoms:
+ sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

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

Do . . .
+ Guide the person away from danger.
+ Look for an epilepsy identity card or identity jewellery. These may give more information about a person’s condition, what to do in an emergency, or a phone number for advice on how to help.
+ Stay with the person until recovery is complete.
+ Keep calm and reassure the person.
+ Explain anything that they may have missed.

Don’t . . .
+ Restrain the person.
+ Act in a way that could frighten them, such as making abrupt movements or shouting at them.
+ Assume the person is aware of what is happening, or what has happened.
+ Give the person anything to eat or drink until they are fully recovered.
+ Attempt to bring them round.

Call for an ambulance if . . .
+ One seizure follows another without the person regaining awareness between them.
+ The person is injured during the seizure.
+ You believe the person needs urgent medical attention.
Other resources

www.epilepsy.org.uk
Download information and read the latest news and advice about epilepsy.

www.epilepsy.org.uk/education
Resources for education professionals including downloadable forms and documents, information about epilepsy and suggested lesson plans for PSHE.

www.epilepsy.org.uk/kids
Easy to understand information for children – visit Beach Park and hear Ben’s story.

www.epilepsy.org.uk/youngpeople
Information for young people with epilepsy.

Epilepsy Helpline
0808 800 5050 (UK)
helpline@epilepsy.org.uk
Callers to the Epilepsy Helpline are guaranteed a friendly welcome and can discuss their concerns confidentially. It is staffed by advice and information officers, all with an extensive knowledge of epilepsy-related issues.

NHS Direct
Phone 0845 4647
www.nhsdirect.co.uk
Epilepsy Action is the largest member-led epilepsy organisation in the UK. We support people with epilepsy in education, by working with individuals, families and carers and professionals to increase awareness and understanding of the condition.

Our services include:
+ a free telephone and email helpline service
+ online resources for people with epilepsy, their families and professionals who work with them
+ free information packs for schools and settings
+ a range of information resources including DVDs, books, magazines, booklets and factsheets
+ a professional membership scheme to assist education, health and social care staff
+ lesson ideas and resources to help young people understand epilepsy
+ free training sessions for schools and settings
+ regional and national conferences, training sessions and a consultancy service.

**Epilepsy Action**
New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
**Phone** 0113 210 8800
**Fax** 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

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Registered charity in England number 234343
Disclaimer

The organisations involved in the production of this pack have made every effort to ensure the accuracy of information it contains, but cannot be held liable for any actions taken based on this information.

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Date last reviewed: September 2007

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How to use the forms

The following forms can be used to help your school implement a medical conditions policy. The forms are based on the DfES guidance *Managing Medicines in Schools and Early Years Settings*, and have been amended to incorporate advice and comments from school staff, parents and organisations who represent children and young people with medical conditions.

These may be adapted to meet the needs of your school.

**Form 1 – Healthcare Plan**

Healthcare Plans are the ideal tool for your school to record important details about individual pupils’ medical needs, their triggers, signs, symptoms, medication and other treatments. Healthcare Plans record details about the medication pupils take both in and outside school hours. They are also a convenient way to record permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self administered by individual pupils during school hours.

Your school can request that all parents of pupils with a medical condition complete a plan at the beginning of each school year, or when they enrol. Plans should be updated every year and whenever an individual pupil’s condition or medical needs change.

Parents, pupils and the pupil’s healthcare professional should be asked to fill out an individual pupil’s healthcare plan together. Parents can then return these completed forms to the school.

It may be helpful to ensure that a relevant member of school staff is also present, to help draw up Healthcare Plans for pupils with complex healthcare or educational needs.

Your school will also find Healthcare Plans helpful to:

+ create and update a centralised register of pupils with medical conditions in your school
+ identify common or important individual triggers for pupils with medical conditions at your school to help you devise a trigger reduction schedule
+ ensure your local emergency care services have a timely and accurate summary of a pupil requiring emergency treatment.

Everyone who contributes to a pupil’s plan, including the pupil’s parents and the school, should keep a copy.

