**Critial Illness Policy**

**St. Colman's N.S., Board of Management and Staffs commitment to ensure the safety of students with chronic health conditions.**

A. This school ensures that the whole school environment is inclusive and favourable to students with chronic conditions.

B. This school understands that certain chronic conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Parents have a duty to inform the school of such a condition and provide the necessary medical equipment to respond to emergencies.

C. This school has clear guidance on the administration and storage of medication and necessary equipment at school.

D. Staff understands the common chronic health conditions that affect students at this school.

E. Staff working with child(ren with chronic health issues) receive appropriate training from professionals qualified to instruct on chronic conditions and what to do in an emergency.

**Chronic Conditions Guiding Statement**

**Statement A**

This school ensures that the whole school environment is inclusive and favourable to students with a chronic condition.

This includes the physical environment, as well as social, sporting and educational activities.

**What we aim to achieve**

EDUCATION AND LEARNING

1. This school ensures that students with chronic conditions can participate fully in all aspects of the curriculum and does its best to provide appropriate adjustments and extra support as needed.

2. If a student is missing a lot of school time, has limited concentration or is frequently tired, all teachers at this school understand that this may be due to a chronic condition.

3. Staff use opportunities such as social, personal and health education lessons to raise awareness of chronic conditions amongst students and to create a positive social environment.

SOCIAL INTERACTIONS

1. This school ensures the needs of students with chronic conditions are adequately considered to ensure their involvement in structured and unstructured social activities, during breaks, before and after school.

2. This school ensures the needs of students with chronic conditions are adequately considered to ensure they have full access to extended school activities such as clubs and school excursions.

3. Staff at this school are aware of the potential social problems that students with chronic conditions may experience. Staff use this knowledge to prevent and deal with problems in accordance with the school’s anti-bullying and behaviour policies.

EXERCISE AND PHYSICAL ACTIVITY

1. This school ensures all teachers and external sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.

2. This school ensures all teachers and external sports coaches understand that students should not be forced to take part in an activity if they feel unwell.

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

4. This school ensures all teachers and sports coaches are aware of the potential triggers for a student’s condition(s) when exercising and how to minimise these triggers.

5. This school ensures all students have the appropriate medication and/or food with them during physical activity and that students take them when needed.(if appropriate)

6. This school ensures all students with chronic conditions are actively encouraged to take part in out-of-school activities and team sports.

SCHOOL EXCURSIONS

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

2. This school understands that there may be additional medication, equipment or other factors to consider when planning tours. ( Parent/guardian may need to be on the excursion also depending on the chronic condition and the individual.)

**Meeting the Guiding Statemen**

**Statement B**

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

Parents have a duty to inform the school of such a condition and provide the necessary medical equipment to respond to emergencies.

This school has a clear communication plan for staff and parentsto ensure the safety of all students with a chronic condition.

**What we aim to achieve**

1. All parents, especially new parents, are informed of and asked to familiarise themselves with St. Colman's N.S. ‘Managing Chronic Health Policy available on the school website.

2 At the start of the school year -Pupil Information forms are sent out to each family. Pupil information is recorded and/or updated including any medical conditions. (Review of Individual Pupils Health Care Plan- September)

3. School staff are informed and regularly reminded at Staff Meetings about the ‘Managing Chronic Health Conditions Policy and the pupils with medical issues.

4 A comprehensive list of pupils with medical issues and procedures for dealing with them is stored in a folder in the Document Holder in each room.

5. Substitute/temporary teachers are made aware of this folder and expected to familiarise themselves with these pupils.

 The onus is on the parent to keep the school informed of any changes in medication or treatment

 *(The term ‘parent’ implies any person with parental responsibility such*

*as foster parent, carer, guardian or local authority)*

6. Students are informed about the ‘Managing Chronic Health Conditions’ in social, personal and health education (SPHE) classes.

7. The responsibilities of school staff and parents of students with a chronic condition are set out in a written format and clearly understood by all parties (Care Plan).

6. Healthcare Plans are used to create a centralised register of students with medical needs. An identified member of staff has responsibility for the register at this school. (Health and Safety Officer, Principal, Secretary)

STORAGE AND ACCESS TO HEALTHCARE PLANS

1. Parents of students at this school are provided with a copy of the student’s current agreed Care Plan. (where applicable)

2. Care Plans are kept securely in the office and relevant classroom.

3. All members of staff who work with students have access to the Care Plans of students in their care.

4. The school ensures that substitute/temporary teachers are made aware of (and have access to) the Care Plans of students in their care.

5. This school ensures that all staff protects student confidentiality.

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

USE OF HEALTHCARE PLANS

Healthcare Plans are used by this school to:

 Inform the appropriate staff and substitute/temporary teachers about the individual needs of a student with a chronic condition in their care

 Remind students with chronic conditions to take their medication when they need to and if appropriate, remind them to keep their emergency medication with them at all times (if appropriate)

 Identify common or important individual triggers for students with chronic conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers

**Statement C**

This school has clear guidance on the administration and storage of medication and necessary equipment at school.

This school understands the importance of medication being taken as prescribed and the need for safe storage of medication at school.

**What we aim to achieve**

ADMINISTRATION – EMERGENCY MEDICATION

1. All students at this school with chronic conditions have access to their

Emergency medication at all times.

2. This school understands the importance of medication being taken as prescribed.

3. Staff are aware that there is no legal or contractual duty for a member of teaching staff to administer medication or supervise a student taking medication. However, any teacher who is willing and confident to administer medication to a student can do so under controlled guidelines. Generally it is the SNA (s) who supervise or administer medication. This teacher will need to have the permission of the Board of Management, have the written approval of parents and be fully trained in procedures.

4. Parents of students at this school understand that if their child’s medication changes or is discontinued, they should notify the school immediately in writing to update their child’s Healthcare Plan. The school confirms the changes are incorporated into the plan.

5. Staff or other parents attending tours/off site activities are made aware of any students with chronic conditions on the visit. 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.

6. If a student misuses medication, either their own or another student’s, their parents are informed as soon as possible. These students are subject to the school’s usual disciplinary procedures.

**Meeting the Guiding Statement**

SAFE STORAGE – EMERGENCY MEDICATION

1. Emergency medication is readily available at all times during the school day or at off-site activities.

2. Staff members know where emergency medication is stored.

3. Where healthcare professionals and parents advise the school that the student is not yet able or old enough to self manage and carry their own emergency medication, this student’s teacher/SNA knows exactly where and how to access their emergency medication.

4. Staff ensures that medication is only accessible to those for whom it is prescribed.

SAFE STORAGE – GENERAL

1. There is an identified member of staff who ensures the correct storage of medication at school. (HSO)

2. At the beginning of each term, the identified member of staff-Health and Safety Officer- checks the expiry dates for all medication stored at school. This is the responsibility of the parent as well.

3. The identified member of staff, (HSO) along with the parents of students with chronic conditions, ensure that all emergency and non-emergency medication brought in to school is clearly labelled with the student’s name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.

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

5. Some medication for students at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled with the student’s name.

6. All medication is sent home with parents at the end of the each term. Medication is not stored at school during holiday periods.

