

Kilnamanagh CNS,

**Managing the
Chronic Health
Conditions:
Asthma, Diabetes,
Epilepsy,
Anaphylaxis**

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Introduction

In order to provide a safe environment to all students, information relating to any existing medical conditions or disabilities is requested when the student is being offered a place at Kilnamanagh CNS. The confidentiality of any information disclosed will be protected and the information will only be used to support the delivery of a safe educational environment for the student and others using the environment. If a student has a medical condition or disability, specific needs will be discussed prior to enrolment with the Principal/Deputy Principal and/or Learning Support Teacher by the student and their parents or guardians. The objective of the meeting is to focus on the student's functional needs and abilities and the type of assistance they require to enable them to participate as fully as possible in all educational activities, including application to the Department of Education and Skills for resources. If an existing student is diagnosed with any long term condition while enrolled at the school, the parents/guardians must inform the school authorities.

The type of information obtained at the meeting may include:

- Type and duration of medical condition or disability.
- Student's ability to manage their condition or disability.
- Student's ability to participate in the full education programme.
- History of hospitalisation and absence from education.
- Potential impact of the condition or disability on the student and the educational programme.
- Current plan in place for managing the condition or disability.
- Training required to enable employees to support the student.
- Requirement for assistance and the role of third parties such as SNAs
- Required adaptation of buildings, for example entrances and exits and/or to appliances, for example technology room equipment.
- Transport requirements to and from the educational institution.

Where students have been allocated a Special Needs Assistant for their care needs, appropriate training will be made available. Training may be required to assist with moving and handling, correction of low blood sugar, management of an epileptic fit, management of anaphylaxis, etc. Consideration should also be given to updating of training on a regular basis and as advised by the healthcare professionals. A record of all training provided including names of participants and a copy of the training programme should be retained on file.

Signed consent will be required from the student and parents or guardians in order for staff members to administer prescribed medication to the student including:

- scheduled administration of medication (this will only be done in circumstances where the student is unable to administer medication themselves)
- emergency administration of medication (e.g. epilepsy)

It is the responsibility of parents/guardians to ensure that emergency medication and medical supplies are provided to the school and are 'in date' at all times.

In the event that a student presents with minor complaint (regular headache, sore throat, period pain or similar), staff may contact a parent/guardian and make paracetamol available with consent. The date, time and medication given should be recorded in the student file.

This policy has been written using the resource pack 'Managing Chronic Health Conditions at School' written by a group of organisations namely the Asthma Society of Ireland, Diabetes Federation of Ireland, Brainwave The Irish Epilepsy Association and Anaphylaxis Ireland to help teachers and parents manage students with any of these conditions in schools.

A chronic condition is for life and many people are able to successfully manage their condition to live relatively healthy and normal lives.

The policy includes

- Practical information on each condition
- the school guidelines for 'Managing Chronic Health Conditions' guidelines
- The standard Healthcare Plan, forms and letters
- An Emergency Plan for each condition

Legislation

- 'Education for Persons with Special Educational Needs Act 2004' (EPSEN).
- 'Education Act 1998'
- 'The Safety, Health and Welfare at Work Act 1989'
- 'Irish Medicines Board Act 2006'
- 'The Disability Act 2005'

The school undertakes

- not to treat any student less favourably in any school activities without sustainable justification.
- to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other students.
- to promote disability equality in line with the guidance provided by the 'EPSEN'.

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 parents¹ to ensure the safety of all students with a chronic condition.

What we aim to achieve

All parents are informed about this school's 'Managing Chronic Health Conditions' guidelines when their child is enrolled as a new student and via the school's website

School staff are informed about the 'Managing Chronic Health Conditions' guidelines with a copy available to all staff including substitute/temporary teachers and coaches

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 in the Healthcare Plan and Emergency Plan for each condition.

¹ The term 'parent' implies any person with parental responsibility such as foster parent, carer, guardian or local authority.

Healthcare Plans

Healthcare Plans are used to create a centralised register of students with medical needs. Each class teacher has responsibility for the register of students in their class.

The class teacher follows up with the parents on any further details on a student's Healthcare Plan required, or if permission for administration of medication is unclear or incomplete.

