

Medical conditions in schools



Medical conditions in schools

Anaphylaxis

Asthma

Diabetes

Epilepsy

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School Policy Record

School Policy agreed at

Reviewed

Next review date

Designated person

Governor with remit

Emergency contacts for staff

Policy statement

- _____ is an inclusive community that supports and welcomes pupils with medical conditions.
- We aim to provide all pupils with medical conditions the same opportunities as others at school and will help to ensure they do by the following:
 - This school ensures that all staff understand their duty of care to children and young people in the event of an emergency. (See appendix 6)
 - This school ensures that all staff are confident in knowing what to do in an emergency. (See appendix 7)
 - This school understands that certain medical conditions are serious and can be life threatening if ill managed or misunderstood.
 - This school understands the importance of medication being taken as prescribed.
 - This school ensures that all staff understand the common medical conditions that affect children at this school and allows adequate time for staff to receive training on the impact medical conditions can have on pupils.
 - This school ensures that all staff receive additional training about any children they may be working with who have complex health needs which are supported by an Individual Health Plan (IHP).
- This policy is followed and understood by our school community, the Local Authority and Knowsley Integrated Provider Services (NHS).

Policy example and guidelines

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

- i. This school has a person designated to co-ordination of issues related to medical conditions and a link governor.
- ii. This school understands that it has a responsibility to be welcoming and supportive to pupils with medical conditions who currently attend and those who may enrol in the future.
- iii. This school aims to provide all children with 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
- iv. Pupils with medical conditions are encouraged to take control of their condition.
- v. This school aims to include all pupils with medical conditions in all school activities.
- vi. Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
- vii. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- viii. All staff have access to information about what to do in an emergency.
- ix. This school understands that certain medical conditions are serious and can be life threatening if ill managed or misunderstood.
- x. All staff have an understanding of the common medical conditions that may affect children at this school. The headteacher is responsible for ensuring staff receive regular updates provision of these updates will be commissioned by the school from an appropriate health provider such as the School Nursing Service.
- xi. The medical conditions policy is understood and followed by the whole school and local health community (GPs, school nurse, pharmacists and primary care providers).

This medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation

- i. Pupils are informed and reminded about the medical conditions policy:
 - Through the School Council
 - In personal, social and health education (PSHE) classes
- ii. Parent/carers are informed about the medical conditions policy:
 - By including a 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 Individual Health Plans
 - In the school newsletter throughout the year
 - When their child is enrolled as a new pupil
 - Via the school's website
- iii. School staff are informed and regularly reminded about the school's medical conditions policy:
 - Through the staff handbook and staff meetings and by accessing the school's intranet
 - Through scheduled medical conditions updates
 - Through the key principles of the policy being displayed in several prominent staff areas at this school and on the school's intranet
- iv. All supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies.
- v. Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

The relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school

- i. Relevant staff at this school are aware of the most common serious medical conditions at this school.
- ii. Staff at this school understand their duty of care to pupils both during, and at either side of the school day 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/carer. This may include administering medication.

- iii. Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritized for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.
- iv. The action required 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, in the staff room and electronically. (Appendices)
- v. This school uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care with complex health needs who may need emergency help.
- vi. This school has procedures in place to ensure that a copy of the pupil's Individual Health 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.
- vii. 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. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the school's senior leadership team and/or the school's critical incidents team.

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

Administration of emergency medication

- i. This school will seek to ensure that pupils with medical conditions have easy access to their emergency medication.
- ii. This school will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

Administration of non-emergency medication

- i. This school understands the importance of medication being taken as prescribed.
- ii. All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child.
- iii. 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 or unless the situation is an emergency and falls under their regular duty of care arrangements.

- iv. 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 medication to pupils under the age of 16, but only with the written consent of the pupil's parent. (See form 4a)
- v. This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
- vi. All school staff in this school 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 assisting in administering medication or calling an ambulance.
- vii. In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.
- viii. Parents/carers 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. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- ix. If a pupil at this school refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.
- x. All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will 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.
- xi. If the 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.
- xii. If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.

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

Safe storage - emergency medication

- i. Emergency medication is readily available at all times to pupils who require it 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.
- ii. If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

Safe storage - non-emergency medication

- i. 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.
- ii. Staff ensure that medication is accessible only to those for whom it is prescribed

Safe storage - general

- i. This school has an identified member of staff/designated person who ensures the correct storage of medication at school.
- ii. All controlled drugs are kept in a locked cupboard and only named staff have access.
- iii. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
- iv. The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, and expiry date of the medication.
- v. All medication is supplied and stored 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.
- vi. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
- vii. 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 inaccessible to unsupervised pupils or lockable as appropriate.
- viii. All medication (including blue inhalers) is sent home with pupils at the end of the school term.
- ix. It is the parent/carer's responsibility to ensure new and in-date medication comes into school with the appropriate instructions and ensures that the school receives this.

Safe disposal

- i. Parents/carers at this school are asked to collect out-of-date medication.
- ii. If parents/carers 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.
- iii. 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 per year and is always documented.

- iv. Sharps boxes are used for the disposal of needles. Parents/carers 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.
- v. 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, to school or to the pupil's parent.
- vi. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

This school has clear guidance about record keeping for pupils with medical conditions

Enrolment forms

- i. Parents/carers at this school are asked if their child has any medical conditions
- ii. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the pupils' parents/carers to complete. (Form 4a)

Individual Health Plans (Form 2)

Drawing up Individual Health Plans

This school uses an Individual Health Plan for children with complex health needs. This plan records important details about the individual child's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required. (see Form 2)

If the following complex health needs are identified on Form 1 the school should arrange a Team Around the Child meeting to agree an Individual Health Plan:

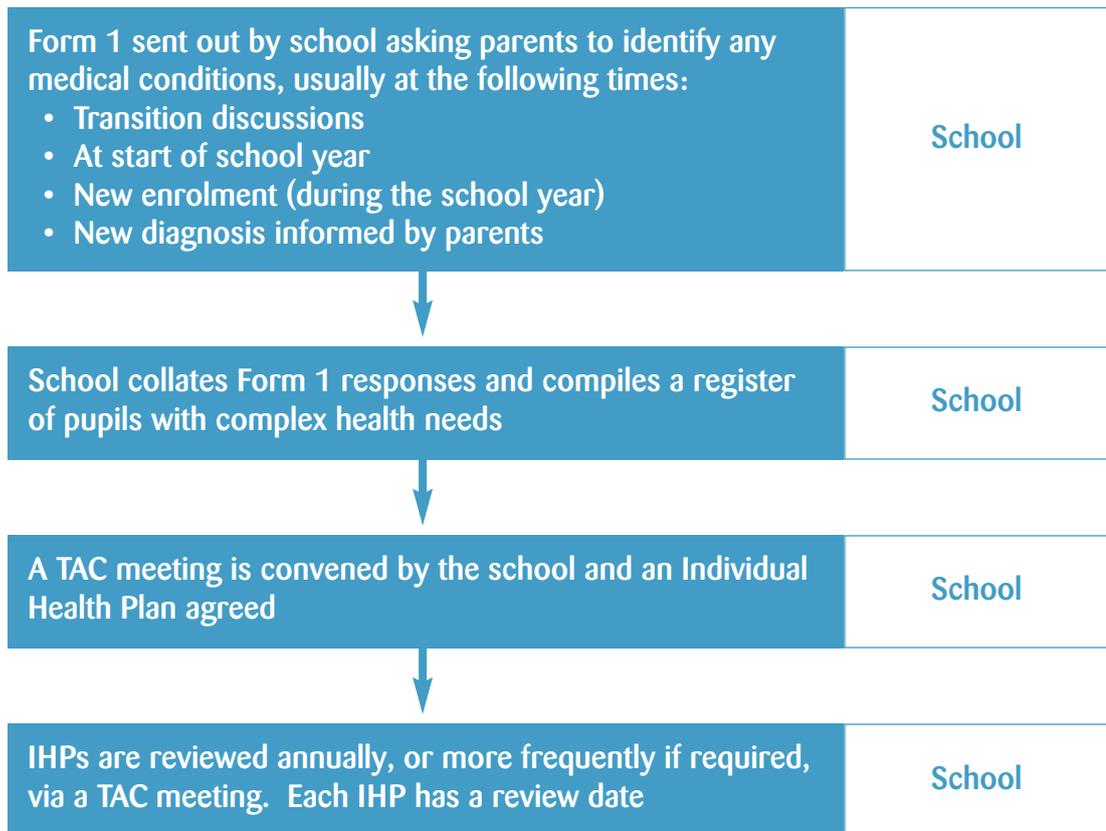
- diabetes
- gastrostomy feeds
- a tracheostomy
- anaphylaxis
- a central line or other long term venous access
- difficult to control asthma (stages four or five of BTS guidelines) that has required a hospital admission within the last twelve months
- all children with epilepsy
- any other medical conditions deemed complex and/or serious

The school nurse, parent/carer and an appropriate member of school staff should attend this meeting. If at all possible this meeting should be attended by a specialist nurse from Alder Hey but if this is not possible they, or a GP or consultant, should provide relevant information to inform the plan.

