**GUIDANCE ON**

**EPILEPSY, DIABETES, ASTHMA AND ANAPHYLAXIS.**

**EPILEPSY**

For facts on Epilepsy see [www.epilepsy.org.uk/](http://www.epilepsy.org.uk/)

**Emergency Management for Epilepsy**

Most seizures happen without warning, last only a short time and stop without any special treatment. Injuries can occur, but most people do not come to any harm in a seizure.

**AIM**: To protect the patient from injury and ensure that the airway is kept clear during unconsciousness.

To reassure and give care when consciousness is regained. *It is important to keep calm.*

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| **When the seizure starts**  | * Note the time
 |
| **Call for help** | * Another student can contact the School Nurse/Duty First Aider
 |
| **Protect the casualty** | * Ask bystanders to move away. Maintain their dignity
* Remove potentially dangerous items/loosen tight neckwear and remove spectacles
* Protect the casualty’s head by placing a pillow under the head
* Turn head to side if possible to maintain clear airway
* Administer emergency medication according to the care plan and specific training
* Call 999 if a seizure lasts longer than usual for the pupil. Check the care plan
 |
| **DO NOT:-** | * Put anything in the mouth
* Restrain or restrict movements during the seizure
* Move, unless in danger
* Give anything to eat or drink until fully recovered and alert
 |
| **When the seizure has ceased** | * Check for breathing. If breathing not present commence CPR
* If breathing present:-
* Turn into the recovery position
* Continue to monitor response, pulse & breathing
* Reassure – if patient seems confused, tell them what happened
* Check for Injury – apply first aid if necessary
* Observe and stay with patient until recovery complete
* Accompany to Medical Room & offer assistance if any incontinence etc
* Notify parent/guardian
* Complete relevant documentation
* Maintain dignity
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| **IT IS A MEDICAL EMERGENCY AND MEDICAL ASSISTANCE SHOULD BE SOUGHT IF:-** |
| * **Someone has injured themselves badly in a seizure**
* **They have trouble breathing after a seizure**
* **One seizure immediately follows another or the seizure lasts more than five minutes and you do not know how long they usually last**
* **The seizure continues for longer than usually for that person**
* **This is the first seizure for the person**
 |

Not all seizures are the same therefore it is useful if observations can be made. Be mindful of absent seizures.

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| **OBSERVATIONS** |
| * How did the seizure begin? Was there an aura?
* Is the onset generalised (whole body) or localised (just one part)?
* Was there any loss of consciousness, or altered awareness?
* Are there any convulsive movements?
* Did the patient bite their tongue or pass urine during the attack?
* How long did the seizure last, and if more than one, what was the time interval in between?
* What is the condition of the patient afterwards? Did they need to sleep?
* Any other observations?
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| **\*SEIZURE IN WATER** |
| **Watch for** loss of coordination**,** possible involuntary movement of head, poor direction – may veer off course**Management –** approach from behind, ensure head is kept above water, tow pupil to shallow water, after attack assist pupil out of water to the side of the pool. First aid as above. |

**Classroom management**

Staff willbe aware of all epileptics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if s/he has informed her peers of her epilepsy and their degree of knowledge. Any staff concerns should be reported to the Head teacher or school nurse.

* **Absence Seizures** –
	+ Understanding and a matter-of fact approach are all that is needed.
	+ Staff should be aware of the need for the pupil to catch up on any information missed during the seizure.
	+ Other pupils may not be aware that anything has happened.
* **Tonic-Clonic** **Seizure** -
	+ Calmly reassure the rest of the class and ask them to move away from the pupil having the seizure.
	+ Whenever possible move the class out of the room.
	+ Only move the pupil if there is a danger of sharp or hot objects or electrical appliances.
	+ Send for the School Nurse/First Aider and request a pillow and blanket.
	+ Follow the first aid guidelines as above.
	+ If this is a regular occurrence spare clothes should be kept at school in case of incontinence

A teacher recognising a pupil with an increasing number of seizures or appearing drowsy, over-active, or inattentive should inform the school nurse.

**Sport & Other Leisure Pursuits**

Pupils are encouraged to participate fully in all activities unless otherwise advised by their parents/Doctor.

The following sports are not advisable:

* Mountaineering
* Boxing
* Swimming\* in the open sea – unless well supervised and in a safe area
* Water skiing\* and scuba diving – may be considered if safe environment & additional supervision.