7. It is the parent’s responsibility to ensure new and in date medication comes into school on the first day of each new term.

**Meeting the Guiding Statement**

SAFE DISPOSAL

1. Parents at this school are asked to ensure that an adult collects out-of-date medication.

2. Sharps boxes are used for the disposal of needles. (A sharps box is a small yellow plastic container with a protective lid that is used for the disposal of used needles). Parents must provide the school with a sharps box. All sharps boxes in this school are stored in a safe place and this can be a locked cupboard when not in use unless alternative safe and secure arrangements are put in place on a case by-case basis.

3. 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 returns it to school or the student’s parents.

4. Collection and disposal of sharps boxes is arranged by the parents.

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**Meeting the Guiding Statement**

**Statement D**

Staff understand the common chronic health conditions that affect students at this school. Staff receive appropriate training on chronic conditions and what to do in an emergency.

**What we aim to achieve**

1. All staff at this school are aware of the most common chronic conditions.

2. Staff at this school understand their duty of care to students 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 and look to implement the relevant Care Plan.

3. The SNA staff who work with students who have a chronic condition at this school receive training and know what to do in an emergency by following the school’s Care Plan for each condition.

4. Action for staff to take in an emergency for the most common conditions at this school is displayed in prominent locations for all staff.

5. This school holds training on common chronic conditions at least once a year. A log of the managing chronic conditions training is kept by the school and reviewed every 12 months to ensure all new staff receives training e.g allergies.

6. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional (Where possible). The school keeps a register of staff that have completed the relevant training and records the date when retraining is necessary.

**Asthma**

**The Board of Management have responsibility to:**

-Promote a supportive learning environment for students with asthma

-Develop school guidelines for asthma management during school and school outings

-Annually update pupils’ details and make note of any changes.

 - Identify all staff members who have responsibility for the student with asthma

-Ensure that the school maintain up to date lists of children with chronic conditions (HSO, Principal, Secretary)

-Ensure that the school maintain an up to date chronic conditions (Princpal, the HSO and secretary)

-Alert all school-related staff members who teach or supervise a student with asthma(only if necessary). Ensure that they are familiar with emergency procedures. This includes substitute personnel (where necessary)

- Include asthma awareness as part of health education

- Learn about asthma and be able to recognise the symptoms of and how to respond to an asthma attack (5 Minute Rule)

-Support and implement the Emergency Asthma Plan (5 Minute Rule) agreed by the school and the student’s parents (if necessary)

-Support and implement the plan agreed for storage of asthma medication (in the office generally)

**The teachers have responsibility to:**

-Participate in any school meeting with the parent(s) and the principal. The teacher(s) who have the main responsibility for the student should participate in the meeting(s)

-Be prepared to recognise the triggers, respond to the signs and symptoms of an asthma attack and know what to do in an emergency (5 Minute Rule)

-Maintain effective communication with parents including informing them if their child has become unwell at school

-Provide a supportive environment for the student to manage their asthma effectively and safely at school. This may include avoiding triggers and taking their inhaler medication when required

- Learn about asthma by reviewing the material contained in the guide Managing Chronic Illnesses- (available on teachers lap top, in the staff room/office) and attend asthma management training if necessary

-Treat the student with asthma the same as other students except when meeting medical needs

-Provide alternative options for unplanned vigorous physical activity and ensure that students with asthma warm up and pre-medicate as necessary

-Ensure that the inhaler and spacer device is stored in a safe place in the office and available to the student in the event of an asthma attack. This inhaler and spacer will be provided by the parent

-Ensure that the student with asthma has access to the appropriate medication during any exercise and are allowed to take it when needed

**Actions for Teacher**

**The parents/guardians of a student with asthma**

**have responsibility to:**

- Inform the school principal and their child’s teacher that their child has asthma

-Attend and participate in a school meeting and provide specific information about their child’s asthma including medication, spacer devices and the 5 Minute Rule – the Emergency Plan outlining what to do in an asthma attack (if necessary)

-Provide accurate emergency contact details

- Inform school staff of any changes in their child’s health status

-Provide the school with the necessary equipment to treat an asthma attack: inhaler medications, spacer devices,

 - child’s inhalers and spacers are labelled with their child’s full name.

Ensure all necessary asthma medication is within the expiry date

**Signs and symptoms**

**Not every student with asthma has every symptom.**

The usual symptoms of asthma are:

``Coughing (in some cases a cough may be the only symptom of asthma)

``Coughing after exercise and/or at night

``Shortness of breath

``Wheezing

``Tightness in the chest - sometimes younger children will express feeling tight in the chest as a tummy ache

**Part B: Important Information**

**Medication and treatments**

**The vast majority of students with asthma should only need to bring reliever medication (these are usually blue in colour) to school.**

**Reliever inhalers**

Every child and young person with asthma should have a reliever inhaler. Relievers are taken immediately when asthma symptoms start. They work quickly to relax the muscles surrounding the narrowed airways enabling 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

- It is very important that a student with asthma has a reliever inhaler that they can use reliably and effectively. The student should know how to use their reliever inhaler and spacer

-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 increased puffs

- If the inhaler has been unused for some time (at school or in a school bag) then it may need to be ‘primed’ – spray two puffs into the air before administering to the student, to ensure adequate delivery of the medication

- In an asthma attack it is better for the student 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 more than twice a week, they should see their healthcare professional for an asthma review as they may also need to take controller medication.

**At School**

-Students with asthma need to keep their reliever inhalers with them (age appropriate), or close at hand, at all times (office). You never know when they might need it. They should also have a spare inhaler available (if possible)

- It is essential that all students with asthma are allowed to access their reliever inhaler freely at all times.

-Students should be reminded to take their reliever inhaler to PE lessons, school trips and other activities outside the classroom (if age appropriate)

-If students are playing sport on the sports field then reliever inhalers should be easily accessible (e.g. left with the teacher/coach)

- It is important to know which reliever belongs to which student. Each asthma medication should be clearly labelled with the student’s name

-The expiry date of all asthma medication should be checked every six months

-Parents should always be told if their child is using their reliever inhaler more than usual

Empty inhalers

-Parents are responsible for ensuring that their child’s inhaler is not empty and has plenty of doses left

- In a school setting, it is sensible to have a spare inhaler available

**Spacers**

Spacers are used with aerosol inhalers. A spacer is a plastic container with a mouthpiece at one end and an opening for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make aerosol inhalers easier to use and more effective.

**At school**

-Spacers may often be needed and used at school, especially by students under the age of 12 years

-Each student 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

**Exercise and physical activity**

Exercise and physical activity is good for everyone including children and young people with asthma. The majority of students 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

-Students with asthma should be encouraged to participate in all PE and activity based lessons and to become involved in after-school clubs and sport activities

Tips for supervising students 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

-Always make sure the student has their reliever inhaler with them (if appropriate)

-Try to avoid asthma triggers during exercise (e.g. dust, cold air, smoke, pollen, cut grass)

-Swimming is generally thought to be an ideal activity for students with asthma, however the chlorine or temperature changes may initiate asthma symptoms.