A copy of the agreed Individual Health Plan is sent by the school to parents/carers and the school nurse:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school
- transition discussions
- new diagnosis

Medical Conditions Information Pathway



School Individual Health Plan register

- Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at this school. Schools should ensure that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure should be in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system.
- The responsible member of school staff follows up with the parents/carers and health professional if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

Ongoing communication and review of Individual Health Plans

- i. Parents/carers at this school are regularly reminded to inform the designated person if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or if their medication and treatments change. A review of the IHP will take place via a TAC meeting. Each Individual Health Plan will have a review date.

Storage and access to Individual Health Plans

- i. Parents/carers and pupils (where appropriate) at this school are provided with a copy of the pupil's current agreed Individual Health Plan.
- ii. Individual Health Plans are kept in a secure central location at school.
- iii. Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Health Plans. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.
- iv. 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 the Individual Health Plans and needs of the pupils in their care.
- v. This school ensures that all staff protect pupils' confidentiality.
- vi. This school informs parents/carers that the Individual Health Plan will 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 is included on the Individual Health Plan.
- vii. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

Use of Individual Health Plans

Individual Health Plans are used by this school to:

- inform the appropriate staff about the individual needs of a pupil with a complex health need in their care
- identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of triggers
- ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency

Consent to administer medicines

- i. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (form 4a) giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for pupils taking short courses of medication.

- ii. All parents/carers of pupils with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.

Residential visits

- i. Parents/carers are sent a residential visit form to be completed and returned to school 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 Form 6).
- ii. All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Health Plan.
- iii. All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.
- iv. 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 form 6). A copy of the Individual Health Plan (form 2) and equipment/medication must be taken on off site activities.

Record of Awareness Raising Updates and Training

- i. This school holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every twelve months to ensure all new staff receive updates. The school will commission this training from an appropriate health provider such as the School Nursing Service.
- ii. All school staff who volunteer or who are contracted to administer emergency medication are provided with training which will be commissioned by the school from an appropriate health provider such as the School Nursing Service. The school keeps a register of staff who have had the relevant training. (see form 5).
- iii. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities.

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

- i. This school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
- ii. Schools should be encouraged to meet the needs of pupils with medical conditions to ensure that the physical environment is as accessible as possible.
- iii. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

Social interactions

- i. 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.
- ii. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- iii. 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.
- iv. 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

- i. This school understands the importance of all pupils taking part in sports, games and activities.
- ii. This school seeks to ensure that 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.
- iii. This school seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a pupil reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- iv. Teachers and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.

- v. This school ensures that 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.
- vi. This school seeks to ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- vii. This school ensures that all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

- i. 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.
- ii. 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 SENCo.
- iii. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- iv. Pupils at this school learn how to respond to common medical conditions.

Risk Assessments

- i. Risk assessments are carried out by this school prior to any out-of-school visit or off-site provision and medical conditions are considered during this process. This school considers: how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
- ii. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off-site activities. This school considers additional medication and facilities that are normally available at school.
- iii. This school carries out risk assessments 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/carers before any medical information is shared with an employer or other education provider.

This school is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks

- i. This school is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- ii. School staff have been updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

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

- i. This school works in partnership with all interested and relevant parties including the school's governing body, school staff, community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.
- ii. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Governors

have a responsibility to:

- ensure the health and safety of their staff 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 that the school's health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually
- make sure that the medical conditions policy is effectively implemented, monitored, evaluated and regularly updated
- ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see Knowsley's Critical Incidents Guidelines), at any time when pupils are on site or on out-of-school activities.

Headteacher

has a responsibility to:

- ensure that the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- ensure that the policy is put into action, with good communication of the policy to all staff, parents/carers and governors
- ensure that every aspect of the policy is maintained

- ensure that, if the oversight of the policy is delegated to another senior member of staff, the reporting process forms part of their regular supervision/reporting meetings
- monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders
- report back to governors about implementation of the health and safety and medical conditions policy
- ensure through consultation with the governors that the policy is adopted and put into action.

All school staff

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
- call an ambulance in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan
- know the school's registered first aiders and where assistance can be sought in the event of a medical emergency
- know the members of the school's Critical Incident Team if there is a need to seek assistance in the event of an emergency
- maintain effective communication with parents/carers including informing them if their child has been unwell at school
- ensure that pupils who need medication 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 these can have on pupils
- ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed
- follow universal hygiene procedures if handling body fluids
- ensure that pupils who present as unwell are questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are in loco parentis and as such must be assured of the child's health or seek further advice from a registered first aider if they are in doubt, rather than take the child's word that they feel better.

Teaching staff

have an additional responsibility to also:

- ensure that pupils who have been unwell have the opportunity to 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, in liaison with the SENCo
- liaise with parents/carers, SENCo 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.

The school nurse

has a responsibility to:

- attend TAC meetings to agree or update Individual Health Plans.

First aiders

have an additional responsibility to:

- give immediate, appropriate help to casualties with injuries or illnesses
- when necessary ensure that an ambulance is called
- ensure that they are trained in their role as first aider.

It is recommended that first aiders are trained in paediatric first aid.

Special educational needs co-ordinators

have the additional responsibility to:

- ensure that teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.

Pastoral Support

has the additional responsibility to:

- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure that all pupils with medical conditions are not excluded unnecessarily from activities in which they wish to take part.

Pupils

have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their parents/carers, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- treat all medication with respect
- know how to gain access to their medication in an emergency
- ensure a member of staff is called in an emergency situation.

Parents/carers

have a responsibility to:

- tell the school if their child has a medical condition or complex health need
- ensure that the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
- inform the school about the medication their child requires during school hours
- inform the school/provider of any medication their child requires while taking part in visits, outings, 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 that their child's medication and medical devices are labelled with their child's full name
- ensure that the school has full emergency contact details for them
- 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 that their child catches up on any school work they have missed
- ensure that their child has regular reviews about their condition with their doctor or specialist healthcare professional
- if the child has complex health needs, ensure that their child has a written Individual Health Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition
- have completed/signed all relevant documentation including form 4a and the Individual Health Plan if appropriate.

The medical conditions policy is regularly reviewed evaluated and updated

- i. This school's medical conditions policy is reviewed, evaluated and updated in line with the school's policy review timeline.
- ii. 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 all 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.

The following Knowsley guidelines/policies need to be considered:

- Knowsley's CYPD Health and Safety Policies
- Headteacher's Toolkit
- Critical Incidents Guidelines
- Visits and Journeys Guidelines
- Records Management and Retention Policies
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

This form can be downloaded at: <http://www.hse.gov.uk/riddor/report.htm>

Managing Medicines in Schools and Early Years Settings (2004)

The document *Managing Medicines in Schools and Early Years Settings* (DfES/Department of Health, 2005) provides advice for schools and their employers to help in the development of such policies. It explains the roles and responsibilities of employers, parents and carers, governing body, headteachers, teachers and other staff of local health services. It considers staffing issues including employment of staff, insurance and training. Other issues covered include drawing up an Individual health Plan for a pupil, confidentiality, record keeping, the storage, access and disposal of medicines, home-to-school transport, and on-site and off-site activities. It also provides general information on the four most common conditions - asthma, diabetes, epilepsy and anaphylaxis. The document also contains a set of forms which can be photocopied by users.

Information relating to this document can be found at: <http://tinyurl.com/cbvxl7>

Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)

Many pupils with medical conditions are protected by the DDA and SENDA, even if they do not think of themselves as 'disabled'.

The Equality and Human 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. They offer information about who is protected by the DDA, schools' responsibilities and other specific issues.

