



Medical Guidance Policy

For Reference

Background Guidance on Asthma, Epilepsy, Diabetes and Anaphylaxis

Information on these conditions is provided either because they are either frequently encountered in schools or can have serious consequences. Other medical conditions may be encountered.

ASTHMA

What is Asthma?

People with asthma have airways which narrow as a reaction to a trigger. Triggers can include cold air, grass pollen, animal fur and house dust mites. Attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may become distressed and anxious. About one in seven children have asthma diagnosed at some time and about one in twenty will require medical supervision.

Medication and Control

Most pupils with asthma will relieve their symptoms using an inhaler. It is good practice to allow children with asthma to take charge of and to use their inhaler, with which they may need help. In a few severe cases an electrically powered nebulizer is needed.

It is helpful if parents/carers provide a spare inhaler for their child's use in case the inhaler is left at home or runs out. **Inhalers must be clearly identified with the pupil's name. A pupil must not use another pupil's inhaler.**

Pupils must be allowed to take their inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever before any physical exertion.

If a pupil is having an asthma attack, the person in charge should prompt them to use their inhaler if they are not already doing so. The pupil should be reassured. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is

becoming exhausted then medical advice should be obtained and/or an ambulance called.

EPILEPSY

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. About one in 130 children has epilepsy and about 80% attend main stream school. Not all pupils with epilepsy experience major seizures (fits). Seizures may be partial (where consciousness is not lost) or generalised (where consciousness is lost).

Medication and Control

The symptoms of epilepsy are generally well controlled by medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause. Flickering lights or some computer graphics can be a trigger for some pupils. Screens and different methods of lighting can be used to enable photosensitive pupils to work safely at computers or watch TV.

Extra care and supervision may be needed in some activities such as swimming or work in laboratories. Off site trips may need additional planning as part of the risk assessment. If necessary seek further advice. When drawing up a health plan parents/carers should be encouraged to tell schools about the type and duration of seizures their child may suffer. Nothing must be done to stop a seizure once it has begun except when medication is being provided by trained staff. An ambulance is to be called if a seizure lasts longer than usual or if one seizure follows another without gaining consciousness.

DIABETES

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school-age children has diabetes.

Medication and Control

The diabetes of the majority of school age children is controlled by two injections of insulin each day. It is unlikely these will need to be given during school hours. Most children can do their own injections from a very early age. Children with diabetes need to ensure their blood sugar remains stable. They may use a testing machine at regular intervals.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks in class time or before exercise. Special arrangements may be needed if the school has staggered lunch times. If a meal or snack is missed, or after exercise, the pupil may experience a hypoglycaemia episode (a hypo), when the blood sugar falls to a too low level. If a pupil has a hypo a fast acting sugar e.g. a glucose tablet or sugary drink should be given immediately. Starchy food such as biscuits should be given when the pupil has recovered, about 10 to 15 minutes later. If the pupil's recovery takes longer an ambulance should be called.

ANAHYLAXIS

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical attention. The most common cause is food, in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening.

Medication and Control

Treatments for anaphylaxis include antihistamines, adrenaline inhaler or injection depending on the severity of the reaction. In the most severe cases a device for injecting adrenaline may be used. The device looks like a fountain pen and is pre-loaded with the correct dose. The needle is not revealed and the injection is easy to administer.

Responsibility for giving the injection should be on a purely voluntary basis and should not be done without proper training. Call an ambulance if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

A detailed health plan will be required in cases of anaphylaxis. This plan will need input from parents/carers and health care professionals.