Parents of students at this school should update their child's Healthcare Plan with changes to things such as their symptoms (getting better or worse) or their medication.

- Parents of students at this school are provided with a copy of the student's current agreed Healthcare Plan.
- Healthcare Plans are kept in a secure central location at school.
- All members of staff who work with students have access to the Healthcare Plans of students in their care.
- The school ensures that substitute/temporary teachers are made aware of (and have access to) the Healthcare Plans of students in their care.
- This school ensures that all staff protect student confidentiality.
- This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

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
- 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

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.

Emergency Medication

Administration

All students at this school with chronic conditions have access to their emergency medication at all times.

Staff are aware that there is no legal or contractual duty for a member of 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. Staff will need to have the written approval of parents.

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.

Staff or other adults 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.

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.

Storage

- Emergency medication is readily available at all times during the school day or at off-site activities.
- Staff members know where emergency medication is stored.
- 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 teachers or special need assistant knows exactly where and how to access their emergency medication.
- Staff ensures that medication is only accessible to those for whom it is prescribed.
- The principal ensures the correct storage of medication at school.
- Parents of students with chronic conditions, ensure that all emergency and non-emergency medication brought into 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.
- Medication is stored in accordance with instructions, paying particular note to temperature.
- 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.
- It is the parent's responsibility to ensure new and in date medication comes into school when required.

Disposal

- Parents at this school are asked to ensure that an adult collects out-of-date medication.
- 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.
- 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.
- Collection and disposal of sharps boxes is arranged by the parents.
- Used Adrenalin auto injectors (Anapens) must be given to the ambulance crew.

Emergency Procedures

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 Emergency Plan.

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

Roles, Responsibilities and Actions

School Management

The Board of Management have responsibility to:

- Promote a supportive learning environment for students with a chronic illness or severe allergies. This includes understanding of the potential cognitive impacts of the illness and its treatment on learning. Also, it includes extending support to the student to minimise disruption to learning.
- Develop school guidelines for management of chronic illnesses and allergy management during school and school outings
- Promote a supportive learning environment for students with a chronic illness or severe allergies
- Delegate staff member(s) to maintain the school chronic conditions register
- Arrange for relevant training for staff members with responsibility for students with a chronic illness or severe allergies
- Alert all school-related staff members who teach or supervise a student with a chronic illness or severe allergies. Ensure that they are familiar with emergency procedures. This includes substitute personnel
- Support and implement the Emergency Plans agreed by the school and students' parents
- Support and implement the plan agreed for storage of medication
- Advise the student and their parents of the Reasonable Accommodations provision in State examinations and of the arrangements in the event of seizures during in-house examinations
- Designate a location where emergency medication is to be stored. The best place to keep medication is with the student. Adrenaline must always be easily accessible
- Inform staff where emergency medication is stored
- Develop and implement a health and safety policy to reduce exposure to allergens which may cause anaphylaxis in the student

School Staff

The teachers/Special Needs Assistants have responsibility to:

- Be prepared to recognise the triggers, respond to the signs and symptoms of the chronic illness or allergic reaction 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 illness effectively and safely at school. This may include unrestricted access to the bathroom, drinking water, snacks, blood glucose monitoring and taking medication
- Treat the student with the chronic illness the same as other students except when meeting medical needs
- Ensure that any student with a chronic illness has the appropriate medication, equipment 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 and ensure that students warm up and pre-medicate as necessary
- Ensure that the student has the right to privacy when injecting insulin, adequate time for blood glucose testing and eating snacks/meals if needed
- Attend training if deemed necessary. Be prepared to recognize and respond to the signs and symptoms of the illness or anaphylaxis and know what to do in an emergency
- Participate in any meetings with the parent(s) and the relevant staff
- 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
- Provide alternative options for edible treats

- Discuss activities involving food with parents before they take place
- Ensure the student's emergency medical kit and a mobile phone is taken on all outings and trips off the school premises
- Know where the hypo kit² is stored in the school and available to the diabetic student in the event of hypoglycaemia. This hypo kit will be provided by the parent

Parents/Guardians

The parents/guardians of a student with a chronic illness or severe allergy have responsibility to:

- Inform the school principal and their child's teacher that their child has the condition
- Attend and participate in the school meeting to develop a written Healthcare Plan and provide specific information about their child's condition including medication, equipment and any special food
- Provide accurate emergency contact details and an up-to-date Healthcare Plan for their child
- Inform school staff of any changes in their child's health status
- Provide the school with the necessary medication and/or equipment to treat the condition e.g. inhalers, hypo kits, autoinjectors (pens)
- Ensure all necessary medication is within the expiry date
- Provide Information about their child's meal/ snack schedule which should be tailored if possible, to fit into the daily school timetable
- Where the student is on a special diet, provide the school with appropriate treats for their child for special events such as parties and other activities involving food
- Agree that the student 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 medical team

Managing Asthma at School

What is Asthma?

Asthma is a long-term condition that affects the airways – the small tubes that carry air in and out of the lungs.

The lungs consist of a series of tiny branching tubes called airways which carry air in and out of little air sacs (or alveoli) exchanging oxygen for carbon dioxide. The airways (or bronchial tubes) have muscles within their walls and a layer of lining. In asthma, the airways become more narrow than normal so it is more difficult for air to pass into the lungs and for air to be exhaled. Children and young people with asthma may have airways that are sensitive and inflamed. Triggers can irritate these airways. The muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.

Signs and symptoms

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

² Hypo kit example- contains blood glucose meter, testing strips, fingerpricking device with lancets, Lucozade, glucose sweets, cereal bar, biscuits, Glucogel and Glucagon injection.

a tummy ache

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.

- Students with asthma need to keep their reliever inhalers with them, or close at hand, at all times.
- It is essential that all students with asthma are allowed to access their reliever inhaler freely at all times.
- Students should take their reliever inhaler to PE lessons, school trips and other activities outside the classroom.
- 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 by the student or the parent
- The expiry date of all asthma medication is the responsibility of parents
- 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

Controller inhalers

Controller medication acts to make the lining of the airways less sensitive and less reactive to asthma triggers. It helps to calm the swelling in the airways. Taking controller medication means that a child or young person with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all students with asthma will need a controller. Controllers are usually prescribed for people who have been using their reliever inhaler more than twice a week. The protective effect of controller medication builds up over time so controllers need to be taken every day (usually morning and evening) even if the child or young person is feeling well. Many students with asthma will need to take their controller inhaler morning and evening when they are on overnight school trips

All reliever and preventer inhalers have an expiry date. Parents should be responsible for ensuring that all of their child's asthma medication is within the expiry date. Asthma inhalers usually last about two years

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

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.

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.

Steroid tablets

A short course of steroid tablets is sometimes needed to treat asthma exacerbations in students and these are generally taken outside school hours. Usually if a student is sick enough to be taking oral steroid tablets, then the student should be at home.

Nebulisers / Compressors

A compressor is a machine that turns liquid medication into a mist that is then breathed in through a mask or mouthpiece. Normally students do not need to use a nebuliser/compressor at school because asthma control is maintained using inhalers and spacer devices.

PE, school sport, games and activities

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. 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
- 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
- Encourage the use of unscented and non-aerosol products in changing rooms at swimming pools
- 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
- Ensure if a student needs to sit out for five minutes, try to keep them involved as much as possible, for example by asking them to take notes on the match or getting them to do some ball work (if they are feeling well enough to do so)
- Classroom teachers should follow the same principles as described above for games and

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

Asthma Emergency Plan

THE FIVE MINUTE RULE contains the recommended steps to follow if a child has an asthma attack.

Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Sometimes younger children express feeling tight in the chest as a tummy ache
- Being unusually quiet
- Difficulty speaking in full sentences
- Requesting use of the blue reliever inhaler
- Opting out of exercise

EMERGENCY PROCEDURE THE FIVE MINUTE RULE

Stay calm and reassure the student
Get the student to sit up and slightly forward
Get the student to breath slowly and calmly
Ensure tight clothing is loosened
Make sure the student takes their reliever inhaler (usually blue) immediately – preferably through a spacer: TWO puffs if MDI (metered dose inhaler) / evohaler, ONE puff if turbohaler

If there is no immediate improvement continue to make sure the student takes the reliever inhaler every minute for five minutes or until their symptoms improve