*\*Life jackets are essential at all times.*

**Televisions / Discos / Strobe Lighting**

Approximately 3-5% of people with epilepsy have ‘photosensitive epilepsy’. Approaching a TV or strobe lighting with one eye shut can help. Avoid Disco lights if possible.

**Science / Technology**

Normal standards of supervision should ensure safety in lessons where machinery or laboratory apparatus is used. It should be noted that if a pupil experiences a seizure – s/he will usually fall backwards, therefore, hopefully not onto any apparatus or machinery.

**Medication** (01/19)

Most anti-epileptic drugs are taken morning and evening, avoiding the inconvenience of taking medication at school.

Rectal Diazepam has, in general, been replaced with Buccal Midazolam as the drug of choice for stopping prolonged seizures, and its administration process is much more appropriate for schools. Buccal Midazolam is available in pre-filled oral syringes.  The dosage is relevant for the weight of the child.  The midazolam solution is placed against the sides of the gums and cheek so that the medicine is directly absorbed into the bloodstream.  It should be administered by trained staff.

Midazolam is a Schedule 3 controlled drug, but it is exempt from the safe custody regulations.  It is appropriate, in a school setting, not to lock away this medication but to keep it in an accessible place that is safe and supervised, for example with the emergency AAI and inhalers.

A **template Epilepsy Care Plan** can be found in the ‘Related Documents’ panel here: <https://hub.gdst.net/node/1914>

**DIABETES**

For facts on Diabetes see [www.diabetes.org.uk/](http://www.diabetes.org.uk/)

**Emergency management for diabetes**

Children with diabetes need encouragement, understanding, and support to ensure a sense of independence. As a general rule most children will have a very good idea of how to manage their condition, and do so very well. It is therefore important to listen to their needs and provide individualised care.

HYPO**GLYCAEMIA** (LOW BLOOD SUGAR)

* Hypoglycaemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low. This is especially likely to happen before meals.

Hypo happens very quickly but most children have warning signs that will alert them, or people around them, to a hypo.

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| **HYPOGLYCAEMIA (Low blood sugar)** |
| **Watch out for** | Excessive sweating, faintness, paleness, headache, tingling lips, pounding of the heart, blurred vision, hunger, irritability, lack of concentration, personality change, difficulty waking |
| **What to do** | **Contact the School Nurse/First Aider****Give sugar or food containing sugar** (e.g.3 glucose tablets or a drink with 2 tsps. sugar followed by biscuits, a yogurt or a sandwich. (improvement within 15 minutes)If available, put Hypostop on the inside of the cheeks and gently massage them on outside (as per packet/Health Care Plan instructions)Do not give Hypostop or fluid if person is unconsciousIf unconscious put into the recovery positionDial 999 & contact parents*Always turn off an insulin pump if used* |
| **Causes** | Too much insulinNot eating enough foodUnusual amount of exerciseDelayed mealStressHot weather |

**HYPERGLYCAEMIA** (High blood sugar)

This develops much more slowly than Hypoglycaemia but can be more serious if untreated. Ketoacidosis, a condition that can occur when there is **too little insulin** present in the body can occur. It is unlikely to be a problem in school but it is helpful if staff are aware of the symptoms; it may also be noticeable if a pupil is away on a school trip for any length of time.

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| HYPERGLYCAEMIA (High blood sugar) |
| Watch out for (Stage 1) (Stage 2 - ketosis)  | Very thirsty, passing a lot of urine, feeling tired and weak, small amount of ketones in the urine, blood sugar level 15mmol/l or above |
| As above + nausea & vomiting, abdominal pain, deep rapid breathing, breath smelling of acetone, moderate to large amounts of ketones in urine, drowsiness, unconsciousness |
| What to do | Inform the School Nurse/First Aider, do more frequent testing-either urine or blood test. Test urine for ketones, give fluids without sugar if able to swallow, student may be able to give themselves insulin injection, Call 999 & contact parents  |
| Causes | Too little or no insulin, eating more carbohydrates than diet allows for, infection, fever, emotional stress, less exercise taken than usual. |
| **NEVER miss an insulin injection** |

**Classroom management**

Staff will be aware of all diabetics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if she has informed her peers of her diabetes and their degree of knowledge. Any staff concerns should be reported to the Head teacher or school nurse.