<http://www.equalityhumanrights.com/>

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 headteacher, 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 - The Healthy Schools toolkit is designed to help schools to 'plan, do and review' health and wellbeing improvements for their children and young people and to identify and select activities and interventions effectively.
<http://tinyurl.com/6yxs3ps>
- National Service Framework for Children and Young People and Maternity Services (2004) - This 10 year plan provides standards for healthcare professionals working with children and young people including school health teams.
<http://tinyurl.com/39fegl>
- The Department for Education has a section on its site where you can get departmental advice on health and safety in schools. There is an accompanying document that summarises the existing health and safety law relevant to schools and explains how it affects local authorities, governing bodies, headteachers and other school staff. It covers activities that take place on or off school premises, including school trips.
<http://tinyurl.com/6g43rdm>
- Home to School Travel and Transport Guidance - The guidance covers local authority duties and powers relating to school travel arrangements for children and young people.
<http://tinyurl.com/bvfy086>

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

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

Department for Education

Castle View House
East Lane
Runcorn
Widnes WA7 2GJ
Phone 0370 000 2288
Typetalk 18001 0370 000 2288
Fax 01928 738248
www.education.gov.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

National Children's Bureau

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
enquiries@ncb.org.uk
www.ncb.org.uk

NHS Choices

www.nhs.uk

Form 1

Medical conditions

Please indicate if your child has any of the following medical conditions:

- Gastrostomy feeds
- A tracheostomy
- Diabetes
- Anaphylaxis
- A central line or other long term venous access
- Severe asthma that has required a hospital admission within the last 12 months
- Epilepsy with rescue medication

Any other medical conditions we need to be aware of:

Form 2

Individual health plan

For pupils with complex health needs at school

Date form completed _____ Date for review _____

Reviewed by _____ Date _____ Changes to Individual Health Plan Yes No

Reviewed by _____ Date _____ Changes to Individual Health Plan Yes No

Reviewed by _____ Date _____ Changes to Individual Health Plan Yes No

Copies held by _____

Pupil's Information

Name of School _____ Name of Pupil _____

Class/Form _____ Date of Birth _____ Male Female

Pupil's Address _____

_____ Postcode _____

Family Contact 1

Name _____

Phone (day) _____ Phone (evening) _____

Mobile _____ Relationship with Child _____

Family Contact 2

Name _____

Phone (day) _____ Phone (evening) _____

Mobile _____ Relationship with Child _____

GP

Name _____ Phone _____

Specialist Contact

Name _____ Phone _____

Medical Condition Information

1. 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 _____

2. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours _____

Outside school hours _____

3. What to do in an emergency

4. Regular medication taken during school hours

Medication 1

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

Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection) _____

When it is taken (time of day)? _____

Are there any side effects that could affect this pupil at school? _____

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

Self-administration: can the pupil administer the medication his/herself?

(Delete as appropriate) Yes / No / Yes, with supervision by:

Staff member's name _____

Medication expiry date _____

Medication 2

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

Dose and method of administration (the amount taken and how the medication is taken, eg tablets, inhaler, injection) _____

When it is taken (time of day)? _____

Are there any side effects that could affect this pupil at school? _____

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

Self-administration: can the pupil administer the medication his/herself?

(Delete as appropriate) Yes / No / Yes, with supervision by:

Staff member's name _____

Medication expiry date _____

5. 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 his/herself?

(Delete as appropriate) yes / no / yes, with supervision by:

Staff member's name _____

Is there any other follow-up care necessary? _____

Who should be notified? **(Delete as appropriate) Parents or carers / Specialist / GP**

6. 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?

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

Regular medication _____

Emergency medication _____

8. Specialist education arrangements required

(e.g. activities to be avoided, special educational needs)

9. Any specialist arrangements required for off-site activities

(please note the school will send parents/carers a separate form prior to each residential visit/
off-site activity)

10 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 (Pupil) _____ Date _____

Print name _____

Signed (Parent) If pupil is below the age of 16) _____ Date _____

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 (Parent) _____ Date _____

Head teacher agreement

It is agreed that (name of child) _____

will receive the above listed medication at the above listed time (see point 4)

will receive the above listed medication in an emergency (see point 5)

This arrangement will continue until _____

(either end date of course of medication or until instructed by the pupil's parents/carers).

Form 3

Template Letter from School to Parent on School's Receipt of Form 1

Dear Parent

Re The Individual Health Plan

Thank you for informing the school of your child's medical condition.

We ask all parents/carers of children with a complex health need to attend a meeting to help us to complete an Individual Health Plan for their child.

Your child's completed plan will store helpful details about his/her 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 contact me to arrange a suitable time for the meeting.

Thank you for your help.

Yours sincerely

Form 4a

Medication permission and record: individual pupil

Pupil's information

Name of School _____

Name of Pupil _____ Date medication provided by parent _____

Class/Form _____ Name of Medication _____

Any other information _____ Dose and Method (how much and when taken)

_____ When is it taken? (time) _____

_____ Quantity received _____

_____ Expiry Date _____

Date and quantity of medication returned to parent _____

Staff Signature _____

Print Name _____

Parent Signature _____

Print Name _____

Parent Contact Number _____

Form 4b

Record of medication

Print name			
Signature of staff member			
Any reactions			
Dose given			
Name of medication			
Time			
Pupil's name			
Date			

Form 5

Staff training record

Individual's information

Name of school _____

Type of training received _____ Date training completed _____

Training provided by _____

Trainer job title and profession _____

I confirm that the following people have received the training detailed above.

Name of people attending training:

1. _____ 2. _____

3. _____ 4. _____

5. _____

Trainer's signature _____ Date _____

Use a separate sheet if more than five people have received training.

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

Headteacher signature _____ Date _____

Suggested date for update training _____

Form 6

Visits and journeys

This Form is to be returned by (date) _____

School or Youth Centre _____

Course or Activity _____

Date of Course/Activity _____

Student Details

Surname _____

Forename(s) _____

Date of Birth _____

Medical Information

Please indicate

Does your son/daughter suffer from any illness or physical disability? Yes / No
If so please describe

If medical treatment is required, please describe

To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks? Yes / No
If so, please give brief details

Is he/she allergic to any medication? Yes / No
If so, please give brief details

Has your son/daughter received a tetanus injection in the last 5 years? Yes / No

Please indicate any special dietary requirements for medical, religious or moral reasons.

Parental Declaration

I give permission for my daughter/son _____ (insert name)
to take part in the above activity as described, including all organised activities

I undertake to inform the visit organiser or the headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.

I hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.

I understand the extent and limitations of the insurance cover provided.

Contact Information

Address _____

Home Telephone No _____ Work Telephone No _____

Emergency contact address if different from that above

Address _____

Tel No _____

Name of Family Doctor _____

Telephone Nos _____

Address _____

Signed Parent/Guardian _____

Form 7

Contacting the 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
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
10. Ideally the person calling should be with the child, as the emergency services may give first aid instruction
11. Never cancel an ambulance once it has been called

Speak clearly and slowly

Insert school address and postcode

Put a completed copy of this form by phones around the school

Anaphylaxis



Contents

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Action plan for allergic reactions (Take-out poster)	

This information is based on that provided by the Anaphylaxis Society (Registered charity number 1085527) in the Medical Conditions at Schools Resource Pack. For the full version of this resource, please visit: www.medicalconditionsatschool.org.uk

We would like to thank specialist nurse colleagues at Alder Hey Children's Hospital for their contribution to this appendix.

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.

Signs and symptoms

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



Swelling of mouth



Nettle rash (hives)



Nettle rash (hives)



Nettle rash (hives)

Images by the Anaphylaxis Campaign

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 auto adrenaline injector device (AAI). 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 a JEXT. Adrenaline is also called epinephrine.

When to administer adrenaline

Follow directions from the pupil's Individual Health plan 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.

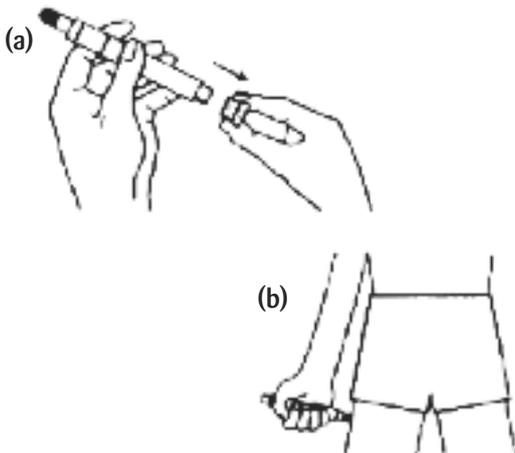
If adrenaline has been given, an ambulance must be called and the pupil taken to hospital.

How to administer intra-muscular adrenaline

Adrenaline should be administered into the upper outer aspect of the thigh. Adrenaline injectors (EpiPen or JEXT) should only be administered by members of staff or volunteers who have received training from a healthcare professional (e.g. 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.