Call an ambulance or a doctor urgently if the:
Student's symptoms do not improve in 5-10 minutes
Student is too breathless or exhausted to talk
Student's lips are blue **or if you are in any doubt**

Ensure the student continues to takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Important things to remember in an asthma attack

Never leave the student having an asthma attack

If the student does not have their inhaler and/or spacer with them, send another teacher or student to their classroom or assigned room to get their spare inhaler and/or spacer

do not hug them or lie them down
In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent

Reliever medicine is very safe. During an asthma attack do not worry about a student overdosing

Send another student to get another teacher/adult if an ambulance needs to be called

Contact the student's parents immediately after calling the ambulance/doctor

A member of staff should always accompany a student taken to hospital by ambulance and stay with them until their parent arrives

The parents must always be told if their child has had an asthma attack

Managing Diabetes at School

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. When the hormone 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.

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 but in recent years more children and young people are being diagnosed with the condition.

Signs and symptoms of Type 1 diabetes

The classic symptoms of diabetes are:

- Thirst
- Lethargy
- Frequent urination
- Weight loss

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 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.

Insulin pens

Students are more likely to have a pen like device (known as an insulin pen) but a syringe and needle can also be used by some to administer insulin.

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

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.

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. Students with diabetes must not be excluded from school excursions on the grounds of their condition.

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.

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 Lucozade
- 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 glucose tablets or 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 Emergency 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.

The sick student at school

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.

Diabetes Emergency Plan

HYPOGLYCAEMIA (low blood sugar)

TREATMENT OF A MILD HYPO

- Sweating
- Paleness
- Weakness or dizziness
- Headache and/or tummy pain
- Hunger
- Mood change, especially angry or aggressive behaviour
- Anxiety or irritability
- Inability to concentrate

STEP1: Immediately give 15g fast acting carbohydrate such as:

- 100mls of Lucozade
- 150mls of coke or other non-diet drink
- 150mls of pure fruit juice
- 3- 5 glucose tablets
- 3- 4 sweets, e.g. jelly babies

Wait 10-15 minutes for the sugar to be absorbed into the bloodstream

If after 10 minutes, the blood sugar is still below 4 mmol, a sugary option from the above list should be given again

If the blood sugar is above 4 mmol, proceed with

STEP 2

Give a slow acting carbohydrate snack e.g.

- Roll/sandwich
- Portion of fruit
- Cereal bar
- 2 plain biscuits
- or a meal if it is due

TREATMENT OF A MODERATE HYPO

The student is unable to co-operate but is able to swallow and is conscious

- Use one tube of Glucogel
- Twist top of tube and remove. Insert tip of the dispenser into the student's mouth between the gum and cheek
- Slowly squeeze in one whole gel
- Massage the outer cheek gently
- Wait 5-10 minutes and then check the blood sugar
- Repeat the gel if the blood sugar is less than 4 mmol after 5-10 minutes
- If the student has improved and the blood sugar level is above 4 mmols, give a carbohydrate snack listed above in STEP 2 - Treatment of a mild Hypo

TREATMENT OF A SEVERE HYPO

If the person is unconscious, do not give them anything to eat or drink.

- Put them in the recovery position and ensure they are breathing
- Call an ambulance 999, state they have diabetes and contact the next of kin
- Have Glucagon³ available for administration

HYPERGLYCAEMIA: High Blood Glucose

³ 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. 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.

COMMON SYMPTOMS

- Excessive thirst
- Frequent urination
- Tiredness
- Nausea
- Blurred vision
- Weight loss

CAUSES

- Too little or no insulin
- Too much food
- Stress
- Less exercise than normal
- Infection or fever
- Excitement

ACTION

- The student may feel confident to give extra insulin.
- If not, call the student's next of kin for instructions. If the student feels well, they should drink some water or sugar free drinks

Diabetic Ketoacidosis

if the blood glucose levels remain high and untreated, the student can develop Diabetic Ketoacidosis.

SYMPTOMS

- Deep and rapid breathing (over-breathing)
- Nausea and Vomiting
- Drowsiness
- Breath smelling of acetone e.g. nail polish remover
- Abdominal pain

ACTION

**CALL EMERGENCY SERVICES -
999 AND THE STUDENT'S PARENTS
IF THESE SYMPTOMS ARE PRESENT**

Managing Epilepsy at School

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.