If chlorine or temperature changes are a trigger for a student’s asthma it may be necessary for the student to take their reliever inhaler 5-10 minutes before swimming

 If a student 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:

-Make sure they know which students they teach/coach have asthma and what triggers their asthma

-Understand how to minimise potential asthma triggers during exercise

-Ensure that each student’s inhaler is labelled and kept in a box at the site of the lesson. If a student needs to use their inhaler during a lesson they should be encouraged to do so

-Speak to the parents if they are concerned that a student has uncontrolled asthma.

These students may need to have their asthma reviewed by their doctor or asthma nurse

-Make time to speak to parents to relieve concern or fears about their children with asthma participating in PE

**Diabetes**

**The Board of Management have responsibility to:**

``Promote a supportive learning environment for students with diabetes

``Develop school guidelines for diabetes management during school and school outings

``Allocate sufficient resources to supervise students with diabetes

``Designate a member of staff to maintain the school chronic conditions register (H.S.O)

``Arrange and attend meetings with the student (if appropriate), family, teacher(s),and other staff members who have primary responsibility for the student. This should take place at the start of the school year or when the student is newly diagnosed. Discuss related services to meet the student needs

`` Identify all staff members who have responsibility for the student with diabetes

``Ensure substitute personnel are aware of the needs of a student with diabetes and the Diabetes Emergency Care Plan

``Arrange for diabetes management training for SNA staff members with responsibility for students with diabetes

``Alert all school related staff members who teach or supervise a student with diabetes. Ensure that they are familiar with emergency procedures

``Support and implement the plan agreed for storage of diabetes medication and provide a place with privacy if necessary for the student to administer insulin (if necessary)

``Delegate a staff member to regularly check the expiry date of diabetes medicines kept at school (HSO)

`` Include diabetes awareness as part of health education

``Support and facilitate ongoing communication between parents/guardians of students with diabetes and school staff

``Have sufficient knowledge of diabetes to make informed decisions regarding the safety of students

``Support and implement the Healthcare Plan and Emergency Diabetes Plan agreed by the school and the student’s parents

**Actions for the Board of Management**

**The trained SNA s /teachers have responsibility to:**

``Participate in the school meeting with the parent(s) and all relevant staff to develop a written Healthcare Plan including a specific Diabetes Care Plan for the student

``Be prepared to recognise the triggers, respond to the signs and symptoms of hypoglycaemia and hyperglycaemia and know what to do in an emergency

``Maintain effective communication with parents including informing them if their child has been unwell at school

``Provide a supportive environment for the student to manage their diabetes effectively and safely at school. This may include unrestricted access to the bathroom, drinking water, snacks, blood glucose monitoring and taking insulin

``Treat the student with diabetes the same as other students except when meeting medical needs

``Ensure the hypo kit*\** is stored in a safe place in the classroom and available to the student in the event of hypoglycaemia. This hypo kit will be provided by the parent

``Ensure that the student with diabetes has the appropriate medication or food with them during any exercise and are allowed to take it when needed. This also includes blood glucose monitoring when needed during the school day

``Provide alternative options for unplanned vigorous physical activity

``Ensure that the student has the right to privacy when injecting insulin, adequate time for blood glucose testing and eating snacks/meals if needed(if necessary)

``Check expiry date on medication regularly

``Provide information for substitute teachers that communicate the day-to-day needs of the student with diabetes and the Diabetes Care Plan

`` Learn about managing diabetes at school (see managing Chronic Illness Guidelines in Staffroom and Office review the diabetes section part B)

``Attend diabetes management training if deemed necessary

*\* Hypo kit example- contains blood glucose meter, testing strips, finger pricking device with lancets, Apple Juice, cereal bar, biscuits, Glucagon injection.*

**The parents/guardians of a student with diabetes**

**have responsibility to:**

`` Inform the Board of Management, school principal and the teacher that their child has diabetes

``Attend and participate in the school meeting to develop a written Healthcare Plan/Emergency Plan to meet their child’s needs

``Provide accurate emergency contact details and develop a Diabetes Emergency plan for their child

`` Inform school staff of any changes in their child’s health status

``Provide the school with the necessary equipment such as a hypo kit*\** and replenish supplies as needed

``Ensure their child’s insulin and glucose meter are labelled with the child’s full name.

``Ensure insulin and all necessary equipment is within the expiry date

``Provide the school with appropriate spare medication labelled with their child’s name

``Bring medication home from school on the last day of each term and return it to the school on the first day of each new term

``Provide Information about their child's meal/ snack schedule which should be tailored if possible to fit into the daily school timetable

``Provide the school with appropriate treats for their child for special events such as parties

*\* Hypo kit example - contains blood glucose meter, testing strips, finger pricking device with lancets, Apple Juice, glucose sweets, cereal bar, biscuits, and Glucagon injection.***Actions for Parents/Guardians**

**Part B: Important Information**

**What is diabetes?**

Diabetes is a long-term condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

``The pancreas does not make any or enough insulin

``The insulin does not work properly

``Sometimes it can be a combination of both

Glucose comes from the digestion of carbohydrates and from the liver, which makes glucose. Carbohydrates include:

``Bread, rice, potatoes, chapattis, cereal, pasta

``Sugar and other sweet foods

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

**Type 1 diabetes**

Type 1 diabetes develops if the body stops producing insulin. Type 1 diabetes usually appears before the age of 40 years and most students with diabetes will have Type 1 diabetes.

Nobody knows why this type of diabetes develops. It is not caused by eating too much sweets and sugar and there is nothing a student with Type 1 diabetes or their parents could have done to prevent it. More than 2,500 school-age children in Ireland have Type 1 diabetes.

It is important to note the incidence of Type 1 diabetes in childhood in Ireland is increasing.

**Type 2 diabetes**

Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).

In most cases this is linked with being overweight. Type 2 diabetes is more common in adults

**Signs and symptoms of Type 1 diabetes**

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 get into the cells because of the absence of insulin.

As this glucose accumulates in the blood stream, the body tries to excrete it in urine. This is why people with untreated or poorly managed diabetes often pass large amounts of urine, are extremely thirsty, may feel tired and lose weight.

The classic symptoms of diabetes are:

``Thirst

`` Lethargy

``Frequent urination

``Weight loss

**Medication and treatment**

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. Insulin treatment for Type 1 diabetes is subcutaneous (under the skin) insulin of varying frequency but may be up to four injections a day or via a pump device.

To achieve optimum control

Students with Type 1 diabetes will need to test their blood glucose levels at school to help their diabetes management and prevent acute problems. The dose of insulin each student needs is dependent on these results. If a student has Type 1 diabetes, regular insulin is essential to maintain life and they must have their insulin as recommended by their healthcare team.

Most students with diabetes will use a pen-like device to administer their insulin but it is getting more common for insulin pumps to be used. The decision about which system to use will be decided by the student, their family and the student’s diabetes team.

**Important Information**

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**Needle disposal**

The needles for insulin pens need to be changed after each injection. Students with diabetes who use insulin pens should have access to a special sharps disposal container to drop needles in after injecting insulin or after doing a blood test. A sharps box can be provided to the school by the parents and replaced when full. It must be stored in a safe place and this can be a locked cupboard when not in use for safe keeping and should be accessible to the student when they need to take their insulin.