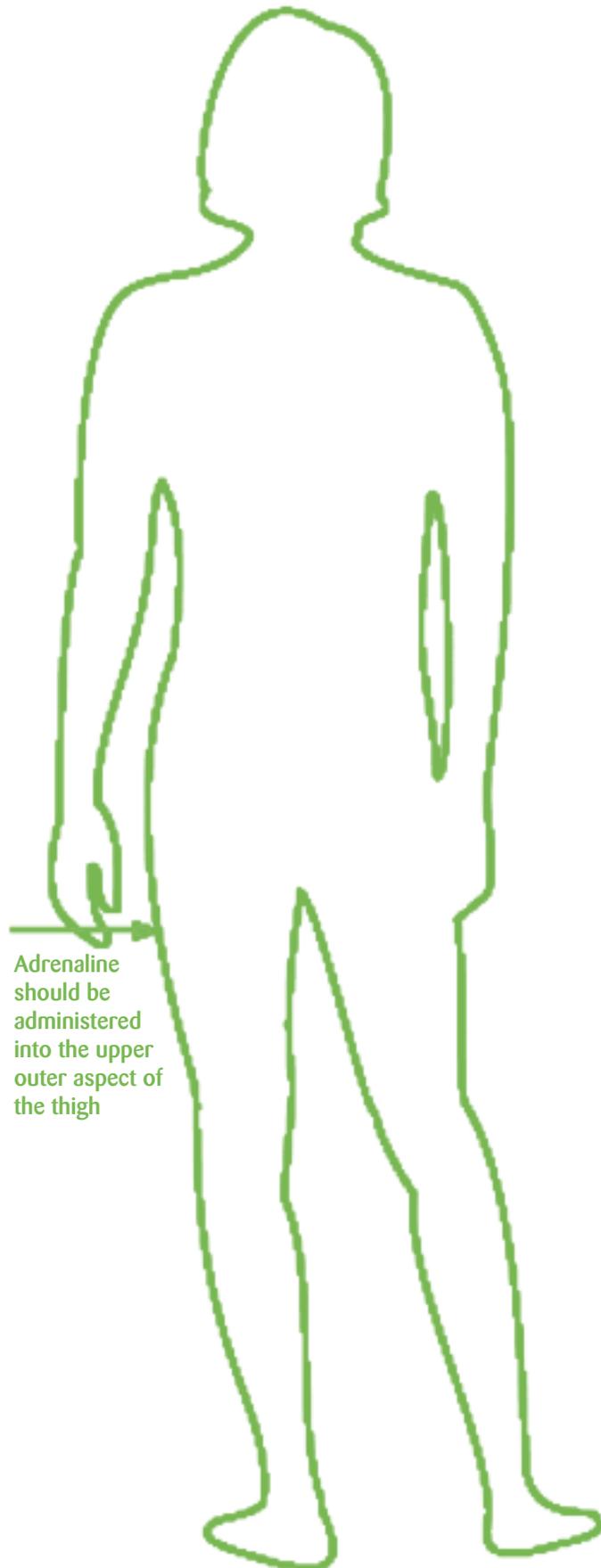
How to use - EpiPen

- 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 centimetres away from, but at right angles to, the thigh and then swing 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



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



How to use JEXT

- 1 Form a fist around Jext and pull off the yellow cap



- 2 Point the black end towards outer mid-thigh



- 3 Push hard into thigh until a click is heard and hold in place for 10 seconds



- 4 Remove Jext and massage the leg for 10 seconds



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 should be arranged and commissioned by the headteacher. 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 auto adrenaline injector (AAI).

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/carers 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. Injectors should be kept 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/carers 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 regarding 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.

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/carers

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. They should also be trained in daily management techniques. Staff not wishing to volunteer to administer an adrenaline injector should have the management training only.

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 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 ask. 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/carers advise what allergens the pupil should avoid. This can be part of their Individual Health 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 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

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.

Sesame

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.

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/carers 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/carers provide detailed written information to the school about what their child can and cannot eat. This should be attached to their Individual Health 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/carers for advice.
- When reading food labels look out for 'whey' and 'casein' as these are milk proteins and should be avoided.

Fish

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).

Shellfish

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.

Latex

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 (e.g. 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 (e.g. 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/carers. The pupil can then swap their treat for something safe. Older pupils may choose to simply go without.

Contaminated materials (e.g. 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 (e.g. 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/carers 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 and physical activity

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 kept with a teacher.
- If the pupil carries his/her own medication he/she can continue to do so (or have it within reach).
- If the school has responsibility they should ensure the 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/carers 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 and Individual Health Plan 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

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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/carers**

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

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, use the pupil's adrenaline injector into the outer aspect of his/her 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/carers are responsible for replacing any used medication.

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.

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

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Child presents unwell / known contact with allergen

If there is

Rash

Swollen eyes

Tingling / burning in mouth

Give prescribed
antihistamine
and contact parent

If there is

Swelling of mouth

or

Difficulty swallowing

or

Difficulty breathing / wheezing
/ coughing

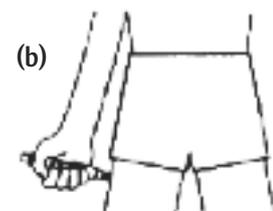
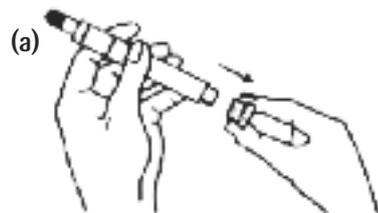
or

Collapse / loss of
consciousness

Give epipen and
phone ambulance

How to use - EpiPen

- a Pull out grey safety cap
- b Hold EpiPen 10cm away from the upper and outer thigh
- c Swing and jab firmly until injector functions, hold in place for 10 seconds
- d The EpiPen can then be removed. Massage the injection site for 10 seconds



If the child is conscious but feels faint or dizzy, putting a pillow or rolled up blanket under their legs to help raise them, may help.

Action plan for allergic reactions

Name _____

Date of birth _____

Allergy to _____

Medication/JEXT stored _____

Plan issued by _____

Date _____

Mild to moderate allergic reaction

- Itching / tingling of lips, tongue, mouth
- Swelling of face, lips, eye lids
- Red, raised, itchy rash
- Hives or wheals
- Vomiting / tummy pain

Action

- Stay with _____ and send for medication
- Give antihistamine - _____
- If _____ were to vomit, it is safe to give a second dose of antihistamine
- Observe, allow to resume to classroom activities, if no further deterioration and _____ feels ok
- Notify parents

How to give Jext

- 1 Form a fist around Jext and pull off the yellow cap



- 2 Point the black end towards outer mid-thigh



- 3 Push hard into thigh until a click is heard and hold in place for 10 seconds



- 4 Remove Jext and massage the leg for 10 seconds



Anaphylaxis (severe allergic reaction)

- Difficulty / noisy breathing
- Wheeze / persistent cough
- Difficulty talking / hoarse voice
- Dizziness / feeling faint

Action

- Encourage the child to sit or lay them down
- Give prescribed **JEXT**
- Call ambulance
- Give up to 10 puffs of the **blue inhaler**. If needed continue with one puff each minute until the ambulance arrives
- Contact parents

Asthma



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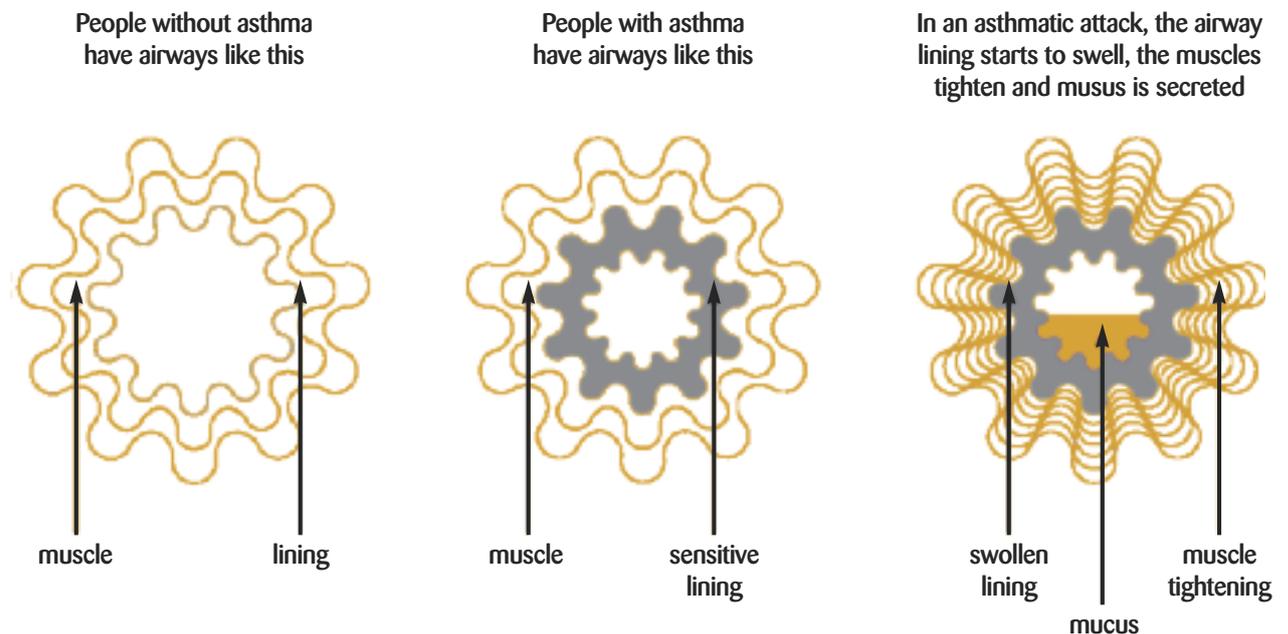
This information is based on that provided by Asthma UK (Registered charity number 802364) in the Medical Conditions at Schools Resource Pack. For the full version of this resource, please visit:
www.medicalconditionsatschool.org.uk

We would also like to thank specialist nurse colleagues at Alder Hey Children's Hospital for their contribution to this appendix.