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:

1. 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 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.

2. 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 déjà 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.

Status epilepticus

Sometimes a student with epilepsy can experience a longer seizure or a series of seizures without regaining consciousness. The "five minute rule" is the cutoff point at which either emergency medication should be administered or medical attention sought.

If a seizure (or series of seizures) lasts 5 minutes without recovery it has the potential to become status epilepticus which is a medical emergency. Prompt intervention at 5 minutes is required to prevent this. Status epilepticus occurs when a seizure continues for more than 30 minutes and it is a medical emergency as the stress on the student's body may lead to brain damage. Some people are prescribed emergency medication such as rectal diazepam or buccal midazolam which aim to bring them out of the seizure before they enter 'status epilepticus'. These need to be administered by a properly trained member of staff. Training can usually be provided by the public health nurse in your area or contact your local Brainwave office for further information.

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.

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.

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.

There may be some students who will require the administration of medication as part of their Healthcare Plan or Emergency Epilepsy 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 Emergency 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.

Triggers

In many students with epilepsy, seizures happen without warning but in some people certain triggers can be identified.

In school, factors might include:

- Worrying about their epilepsy and how it might affect their school life
- Worrying about exams
- Excitement/worry about being able to take part in school activities or events
- Stress caused by being bullied or teased. There may also be factors outside school that cause stress (for example, a difficult home life or bereavement).

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

Not taking medication as prescribed can lead to changes in a 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.

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. People are typically screened for this when they are being diagnosed and would be advised that they have this form of the condition. Photosensitive epilepsy is most common between the age of 9 and 15 years. High contrast, for example, black and white stripes, grids, swirls, patterned clothing, blocks of intense red colour, wallpaper patterns, fireworks and sunlight through blinds may also trigger seizures for some students with photosensitive epilepsy.

Flickering from television screens can sometimes trigger seizures for some children and young people with photosensitive epilepsy. Some TV and computer screens such as plasma and LCD are flicker free (but not glare free). The larger the screen the greater portion of the visual field it fills so distance from the screen required is relative to its size. A smaller screen viewed at the recommended distance (8-10 feet) will pose less risk overall.

Unless they are displaying high contrast patterns or material that is flickering or flashing, computers and interactive whiteboards themselves should not trigger seizures for most students with photosensitive epilepsy. This is because they usually either flicker at a rate that is too fast to trigger seizures or do not flicker at all.

Most people with epilepsy should be aware of possible triggers and know which activities or equipment to avoid. Drawing up a Healthcare Plan in consultation with the student and their parents, can help the school and relevant staff to clarify possible triggers and how to avoid them.

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

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

Seizure Emergency Plan

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

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

- Guide the student from danger
- Stay with the student until recovery is complete
- Calmly reassure
- Explain anything that they may have missed

DON'T

- Restrain the student
- Panic
- Assume the student is aware of what is happening or what has happened
- 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 student's 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

Managing Anaphylaxis at School

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 or Shellfish
- Dairy products
- Egg
- Soya
- Wasp or bee stings
- Natural latex rubber

Medication

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. 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.

Adrenaline

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 be kept in a medical kit. This kit will normally contain two adrenaline injectors. It may also include anti-histamines, reliever inhaler (for asthma symptoms), the written Anaphylaxis Emergency Plan, emergency contact telephone numbers and anything else prescribed by the student's doctor.

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. 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. A good place is in the 'valuables' box with a teacher

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. This means carrying adrenaline on their person and being confident in knowing when to use it

Trainer Adrenaline Pens, which are useful for training can be obtained at a charge from your local Pharmacy

Day to day management to avoid allergic reactions

Allergen avoidance

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

Risk assessment

The school will undertake a formal allergen risk assessment and measures taken to reduce risks of an anaphylactic reaction for the student with allergies following enrolment

Food allergies

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.

