

St. Brigid's BNS

Foxrock

Management of Chronic Health Conditions

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Management of Chronic Health Conditions

Introduction

This policy is concerned with the whole school approach to the health care management of those members of the school community suffering from specific chronic health conditions.

Rationale

The Board of Management has a duty of care to take all reasonable steps to keep pupils, staff and members of the wider school community safe at school. This policy has been adopted to help ensure that the environment of St. Brigid's BNS is inclusive and favourable to pupils with chronic health conditions.

Aims

- To increase staff members' knowledge and awareness of chronic health conditions
- To enable school management, staff and parents to promote a supportive learning environment for pupils with chronic health conditions
- To endeavour to implement health and safety measures necessary to minimise risk to pupils with chronic health conditions
- To develop school guidelines for management during school and school outings
- To develop a clear communication plan for parents / guardians and staff members
- To plan for effective response in emergency situations

****Administration of Medication**

Staff members are aware that there is no legal or contractual duty for a member of staff to administer medication or supervise a pupil taking medication. However, any teacher who is willing and confident to administer medication to a pupil can do so under controlled guidelines.

****While every effort will be made to take all reasonable precautions and exercise all due diligence, it is beyond the scope of the staff to fully police this policy.**

Managing Anaphylaxis at School Responsibilities of Board of Management

The role of the Board of Management is to work with the whole school community to identify and minimise the risks at school for pupils diagnosed with anaphylaxis. The Board is also responsible for ensuring that the school has emergency procedures in place to respond to an episode of anaphylaxis. In order to develop an Anaphylaxis Risk Management Plan, the Board of Management will:

- Promote a supportive learning environment for students with severe allergies.
- Develop school guidelines for allergy management during school and school outings.
- Request information on existing medical conditions on enrolment in the school.
- Delegate a staff member to establish a register of pupils with diagnosed anaphylactic condition and to maintain the Anaphylactic Conditions Register.
- Display pictures of all children with diagnosed Chronic Health Conditions on the staffroom noticeboard where pictures have been provided by the parents.
- Provide basic First Aid Training to all staff on a regular basis.
- Support the Healthcare Plan agreed by the school and the pupil's parents / guardians.
- Inform parents / guardians of *their* responsibilities.
- Require that parents / guardians approve the sharing of information regarding the pupil's health condition with staff and relevant school volunteers.
- Support and facilitate on going communication between parents / guardians and school staff.
- Require that parents / guardians supply the school with fully equipped, in-date and medically prescribed Anaphylaxis Emergency Kits.
- Designate a location where emergency medication is to be stored. The best place to keep medication is with the pupil. Adrenaline must always be easily accessible.
- Develop an Anaphylaxis Risk Management Plan.
- Include allergy awareness as part of health education.

Responsibilities of Teachers

As the class teacher will have primary responsibility for the day to day care of any pupils with anaphylactic condition, it is important that they:

- Attend meetings with the pupil (if appropriate), parents/guardians, SNA (if applicable) and the staff member in charge of the Chronic Health Conditions Register at the start of the school year or when the pupil is newly diagnosed/enrolled. Discuss related services to meet the pupil's needs and complete a Healthcare Plan including the pupil's Emergency Plan
- For pupils who already have a healthcare plan in place meet with the pupil (if appropriate), parents and SNA (if applicable) at the start of each new school year to discuss the pupils Healthcare Plan, Emergency Plan and related services.
- Receive a demonstration from parent on the administration of medication at a suitable time organised through the school by the parent.
- Review the materials in the anaphylaxis section of this policy to learn more about severe allergies and anaphylaxis.
- Treat the pupil with allergies the same as other pupils.
- Discourage pupils from sharing lunches or trading snacks.
- Remind pupils to wash hands before eating.
- Discuss activities involving food with parents/guardians before they take place and arrange for the provision by the parent/guardian of alternative options for treats at parties etc.

- Provide information for substitute teachers
- Ensure that one of the pupils' Anaphylaxis Emergency Kit is readily accessible in the classroom.
- Ensure that pupil brings their schoolbag on all outings and trips off the school premises.
- Ensure teachers mobile phone is brought on all outings and trips off the school premises.
- Maintain effective communication with parents/guardians, including informing them if their son has become unwell at school.
- Clearly document any incidents and the action on an Incident Report Form
- Provide a supportive environment for the pupil to manage his allergy effectively and safely.
- Deal effectively with any bullying incident related to the pupil's allergy. Incidents should be investigated and dealt with in accordance with the school's anti-bullying policy.