**General points-**

* Diabetic Record Card will be displayed **[as per arrangements for individual schools]**.
* No pupil is to be allowed out of the classroom alone or be left unattended if unwell
* A small snack will be allowed in the classroom if necessary
* Privacy for blood testing will be provided
* PE staff need to have a supply of glucose sweets/drinks available in the PE Dept. and at sport events
* A care plan will be available and accessible for school staff

**Extra curricular activities -**

**Day Outings** should not cause any real problems. Staff should remember to take a copy of the Diabetes Record Sheet and some extra food in case of unexpected delays. In addition students should take their insulin and injection kit just in case delays continue over their usual injection time.

**Overnight stays –** These will include injection routines and blood glucose monitoring. Staff will need to be confident that the child is able to do their own injections or that there is a member of staff willing to take responsibility for helping with injections and blood glucose testing.

**Outside the UK –** Staff should ensure that the travel insurance covers pre-existing conditions in the case of emergency. Parents must arrange a general health check and travel advice from their own clinic.

***Checklist for trips/holidays***

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| Student Pack | Staff Pack |
| * Glucose in case of hypos, eg fizzy drink (not diet), glucose tablets
 | * *Diabetes Record Sheet*
 |
| * Food for the journey eg sandwiches in case of delayed travel
 | * School trip information
 |
| * Personal identification eg Diabetes UK identification card or identification bracelet/necklace
 | * Glucose in case of hypos eg fizzy drinks (not diet) glucose tablets
 |
| * Insulin + spare in case of loss/damage
 | * Risk Assessment
 |
| * Syringes or insulin pen and needles plus spares in case of lass damage (Disposal container for sharps etc)
 | * Contact details
 |
| * Blood & urine testing equipment and spare testing strips
 | * Ensure availability of ‘fridge in hotel
 |
| * Cool bag for transportation of insulin
 |  |

**Further Information**

A **template Diabetes Care Plan** can be found in the ‘Related Documents’ panel here: <https://hub.gdst.net/node/1914>

Diabetes UK has many resources - <https://www.diabetes.org.uk/>

[Children and Young People Diabetes – A London Guide for Teachers and Parents of Children and Young People with Diabetes – NHS – 2015](https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/sites/default/files/2CYP%20diabetes%20guide_proofed.pdf)

**ASTHMA**

For facts on Asthma see [www.asthma.org.uk/](http://www.asthma.org.uk/)

**Classroom management**

All senior pupils should have their own reliever inhaler with them at all times. Emergency generic inhaler kits are kept at senior reception and other locations throughout the school

Junior pupils should keep one reliever inhaler in the plastic storage box in their classroom and ensure this is taken with them whenever they have a class outside of the junior building. Emergency generic inhaler kits are kept at junior reception and other locations throughout the school (see list below)

Location of emergency Asthma kits:

Medical Room

Junior reception

Senior reception

Dining room

Sports Hall

Sixth form cafe

Nursery Road sports ground

**ASTHMA MANAGEMENT PLAN**

**GREEN ZONE**

Asthma under control

Breathing feels good

No cough or wheeze

Can take part in normal activities and sports

**ACTION IF NECESSARY**

**Take 2-4 puffs of reliever inhaler as required, if cold symptoms present or before exercise**

IF WHEEZING, AND NO IMPROVEMENT FROM RELIEVER INHALER (BLUE) MOVE TO **AMBER ZONE**

**AMBER ZONE – MILD ASTHMA ATTACK**

Cough, wheeze or tight chest

Can talk in sentences

Not distressed

**ACTION**

**GIVE 4 TO 6 PUFFS OF RELIEVER INHALER (BLUE) VIA A SPACER, ONE PUFF AT A TIME, SHAKE THE INHALER BETWEEN PUFFS**

**Reassure and stay with the child**

**Call for help from School Nurse or First Aider**

**Help child to sit up or lean forward**

**Loosen tight clothing**

**Inform the parent/guardian**

**IF NO IMPROVEMENT contact parent to collect child and parent to take them to GP**

**IF CONDITION WORSENS MOVE TO RED ZONE**

**RED ZONE – SEVERE ASTHMA ATTACK**

Breathing hard and fast

Can’t talk in sentences

Distressed

Becoming exhausted

Pale/grey/blue in colour

Feel frightened

**ACTION**

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**PE Lesson**

* All pupils take part in the lesson
* Senior pupils are responsible for taking their reliever inhaler to the lesson and should not leave it in the changing room – Junior pupils **[as per arrangements for individual schools]**
* Labelled reliever inhalers can be given to the teacher in charge at the start of the lesson for safekeeping, or, as in cross-country running, carried with the pupil

In specific incidences it may be necessary to make individual appropriate arrangements.