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, applicable to children over 7 years only).
- 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 preventative medication.



Common inhalers - visit asthma.org.uk/inhalerdemo for information on how to use inhalers

(Diagram from Asthma UK)

At school

- Pupils with asthma need to keep their reliever inhalers and a spacer with them, or close at hand, at all times. You never know when they might need it. They should also have a spare inhaler and spacer (if required) 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/carers, 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 labelled with the pupil's name.
- The expiry date of all asthma medication should be checked every six months.
- Parents/carers should always be told if their child is using their reliever inhaler more than usual.

Younger children

If, after discussion between the parents/carers 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/carers 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.

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. Individual Health Plans can be used to help both parents/carers and the designated staff member to record and check asthma inhalers and other medication.

Preventer inhalers

Preventer medication protects the lining of the airways. It helps 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, or red.
- 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 Individual Health 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/carers 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.

Individual Health Plans can be used to help both parents/carers and the designated staff member record and check medication expiry dates.

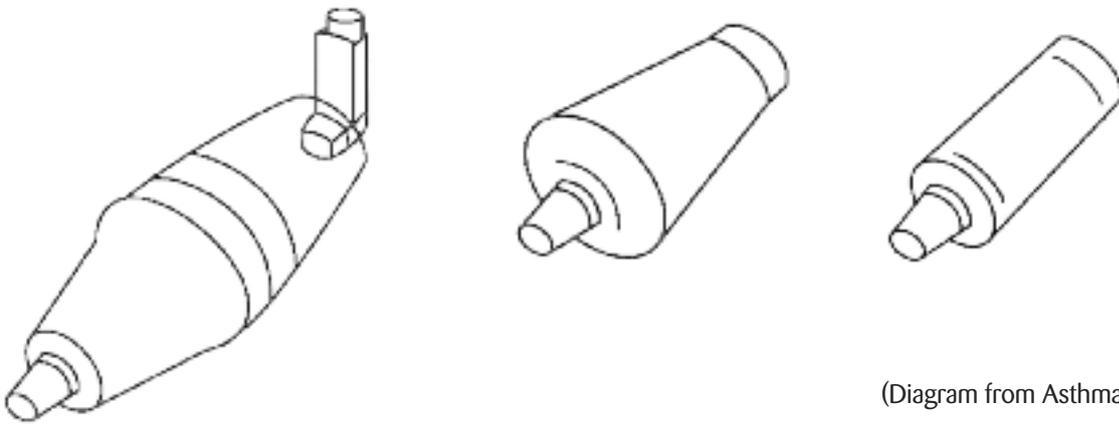
Spacers

Spacers are used with aerosol inhalers. A spacer is a plastic 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 for all pupils under the age of 7. Each pupil with asthma who has been prescribed a spacer by their doctor or asthma nurse should have his or her own individually labelled spacer. This should be kept with their inhaler.

There are a number of different types of spacer.
Here are a few examples



(Diagram from Asthma UK)

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. However, they may be given as part of an emergency pack for residential school trips.

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.

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 (relates to child's asthma management at home)

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/carers 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
- information from this action plan will be used if it is agreed that a child needs an Individual Health Plan.

Using a personal asthma action plan can help parents/carers 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. 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/carers of pupils with asthma to ask their doctor or asthma nurse about the flu vaccination at the start of the school year.

Chalk dust

- Use wet-dust chalk boards or white boards.

House-dust mites

- Ensure rooms are regularly wet-dusted and cleaned to reduce dust and house-dust mites.
- Ensure all areas are vacuumed 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.

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 (e.g. 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/carers 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/carers 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.

Asthma emergency management plan

Signs asthma is getting worse

Does child / young person have:

- Increased cough?
- Increased wheeze?
- Increased breathlessness?

Do they need to use the **SALBUTAMOL (blue) RELIEVER inhaler** more than 4 hourly?

If yes to any of these signs, proceed to next step.

Are any of the following signs present:

- Breathing faster than usual?
- Using tummy muscles to breathe?
- Having difficulty in speaking due to asthma?
- Having difficulty in walking due to asthma?
- Pale or blue around the lips

YES

THIS IS A MEDICAL EMERGENCY - YOU MUST SEEK MEDICAL HELP

CALL 999 IMMEDIATELY

WHAT TO DO:

- DO NOT LEAVE THE CHILD / YOUNG PERSON ALONE
- Take the inhaler to the child / young person NOT the child to the inhaler
- Give 1 puff of the **SALBUTAMOL (blue) RELIEVER inhaler** every 30 seconds up to 10 puffs using a large volume spacer
- Continue to give 1 puff of the **SALBUTAMOL (blue) RELIEVER inhaler** every minute until the ambulance arrives

NO

If NO emergency signs present:

- **DO NOT LEAVE THE CHILD / YOUNG PERSON ALONE**
- Give 2 puffs of the **SALBUTAMOL (blue) RELIEVER inhaler**
- Wait 5 minutes
- If no improvement give another 2 puffs of the **SALBUTAMOL (blue) RELIEVER inhaler** via large volume spacer
- Wait a further 5 minutes
- If no improvement / condition worsens - Call parents / carers and seek medical assistance
- **PROCEED AS MEDICAL EMERGENCY**



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 Adviceline

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/adviceline

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. A useful tool to encourage children with asthma to take part in exercise and for classroom discussion.

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/carers 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/carers.

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.

Diabetes



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This information is based on that provided by Diabetes UK (Registered charity number 215199) in the Medical Conditions at Schools Resource Pack. For the full version of this resource, please visit: www.medicalconditionsatschool.org.uk

We would also like to thank specialist nurse colleagues at Alder Hey Children's Hospital for their contribution to this appendix.

Introduction

The information given here on diabetes is general information and it is important that staff meet with the child's parent/carer and paediatric specialist nurse (PDSN) or school nurse to discuss a child's particular needs to develop an individual health plan.

What is diabetes?

Diabetes is a common life-long condition where the amount of glucose in the blood is too high because the body cannot use it properly. This is because the pancreas does not produce any insulin, or not enough, or the insulin that is produced does not work properly (known as insulin resistance).

Insulin is necessary to help glucose enter the body's cells, where it is used for energy. Glucose comes from digesting carbohydrate and is also produced by the liver. Carbohydrate comes from many different kinds of food and drink, including starchy foods such as bread, potatoes and chapatis; fruit; some dairy products; sugar and other sweet food.

There are two main types of diabetes: Type 1 and Type 2.

Type 1 diabetes develops if the body is unable to produce any insulin and usually appears before the age of 40. It is by far the most common type of diabetes found in children. It is treated with insulin (either by injection or pump), following a healthy, balanced diet and getting regular physical activity.

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. It usually appears in people over the age of 40, though in South Asian and Black people it often appears from the age of 25. It is also becoming more common in children and young people of all ethnicities.

Type 2 diabetes is treated with a healthy, balanced diet and increased physical activity, but medication and/or insulin is often required.

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.

Schools can be in a position to notice the signs that a child may have diabetes. The main symptoms are:

- increased thirst
- passing urine frequently (especially at night)
- extreme tiredness
- unexplained weight loss
- genital itching or regular periods of thrush
- blurred vision

Diabetes is diagnosed by a simple blood test and once treated the symptoms are usually quickly relieved.

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.

Both Type 1 and Type 2 diabetes are serious conditions which can lead to complications in later life, such as damage to the eyes, kidneys, nerves, heart and major arteries. To reduce the chances of developing these complications all people with diabetes, including children, need to keep their blood glucose levels as close to the target levels agreed with their diabetes healthcare team and they may need support in this.

Triggers

Hypoglycaemia (hypo)

Hypoglycaemia occurs when the level of glucose in the blood falls too low, usually under 4 mmol/l (see page 5 for symptoms of hypoglycaemia). All school staff should be aware of the signs of hypo and what to do should a pupil have hypo.

Hypoglycaemia can be caused by:

- too much insulin
- a missed or delayed meal or snack
- not enough food, especially carbohydrate
- strenuous or unplanned exercise

The pupil must not be sent out of the classroom unescorted or left unattended if hypoglycaemia is suspected as the pupil may become confused or unconscious.

Hyperglycaemia (hyper)

Hyperglycemia 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 pages 7-8 for symptoms of hyperglycaemia and ketoacidosis).

Hyperglycaemia may cause the pupil to pass urine frequently.

Hyperglycaemia can be caused by:

- too little or no insulin
- too much food
- stress
- less exercise than normal
- infection or fever

Hypoglycaemia (or hypo)

Hypoglycaemia (hypo) is when blood glucose levels are low, falling to below 4mmol/l. This is a common short-term complication of diabetes which needs to be treated quickly.