Responsibilities of Parents/Guardians of a Pupil with Severe Allergies

- Notify the school in writing of the boy's allergies on diagnosis or enrolment.
- Provide the Board of Management, Principal and class teacher with an immediate update if there is a change to their son's condition.
- Draft the Healthcare and Emergency plan on enrolment/diagnosis and bring this plan to the meeting with school personnel for discussion and completion.
- Arrange and attend meetings with the pupil (if appropriate), class teacher, SNA (if applicable), and the staff member in charge of the Chronic Health Conditions Register at the start of the school year or when the pupil is newly diagnosed/enrolled. Discuss related services to meet the pupil's needs and complete a Healthcare Plan including the pupil's Emergency Plan.
- Arrange and attend a meeting with the class teacher and SNA (if applicable) each subsequent September providing the new class teacher with an updated Healthcare and Emergency Plan.
- Provide the school with an updated clear photograph of their child at the start of each school year
- Update the Healthcare Plan and Emergency Plan following any changes in diagnosis, medication or health condition and provide the class teacher with updated version.
- Provide accurate emergency contact details and develop an Anaphylaxis Emergency Plan for their son with the school.
- Demonstrate the administration of medication to the teacher and SNA (if applicable) at the start of each school year at an appointment arranged through the school.
- Provide the school with two fully equipped and medically prescribed and labelled Anaphylaxis Emergency Kit, each containing two adrenaline auto injectors, the Anaphylaxis Emergency Plan and emergency contact numbers. The kit may also contain antihistamine, asthma inhalers and other medications as prescribed.
- Ensure that none of the contents of the two Anaphylaxis Emergency Kits has exceeded the relevant expiry date and replace them as necessary.
- Ensure with their doctor that the Adrenaline injector dose prescribed for each auto injector is adequate (dose increases with age).
- Provide class teacher with safe treats/snacks for their son as an alternative during class festivities.
- It is recommended that parents provide their child with an allergy medical alert ID bracelet at all times when in school.
- Educate their son in self-management of his food allergy:

- Carrying his schoolbag containing one Anaphylaxis Emergency Kit with him when off-site
 - Safe and unsafe foods to eat
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy related problem
 - How to read food labels (age appropriate)
 - Wash his hands before eating
 - Reinforcing the no-share policy
 - Refraining from using the shared water font
- Review procedure with the school staff, boy's doctor and the boy (if age appropriate) after a reaction has occurred.

Responsibilities of Pupil with Food Allergies

We ask each pupil with a food allergy to be proactive in the care and management of their food allergies and reactions, and in particular:

- Carrying his schoolbag containing one Anaphylaxis Emergency Kit when off site
- Not to exchange food with others – no share policy.
- Not to share sports water bottles with others or drink from the water fountain or taps– no share policy.
- Not to share musical instruments such as recorders or tin whistles.
- Only eat food that is labelled with ingredients
- Be aware of other people eating around him and always wash his hands before eating in case of contamination.
- To know where his two Anaphylaxis Emergency Kits are kept in the school.
- To tell his friends of his allergies, so they recognise an emergency situation should one arise.
- If he has a Medic Alert Talisman, to wear at all times.
- To notify his teacher or an adult immediately if he eats something he believes may contain the food to which he is allergic.
- To notify his teacher or an adult immediately if he believes he is having a reaction, even if the cause is unknown.

Anaphylaxis Risk Management Plan

What is Anaphylaxis

Anaphylaxis is a **severe** and **sudden** allergic reaction which occurs when a person is exposed to an allergen to which they are sensitive. The causes of allergic reaction can include food such as nuts, seafood, eggs, wheat and other triggers, such as insect stings and drugs but, on rare occasions, there may be no obvious cause.

Signs and Symptoms of Anaphylaxis

Signs and symptoms of anaphylaxis usually occur within the **first 20 minutes** of exposure to an allergen but in some cases reaction **can be delayed by up to two hours or more**. Rapid onset and development of potentially life-threatening clinical effects are characteristic of anaphylaxis. Each Anaphylaxis Healthcare Plan will provide specific information related to individual health conditions. The following are typical signs and symptoms of allergic reactions:

Mild to Moderate Allergic Reaction	Severe Allergic Reaction
<p>Signs and symptoms may include one or more of the following:</p> <ul style="list-style-type: none"> ▪ Tingling of the mouth ▪ Hives, welts or body redness ▪ Flushing and / or swelling of the face, lips, eyes ▪ Anxiety ▪ Vomiting, abdominal pain (except in insect sting allergy where vomiting and / or abdominal pain indicates an anaphylactic reaction) 	<p>Signs and symptoms may include one or more of the following:</p> <ul style="list-style-type: none"> ▪ Difficulty talking and / or hoarse voice ▪ Difficult / noisy breathing ▪ Swelling of the tongue ▪ Swelling or tightness in the throat, difficulty swallowing ▪ Confusion ▪ Pale and floppy (young children) ▪ Shortness of breath, repetitive coughing and / or wheezing ▪ Chest tightness ▪ Faint, rapid pulse, low blood pressure ▪ Loss of consciousness and / or collapse ▪ Vomiting, abdominal pain (for insect sting)

Identifying the Risks

When the school is informed that a pupil is at risk of anaphylaxis, the first steps will be:

- To identify the pupil's allergens or trigger substances
- To attend the demonstration on the administration of medication provided by parents
- To consider the situations where there may be an increased risk to the child.

Allergens or Trigger Substances

An allergic reaction to nuts, most especially peanuts, is the most common cause of anaphylaxis and, as such, demands more rigorous risk avoidance controls. Some schools choose to enforce 'nut bans' However, the following should be considered:

- It would not be possible to provide an absolute guarantee that the school would be completely nut free
- It would not be possible to guarantee that certain foods – such as spreads on sandwiches – did not contain nut-based products
- There is a risk that allergic pupils may be led into a false sense of security
- A ban on nuts may lead to a demand for the exclusion for dairy products, fish etc.