**Form 2 – Template letter**

Your school can adapt this template letter, as required, to accompany Healthcare Plans when they are sent to parents of pupils with medical conditions.
Form 3a – Medication permission and record: individual pupil

This form can be used to record the administration of medication during school hours for individual pupils. Your school may choose to use this form to record the administration of long-term medication, such as insulin. It is also be an ideal way to record short-term courses of medication (e.g., antibiotics) that pupils may need to take during school hours.

Pupils’ parents can be asked to fill in the information about their child and their child’s medication on this form. Individual pupils’ parents and the school should all keep a copy of the first page of this form. The school can then use the rest of the form to record every time the pupil has taken their medication.

Form 3b – Record of medication: all pupils

Your school may choose to use this form to keep a record of each time medication is administered to a pupil by a member of staff or when staff supervise a pupil self-administering their medication. If a pupil refuses to have medication administered, this can also be recorded on this form. This form can be used on its own, or alongside Form 3a.

Form 4 – Staff training record

This form can be used by your school to record the details of staff who have received training for administering medication to pupils, where specific training is required.

Form 5 – Residential visits and out-of-school activities

This form can be used to send to parents of children with medical conditions to complete on each occasion their child attends a residential visit or starts a new out-of-school activity.

This form can help your school receive up-to-date information on pupils’ medical conditions, any current medication they are taking and their current level of overall health. The ‘residential visits’ form can be attached to a copy of the pupil’s Healthcare Plan and taken on the residential visit by a nominated member of staff.

Form 6 – Strategy and schedule for minimising triggers

Your school can use this form to record common triggers (or factors that make a pupil’s medical condition worse) for common medical conditions pupils have at your school. Triggers that individual pupils are particularly sensitive to can also be included on this form. This form is an ideal way to help your school make a plan to minimise and eliminate exposure to the health and safety risks of medical condition triggers.

Form 7 – Contacting emergency services

Your school can use this form to make all staff aware about how to contact the emergency services by keeping this form next to every phone in the school.

*The term ‘parent’ implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

Forms are available to download from www.medicalconditionsatscholl.org.uk
# Healthcare Plan

For pupils with medical conditions at school

## 1. Pupil’s information

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Name of pupil</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Class/form</th>
<th>Date of birth</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Member of staff responsible for home-school communication

## 2. Contact information

<table>
<thead>
<tr>
<th>Pupil’s address</th>
<th>Postcode</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Family contact 1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone (day)</th>
<th>Mobile</th>
<th>Phone (evening)</th>
<th>Relationship with child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Family contact 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone (day)</th>
<th>Mobile</th>
<th>Phone (evening)</th>
<th>Relationship with child</th>
</tr>
</thead>
<tbody>
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</table>

**GP**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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</table>

**Specialist contact**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Medical condition information

3. Details of pupil’s medical conditions

Signs and symptoms of this pupil’s condition:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Triggers or things that make this pupil’s condition/s worse:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Routine healthcare requirements
(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Outside school hours:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. What to do in an emergency

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
<table>
<thead>
<tr>
<th>Medication 1</th>
<th>Medication 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name/type of medication</strong> (as described on the container):</td>
<td><strong>Name/type of medication</strong> (as described on the container):</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dose and method of administration</strong> (the amount taken and how the medication is taken, e.g., tablets, inhaler, injection):</td>
<td><strong>Dose and method of administration</strong> (the amount taken and how the medication is taken, e.g., tablets, inhaler, injection):</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>When it is taken (time of day)?</strong></td>
<td><strong>When it is taken (time of day)?</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Are there any side effects that could affect this pupil at school?</strong></td>
<td><strong>Are there any side effects that could affect this pupil at school?</strong></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Are there any contraindications (signs when this medication should not be given)?</strong></td>
<td><strong>Are there any contraindications (signs when medication should not be given)?</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-administration: can the pupil administer the medication themselves?</strong></td>
<td><strong>Self-administration: can the pupil administer the medication themselves?</strong></td>
</tr>
<tr>
<td>☐ yes ☐ no ☐ yes, with supervision by:</td>
<td>☐ yes ☐ no ☐ yes, with supervision by:</td>
</tr>
<tr>
<td>[Staff member's name]</td>
<td>[Staff member's name]</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medication expiry date</strong></td>
<td><strong>Medication expiry date</strong></td>
</tr>
</tbody>
</table>
7. Emergency medication
(please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Describe what signs or symptoms indicate an emergency for this pupil
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Dose and method of administration (how the medication is taken and the amount)
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Are there any contraindications (signs when medication should not be given)?
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Are there any side effects that the school needs to know about?
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Self-administration: can the pupil administer the medication themselves?
☐ yes  ☐ no  ☐ yes, with supervision by:

Staff members name
______________________________________________________________
______________________________________________________________

Is there any other follow-up care necessary?
______________________________________________________________
______________________________________________________________
______________________________________________________________

Who should be notified?
☐ Parents  ☐ Specialist  ☐ GP
______________________________________________________________
8. Regular medication taken outside of school hours
(for background information and to inform planning for residential trips)

Name/type of medication (as described on the container):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are there any side effects that the school needs to know about that could affect school activities?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Members of staff trained to administer medications for this pupil

Regular medication

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Emergency medication

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Specialist education arrangements required
(eg activities to be avoided, special educational needs)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. Any specialist arrangements required for off-site activities
(please note the school will send parents a separate form prior to each residential visit/off-site activity)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. Any other information relating to the pupil’s healthcare in school?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Parental and pupil agreement
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child’s care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed _________________________________ Date ________________
Pupil

Print name

Signed _________________________________ Date ________________
Parent (if pupil is below the age of 16)

Print name

Healthcare professional agreement
☐ I agree that the information is accurate and up to date.

Signed _________________________________ Date ________________
Print name Job title

Permission for emergency medication
☐ I agree that I/my child can be administered my/their medication by a member of staff in an emergency.
☐ I agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements.
☐ I agree that I/my child can keep my/their medication with me/them for use when necessary.

Name of medication carried by pupil

Signed _________________________________ Date ________________
Parent/guardian (or pupil if above age of legal capacity)

Head teacher agreement
It is agreed that (name of child)

☐ will receive the above listed medication at the above listed time (see part 6).
☐ will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until ________________________________
(either end date of course of medication or until instructed by the pupil’s parents).
Dear Parent

Re: The Healthcare Plan

Thank you for informing us of your child’s medical condition. As part of accepted good practice and with advice from the Department for Children, Schools and Families, relevant voluntary organisations and the school’s governing bodies, our school has recently established a new medical conditions policy for use by all staff.

As part of this new policy, we are asking all parents of children with a medical condition to help us by completing a school Healthcare Plan for their child/children. Please complete the plan, with the assistance of your child’s healthcare professional, and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on [insert school contact number].

Your child’s completed plan will store helpful details about your child’s medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child’s individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child’s medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child’s Healthcare Plan.

Thank you for your help.

Yours sincerely

Head teacher
Medication permission and record: individual pupil

Pupil’s information

Name of school

Date medication provided by parent

Name of pupil

Name of medication

Class/form

Dose and method (how much and when taken)

Any other information

When is it taken (time of day)

Quantity received

Expiration date

Date and quantity of medication returned to parent

Staff signature

Parent signature

Print name

Print name

Parent contact number
<table>
<thead>
<tr>
<th>Date</th>
<th>Time given</th>
<th>Dose given</th>
<th>Member of staff</th>
<th>Staff initials</th>
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f 3.2
<table>
<thead>
<tr>
<th>Date</th>
<th>Pupil's name</th>
<th>Name of medication</th>
<th>Dose given</th>
<th>Any reactions</th>
<th>Signature of staff member</th>
<th>Print name</th>
</tr>
</thead>
</table>
# Staff training record: administration of medication

## Individual’s information

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Training provided by</th>
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<table>
<thead>
<tr>
<th>Type of training received</th>
<th>Trainer job title and profession</th>
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<th>Date of training completed</th>
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I confirm that the following people have received the training detailed above.

<table>
<thead>
<tr>
<th>Name of people attending training</th>
<th>1.</th>
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<table>
<thead>
<tr>
<th>Trainer’s signature</th>
<th>Date</th>
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Use a separate sheet if more than five people have received training.