Medication for Type 2 diabetes

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

**Managing the condition**

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

children and young people is 60 minutes of physical activity per day.

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

**`Students with Type 2 diabetes** need to eat a healthy diet that is low in fat (onceover five years old), low in sugar and salt and contains plenty of fruit and vegetables.

If it is found that this alone is not enough to keep their blood glucose levels within the target range, they may also need to take medication.

Elements of Effective Diabetes Management

``Monitoring blood glucose/sugar levels

``Understanding hypoglycaemia and its treatment

``Understanding hyperglycaemia and its treatment

``Regular healthy meals and snacks

``Regular physical activity

``Administration of insulin

``Planning for special events

``Planning for emergency events

``Dealing with emotional and social issues

**Lunch or snack breaks**

Students with Type 1 diabetes need to eat at regular intervals. A missed meal or snack can lead to hypoglycaemia. It is important to know the times a student with diabetes needs to eat and make sure they keep to these times. Children and young people must be allowed to finish their lunch and snacks completely before going out to the yard. They may need to have their lunch at the same time each day. If it is necessary for a student with diabetes to eat or drink in class, it is important to discuss with the student how they feel about having their diabetes explained to the class to enable other students to understand more about their condition and avoid any misunderstandings.

Students with Type 2 diabetes will not have the same need as those students with Type 1 diabetes for snacks as they may need to lose weight and they are also not so susceptible to hypos.

**Important Information**

**Please note:** the term mmol used throughout this document, refers to the unit of measurement on blood glucose meters that a person with diabetes uses to check their blood glucose levels. The normal blood glucose levels are 4 to 7 mmol.

Each student will have an agreed target range with their diabetes team for their blood glucose levels which may differ from the 4 to 7 mmol range.(see Care Plan)

**Blood testing**

Most students who are treating their diabetes with insulin will need to test their blood glucose levels on a regular basis. At school this may be:

``Before or after physical activity

``Before a meal

``Anytime they feel that their blood glucose level is falling too low or climbing too high

Specific blood glucose targets will be set by the diabetes team for each student and a decision will be made for each student in their Healthcare Plan/Emergency Plan what to do if the blood glucose levels are out of target

A blood glucose meter is used to test blood glucose levels. A test strip is inserted into a small meter. The student then pricks their finger using a lancet and a small drop of blood is applied to the test strip. Older students with diabetes will usually want to keep their testing equipment with them so they can test their blood glucose if and when needed. The lancet (finger pricker) and test strip are disposed of in a sharps box (the same container students use for disposing insulin pen needles).

A blood glucose meter is not a device to be ‘shared’ as it is a single, named-person device.

If recommended by the student’s doctor, it is medically preferable to permit students to check their blood glucose levels and respond to the result in the classroom, at any other school location or school activity. Taking immediate action is important so that symptoms do not get worse and the student doesn’t miss time away from the classroom.

**Important Information**

**Advantages of checking blood glucose levels in the classroom**

``The student experiences fewer stigmas as blood glucose monitoring loses its mystery when handled as a regular occurrence in front of classmates

`` It is safer for students because less time is lost between recognizing symptoms, confirming low blood glucose and obtaining treatment with a fast acting sugar followed by a snack or meal

``The student isn’t at risk of having a hypo while alone in the bathroom

``The student achieves better glucose control which will improve their ability to concentrate and learn. It will also help to prevent long term complications of high blood glucose and acute complications of high and low blood glucose

``The student gains independence in diabetes management

``The student spends less time out of the class

**Insulin during school hours**

Although many students at school may start on a twice daily injection regime of insulin at breakfast and early evening, regimes alter depending on the student’s needs. Some students may need to have an injection during the school day, for example before lunch or they may use an insulin pump. It is preferable that the insulin injection is taken/administered in the student’s immediate environment. Insulin **injections** – some types of insulin are given immediately before eating so the student may need to inject discreetly at the meal table.

**Insulin pumps** – are attached 24 hours a day and they deliver a set dose of rapid acting insulin continuously. The student with diabetes will also need to ‘boost’ the dose of insulin from the pump at mealtimes having worked out the amount of carbohydrate they have eaten. The bolus dose of insulin can be given before, during or after the meal, depending on the student’s requirements. Older students will usually do this themselves, for younger children discussion with parents and their healthcare professional is needed about how this is managed at school.

**School excursions**

Going on school excursions should not cause any real problems for students with diabetes. They need to remember to take their blood glucose meter, insulin and injection kit with them, even those who would not usually take insulin during school hours in case of any delays over their usual injection time. They will have to eat some starchy food following the injection so should also have some extra starchy food with them. They should also take their usual hypo treatment with them. For young children, it may be more suitable for the teacher to carry this equipment. Students with diabetes must not be excluded from school excursions on the grounds of their condition.(If necessary a parent or guardian will go on the excursion)

**Exercise and physical activity**

Exercise and physical activity is good for everyone, including students with diabetes. The majority of students with diabetes should be able to enjoy all kinds of physical activity.

It should not stop them from being active or being selected to represent their school or other sporting teams. However, all students with diabetes need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose

**Important Information**

Tips for supervising students with Type 1 diabetes during physical activity

Before an activity

``Ensure the student has time to check their blood glucose levels

`` Inform the student how energetic the activity will be

``Check that the student with diabetes has eaten enough before starting an activity, to prevent their blood glucose dropping too low and causing a hypo

``Some students with diabetes may also need to eat or drink something during and/or after strenuous and prolonged exercise to prevent their blood glucose level dropping too low and causing a hypo

``Ensure the student has access to quick acting carbohydrate such as Apple Juice

`` If the test shows a blood glucose level of 15 mmol or above for a sustained period, a urine or blood test for ketones (the by-product of the body burning fat for energy) may need to be performed before commencing any physical activity. If students have had their correct insulin injection and are feeling well, it may be safe to exercise but the blood glucose will need to be monitored carefully.

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

If a student with diabetes does not feel confident participating in physical activity, teachers should speak to the student’s parents to find out more about the student’s situation. The majority of students should be able to take part in any sport, exercise or physical activity they enjoy, as long as they are enabled to manage their diabetes.

During an activity

It is important that the person conducting the activity is aware that there should be a sugary drink nearby in case the student’s blood glucose level drops too low. If the activity will last for an hour or more, the student may need to test their blood glucose levels during the activity and act accordingly.

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

The student should check their blood glucose 10 – 15 minutes after the hypo. If the blood glucose is still below 4 mmol, repeat the steps of treating hypoglycaemia. If the blood glucose level has risen above 4 mmol, the student should eat a long-acting starchy food. (See Diabetes Care Plan).

After an activity

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

Students who use insulin pumps

Pumps may need to be disconnected if taking part in contact sports. Although some may be waterproof, students may prefer to disconnect while swimming. Pumps cannot be disconnected for long periods of time because the pump uses rapid acting insulin. Generally, the rule is that they should not be disconnected for more than an hour. While the pump is disconnected, no more insulin will enter the body and the blood glucose level will gradually begin to rise.

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

Students with Type 2 diabetes

If a student has Type 2 diabetes but they are not on insulin, it is unlikely that they will have a hypo during exercise. As these students are generally overweight, physical activity should be actively encouraged.