St. Brigid's BNS is NOT a nut free school

Anaphylaxis Ireland argues that there is a strong case that allergic pupils will gain a better awareness of their allergies and learn avoidance strategies if they operate in an environment where allergens can turn up unexpectedly. As pupils can be allergic to several foods or other allergens such as insects, medication and latex, amongst others, it is not possible or practical to remove all potential allergens from the school environment.

PEANUTS	TREE NUTS	SHELLFISH	FISH
EGGS	CERTAIN MEDICATION	COW'S MILK	LATEX
INSECT STINGS	WHEAT	SESAME	COCONUT

Anaphylaxis Training for Staff

The school recognises that the level of risk of pupils being exposed to a potential allergen is reduced if staff:

- Understand the boy's condition
- Are able to assess potential risks to the boy during school based activities
- Are trained to recognise the signs and symptoms of anaphylaxis
- Are capable of administering any emergency medication required

Situations where there may be increased Risk to Pupils

Changes to the School Routine

Pupils with anaphylaxis should always be under the supervision of a teacher or other designated person who has:

- Completed anaphylaxis training
- Can recognise the signs and symptoms of a reaction
- Can follow the emergency plan, if required

Changes to the School Environment (tours, excursions, sporting events, etc.)

When participating in events outside the school environment, parents and supervising staff must give careful consideration to:

- The risk assessment of the environment and the activities to be undertaken.
- The location of the event or activity and its distance from an ambulance or medical doctor.
- Requesting parent / guardian approval of the location, activities and any food being provided.
- Requesting parent / guardian assistance in the supervision of the event or activity.
- Informing staff on site of the risk of anaphylaxis and known allergens.
- Ensuring that the parent or a trained member of school staff is with the pupils group at all times.
- Have an anaphylaxis emergency kit for each identified pupil available, but stored out of direct sunlight.
- Ensure that mobile emergency contact number/s is available.

Changes to Pupil's Health

Changes to information about the pupil's health (e.g. a new allergic trigger) will need to be communicated to the school and the risks reassessed. Parents must update healthcare plan accordingly.

Minimising the Risk of Occurrence

To minimise the risk of anaphylaxis, St. Brigid's BNS is committed to the following key principles in developing a Nut and Allergy Aware Environment:

- Requesting that all parents/guardians to inform the school in writing about known allergic conditions or any new health information about their son.
- Requesting medical information relevant to these known high risk categories.
- Establishing effective risk management practices to reduce and minimise, so far as is reasonably practicable, exposure to known allergens and triggers.
- Identifying situations where there may be increased risk to pupils, such as changes to the school routine (substitute teachers) or environment (tours, etc.)
- Promoting age appropriate student education on allergy awareness and self-responsibility.

Although the school is not a nut free zone and does not ban specific products we advocate the following allergen avoidance controls which may reduce the risk of exposure

Food:

- All pupils are discouraged from sharing food brought into school, including treats for end of term parties.

- Class teachers will accommodate parents/guardians who wish to supply a 'safe food treat box' for special occasions.
- Boys at risk of anaphylaxis should be encouraged to wash their hands before eating.

Wasp and Bee Stings:

- Boys should take special care outside and wear shoes at all times.
- Boys should make sure any food or drink brought outside is covered and kept in sight.

Exercise Induces Anaphylaxis:

- Parents /guardians of pupils diagnosed with exercise induced anaphylaxis must have an input into which activities are and are not acceptable.

School trips and Sports Fixtures:

- Relevant staff are informed of the boy's medical condition.
- An emergency medication/Anaphylaxis Kit should be kept in the child's schoolbag at all times and the child's schoolbag will be brought to after school activities, tours, trips and events.

Development of an Anaphylaxis Healthcare Plan

To ensure that boys at risk of anaphylaxis are given every opportunity to participate in the full range of school activities and to inform curriculum planning, potential risks in the pupil's school routine and environment will be assessed using the *Anaphylaxis Healthcare Plan*. The Healthcare Plan, developed by a qualified healthcare practitioner, class teacher, parents / guardians and boys (where appropriate) is an essential part of the school's risk minimisation management. The Healthcare Plan assists staff and others involved with identified pupils to plan for emergency situations and minimise risks associated with his condition, his equipment and his medical requirements. (Ref. AppendixAnaphylaxis Healthcare Plan)

Planning for Effective Response

Each boy diagnosed to be at risk of anaphylaxis requires two Anaphylaxis Emergency Kits – one to be stored in his schoolbag in a labelled container and one to be stored in his classroom beside the First Aid Kit.

Injectable Adrenaline is prescribed by doctors to individuals who have an increased risk of anaphylaxis. There are two types of adrenaline injectors – EpiPen or Anapen. Both injectors are premeasured and contain a single dose.

The boy (depending on his age) and his teacher or other carer/s should be trained in how to use them.

Each Anaphylaxis Emergency Kit provided by the parents should contain:

- **Two** personal adrenaline auto – injectors (EpiPen or Anapen) i.e. A Dual Kit
- Personal inhaler, antihistamines or other prescribed medication.
- A personal Anaphylaxis Healthcare Plan, which will include his written Anaphylaxis Emergency Plan.
- A pencil and blank sheet of paper to write down the exact time of administration of adrenaline from medical staff.
- Medical staff / Ambulance emergency contact details.
- Parent / guardian emergency contact details.