**Asthma and the Science/Technology Lesson**

Fumes from science experiments can trigger symptoms or attacks in pupils with asthma. Teachers should check the care plan for specific triggers, Fume cupboards will be used, wherever possible, to avoid this. When a fume cupboard is not available, an asthmatic pupil will be asked to sit near an open window, to the back of the classroom.

In Biology lessons an asthmatic pupil will be reminded not to sit near to animals, birds or pollen experiments.

In Technology lessons an asthmatic pupil will be reminded to be aware of saw dust, and fumes from solder plus the need to wear eye protection as necessary.

**General points**

* Pupils must take an inhaler with them to the sports Hall, Swimming pool, onto the sports field and on any school trip or journey (including sports fixtures).
* Pupils have access to their spare inhaler at all times. However, while every care is taken, the school cannot accept responsibility for any loss or damage to the inhalers and parents should check details such as the condition of the inhaler and expiry date regularly.

The school nurse will frequently check that asthmatic pupils have an inhaler in school. If a pupil is a known asthmatic and no inhaler is in school then the parent/guardian will be contacted and asked to bring a reliever inhaler into school.

A **template Asthma Care Plan** can be found in the ‘Related Documents’ panel here: <https://hub.gdst.net/node/1914>

**Emergency Salbutamol Inhalers**

Since 2014 schools have been able to buy Salbutamol inhalers without a prescription, for use in emergency situations, e.g. if a child who has been diagnosed with asthma has not go their own inhaler with them, or it is empty.

The emergency inhaler should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental consent for use of the emergency inhaler has been given. Consent should be updated regularly – ideally annually – to take account of the changes in the child’s condition.

Click [**here**](https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools) for Dept of Health guidance on the use of emergency inhalers in schools – Sept 2014

Further information on Asthma can be found [**here​**](https://www.asthma.org.uk/).

**ALLERGIES AND ANAPHYLAXIS** (11/22)

Detailed information is available in the [GDST Protocol for Dealing with Allergies](https://hub.gdst.net/node/1914) and Intolerances and in the websites listed at the bottom of this section.

Anaphylaxis is a severe and potentially life threatening reaction to a trigger, such as a nut allergy. It is also known as anaphylactic shock. Children and young people can also have milder allergic reactions to certain allergens.

**Classroom Management**

If an Adrenaline Auto-Injector (AAI) has been prescribed, it must be available to the pupil at all times – with no exceptions, i.e. it should **never** be locked away in a cupboard, or stored in an office or room where access is restricted.

All senior pupils should carry their own AAI with them at all times. Spare AAIs are kept in **[insert local procedure,** with the completed consent form, instructions for use and care plan**]** in case of emergencies.

Junior pupils should keep one AAI with them and a spare in the **[insert local procedure** with the completed consent form, instructions for use and care plan]

**Emergency AAI devices** are available in **[state location]** for use on all pupils whose usual inhaler is not available for any reason, providing their parents/guardians have signed a ‘***Use of Emergency Adrenaline Auto-Injector Device*** ***Consent***’ form.

**School Trips**

Pupils must take their Adrenaline Auto-Injectors with them on school trips, including to off-site sports pitches/facilities and sports fixtures. The school’s emergency AAIs should not be sent on a school trip if this would mean that there were no emergency AAIs available for other pupils in school. In these circumstances, if a pupil has forgotten their own AAI, they should not go on the trip. The first aider accompanying the trip needs to be aware and confident on how to administer an AAI.

Staff organising / leading school trips / educational visits must liaise with the school nurse in good time to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / visit.

The school nurse is able to check which pupils are participating in school trips / educational visits using the Evolve system. They should inform the trip organiser / leader about any pupils who suffer from allergies. The trip leader is responsible for including the specific medical needs of any pupil in the trip / visit risk assessment.