**Important Informatio**

**Complications**

Hypoglycaemia (or hypo / low)

Hypoglycaemia occurs when the level of glucose in the blood falls too low (usually under 4 mmol). When this happens, a student with diabetes will often experience warning signs which occur as the body reacts to the low glucose levels.

Hypoglycaemia can be caused by:

``A missed or delayed meal or snack

``Not enough food especially carbohydrate

``Strenuous or unplanned exercise

``Too much insulin

``Sometimes there is no obvious cause

Symptoms of hypoglycaemia:

``Sweating

``Paleness

``Weakness or dizziness

``Headache and/or tummy pain

``Hunger

``Mood change, especially angry or aggressive behaviour

``Anxiety or irritability

`` Inability to concentrate

Young children may not be able to recognise these signs and it is easy to think a student is being undisciplined when in actual fact they are having a hypo.

**Information**

Severe Hypoglycaemia

Severe hypoglycaemia is rare at schools and generally can be prevented by prompt treatment when the early signs of hypoglycaemia are recognised. When hypoglycaemia

is severe, school personnel must respond immediately.

**Glucagon** is a hormone that raises blood glucose levels by causing the release of glycogen (a form of stored carbohydrate) from the liver. It is administered when the student’s blood glucose levels go so low that the student loses consciousness or experiences seizures. Although Glucagon may cause nausea and vomiting when the student regains consciousness, it does not harm the student. How much is given to the student is decided by the student’s diabetes team. Training in the administration of glucagon for school staff can be given by the student’s diabetes nurse specialist. The student’s parents supply the school with the glucagon kit. Glucagon is usually stored

in a fridge. It should be stored in a safe place in the school with easy access to it in an emergency.

Glucagon should not be left in the school over the school holidays and a new Glucagon can be brought into the school at the start of the new term.

**Hyperglycaemia** is the term used when the level of glucose in the blood rises above 15mmol and stays high for hours.

If the blood glucose levels remain high and untreated, the student may become very unwell and develop Diabetic Ketoacidosis.

**Diabetic Ketoacidosis** is recognised by symptoms such as:

``Deep and rapid breathing (over-breathing)

``Nausea and Vomiting

``Drowsiness

``Breath smelling of acetone, e.g. nail polish remover

``Abdominal pain

**These symptoms are an emergency. The parents must be contacted and 999 called for the emergency services.m**

**portant Informatio**

The sick student at school

Students with diabetes are no more susceptible to infection or illness than their classmates without diabetes. When a student with diabetes become ill with the usual fevers and other childhood sicknesses, the blood sugar balance is likely to be upset. Careful monitoring with blood glucose testing and extra insulin may be required. **Such illness management is the responsibility of the parents/ guardians not school personnel.**

**For this reason, when a student with diabetes becomes ill at school, the parents/guardians should be notified immediately so that they can take appropriate action.**

**Vomiting and inability to retain food and fluids are serious conditions since food is required to balance the insulin. If the student is vomiting, contact the parents/guardians immediately.**

**Important Information**

**Epilepsy-TONIC-CLONIC SEIZURES**

**DO**

 Note the time

 Protect the student from injury (remove any harmful objects nearby)

 Cushion the head

 Wipe away excess saliva

 Gently put the student in the recovery position when

the seizure has ended

 Stay with them until recovery is complete

 Calmly reassure the student

**DON'T**

 Restrain the student

 Put anything in their mouth

 Try to move them unless they are in danger

 Give the student anything to eat or drink until

they are fully recovered

**SEIZURES INVOLVING ALTERED**

**CONSCIOUSNESS OR BEHAVIOUR**

**DO**

 Protect the student from injury (remove any harmful objects nearby)

 Cushion their head

 Gently place the student in the recovery position

 Stay with them until recovery is complete

 Calmly reassure the student

**DON'T**

 Restrain the student

 Put anything in their mouth

 Try to move them unless they are in danger

 Give the student anything to eat or drink until they are fully recovered

**When to call an ambulance -dial 112 or 999**

 If you know it’s the students

first seizure

 The seizure continues for more

than 5 minutes

 Or longer than is normal for

that individual

 One seizure follows another without the student regaining

awareness between seizures

 The student is injured during

the seizure

 You believe the student needs urgent medical attention

For further information, latest news and advice about epilepsy visit:

**www.epilepsy.ie**

**The Board of Management have responsibility to:**

``Promote a supportive learning environment for students with epilepsy. This includes understanding of the potential cognitive impacts of epilepsy and its treatment on learning. Also, it includes extending support to the student to minimise disruption to learning from the seizures and from missed schooling

``Develop school guidelines for epilepsy management during school and school outings

``Allocate sufficient resources to manage students with epilepsy

``Meet annually-(September) with the school team to arrange and attend a meeting with the student, family, teacher(s) and other staff members who have primary responsibility for the student

`` Identify all staff members who have responsibility for the student with epilepsy

``Delegate a staff member to ensure medication is stored safely, check the expiry date of epilepsy medicines kept at school and maintain the school chronic conditions register (HSO)

``Allow adequate time for epilepsy management training for staff with responsibility for students with epilepsy

``Alert all school-related staff members who teach or supervise a student with epilepsy. Ensure that they, including the bus driver and substitute personnel are familiar with emergency procedures

`` Include epilepsy awareness as part of health education-SPHE

``Support and implement the Emergency Epilepsy Plan agreed by the school and the student’s parents

**Actions for the Board of Managemen**

**The SNAs /teachers have responsibility to:**

``Participate in the school meeting with the parent(s) and the principal. The teacher(s) who have the main responsibility for the student should participate in the meeting(s) to develop a written Healthcare plan including the Epilepsy Care Plan specific for the student

``Be prepared to recognize the triggers, signs and symptoms of seizures and know what to do in an emergency

``Maintain effective communication with parents including informing them if their child has become unwell at school

``Provide a supportive environment for the student to manage their epilepsy effectively and safely at school

``Provide alternative options for vigorous physical activity

``Promote inclusion of the student with epilepsy in all school activities that are appropriate and safe to participate in, including sports, extracurricular activities and school trips in accordance with the guidance of the student’s medical team

``Ensure that emergency medication such as buccal midazolam is stored in a safe place in the school and readily available in the event of a seizure

``Ensure that the student has the right to privacy when recovering from a seizure if this is needed. However the student should be checked on at regular intervals

``Provide information for substitute teachers that communicates the day-to-day needs of the student with epilepsy and the Epilepsy Emergency Plan (Stored in Policy Holder)

``Attend Epilepsy management training

 ``Be aware of the potential impact of seizures and medication on a student’s memory and overall school performance

**Actions for Teachers**

**The parents/guardians of a student with epilepsy have responsibility to:**

 `` Inform the school principal and their child’s teacher that their child has epilepsy

``Attend and participate in the school meetings and provide specific information about their child’s epilepsy including seizure type, pattern, triggers, management and drug regime

``Provide accurate emergency contact details and an up-to-date Healthcare Plan for their child including details of the GP, and local A&E service and conditions under which an ambulance is to be called

`` Inform school staff of any changes in their child’s health status

``Provide the school with the necessary information and emergency medication to meet the student’s needs within school. Replenish supplies of emergency medication as needed.