Accessibility of each Anaphylaxis Emergency Kit:

The adrenaline injectors in each Kit should always be accessible – **never** in a locked room or cupboard. Injectors are normally stored at room temperature out of direct sunlight and away from radiators. Manufacturer's storage guidelines should be followed. Parents are required to:

- Provide each kit in a separate container.
- Mark the outside of the container clearly with the boy's name, a green cross indicating its medical content and a photo of the boy.
- One kit must be kept in the child's schoolbag; the second kit in the child's classroom beside the First Aid Kit where it can be clearly seen and accessed by a trained staff member.
- When going offsite the child must bring their school bag with them.
- Parents / guardians are responsible for checking expiry dates of all medication and should replace them as necessary.
- Parents / guardians must also ensure, with their doctor, that the prescribed dose is adequate.

ANAPHYLAXIS EMERGENCY RESPONSE PLAN AND PROCEDURES

The pupil's Anaphylaxis Emergency plan forms an important part of the school's risk management plan and will enable any situation to be managed promptly and efficiently. All staff should be familiar with this plan and the procedures to be followed in the event of an emergency.

DELAYS IN GIVING EMERGENCY MEDICATION OR CONTACTING EMERGENCY SERVICES CAN RESULT IN SERIOUS AND RAPID DETERIORATION IN AN ANAPHYLACTIC PUPIL'S CONDITION.

THEREFORE THE PRIORITY ACTIONS ARE TO TREAT THE PUPIL IMMEDIATELY AND PHONE EMERGENCY SERVICES.

WHAT TO DO IN AN EMERGENCY

If a boy with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure that all members of staff know who the trained personnel are.

The trained member of staff should: Assess the situation

- Administer appropriate medication in line with perceived symptoms
- If symptoms suggest a severe reaction, give the pupil his Adrenaline auto-injector into the outer aspect of his thigh. It should then be stored by putting it in a rigid container to give to the ambulance crew.
- Note the time the adrenaline was given in case a second dose is required and to inform emergency medical staff of the time of administration

If there is no improvement after 5 minutes, **the trained member of staff should:**

- Give the second Adrenaline auto-injector
- Continue to assess the pupil's condition
- Position the pupil in the most suitable position according to their symptoms

The support staff member should: Call for an ambulance and state:

- The name and age of the child
- That you believe them to be suffering from anaphylaxis and that adrenaline has been administered
- The cause of the trigger (if Known)
- The name, address and telephone number of the school

Call the pupil's parents

Request the assistance of another staff member to remove other pupils from the area of treatment and supervise them.

When to administer adrenaline

Follow the directions on the pupils Anaphylaxis Emergency Plan. If the pupil shows **any** of the following symptoms then it suggest that a serious allergic reaction is developing and adrenaline should be given without delay:

- Difficult / noisy breathing
- Swelling of tongue
- Swelling / tightness in throat
- Difficulty talking and / or hoarse voice
- Loss of consciousness and / or collapse
- Pale and floppy
- Wheeze or persistent cough
- Condition steadily worsening

Once the injection is administered, signs of improvement should be seen fairly rapidly. If there is no improvement or symptoms are getting worse, a second injection should be administered after 5 minutes. When adrenaline has been given, an ambulance must be called and the pupil taken to hospital.

Recovery Position

- When symptoms suggest anaphylactic shock, the pupil will need to be placed in a suitable recovery position. As symptoms can vary from person to person, the following points should be observed:
- Due to a drop in blood pressure, the pupil may be feeling faint or weak, look pale or beginning to go floppy. In this instance, lay him down with his legs raised.
- He should not stand up.
- If there is vomiting, lay him on his side to avoid choking.
- If he is having difficulty breathing caused by asthma symptoms and / or by swelling of the airways, he is likely to feel more comfortable sitting up. However, keep his legs raised if possible.
- Boys who are wheezing can also be given up to 10 puffs of their reliever inhaler.

Should I give the Adrenaline or not?

If there is any doubt about whether to give the Adrenaline or not, the medical consensus is **GIVE IT**. In a scenario where anaphylaxis is possible, a pupil is better off receiving adrenaline (even, if in retrospect, it wasn't required) than not. Allergy doctors agree that it is wiser to overreact than to under react. Most pupils tolerate the effects of adrenaline very well even if they are not having a serious allergic reaction.

After the Emergency

Clearly document the incident and the actions taken on an Incident Report Form as soon as the incident is over.

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

Parents / guardians are responsible for replacing any used medication.

Appendix

Definitions

Allergy	A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity.
Allergen	A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
Anaphylaxis	Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life threatening allergic reaction to food, stings, bites or medicines.
Anaphylactic Conditions Register	A record system managed by a designated staff member which lists the children who are diagnosed with Anaphylaxis and contains a copy of their most recent Healthcare Plan and Emergency Response Plan.
Anaphylaxis Healthcare Plan	A detailed document, completed by the parents/guardians of a pupil with a diagnosed anaphylactic condition, which outlines the pupil's specific allergic condition and the agreed individual emergency response.
Anaphylaxis Emergency Response Plan	The appropriate emergency response, for an anaphylactic reaction agreed by the parents/guardians, the class teacher and the Principal.
Anaphylaxis Risk Management Plan	The whole school approach to risk identification, minimisation and response in the case of severe allergic reactions causing anaphylaxis.
EpiPen	Brand name for syringe style device containing the drug adrenaline which is ready for immediate intramuscular administration.
Minimised Risk Environment	An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment.