I confirm that the people listed above have received this training.

<table>
<thead>
<tr>
<th>Headteacher signature</th>
<th>Date</th>
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</table>

Suggested date for update training

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f 4.1
Residential visits and out-of-school activities
For pupils with medical conditions at school

Contact details

Name

Relationship to pupil

Phone (day)

Mobile

Phone (evening)

Address:

Postcode

The school will not give your child medication unless you complete and sign this form. Please complete this form for medication that your child will need on the visit no earlier than seven days before the start of the visit. For more than two types of medication repeat page f5.2. This form will be attached to the Healthcare Plan and taken on the visit.

Name of school

Date(s) of visit

Visit destination

Group/class/form

Name of pupil

Date of birth

Medical condition/illness
**Medication 1**

Name/type of medication (as described on the container)  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

Expiry date  

Dose and method  

When is it taken  

Are there any contraindications (signs when medication should not be given)  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

Are there any side effects that the school/setting needs to know about?  
________________________________________________________________________  
________________________________________________________________________  

Self-administration  □ Yes  □ No  
□ Yes with supervision by (staff member below):  
________________________________________________________________________  
________________________________________________________________________  

What to do in an emergency  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

**Medication 2**

Name/type of medication (as described on the container)  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

Expiry date  

Dose and method  

When is it taken  

Are there any contraindications (signs when medication should not be given)  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

Are there any side effects that the school/setting needs to know about?  
________________________________________________________________________  
________________________________________________________________________  

Self-administration  □ Yes  □ No  
□ Yes with supervision by (staff member below):  
________________________________________________________________________  
________________________________________________________________________  

What to do in an emergency  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

f 5.2
Please provide any other information that the school needs to be aware of regarding your child’s medical condition and recent health before the residential visit or out-of-school activity:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Is your child well enough to attend the visit?

________________________________________________________________________

I understand that I must deliver the medication personally to:

Agreed member of staff

Signature(s) (parent)                                    Print name

Date

f 5.3
<table>
<thead>
<tr>
<th>Trigger</th>
<th>Where trigger affects pupils</th>
<th>When trigger affects pupils</th>
<th>Action to take</th>
<th>Person responsible</th>
<th>Date action to be taken</th>
<th>If action is ongoing who’s responsible to ensure it continues to happen</th>
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Strategy and schedule for minimising triggers for medical conditions at school
Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information

1. Your telephone number.
2. Give your location as follows.

   insert school address and postcode

3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person’s symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Don’t hang up until the information has been repeated back to you.

Speak clearly and slowly

Put a completed copy of this form by phones around the school.
Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:
- generalised flushing of the skin anywhere on the body
- nettle rash (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see asthma section for more details)
- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness.

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should:
- assess the situation
- follow the pupil’s emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil’s doctor
- administer appropriate medication in line with perceived symptoms.

999 If they consider that the pupil’s symptoms are cause for concern, call for an ambulance . . .

State:
- the name and age of the pupil
- that you believe them to be suffering from anaphylaxis
- the cause or trigger (if known)
- the name, address and telephone number of the school
- call the pupil’s parents.

While awaiting medical assistance the designated trained staff should:
- continue to assess the pupil’s condition
- position the pupil in the most suitable position according to their symptoms – see below.

Do . . .

If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.

Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew.

While awaiting medical assistance the designated trained staff should:
- continue to assess the pupil’s condition
- position the pupil in the most suitable position according to their symptoms – see below.

Emergency procedures anaphylaxis

Symptoms and the position of pupil

- If the pupil is feeling faint or weak, or looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

After the emergency

- After the incident carry out a debriefing session with all members of staff involved.
- Parents are responsible for replacing any used medication.
Common signs of an asthma attack
+ coughing
+ shortness of breath
+ wheezing
+ feeling tight in the chest
+ being unusually quiet
+ difficulty speaking in full sentences
+ sometimes younger children express feeling tight in the chest as a tummy ache.

Do . . .
+ keep calm
+ encourage the pupil to sit up and slightly forward – do not hug them or lie them down
+ make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer
+ ensure tight clothing is loosened
+ reassure the pupil.