``Ensure their child’s medication and any spare medication provided is labelled with their full name and is within the expiry date

``Provide information about their child's triggers which are relevant to the daily schedule e.g. impact of skipped meals. These can be tailored to fit into the daily school timetable

``Agree that the student with epilepsy will take part in all school activities, e.g. swimming, outings and extracurricular activities that are safe and appropriate for them to do. If there are concerns as to safety of a specific activity it is best to be guided by the student’s neurology team

``Where the student is on a special diet for epilepsy such as the Ketogenic or Modified Atkins/Low GI Diet, provide the school with appropriate treats for their child for special events such as parties

**Actions for Parents/Guardian Part B:**

**What is epilepsy?**

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells so the brain’s messages briefly pause or become mixed up. There are many different kinds of epilepsy

and about 40 different seizure types. Some of the common types of seizure are described in signs and symptoms.

Epilepsy can affect anyone at any age

**Signs and symptoms**

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

Seizures can be divided into two groups:

``Generalised

``Partial (sometimes called ‘focal’)

**Generalised seizures**

**Some seizures affect the whole or most of the brain and are called generalised seizures. These will always involve a loss of consciousness although the child or young person will not necessarily fall to the floor.**

Absence seizures In an absence seizure the person stops what they are doing and may stare, blink or look vague for just a few seconds.

Absence seizures can sometimes be mistaken for daydreaming or inattention but in fact the person has lost consciousness.

Absence seizures are one of the most common seizure types in children and young people and can occur several times a day. You may be able to help your students who have absence seizures by providing written information at the end of a lesson and helping them catch up on things they have missed.

Myoclonic seizure

These seizures involve sudden contractions of the muscles. The seizure can be a single movement or a series of jerks. Myoclonic seizures most commonly affect the arms and Frontal lobe (motor)

Possible symptoms:

``uncontrolled jerking of one arm or leg

``head and eyes turning to one side

Temporal lobe (memory, emotions etc)

Possible symptoms:

`` feeling of intense fear or happiness

`` vivid memory flashbacks

`` intense deja vu

`` intense smells or taste

``unpleasant sensation in the stomach

Parietal lobe (sensory)

Possible symptoms:

`` tingling or warmth down one side of the body

Occipital lobe (visual)

Possible symptoms:

``flashing lights, balls of light or colours in one half of vision ,sometimes the head but can affect the whole body. Usually no first aid is needed unless the student has been injured.

Tonic-clonic seizures

Tonic-clonic seizures are the most widely recognised epileptic seizure. In a tonic clonic seizure, the student loses consciousness, the body stiffens and then they fall to the ground. This is followed by jerking movements sometimes called convulsions.

Sometimes the student will be incontinent (lose control of their bladder or bowel). After a few minutes, the jerking movements usually stop. The student may be confused and need to sleep after the convulsive movements are over for minutes or even hours, until recovery is complete. However, some students will recover quickly.

Atonic seizures

In atonic seizures all muscle tone is lost and the person simply drops to the ground, hence the other name for this type of seizure: ‘drop attack’. When a student experiences an atonic seizure, the body goes limp and they usually fall forward – this can lead to them banging their head. Although they fall heavily, the student can usually get up again straight away

.

**Partial seizures**

**In some types of seizure, only part of the brain is affected: these are called partial seizures. Sometimes a partial seizure can turn into a generalised seizure and some types of partial seizure can act as a warning or ‘aura’ for a generalised seizure.**

**Partial seizures can be either simple where consciousness is not impaired or complex where consciousness is impaired to some extent.**

Simple partial seizures

The symptoms depend on the area of the brain affected. For example, a student experiencing a simple partial seizure may go pale and/or sweaty, may report tingling or a strange smell or taste or experience deja vu. During a simple partial seizure, the student remains fully conscious and the seizure is brief. Some students experience a

simple partial seizure on its own or it may be a warning that the seizure may spread to other parts of the brain.

Complex partial seizures

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

**The effect of epilepsy on the student at school**

There are various considerations for students with epilepsy especially if their seizures are not controlled. These might include safety in sports, activities and practical subjects.

Storage and administration of medicines may also need to be planned for.

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

**Important Information**

**Intellectual disabilities and other conditions**

Most students with epilepsy are just as capable of learning as other students and some are high achievers. However, students with epilepsy can struggle academically in comparison to their intellectual level and some have problems with learning and attendance. Some students with epilepsy have intellectual disabilities and need a high level of support. Rates of epilepsy are higher among students with other conditions such as autism, cerebral palsy, hydrocephalus, acquired brain injury, ADHD and intellectual disability.

Students with epilepsy can experience a range of difficulties at school. Some reasons why students with epilepsy can have difficulties at school are:

``Difficulty concentrating

``Working more slowly than others

``Being too tired

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

Behavioural and learning difficulties in and outside school can be due to:

``Frequent and/or prolonged seizures

``Damage to the brain

``Side effects of epilepsy medication

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

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

Having many seizures or severe seizures can cause damage to the brain and this can lead to learning disabilities. Epilepsy can occur in combination with other factors and sometimes epilepsy and learning disabilities can both be a part of a syndrome.

**Medicines and treatments**

Regular medication

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

At school

There may be some students who will require the administration of medication as part of their Healthcare Plan . Rescue medication such as buccal midazolam may be prescribed to some students to stop seizures that last over 5 minutes, the details of which should be included in the student’s Care Plan

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

**Important Information**

**Managing the condition**

Individualised Healthcare Plans

As epilepsy affects individuals differently, any policies or health care plans need to reflect the student’s individual needs. Schools need to agree an individualised Healthcare Plan for each student. This should be done in consultation with the student, their parents/guardians and where appropriate should incorporate guidelines from the hospital team.

The Healthcare Plan should address issues such as:

``The types of seizures the student is likely to experience

``How to recognise the specific seizures that apply to the student

``What to do- a detailed explanation of appropriate first aid for each type of seizure that the student may have

``Define what is an emergency in the case of the individual student and what action is to be taken and when. This section should be clear about issues such as: the typical duration of seizures, the typical recovery period, the point at which seizures are considered prolonged, any potential complicating factors (e.g. other health issues), other indicators of emergencies (e.g. injury) administration of emergency medication and contacting emergency services

``Additional relevant educational information, learning difficulties or disability, comprehension and memory issues

`` Interruptions to school attendance and learning and any measures that may be availed of to support the student in the respect of same e.g. learning support,

resource, home tuition

**Important Information**

**Triggers**

In many students 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 students with epilepsy to experience more seizures and the seizures can occur before or after the feelings.

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 difficulthome life or bereavement).

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

**Unbalanced diets and skipping meals** can lead to low blood sugar levels that in some students with epilepsy, may be a seizure trigger. There is no evidence to suggest that specific foods can trigger seizures. A regular intake of balanced meals is advised. Energy drinks containing caffeine and other stimulating substances can lower seizure threshold

and are best avoided.

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

**Illness** can make seizures more likely especially when associated with a high temperature. Using measures to lower a high temperature is important for this reason.

For some people pain, when severe, can be a trigger also.