Some children will know when they are going hypo and will be able to take appropriate action themselves. Others, especially younger ones, those newly diagnosed or with learning difficulties may need help in recognising and treating their hypo.

All school staff should be aware of the signs of a hypo and what to do should a child have a hypo.

What causes blood glucose levels to fall, causing a hypo?

Blood glucose levels fall because:

- too much insulin has been taken
- a meal or snack has been delayed or missed
- not enough carbohydrate food has been eaten
- exercise was unplanned or strenuous
- sometimes there is no obvious cause

How do I recognise a hypo?

Most children will have warning signs of a hypo. These warning signs can include:

- feeling shaky
- lack of concentration
- sweating
- headaches
- hunger
- feeling tearful, stroppy or moody
- tiredness
- blurred vision
- going pale

The signs can be different for each child and the child or their parent/carer or PDSN can tell you what their warning signs are. These should be noted in the child's individual healthcare plan.

How do I treat a hypo?

It is very important that a hypo is treated quickly, so children should have easy access to their hypo treatments and should be allowed to eat/drink whenever necessary to prevent/treat a hypo.

If the child is unable to treat them self, here's what to do:

1. Check the child's blood glucose level (when possible).
2. Immediately give something sugary to eat or drink*, eg Lucozade, non-diet drink, glucose tablets, fruit juice.
3. After 10 minutes, check blood glucose level again. If the blood glucose level is still low, repeat the sugary food/drink until the blood glucose level has returned to normal.
4. When the blood glucose level has returned to normal, the child may need a follow-on snack*, eg a piece of fruit, biscuit, cereal bar, small roll/sandwich, the next meal if it's due. The child's parent/carer or PDSN will tell you if a follow-on snack is required.

*The child's parent/carer or PDSN will advise you on how much should be given.

A child should not be left alone during a hypo - nor be sent off to get food to treat it. Recovery treatment must be brought to the child.

If a hypo is left untreated, the blood glucose level will continue to fall and the child could become unconscious or have a seizure. (This may resemble an epileptic fit, but it does not mean the child has developed epilepsy.)

What do I do if the child becomes unconscious?

In the unlikely event of a child losing consciousness, do not give anything by mouth. Place them in the recovery position (lying on their side with the head tilted back). Call an ambulance, informing them the child has diabetes.

What do I do after I've treated a hypo?

Once you've treated a hypo and the blood glucose has returned to normal levels the child can continue with whatever they were doing, even physical activity.

Hypos - a quick guide

What causes a hypo?

- Too much insulin has been taken
- A delayed or missed meal or snack
- Not enough carbohydrate food
- Unplanned or strenuous exercise
- Sometimes no obvious cause

Watch out for:

- Shakiness
- Sweating
- Hunger
- Tiredness
- Going pale
- Lack of concentration
- Headaches
- Blurred vision
- Feeling tearful, stropky or moody

If the child is unconscious do not give them anything to eat or drink. Put them in the recovery position and call for an ambulance.

What to do:

Check the blood glucose level when possible. If not possible, assume the child is hypo and treat:

Immediately

Give something sugary, a quick-acting carbohydrate such as one of the following:

- Lucozade, coke or other non-diet drink
- Fruit juice
- Glucogel
- Glucose tablets
- Sweets, eg. jelly babies

After 10 minutes

If the blood glucose level is still low, give more sugary food/drink as above. Once the blood glucose level has returned to normal, the child may need a follow-on snack*:

- Portion of fruit
- Dried fruit
- Biscuit
- Cereal bar
- Small roll/sandwich
- or a meal if it is due

* The child's parent/carer or PDSN will advise you on how much should be given.

Once blood glucose levels are back to normal, the child can continue their activity.

Hyperglycaemia (or hyper)

Hyperglycaemia is when blood glucose levels are too high (generally greater than 10mmol/l). This might happen because:

- an insulin dose has been missed
- too little insulin has been taken
- more sugary or starchy foods than usual have been eaten
- a hypo has been over-treated
- stress
- being unwell with an infection

How do I recognise hyperglycaemia?

Symptoms include:

- increased thirst
- increased passing of urine
- headaches
- lethargy
- abdominal pain

If school staff notice these signs they should inform the child's parent/carer as adjustments to their insulin may be needed.

How do I treat hyperglycaemia?

If the child's blood glucose level is high for only a short period of time, treatment may not be necessary. The child, parent/carer or PDSN will inform you when treatment is required and what to do.

Treatment may include:

- taking extra insulin
- drinking plenty of sugar-free fluids
- rest

What should I do if the child is unwell?

If a child is unwell with high blood glucose levels and especially if they vomit, the parents should be informed immediately. A child with high blood glucose levels should be allowed to leave the class to pass urine whenever they need to, and should be allowed to drink in class if they need to.

What do I do after I've treated hyperglycaemia?

Once you've treated hyperglycaemia and the blood glucose has returned to normal levels the child can continue with whatever they were doing, even physical activity.

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/carers 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).

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 subcutaneous 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.

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.

Physical activity for pupils with Type 2 diabetes

If a pupil has Type 2 diabetes and is taking Metformin and not insulin, it is very unlikely that they will have a hypo during exercise.

Managing Type 1 diabetes

A combination of things will help to manage Type 1 diabetes:

- testing blood glucose levels
- taking insulin
- eating a healthy, balanced diet
- being physically active

The child's parent/carer or PDSN will discuss individual requirements. They will also show you how to use blood glucose testing kits and insulin devices and discuss insulin storage requirements.

Testing blood glucose levels

Most children with diabetes will need to test their blood glucose levels on a regular basis, so will need their testing kits to hand. Blood glucose testing is needed to check that blood glucose levels are as near to what they should be as possible.

Testing blood glucose levels involves pricking the finger, using a special finger-pricking device, to obtain a small drop of blood. This is then placed on a reagent strip, which is read by a small, electronic blood glucose meter. A test generally takes less than a minute in total.

Younger children, those newly diagnosed or with learning difficulties may need help with blood testing. Blood glucose testing is likely to be required:

- before meals
- before, during and after physical activity (see page 15)
- if the child is unwell
- any time the child/school staff feel that their blood glucose level is falling too low (hypoglycaemia - see page 4) or climbing too high (hyperglycaemia - see page 9).

Taking insulin

Insulin cannot be swallowed like a medicine as it is a protein and would be broken down in the stomach. Therefore it either needs to be injected, or given via a pump.

Children who inject their insulin may inject twice a day but will generally take more than two injections per day (multiple daily injections).

Two injections a day

Children who take two injections a day usually take them at breakfast and the evening meal, and so will not usually need to inject during the school day.

Multiple daily injections (MDI)

An increasing number of children now take more than two injections a day, and most children nowadays will be started on multiple daily injections from diagnosis. This is because medical

research has shown that MDI can control blood glucose levels better than twice daily injections. Taking more injections can also give greater flexibility in when to eat and how much. Children taking MDI will require an injection with each meal as well as an injection at bedtime and/or in the morning. This will mean that they have to have an injection at school at lunchtime.

Injecting at school

Children who need to have an insulin injection at school will need to bring insulin and their injecting equipment to school. In most cases the equipment will be an insulin 'pen' device rather than a syringe. If the child wishes, the school should identify a private area where the injections can be taken. If not the child should be allowed to inject where they and the PDSN feel is most appropriate.

Younger children, those newly diagnosed or with learning difficulties may need help with injecting.

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 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 Individual Health Plan.

Insulin pumps

An insulin pump delivers a small amount of insulin around the clock via a thin flexible tube. The tube is connected to a cannula, which is inserted just under the skin. The cannula can usually stay in place for 2-3 days so should not need changing at school unless it becomes dislodged or blocked.

When the child eats, or if their blood glucose level is high, they will need to take extra insulin and will do this by pressing a combination of buttons on the pump. Younger children, those new to a pump or those with learning difficulties may need help with using their pump.

While insulin pumps are fairly robust and many now are showerproof if not waterproof, they are expensive pieces of equipment and need to be looked after. Pumps may need to be removed for contact sports and swimming - for more information on diabetes and physical activity please see page 15.



Food

Following a healthy balanced diet is an important part of diabetes management. There is no special diet that needs to be followed. Anyone with diabetes should follow the same healthy, balanced diet recommended for everyone - generally one that is low in fat, salt and sugar, and includes at least five portions of fruit and vegetables a day.

After diagnosis, the child should have been seen by a dietician, and their parent/carer or dietician/PDSN will be able to explain any particular needs to staff.

Diabetes UK doesn't recommend special diabetic foods as they still affect blood glucose levels, can have a laxative effect and are expensive.

A healthy balance

Foods can be divided into five main groups. For a balanced diet, the child should aim to eat foods from all of these groups in the right proportions. All main meals should include starchy foods such as bread, potatoes, rice or pasta. The Food Standards Agency (FSA) has produced an eatwell chart, which can be downloaded from: www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx.