**Emergency Adrenaline Auto-Injectors**

In 2017 the law was amended to allow schools to buy spare Adrenaline Auto-Injectors (AAIs) for use on children with serious allergies in case of emergencies. Previously, AAIs could only be obtained on prescription, which could mean there was no spare in school if the child forgot to bring there’s with them, or they were broken or out of date.

Schools must have a documented protocol for the use of emergency AAIs which includes the following:

* Arrangements for the supply, storage, care, and disposal of spare AAIs in line with the DfE’s guidance ‘[Supporting Pupils with Medical Conditions](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)’.
* A register of pupils who have been prescribed an AAIs (or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis).
* Written consent from the pupil’s parent/legal guardian for use of the spare AAIs, as part of a pupil’s individual healthcare plan.
* Ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
* Appropriate support and training for staff in the use of the AAI.
* Keeping a record of use of any AAIs, and informing parents or carers that their pupil has been administered an AAI and whether this was the school’s spare AAI or the pupil’s own device.
* The school’s emergency AAIs should not be sent on a school trip if this would mean that there were no emergency AAIs available for other pupils in school. In these circumstances if a pupil has forgotten their own AAI, they should not go on the trip.

The Department of Health has issued guidance, available [**here**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)**,** on the use of AAIs in schools.

The Anaphylaxis Campaign’s webpage regarding emergency AAIs can be accessed [**here**](https://www.anaphylaxis.org.uk/2018/03/22/spare-pens-schools-new-website-now-live/).

The ‘Spare Pens in Schools’ website can be accessed [**here**](https://www.sparepensinschools.uk/).

A **template Anaphylaxis Care Plan** can be found in the ‘Related Documents’ panel here: <https://hub.gdst.net/node/1914>

**ALLERGIC REACTION AND ANAPHYLAXIS MANAGEMENT PLAN**

**GREEN ZONE – MILD REACTION**

Nettle type rash (urticaria or hives). Red, itchy, raised in nature

Swelling of the lips, eyes, other parts of face or body (angioedema)

Tingling of the lips, throat, tongue or throat

General redness and warmth

**ACTION**

**Antihistamine**

**Contact parents**

**Stay with the child until improved**

**AMBER ZONE – MODERATE REACTION**

**GUT REACTIONS –**

Vomiting, Tummy ache, Diarrhoea

**CHEST REACTIONS –**

Sneezing and/or coughing

Throat tightness/Lump at the back of the throat

Mild wheezing

Hayfever type symptoms

**ACTION**

**Call for help from Nurse/First aider**

**Give antihistamine medication straight away –Cetirizine or Loratidine**

**Repeat Dose if required**

**If child has a mild wheeze and has an inhaler (or has severe asthma and not wheezing) also give 6-10 puffs of Salbutamol (blue inhaler)**

**Observe for development of Anaphylaxis**

**Contact parents**

**Stay with the child**

**SEVERE – ANAPHYLAXIS**

Can occur with or without the mild or moderate symptoms

Difficulty in swallowing or speaking

Gasping or choking

Severe wheeze or chest tightness

Dizziness/undue sleepiness/collapse

**ACTION**

**Give Epi-pen (if prescribed) into upper outer thigh, following the instructions carefully**

**Dial 999 Contact parents Stay with the child**

**Remember in all cases:**

**Keep Calm**

**Stay with the child**

**Lay child flat**

**Repeat dose of antihistamine after 20-30 minutes if skin symptoms are persisting**

**Inform parents and ask them to be with the child**

**Ensure the child rests under supervision for at least one hour after the reaction has resolved to ensure no further symptoms**

**Further Information**

* <http://www.anaphylaxis.org.uk/>
* <http://www.anaphylaxis.org.uk/our-factsheets/>
* <https://www.anaphylaxis.org.uk/schools/schools-help/>
* The [Anaphylaxis Campaign’s webpage on emergency AAIs](https://www.anaphylaxis.org.uk/2018/03/22/spare-pens-schools-new-website-now-live/)
* [Spare Pens in Schools](https://www.sparepensinschools.uk/)
* <https://www.rcpch.ac.uk/resources/allergy-care-pathway-anaphylaxis>
* Dept. of Health [Guidance on the Use of Adrenaline Auto-injectors in Schools](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf) – Sept 2017
* The [Food Safety](https://hub.gdst.net/node/937) section of the GDST Hub.