**Photosensitive epilepsy** is the name given to a form of epilepsy in which seizures are triggered by flickering or flashing light, glare and certain patterns. It is often assumed that everybody with epilepsy is photosensitive but only around five per cent of people with epilepsy are.

**Exercise and physical activity**

Exercise and physical activity is good for every student including those with epilepsy.

Some students 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) students with epilepsy can take part in most, if not all, school activities including sport. Many students 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.. 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 students with epilepsy are fully

included in school activities.

**Anaphylactic Reaction**

**Sample Anaphylaxis Emergency Plan**

**Symptoms of mild to moderate allergic reaction**

 Swelling of lips, face, eyes

 Hives, welts, itchy skin, rash

 Tingling mouth, abdominal pain, vomiting, nausea

**Action for mild to moderate reaction**

 Stay with student and call for help

 Give antihistamine if available

 Locate Anapen

 Contact family/carer

 If condition worsens follow actions for severe reaction below

ANAPHYLAXIS SEVERE ALLERGIC REACTION

**Look for any ONE of the following**

 Difficult/noisy breathing

 Swelling of tongue

 Swelling/tightness in throat

 Difficulty talking and/or hoarse voice

 Loss of consciousness and/or collapse

 Pale and floppy

 Wheeze or persistent cough

 Condition steadily worsening

**Action for severe reaction**

 Give Anapen or Anapen Junior as per instructions immediately

 Call ambulance (dial 112 or 999) without delay

 Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand

 If conscious and able to swallow give\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of antihistamine

 If wheezy administer inhaler\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ puffs using aerochamber (if available)

 Contact family/carer

 A second Anapen may be given if no response after 5 minutes

**IF IN DOUBT USE THE ANAPEN**

How to administer the Anapen

1 Remove the black needle cap

2 Remove the black safety cap from the red firing button

3 Hold Anapen against the outer thigh and press red firing button

4 Hold Anapen in position for 10 seconds

**The Board of Management have responsibility to:**

``Promote a supportive learning environment for students with severe allergies

``Develop school guidelines for allergy management during school and school outings

``Ensure students at risk of anaphylaxis are identified during the registration process

``Delegate a staff member to maintain the school chronic conditions register(HSO)

``Arrange and attend meetings with the student (if appropriate), family, teacher(s) and other staff members who have primary responsibility for the student. This should take place at the start of the school year or when the student is newly diagnosed

 `` Identify all staff members who have responsibility for the student with severe allergies

``Ensure substitute personnel are aware of the needs and emergency procedures for students with severe allergies

``Arrange anaphylaxis training (U-TUBE DEMONSTRATION) for staff members who are in contact with students who have severe allergies

``Ensure staff members are aware of and recognise students with life threatening allergies and are familiar with emergency procedures

``Designate a location where emergency medication is to be stored. The best place to keep medication is with the student.(see Administration of Medication Policy) Adrenaline must always be easily accessible

`` Inform staff where emergency medication is stored

`` Include allergy awareness as part of health education

``Support and facilitate ongoing communication between parents/guardians of students with allergies and school staff

``Support the Healthcare Plan agreed by the school and the student’s parents

``Develop and implement a health and safety policy to reduce exposure to allergens which may cause anaphylaxis in the student

**Actions for the Board of Management**

**The teachers have responsibility to:**

``Participate in the school meeting with the parent(s) and the relevant staff parents to develop a written Healthcare Plan including the Anaphylaxis Emergency Plan (if necessary) specific for the student

`` Be prepared to recognize and respond to the signs and symptoms of anaphylaxis and know what to do in an emergency (if necessary)

``Maintain effective communication with parents including informing them if their child has become unwell at school

``Provide a supportive environment for the student to manage their allergy effectively and safely at school

``Be aware of allergic triggers that may cause a student to experience an anaphylactic reaction and minimise the risk for the student by reviewing class activities, supplies and materials to ensure they are allergen free

``Treat the student with allergies the same as other students

``Discourage students from sharing lunches or trading snacks

``Reinforce hand washing before and after eating

``Provide alternative options for edible treats

``Discuss activities involving food with parents before they take place

``Provide information for substitute teachers that communicate the day-to-day needs of the student with allergies and the Anaphylaxis Emergency Plan

``Ensure the student’s emergency medical kit and a mobile phone is taken on all outings and trips off the school premises

``Review the materials in the Anaphylaxis section of Managing Chronic Illness guidelines(copy in staffroom and office) to learn more about severe allergies and anaphylaxis

**The parents/guardians of a student with severe allergies have responsibility to:**

`` Inform the Board of Management, the school principal and their child’s teacher that their child has a severe allergy as soon as possible

``Attend and participate in the school meeting to develop a written Healthcare/Anaphylaxis Emergency Plan to meet their child’s needs

``Provide accurate emergency contact details

`` Inform school staff of any changes in their child’s health management needs

``Provide the school with a labelled emergency medical kit containing two auto injectors and the Emergency Plan including contact numbers. The kit may also contain antihistamine, asthma inhalers and other medications as prescribed

``Bring this medication home from school on the last day of each term and return it to the school on the first day of each new term

``Ensure medication has not exceeded the expiry date

``Ensure with their doctor, that the Anapen dose prescribed is adequate.

``Provide the teacher with safe treats/snacks as an alternative during class parties and other activities involving food

``Educate the student to wash their hands before eating

**What is anaphylaxis?**

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It may occur within minutes of exposure to the allergen although sometimes it can take hours. It must be treated quickly with adrenaline.

Any allergic reaction including anaphylaxis occurs when the body’s immune system overreacts to a substance that it perceives as a threat. On rare occasions there may be no obvious trigger.

Common triggers of anaphylaxis include:

``Peanuts and tree nuts

``Sesame and other seeds

``Fish

``Shellfish

``Dairy products

``Egg

``Soya

``Wasp or bee stings

``Natural latex rubber

``Penicillin and other drugs

**Signs and symptoms**

Allergy has a wide range of symptoms. Any of the following may be present in an anaphylactic reaction:

``Difficult/noisy breathing

``Swelling of tongue

``Swelling/tightness in throat

``Difficulty talking and/or hoarse voice

`` Loss of consciousness and/or collapse

``Pale and floppy

``Wheeze or persistent cough

``Condition steadily worsening

``Swollen lips

``Nettle rash

**What to do in an emergency**

If a student with allergies shows any possible symptoms of a reaction, immediately

``Assess the situation

``Administer appropriate medication in line with perceived symptoms

`` If symptoms suggest it is a severe reaction:

`` give the student their adrenaline injector into the outer aspect of their thigh

``make safe the used injector by putting it in a rigid container

`` give the used injector to the ambulance crew

``Note the time the adrenaline was given in case a second dose is required and to tell the ambulance crew

`**`Call for an ambulance and state**

`` the name and age of the student

`` that you believe them to be suffering from anaphylaxis and that adrenaline has been administered

`` the cause or trigger (if known)

`` the name, address and telephone number of the school

``Call the student’s parents

`` If there is no improvement after 5 minutes give the second adrenaline injector

While awaiting medical assistance the staff member should:

``Continue to assess the student’s condition

``Position the student in the most suitable position according to their symptoms

After the emergency

``Carry out a debriefing session with all members of staff involved

``Parents are responsible for replacing any used medication

**Medications and treatments**

Injectable Adrenaline

Adrenaline is prescribed by doctors to individuals who have an increased risk of anaphylaxis. Every student who is at risk of anaphylaxis should carry two adrenaline injectors. The student (depending on their age) and their carers should be trained in how to use them. Treatment involves intramuscular adrenaline i.e. an injection of adrenaline into the muscle.