ST. BRIGID'S BNS

ANAPHYLXIS EMERGENCY PLAN

Name: _____ Class: _____ Teacher: _____	Emergency Contacts: 1. _____ 2. _____
Siblings:	Allergen(s):

In the event that _____ comes into contact with nuts:

Symptoms of mild to moderate allergic reaction:

- Swelling of lips, face, eyes
 - Hives, welts, itchy skin
 - Tingling mouth, abdominal pain, vomiting, nausea
- Three of the above indicate a more severe reaction**

Action for mild to moderate reaction:

- **Stay with pupil**
- **Give anti-histamine if available** (medication is stored in _____)
- **Locate adrenaline auto injector** (stored in _____)
- Contact designated emergency person

ANAPHYLAXIS – SEVERE ALLERGIC REACTION - ***Any one** of the following indicates a severe reaction*

- Difficult / noisy breathing
- Wheeze or persistent cough
- Swelling of the tongue
- Swelling / tightness in throat
- Difficulty talking and / or hoarse voice
- Loss of consciousness or collapse
- Pale and floppy
- Condition steadily worsening

Action for Severe reaction:

- **Give adrenaline auto injector in upper outer thigh (EpiPen is stored in _____)**
- **Call ambulance**
- **Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand**
- If conscious and able to swallow, give _____ mls of antihistamine (stored in _____)
- If wheezy give _____ puffs of inhaler (stored in _____)
- Contact designated emergency contact
- A second dose of adrenaline may be given if no response after 5 minutes

IF IN DOUBT, USE THE ADRENALINE AUTO INJECTOR!

Managing Asthma at School

Responsibilities of Board of Management

The role of the Board of Management is to work with the whole school community to identify and minimise the risks at school for pupils diagnosed with asthma. The Board is also responsible for ensuring that the school has emergency procedures in place to respond to an episode of asthma. In order to develop an Asthma Risk Management Plan, the Board of Management will:

- Promote a supportive learning environment for pupils with asthma.
- Develop guidelines for asthma management during school and school outings.
- Request information on existing medical conditions on enrolment in the school.
- Delegate a staff member to establish and maintain the school chronic conditions register.
- Display pictures of all children diagnosed with Chronic Health Conditions on the staff room noticeboard where pictures have been provided by the parents.
- Provide basic First Aid Training to all staff on a regular basis.
- Support the Healthcare Plan agreed by the school and the pupils parents/guardians.
- Inform parents/guardians of *their* responsibilities
- Require that parents/guardians approve the sharing of information regarding the pupil's health condition with staff and relevant school volunteers.
- Support and facilitate on going communication between parents/guardians and school staff.
- Request that parents/guardians supply the school with fully equipped, in-date and medically prescribed inhalers/medication.
- Designate a location where emergency medication is to be stored. The best place to keep medication is with the pupil.
- Include asthma awareness as part of health education.

Responsibilities of Teachers

As the class teacher will have primary responsibility for the day to day care of any pupil with asthma, it is important that they:

- Attend meetings with the pupil (if appropriate), parents/guardians, other staff members who have primary responsibility for the pupil and the staff member in charge of the Chronic Health Conditions Register at the start of the school year of when the pupil is newly diagnosed/enrolled. Discuss related services to meet the pupil's needs and complete a Healthcare Plan including the pupil's Emergency Plan.
- For pupils who already have a healthcare plan in place meet with the pupil (if appropriate), parents and SNA (if applicable) at the start of each new school year to discuss the pupils Healthcare Plan, Emergency Plan and related services.
- Receive a demonstration from a parent on the administration of medication at a suitable time, organised through the school by the parent.
- Review the materials in the asthma section of this policy to learn more about asthma.
- Provide information for substitute teachers
- Treat the pupil with asthma the same as other pupils except when meeting medical needs.
- Ensure that the inhaler and spacer device is stored in a safe place in the classroom and available in the event of an attack. This inhaler and spacer will be provided by the parent.

- Ensure that the pupil brings their schoolbag on all outings and trips off the school premises.
- Ensure that teacher's mobile phone is brought on all outings and trips off the school premises.
- Maintain communication with parents, including informing them if their son has become unwell at school.
- Clearly document any incidents and the action taken on an Incident Report Form.
- Providing a supportive environment for the pupil to manage his asthma effectively and safely at school.
- Provide alternative options for unplanned vigorous physical activity

Responsibilities of Parents /Guardians of a Pupil with Asthma

The parents / guardians of a pupil with asthma have responsibility to:

- Notify the school in writing of the boy's diagnosis on enrolment.
- Provide the Board of Management, Principal and class teacher with an immediate update if there is a change in their son's condition.
- Draft the Healthcare and Emergency Plan on enrolment/diagnosis and bring this plan to a meeting with school personnel for discussion and completion.
- Arrange and attend meetings with the pupil (if appropriate), class teacher, SNA (if applicable), and the staff member in charge of the Chronic Health Conditions Register at the start of the school year of when the pupil is newly diagnosed/enrolled. Provide specific information about their son's asthma including medication, spacer devices and the 5 Minute Rule – the Emergency Plan outlining what to do in the event of an asthma attack.
- Provide the school with an updated clear photograph of their child at the start of each school year.
- Update the Healthcare plan and Emergency plan following any changes in diagnosis, medication or health condition and provide the class teacher with an updated version. Provide accurate emergency contact details and an up-to-date Healthcare Plan for their son.
- Demonstrate the administration of medication to the teacher and SNA (if applicable) at the start of the school year at an appointment arranged through the school.
- Provide the school with two kits containing the necessary equipment to treat an asthma attack - inhaler medications, spacer devices, 5 Minute Rule poster or asthma attack cards.
- Ensure their son's inhalers and spacers are labelled with his full name.
- Ensure all necessary medication is within the expiry date and replace the medication when necessary.
- It is recommend pupils with Asthma should wear a medical alert ID bracelet at all times when in school.