Sugary foods

Children with diabetes can include moderate amounts of high fat, high sugar foods such as cakes and biscuits as part of a healthy, balanced diet without harming blood glucose control in the long term, but eating too much will upset the overall balance of the diet.

Soft drinks should be sugar-free, or no added sugar drinks, as sugar in liquid form is rapidly absorbed and raises blood glucose levels quickly - see hyperglycaemia on page 4. Sugary drinks are, however, good treatment for a hypoglycaemia - see page 9.

Snacks

Children who take insulin twice a day and younger children, irrespective of the way they take insulin, may need snacks between meals.

Snacks may need to be eaten during class time but if the times can coincide, they are best eaten at break. If you feel the class should understand why the child is having a snack, first ask the child how they feel about having their diabetes explained to the class.

The choice of snack will depend on the individual child but could include:

- small roll/sandwich
- portion of fruit
- dried fruit
- cereal bar
- biscuits

Older children who take insulin with meals or who are on a pump may not need snacks between meals. The child's parent/carer or PDSN will advise you whether snacks are required.

Eating times

If a child takes two injections of insulin per day, meals and snacks may need to be eaten at regular intervals, following a plan agreed with the parent/carer or dietitian/PDSN. This is to maintain stable blood glucose levels.

It is important that if the plan includes specific eating times, you make sure that the child keeps to these times as a missed or delayed meal or snack could lead to a hypo.

Children who take multiple daily injections or who are on a pump usually have more flexibility with their eating times.

Physical activity

Being physically active is an important part of diabetes management. Children with the condition can take part in any kind of physical activity including being selected to represent school and other teams, providing they have made some preparations beforehand.

Preparations are needed because activity, such as swimming, football, running and athletics, uses up glucose. If the child does not eat enough before starting an activity, their blood glucose level may fall too low and they will experience a hypo (see page 4). Also, if their blood glucose level is high prior to getting active, physical activity may make it rise even higher (see hyperglycaemia on page 9).

The type of preparation required before physical activity will vary depending on:

- the type of physical activity
- the timing of the activity
- how long it will last
- when the child last ate
- when they last injected insulin and where
- their blood glucose level

Before, during and after activities, the child will need to check their blood glucose level carefully and must make sure they have a good fluid intake.

The child's parent/carer or PDSN who will advise on any specific preparations required for physical activities. These may include:

- having an extra snack before/during/after physical activity
- altering the insulin dose
- injecting in a particular site

Diabetes should not be an excuse for opting out of school activities. If this does happen regularly, speak to their parent/carer or PDSN to find out more about the individual situation. By the same token, a child with diabetes need not be singled out for special attention during physical activity - this could make them feel different and may lead to embarrassment.

School trips are an exciting and important part of school life and there is no reason for a child

School trips

with diabetes to be excluded.

Discuss school trips with parents/carers and healthcare professionals, e.g. school nurse/PDSN to agree any special requirements for the trip.

Day trips

Going on a day trip should not cause any real problems, as the routine will be much like that at school. The child should take:

- their insulin and injection kit, for a lunchtime injection or in case of any delays over their usual injection time
- their blood testing kit
- hypo remedies
- pump supplies (if appropriate)
- extra food/snacks in case of delays

Overnight stays

With overnight stays, the child's routine will certainly include insulin administration and blood glucose monitoring, even if these are not routinely done in school. If the child cannot do their own injections/manage their pump and/or check their own blood glucose levels, this will need to be done by a member of staff. Staff should meet with the child's parent/carer or PDSN well in advance of the trip to discuss what help is required and who will assist.

While away, if any medical equipment has been lost or forgotten, contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to help.

Going abroad

You may find the following Diabetes UK publications useful: Diabetes and Travelling, information on managing diabetes away from home, and Country Guides, about local foods and diabetes care, and translations of useful phrases. An emergency identity card may be useful for the child to carry.

The products above can be ordered by calling 0800 585 088 or please visit www.diabetes.org.uk/OnlineShop

Hyperglycaemia

Emergency procedures

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, e.g. 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.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

www.diabetes.org.uk

Other resources

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

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

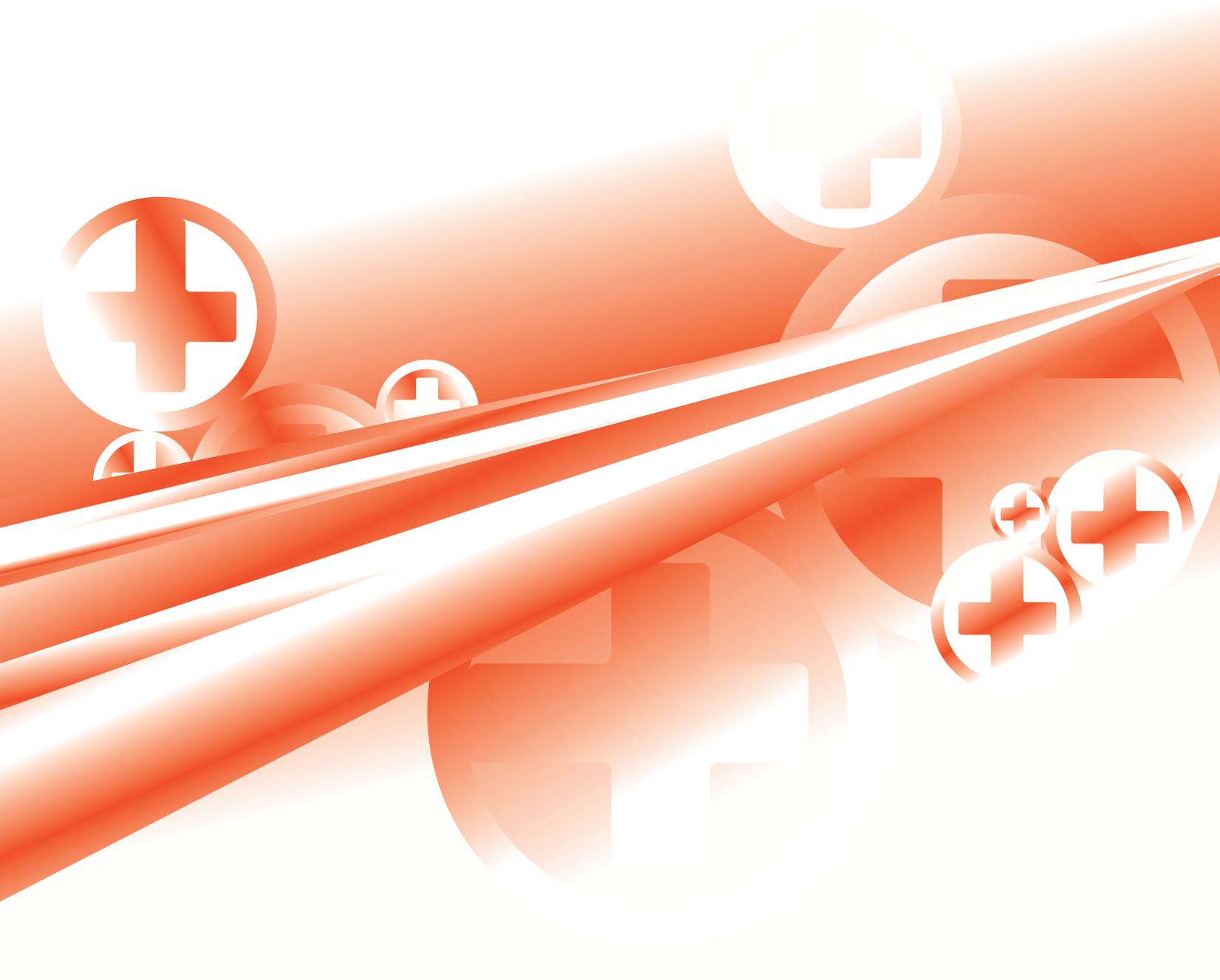
www.jdrf.org.uk

NHS Direct

Phone 0845 4647

www.nhsdirect.nhs.uk

Epilepsy



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This information is based on that provided by Epilepsy Action (Registered charity in England number 234343) in the Medical Conditions at Schools Resource Pack. For the full version of this resource, please visit: www.medicalconditionsatschool.org.uk

We would like to thank specialist nurse colleagues at Alder Hey Children's Hospital for their contribution to this appendix.

What is epilepsy?

Epilepsy is defined as having a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine.

Some children have epilepsy as a result of damage to the brain. This may have been due to injury before, during or after birth, and is known as symptomatic epilepsy. For other children, there is no known or identifiable cause. They have an inherited tendency to have epilepsy. This is known as idiopathic epilepsy, and is thought to be related to a low seizure threshold. Everyone has a seizure threshold; having a low seizure threshold means that a child is more likely to have seizures than children in general.

How common is epilepsy?