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 and wear shoes at all times. Make sure any food or drink is covered and kept in sight. Cans of soft drinks should not be used as the student cannot see the drink. Sports bottles with nozzles are best

Latex

Students diagnosed with this allergy may suffer from nasal irritation, rashes, asthma and anaphylaxis. Latex allergy may be significant but it can be managed and controlled

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

Cookery, Science, Art & Craft Risks

- Ensure the teacher is aware of any students with allergies and their particular triggers (allergens)
- Wherever possible, do not use ingredients that students in your school/class are known to be allergic to
- Ensure that work areas and utensils are washed thoroughly in hot soapy water before and after use. Remember other children may have been using allergens
- Be aware of experiments using latex gloves
- In cooking, egg allergic students are particularly at risk of reaction as raw egg is more allergenic than cooked egg. Students with egg allergy should not participate in cooking with eggs

Other Daily Potential Risks

1. Pet/wild bird food

Especially a problem for peanut allergic students

Food for pets (such as hamsters, guinea pigs and rabbits) and wild birds often include potential allergens. Buy separate ingredients and mix your own, excluding any possible allergens (e.g. peanuts)

2. 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

3. 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)

4. Snacks in tuck shops and vending machines

Avoid selling packets of nuts and seeds as a snack. This is because the allergen can be easily carried on the hands of the person eating them and contaminates work surfaces, computers, books etc.

While this type of cross- contamination reaction is not likely to be life threatening it can be serious enough to cause disruption to the school and increase anxiety in the student, their parents and school staff

5. Musical Instruments

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

6. Sports Water bottles

Students with allergies should not share sports water bottles

Exercise Induced Anaphylaxis

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

Anaphylaxis Emergency Plan

MILD TO MODERATE ALLERGIC REACTION

Symptoms:

- Swelling of lips, face, eyes
- Hives, welts, itchy skin, rash
- Tingling mouth, abdominal pain, vomiting, nausea

Actions:

- 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

SEVERE ALLERGIC REACTION

Symptoms:

- 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

Actions:

- 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
- Contact family/carer
- second Anapen may be given if no response after 5 minutes

IF IN DOUBT USE THE ANAPEN

How to administer the Anapen

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

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

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 (Salbutamol-Ventolin or Terbutaline-Bricanyl). In the worst case scenario, use someone else's inhaler if the student does not have their own

Template Letter for Parents

Dear Parent

RE: THE HEALTHCARE PLAN

Thank you for informing us of your child's chronic condition (namely ____). As part of accepted good practice and with advice from relevant voluntary organisations and Waterford & Wexford ETB, our school has established 'Managing Chronic Health Conditions' guidelines for use by all staff.

As part of these guidelines, all parents of students with a chronic condition must complete a school Healthcare Plan for their child. Please complete the plan, with the assistance of your child's healthcare professional (if necessary) and return it to the school by If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on 053-9136555.

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

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

Yours sincerely

Bróna Kenneally

Principal

Healthcare Plan for a Student with a chronic condition

Date form completed: _____ Date for review: _____

Student's Information

Name: Date of Birth: Class:

Address:

Family contacts

Name	<input type="text"/>	Phone:	<input type="text"/>	Relationship:	<input type="text"/>
Name	<input type="text"/>	Phone:	<input type="text"/>	Relationship:	<input type="text"/>
Name	<input type="text"/>	Phone:	<input type="text"/>	Relationship:	<input type="text"/>

General Practitioner (Family Doctor)

Name: Phone:

Consultant (if any)

Name: Phone:

Details of the student's conditions

Signs and symptoms of this student's condition:

Triggers or things that make this student's condition/s worse:

Routine Healthcare Requirements

During school hours:

Outside school hours:

Regular Medication taken during school hours:

Emergency medication-Please fill out full details including dosage:

Please also refer to the relevant Emergency Plan

Activities - Any special considerations to be aware of?

Any other information relating to the student's health care in school?

Name of Hospital Nurse for the student

Name: Phone:

The school may contact the above named for further information or training.

Parental agreement

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

Signed by parent: Date:
Print name:

Permission for emergency medication

In the event of an emergency, I agree with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan.

Signed by parent: Date:

Kilnamanagh CNS: Staff Training Record

Training provided by:		
Type of training received:		
Date training completed:		
I confirm that the following people have received the training detailed above.		
Signature of each person attending the training		
1.		
2.		
3.		
4.		
5.		
Use a separate sheet if more than five people have received training.		
Trainer's signature:		Date:
I confirm that the people listed above have received this training.		
Principal's signature:		Date:
Date for update training/retraining:		