Asthma Risk Management Plan

What is Asthma?

Asthma is a long-term condition that affects the airways. The muscles around the walls of the airways tighten so that the airways become narrower. It is more difficult for air to pass into the lungs and for air to be exhaled. 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 pupil with asthma has every symptom)
<ul style="list-style-type: none"> • Coughing (in some cases a cough may be the only symptom as asthma) • Coughing after exercise and / or at night • Shortness of breath • Wheezing • Tightness in the chest – sometimes younger children will express feeling tight in the chest as a tummy ache

Triggers

A trigger is anything that irritates the airways and causes asthma symptoms. It is important that young people with asthma get to know their own triggers and take precautions where possible. Implementing a number of changes at school to minimise triggers may help prevent asthma attacks.

COLDS and FLU	CHALK DUST	HOUSE – DUST MITES	MOULD
POLLEN and GRASS CUTTINGS	STRESS and EMOTION	FURRY and FEATHERY ANIMALS	SCENTED DEODERANTS and PERFUMES
LATEX GLOVES	CHEMICALS and FUMES	WEATHER And AIR QUALITY	CLEANING And GARDENING PRODUCTS

Medication and Treatments

The vast majority of pupils with asthma should only need to bring two reliever inhaler (usually blue in colour) to school.

Reliever Inhalers:

- Relievers are narrowed airways, enabling the airways to open wide, making it easier to breathe again
- Relievers are usually blue
- They come in different shapes and sizes
- The pupil should know how to use his reliever inhaler and spacer properly
- Reliever medication is very safe and effective and has very few side effects. Some children do get an increased heart rate and may feel shaky if they take increased puffs
- If the inhaler has been unused for some time, then it may need to be ‘primed’ – spray two puffs into the air before administering to pupil
- In an asthma attack it is better for the pupil to continue taking his reliever inhaler until emergency help arrives

- Pupils with asthma need to keep their reliever inhalers with them, or close at hand, at all times. They may take it with them to PE if required or will be allowed to return to their class if they need it.
- **Reliever Inhalers should never be kept in a locked room or drawer** – one inhaler should be kept in the child's schoolbag at all times and the child's schoolbag will be brought to after school activities, tours, trips and events. The second inhaler should be kept in a labelled container in the child's classroom.
- Each inhaler should be marked with the pupil's name
- Parents should be informed if their son is using his reliever inhaler more than usual.
- Parents should provide spare inhalers to ensure that, if a pupil forgets or loses his everyday inhaler, a spare is available.

Controller Inhalers:

- Controllers are usually prescribed for people who have been using their reliever inhaler more than twice a week
- They are usually brown, beige, orange, red, white, purple

Spacers:

- Spacers are used with aerosol inhalers. A spacer is a plastic container with mouthpiece at one end and an opening for an aerosol inhaler at the other
- Each pupil with asthma should have his own individually labelled space. This should be kept with his inhaler

Steroid Tablets:

- A course of steroid tablets is sometimes needed and is generally taken outside school hours
- *If a pupil is sick enough to be taking oral steroid tablets, then he should be at home*

Nebuliser / Compressors

- A compressor is a machine that turns liquid medication into a mist that is then breathed through a mask or mouthpiece
- Normally, pupils do not need to use a nebuliser / compressor at school

Exercise and Physical Activity

The majority of pupils with asthma should be able to take part in any sport, exercise or activity, as long as their asthma is under control. A very small minority with difficult-to-control asthma may be unable to participate fully in exercise. For some young people, exercise is their only trigger (exercise-induced asthma) while for others it is one of many triggers.

Pupils 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 pupils exercising with asthma

- Make sure that sports coaches know which boys have asthma and what triggers their asthma
- If physical activity makes a boy's asthma worse, allow him to use his reliever inhaler (usually blue) immediately before warm up
- Swimming – if chlorine or temperature changes are a trigger for a boy's asthma, it may be necessary for him to take his reliever inhaler 5-10 minutes before swimming
- If he has asthma symptoms while exercising, the pupil should stop, take his reliever inhaler and wait at least five minutes or until he feels better before starting again

ST. BRIGID'S BNS

ASTHMA EMERGENCY PLAN

Name: _____ Class: _____ Teacher: _____	Emergency Contacts: 1. _____ 2. _____
Siblings:	Triggers:

Common signs of an asthma attack:

<ul style="list-style-type: none"> • Coughing • Shortness of breath • Wheezing • Feeling tight in the chest 	<ul style="list-style-type: none"> • 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

Do.....