Epilepsy is the most common serious neurological condition. It affects about one in 279 children under 16. This means that there are about 42,000 children with epilepsy in UK schools. To put it another way, an average sized secondary school will have three to four children with the condition, while an average sized primary school will have one or two children with epilepsy. Over 10 per cent of calls to the Epilepsy Helpline in each year are about issues relating to epilepsy in children.

Seizure types

A seizure can either affect part of the brain or the whole brain. There are around 40 different types of seizure, some of which are more common in children. Depending on whether a seizure affects the whole or part of the brain it is called either generalised or partial. Generalised seizures affect the whole, or a large part, of the brain and result in a loss of consciousness, which may be very brief, or may last several minutes. Partial seizures only affect part of the brain and only partly affect consciousness.

The most common types of seizure school staff will come across are as follows:

Tonic-clonic seizures

Children who have tonic-clonic seizures (previously known as grand-mal) lose consciousness and fall to the ground. Their body goes stiff and their limbs jerk. When their seizure is over, their consciousness returns, but they may be very confused and tired. It's important that you stay with them at this point, to make sure they are alright. First aid advice for tonic-clonic seizures can be found on page 9.

Absence seizures

During an absence seizure (previously known as petit-mal) the child will briefly lose consciousness, but will not lose muscle tone or collapse. They will appear to be daydreaming or distracted for a few seconds. While these episodes may seem unimportant, they can happen hundreds of times a day. This can cause the child to become confused about what is happening around them.

Absence seizures are most common in children between the ages of six and 12 years old. As the child will lose consciousness during seizures, they are at risk of missing out on vital learning. If a child is having absence seizures during the day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis. There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.

Complex partial seizures

This type of seizure can be difficult to recognise. The child's consciousness level will be affected to some extent, and they will not be fully in touch with what is happening around them. During the seizure they may do things repeatedly, such as swallowing, scratching or looking for something. Complex partial seizures can be misinterpreted as bad behaviour. In fact the child will not know what has happened and will not remember what they were doing before the seizure started.

Although there is no real first aid needed for complex partial seizures, it's important not to restrain the young person unless they are in immediate danger. This is because they may not recognise you and become frightened. However, if the child is walking towards a busy road, you should try to guide them to safety. When the seizure ends the child is likely to be confused, so it is vital to stay with them and reassure them.

For more information about complex partial seizures visit www.epilepsy.org.uk or call the Epilepsy Helpline, freephone 0808 800 5050, text 07797 805 390 or email helpline@epilepsy.org.uk

Myoclonic seizures

When a child has a myoclonic seizure the muscles of any part of their body jerks. These jerks are common in one or both arms and can be a single movement or the jerking may continue for a period of time. Myoclonic seizures happen most often in the morning, and teachers need to bear in mind that a child may be tired or lack concentration if they start school after having one of these. There is no first aid needed for myoclonic seizures unless the child has been injured, when usual first aid procedures are used. If the child is distressed by the seizure, they may need comforting and generally reassuring.

Atonic seizures

Atonic seizures cause a child to lose muscle tone. When this happens the child falls to the ground without warning. This can result in injuries to the face and head. Children who have regular atonic seizures may need to wear protective headgear to avoid injuries. There is no first aid needed for atonic seizures, unless the child is injured during the fall.

General seizure advice

Tonic-clonic seizures are the most widely recognised type of epileptic seizure. It's important to note that most children need a rest following this kind of seizure. Depending on how they are feeling, they may be able to return to lessons. However, if they take many hours to recover, they may need to be taken home.

In different seizures, such as absences, there are other issues. For example, symptoms may not be recognised by staff as being seizures. It is extremely important that staff understand and can recognise the lesser known seizures, so that they can provide students with the right support.

Triggers

A trigger is anything that causes a seizure to occur, in someone who already has a predisposition. There are many different triggers, but some are more relevant to school settings than others. This can include the following situations.

- When a child first starts school, or changes class, they may be excited or anxious. Both of these emotions can trigger seizures.
- When a child or young person is preparing for exams, they may become stressed or not sleep properly. Stress and lack of sleep can be triggers for seizures.
- It's often thought that all people with epilepsy have seizures triggered by flickering light (known as photosensitive epilepsy). This is not the case, as fewer than one in 20 people with epilepsy have photosensitive epilepsy.

Some children with epilepsy may be entitled to extra time or support in exams because their epilepsy affects their ability to function at the same level as their classmates. If a teacher thinks this may be the case, they should speak to the child's parents and, if possible, to a health or psychology service professional. Schools need to apply to the relevant examining body to ask for extra provision. They need to do this as soon as possible. Guidelines on applying for special adjustments in exams are available from the Joint Council for Qualifications' website:

www.jcq.org.uk

Triggers

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).

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).

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.

Late nights broken sleep, or irregular sleep patterns can trigger seizures. Establishing a regular sleep pattern may help.

Alcohol and recreational drugs are increasingly part of many young people's lives. Alcohol can make seizures more likely and worsen the side effects of anti-epileptic medication. Recreational drugs can trigger seizures in children and young people whether or not they have epilepsy. In pupils with epilepsy they can affect seizure patterns, and are often associated with other possible trigger factors such as missed sleep or not eating properly.

Some over-the-counter and prescription medicines may make a pupil more likely to have seizures.

Illness can make seizures more likely.

Photosensitive epilepsy is the name given to a form of epilepsy in which seizures are triggered by flickering or flashing light. It is often assumed that everybody with epilepsy is photosensitive, but only around five per cent of people with epilepsy are. Photosensitive epilepsy is most common between the ages of nine and 15 and most people with the condition develop it before the age of 20. High contrast, for example, black and white stripes, patterned clothing, wallpaper and sunlight through blinds may also trigger seizures for some pupils with photosensitive epilepsy.

Flickering from television screens can sometimes trigger seizures for some children and young people with photosensitive epilepsy. However, unless they are displaying high contrast patterns, or material that is flickering or flashing, computers and interactive whiteboards should not trigger seizures for most pupils with photosensitive epilepsy. This is because they usually either flicker at a rate that is too fast to trigger seizures, or do not flicker at all. The risk can also be minimised by viewing the screen from at least 2.5 metres (8 feet) away. Wearing polarised sunglasses outdoors on sunny days can help to remove flickering reflection (e.g. from water). This will help to minimise the risk of seizures occurring, although it will not remove it entirely.

Most people with epilepsy should be aware of possible triggers and know which activities or equipment to avoid. Drawing up an Individual Health Plan (HP), in consultation with the pupil and their parents/carers, can help the school and relevant staff to clarify possible triggers and how to avoid them.

Medicines

The majority of children with epilepsy take anti-epileptic drugs (AEDs) to control their seizures. These drugs are usually taken twice a day, outside of school hours. This means there should be no issues about storing or administering medicines in school time.

Certain types of medicines taken for epilepsy can have an effect on a child's learning or behaviour. It is important that staff are aware of this. If a teacher notices a change in the child's learning or behaviour, then this should be discussed with their parents.

The only time medicine may be urgently needed by a child with epilepsy is when their seizures fail to stop after the usual time or the child goes into status epilepticus. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, emergency medication needs to be administered by a trained member of staff. If this isn't possible an ambulance should be called.

Emergency Medicines

If a child with epilepsy is likely to need emergency medicine to stop a seizure, it is vital that the parents and school staff work together to decide how this should happen. Although it is not a legal requirement for school staff to administer medicines under the Disability Discrimination Act, the school should ensure that a sufficient number of staff are trained to administer emergency medicines. Alternatively the child's parents could be contactable to administer the medicine if it is needed. Training may be commissioned by the school from services such as epilepsy nurse specialists, school nursing or independent training providers. For more information visit www.epilepsy.org.uk or call the Epilepsy Helpline, freephone 0808 800 5050.

The two main forms of emergency medicines are rectal diazepam and buccal midazolam. Rectal diazepam has been used for many years. Buccal midazolam is currently unlicensed for treating epilepsy in children. However, many consultants and some epilepsy specialist nurses prescribe this drug, as it is easier to use and less invasive than rectal diazepam. The government's own advice on the use of buccal midazolam states that if the medicine is used in schools then 'instructions for use must come from the prescribing doctor'. These instructions should be written into an individual care plan for each child who may need medication in school time.

The above information may appear daunting for some staff. But despite any fears about 'doing the wrong thing' it is essential for schools to have a clear policy and procedure in place to deal with an emergency situation, and for all staff to be aware of that policy.

Guidance from what was the Department for Education and Skills (DfES) on administering emergency medicines states clearly: "In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency."

For more information on emergency medicines, and template forms on storing and administering medicines in schools, see the DfES document *Managing Medicines in Schools and Early Year Settings*. This document can be downloaded at the Department for Education website (www.education.gov.uk).

Managing the condition

Individual Health 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 an Individual Health 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

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 (e.g. LCD or TFT screen) for a student with photosensitive epilepsy (see page 5).

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/carers 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.

Exercise and physical activity

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.

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

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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

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 déjà 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

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

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

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

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.

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