If there is no immediate improvement
+ Continue to make sure the pupil takes one puff of reliever inhaler every minute until the ambulance or doctor arrives.

999 Call an ambulance or a doctor urgently if any of the following:
+ the pupil’s symptoms do not improve in 5–10 minutes
+ the pupil is too breathless or exhausted to talk
+ the pupil’s lips are blue
+ you are in any doubt.

Ensure the pupil keeps taking one puff of their reliever inhaler every minute for five to ten minutes.

Emergency procedures asthma

After a minor asthma attack
+ Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
+ The parents must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack
+ Never leave a pupil having an asthma attack.
+ If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
+ In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
+ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
+ Send another pupil to get another teacher/adult if an ambulance needs to be called.
+ Contact the pupil’s parents immediately after calling the ambulance/doctor.
+ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
+ Generally staff should not take pupils to hospital in their own car.
Hypoglycaemia

What causes a hypo?
+ too much insulin
+ a delayed or missed meal or snack
+ not enough food, especially carbohydrate
+ unplanned or strenuous exercise
+ drinking large quantities of alcohol or alcohol without food
+ sometimes no obvious cause.

Watch out for:
+ hunger
+ trembling or shakiness
+ sweating
+ anxiety or irritability
+ fast pulse or palpitations
+ tingling
+ glazed eyes
+ pallor
+ mood change, especially angry or aggressive behaviour
+ lack of concentration
+ vagueness
+ drowsiness.

Do . . .
Immedinately give something sugary, a quick-acting carbohydrate such as one of the following: a glass of Lucozade, coke or other non-diet drink
+ three or more glucose tablets
+ a glass of fruit juice
+ five sweets, eg jelly babies
+ GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.
+ roll/sandwich
+ portion of fruit
+ one individual mini pack of dried fruit
+ cereal bar
+ two biscuits, eg garibaldi, ginger nuts
+ or a meal if it is due.

Hypoglycaemia

If a pupil’s blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:
+ thirst
+ frequent urination
+ tiredness
+ dry skin
+ nausea
+ blurred vision.

Do . . .
Call the pupil’s parent who may request that extra insulin be given.
A pupil may feel confident to give extra insulin.

If the following symptoms are present, then call the emergency services:
+ deep and rapid breathing (over-breathing)
+ vomiting
+ breath smelling of nail polish remover.

999

If the pupil is unconscious do not give them anything to eat or drink and call for an ambulance and contact the parents.
Seizures involving altered consciousness or behaviour

Simple partial seizures
Symptoms:
+ twitching
+ numbness
+ sweating
+ dizziness or nausea
+ disturbances to hearing, vision, smell or taste
+ a strong sense of deja vu.

Complex partial seizures
Symptoms:
+ 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
Symptoms:
+ sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

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

Tonic-clonic seizures
Symptoms:
+ The person loses consciousness, the body stiffens, then falls to the ground.
+ This is followed by jerking movements.
+ A blue tinge around the mouth is likely, due to irregular breathing.
+ Loss of bladder and/or bowel control may occur.
+ After a minute or two the jerking movements should stop and consciousness slowly returns.

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure.

Emergency procedures for epilepsy

Do . . .
+ Guide the person away from danger.
+ Look for an epilepsy identity card or identity jewellery. These may give more information about a person’s condition, what to do in an emergency, or a phone number for advice on how to help.
+ Stay with the person until recovery is complete.
+ Keep calm and reassure the person.
+ Explain anything that they may have missed.

Don’t . . .
+ Restrain the person.
+ Act in a way that could frighten them, such as making abrupt movements or shouting at them.
+ Assume the person is aware of what is happening, or what has happened.
+ Give the person anything to eat or drink until they are fully recovered.
+ Attempt to bring them round.

Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

999 Call for an ambulance if . . .
+ One seizure follows another without the person regaining awareness between them.
+ The person is injured during the seizure.
+ You believe the person needs urgent medical attention.

Call for an ambulance if . . .
+ You believe it to be the pupil’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 pupil is injured during the seizure.
+ You believe the pupil needs urgent medical attention.