- Keep calm, attacks can be frightening and it is important to stay calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward – do not hug him or lie him down
- Encourage him to breath slowly and calmly and ensure tight clothing loosened
- Make sure the pupil takes his 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 pupil takes the reliever inhaler every minute for five minutes or until their symptoms improve

Call an ambulance or a doctor urgently if the

- Pupil's symptoms do not improve in 5 – 10 minutes
- Pupil is too breathless or exhausted to talk
- **Pupil's lips are blue or if you are in any doubt**

ENSURE THE PUPIL CONTINUES TO TAKE ONE PUFF OF HIS RELIEVER INHALER EVERY MINUTE UNTIL THE AMBULANCE OR DOCTOR ARRIVES**REMEMBER**

- Never leave the pupil having an asthma attack. If the pupil does not have his inhaler with him, send another teacher or pupil to his classroom
- In an emergency situation, 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 pupil overdosing

- Send another pupil to get another adult if an ambulance needs to be called
- Contact the pupil's parents immediately after calling the ambulance/doctor
- A member of staff should always accompany a pupil taken to hospital and stay with him until his parents arrive
- Parents must always be told if their son has had an asthma attack
- The incident and actions taken should be recorded on an Incident Report Form as soon as the incident is over.

Managing Diabetes at School

Responsibilities of Board of Management

The Board of Management has responsibility to:

- Promote a supportive learning environment for pupils with diabetes
- Develop school guidelines for diabetes management during school and school outings
- Request information on existing medical conditions on enrolment in the school
- Delegate a staff member to establish a register of pupils with Chronic Health Conditions.
- Display pictures of all children with diagnosed Chronic Health Conditions on the staffroom noticeboard where pictures have been provided by the parents.
- Provide basic First Aid Training to all staff regularly.
- Inform parents/guardians of *their* responsibilities
- Require that parents/guardians approve the sharing of information regarding the sharing of pupil's health conditions with staff and relevant school volunteers
- Support and facilitate on going communication between parents /guardians and school staff.
- Request that parents/guardians supply the school with fully equipped, in-date and prescribed medication.
- Designate a location where emergency medication is to be stored. The best place to keep medication is with the pupil.
-
- Provide a place with privacy if necessary for the pupil to administer insulin
- Include diabetes awareness as part of health education

Responsibilities of Teachers

As the class teacher will have primary responsibility for the day to day care of any pupils with diabetes, it is important that they:

- Attend meetings with the pupil (if appropriate), parents/guardians and staff members who have primary responsibility for the pupil and the staff member in charge of the Chronic Health Conditions Register at the start of the school year or when the pupil is newly diagnosed. Discuss related services to meet the pupil's needs and complete a Healthcare Plan including the pupil's Diabetes Emergency Plan.
- For pupils who already have a healthcare plan in place meet with the pupil (if appropriate), parents and SNA (if applicable) at the start of each new school year to discuss the pupils Healthcare Plan, Emergency Plan and related services.
- Provide a supportive environment for the pupil to manage his diabetes effectively and safely at school
- Provide information for substitute teachers
- Ensure that one of the pupils hypo kits is stored in a safe place and readily available in the event of hypoglycaemia.
- Ensure that the pupils brings his schoolbag on all outings and trips off the school premises
- Ensure that teachers mobile phone is brought on all outings and trips off the school premises
- Maintain effective communication with parents, including informing them if their son has become unwell at school
- Clearly document any incidents and the actions on an Incident Report Form

- Ensure that the pupil has the right to privacy when injecting insulin, adequate time for blood glucose testing and eating snacks if needed

Responsibilities of Parents/Guardians of a Pupil with Diabetes

The parents / guardians of a pupil with diabetes have responsibility to:

- Notify the school in writing of their son's health condition on diagnosis or enrolment
- Provide the Board of Management, Principal and class teacher with an immediate update if there is a change to their son's condition.
- Draft the Healthcare Plan on diagnosis/enrolment and bring this plan to the meeting with school personnel for discussion/completion.
- Arrange and attend meetings with the pupil (if appropriate), class teacher, SNA (if applicable), and the staff member in charge of the Chronic Health Conditions Register at the start of the school year of when the pupil is newly diagnosed/enrolled. Discuss related services to meet the pupil's needs and complete a Healthcare Plan including the pupil's Emergency Plan.
- Arrange and attend a meeting with the class teacher and SNA (if applicable) each subsequent September providing the new class teacher with an updated Healthcare and Emergency Plan.
- Provide the school with a clear photograph of their child at the start of each school year
- Update the Healthcare Plan and Emergency Plan following any changes in diagnosis, medication or health condition and provide the class teacher with an updated version.
- Provide accurate emergency contact details
- Demonstrate the administration of medication to the teacher and SN A (if applicable) at the start of each school year at an appointment arranged through the school
- Provide the school with two fully equipped kits containing all necessary medication and food i.e. insulin, glucose metre, food, glycogen, spare battery etc.
- Ensure that insulin and a glucose metre are labelled with their son's full name and that insulin and all necessary equipment is within the expiry date
- Provide information about their son's meal / snack schedule which should be tailored if possible to fit in to the daily school timetables
- Provide class teacher with safe treats/snacks for their son as an alternative during class festivities
- It is recommended that parents provide their child with a medical alert ID bracelet at all time when in school

Diabetes Risk Management Plan

What is Diabetes

Diabetes is a long-term condition where the amount of glucose in the blood is too high because the body cannot use it properly. Insulin is the hormone produced by the pancreas that helps glucose move into the body's cells.