**When to administer adrenaline**

Follow directions from the **Anaphylaxis Emergency Plan included with the pupils Health Plan**. If the student shows **any** of the following symptoms then it suggests a serious allergic reaction is developing and adrenaline should be given without delay:

``Difficult/noisy breathing

``Swelling of tongue

``Swelling/tightness in throat

``Difficulty talking and/or hoarse voice

`` Loss of consciousness and/or collapse

``Pale and floppy

``Wheeze or persistent cough

``Condition steadily worsening

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 should be administered after 5 minutes. That is why it is best practice to have two injections available. When adrenaline has been given, an ambulance must be called and the student taken to hospital. Parents informed immediately.

**Should I give the Adrenaline or not**?

If there is any doubt about whether to give Adrenaline or not, the medical consensus is **GIVE IT**. In a scenario where anaphylaxis is possible, a student is better off receiving adrenaline (even if in retrospect it wasn’t required) than not. Allergy doctors agree it is

wiser to over react than to under react. Most students tolerate the effects of adrenaline very well even if they are not having a serious allergic reaction.

**Intra-muscular adrenaline (i.e. Anapen or Epipen)**

**How to use the Anapen**

1. The Anapen is administered into the upper outer area of the thigh

2. Remove the black needle cap

3. Remove the black safety cap from the firing button

4. Place the pen on the upper outer aspect of the thigh

5. Press the firing button

6. Hold in place for 10 seconds then remove

7. Massage the injection site for 10 seconds

8. Place the used device in a rigid container to give to the ambulance crew

9. Call an ambulance to take the student to hospital

10. Contact parents

**Anti-histamines**

Students with allergies may also have been prescribed anti-histamines to relieve mild symptoms or as part of their **Anaphylaxis Emergency Plan** for a severe reaction. They are available in either liquid or tablet form (liquids are easier to take in an emergency and work faster than tablets). Directions on when to give anti-histamines should be taken from the student’s Anaphylaxis Emergency Plan (if necessary). Directions may vary from one student to another. If anti-histamines are prescribed as part of the Anaphylaxis Emergency Plan, they should be kept together with the student’s adrenaline.

**Important Information**

**Recovery positions**

When symptoms suggest anaphylactic shock, the student will need to be placed in a suitable recovery position. As the symptoms can vary from person to person the following points should be observed:

``Due to a drop in blood pressure, the student may be feeling faint or weak, look pale or beginning to go floppy. In this instance, lay them down with their legs raised. They should not stand up

`` If there is 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. However, keep their legs raised, if possible

``Students who are wheezing can also be given up to 10 puffs of their reliever inhaler

**Managing anaphylaxis in school**

Staff administering medication

When school staff agree to administer treatment and medication to a student in an emergency, training sessions must be arranged The training session includes:

``What is anaphylaxis?

``How to manage the condition

``Signs and symptoms -how to recognise allergic reactions and anaphylaxis

`**`Anaphylaxis Emergency Plans** including where and how to administer the student’s prescribed adrenaline injector

**Important Information**

Important facts about Adrenaline for the school

``Students at risk of anaphylaxis will normally be prescribed two adrenaline injectors to keep near them at all times. A second dose is required in over 20% of cases

``The number of injectors prescribed is at the discretion of the student’s doctor, not the school, but in large schools it might be necessary to have more than one set of adrenaline injectors. Each case needs to be taken on its own merits

``Adrenaline injectors should always be accessible – **never** in a locked room or cupboard

``Store injectors at room temperature out of direct sunlight and away from radiators

``Keep the student’s medical kit together in one container such as a plastic box with a lid or a specially designed container (if necessary). Mark the outside of the container clearly with the student’s name, a green cross indicating its medical content and possibly a photograph of the student. Keep the kit in a place where it is clearly seen

``When going outdoors for PE or other activities, the student’s emergency medical kit should be kept close at hand at all times

``Parents are responsible for checking expiry dates of all medication and should replace them as necessary. The ideal time to do this is at the end of each term when the kit should be taken home. Medication should not be left on school premises during school holidays. Parents must also ensure, with their doctor, that the dose prescribed is adequate

``Depending on the student’s age, they may be responsible for their own injectors.

**Day to day management to avoid allergic reactions**

Allergen avoidance

`` If a student with allergies does not come into contact with their particular allergen, then they will not have a reaction

**Risk assessment**

Regular communication with the student with allergies and their parents

``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

``Students 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. Even tiny traces of an allergen can trigger a life-threatening reaction for students with severe allergies.

`**`All students should be discouraged from sharing food**

Easy access to emergency medicines

``Know at all times, where the student’s medicines can be found

Regular staff training

``Training should be given (where possible) by a healthcare professional to all staff at least once a year. Staff should have training so they understand when and how to give adrenaline plus training in

daily management techniques

Medical Jewellery

`` If a student wears medical alert jewellery, they should not be asked to remove it.

However, to avoid injuries it could be covered whilst playing sports

**NON-FOOD ALLERGENS**

**Wasp and bee stings**

Most people known to be at risk of a severe allergic reaction to stings are scared of being stung. The risks can be minimised with precaution.

``Take special care outdoors

**Latex**

``There are numerous everyday items to be avoided including rubber gloves, balloons, pencil erasers, rubber bands, rubber balls, tubes and stoppers used for science experiments

``Some students with latex allergy may also have a food allergy to kiwi and veryrarely to avocado, banana and sweet chestnut

`` **In cooking**, egg allergic students are particularly at risk of reaction as raw egg is more allergenic than cooked egg)

**Birthday and end of term treats**

*Especially for milk, egg, peanut and tree nut allergic students*

Suggest having a ‘treat box’ in the classroom that is supplied with ‘safe’ food by the student’s parents. The student can then use one of their own treats instead. Older students may choose to simply go without

**Contaminated materials**

*For example cereal boxes (low risk) and egg cartons (high risk)*

If there is a student 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)

enough to cause disruption to the school and increase anxiety in the student ,their parents and school staff

**Musical Instruments**

Students with allergies should never share musical instruments like recorders or tin whistles

**Sports Water bottles** Students with allergies should not share sports water bottles

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**Nut Free Schools**

 The school will develop a supportive environment where the allergic student and the wider school population become educated about managing allergy. The school can help the parents support an allergic student to grow and learn how to handle risks and peer pressure, how to handle social situations, to speak up and to read labels. This ,done without stigmatising the student. Enlisting class mates or the student’s friends to help in managing the allergy will be encouraged at primary level.

Children are asked not to bring nuts or nut products to school. As a further precaution, children are not allowed to share lunches- especially in the Junior Classes.(see Healthy Eating Policy)

**Information**

Ratified in September 2019

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fr. Martin Carley