Type 1 Diabetes – develops if the body stops producing insulin.

Signs and Symptoms of Type 1 Diabetes			
THIRST	LETHARGY	FREQUENT UNINATION	WEIGHT LOSS

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. In most cases this is linked to being overweight.

Medication and Treatment

Type 1 –

- Treated with insulin. Subcutaneous (under the skin) insulin of varying frequency
- Pupils will need to test their blood glucose levels at school
- Most pupils will use a pen-like device or an insulin pump
- Insulin should be kept at room temperature
- Extra supplies of insulin stored in the school should be stored in a clearly labelled container and kept in staff room fridge
- Used insulin pens will be returned home for disposal in the container they were stored in
- Insulin pumps are usually worn 24 hours but can be disconnected for a short time for e.g. swimming

Type 2 –

- Mainly treated with lifestyle changes such as healthier eating, weight loss, increased physical activity
- Tablets and / or insulin may sometimes be required

The Pupil at School

- Lunch or snack breaks – pupil needs to eat at regular intervals. He may need to have his lunch at the same time every day
- Blood testing – most pupils will need to test their blood glucose levels on a regular basis
- Advantages of checking blood glucose levels in the classroom
 - Fewer stigmas as it is a regular occurrence in front of classmates
 - Pupil not at risk of having a hypo while alone in the bathroom
 - Pupil achieves better glucose control
 - Pupil spends less time out of class

- Insulin during school hours – some pupils may need an injection during the school day
- School excursions – pupils must 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 should have some extra starchy food with them. These items will all be contained in the kit in each pupils schoolbag
- Exercise and physical activity – all types of activity use up glucose
Class teachers will facilitate pupils who wish to do the following:
 - Before an activity pupil may check his blood glucose levels
 - Pupil may eat a small snack prior to an activity Pupil may need to eat or drink during the activity
 - If a hypo occurs during an activity, the pupil should take immediate treatment. He should be able to continue once he has recovered
 - He should check his blood 10 – 15 minutes after the hypo
 - Insulin pumps may need to be disconnected if taking part in contact sports. General rule is that they should not be disconnected for more than an hour
- Vomiting and inability to retain food and fluids are serious conditions since food is required to balance the insulin. **Contact parents immediately.**

Complications – Hypoglycaemia

Hypoglycaemia can be caused by:	
<ul style="list-style-type: none"> • A missed or delayed meal or snack • Not enough food especially carbohydrate 	<ul style="list-style-type: none"> • Too much insulin • Strenuous or unplanned exercise • No obvious cause

Symptoms of Hypoglycaemia	
<ul style="list-style-type: none"> • Sweating • Paleness • Weakness or dizziness • Headache and / or tummy pain 	<ul style="list-style-type: none"> • Hunger • Mood change (anger / aggression) • Anxiety or irritability • Inability to concentrate

Young children may not be able to recognise these signs and it is easy to think that a pupil is being undisciplined when in actual fact he is having a hypo

Hyperglycaemia

Hyperglycaemia is the term used when the glucose level in the blood rises above 15mmol and stays high for hours. If it remains high and untreated, the pupil may become very unwell and develop Diabetic Ketoacidosis.

Diabetic Ketoacidosis – Symptoms	
<ul style="list-style-type: none">• Deep and rapid breathing• Nausea and Vomiting• Drowsiness	<ul style="list-style-type: none">• Breath smelling of acetone e.g. nail polish remover• Abdominal pain

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

ST. BRIGID'S BNS

DIABETES EMERGENCY PLAN

Name: _____	Emergency Contacts: 1. _____ 2. _____
Class: _____	
Siblings:	

HYPOGLYCAEMIA

When the blood sugar is below 4 mmol and the student feels unwell

SYMPTOMS OF A MILD HYPO	
Pupil's specific symptoms: _____ _____ _____	Sweating Paleness Weakness or dizziness Headache or tummy pain Hunger Inability to concentrate
Mood change (anger/aggressive behaviour) Anxiety or irritability	

NEVER LEAVE THE PUPIL WITHOUT ADULT SUPERVISION DURING A
'HYPO' EVENT**Treatment of MILD HYPO**

STEP 1 – DO THE FOLLOWING

- Immediately give 15g fast acting carbohydrate (100mls of Lucozade / 150mls of coke or other non-diet drink / 150mls pure fruit juice / 3-5 glucose sweets / 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 4mmol, a sugary option should be given again
- If the blood sugar is above 4mmol, proceed to STEP 2

STEP 2 – THIS MUST BE FOLLOWED BY A SLOW ACTING CARBOHYDRATE
SNACK WHICH IS ONE OF THE FOLLOWING:

- Roll / Sandwich
- Portion Of Fruit
- Cereal Bar
- Two Plain Biscuits
- Or A Meal If It Is Due

Treatment of a MODERATE HYPOTHE PUPIL IS UNABLE TO COPE BUT IS STILL ABLE TO SWALLOW AND IS
CONSCIOUS

- Use one tube of Glucogel
- Twist top of the tube and remove, insert tip of the dispenser into the pupil's mouth between the gum and cheek
- Slowly squeeze in one whole gel (half a tube for children under 5 years)
- 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 4mmol after 5-10 minutes
- If the pupil has improved and the blood sugar level is above 4mmols, give a carbohydrate snack listed in STEP 2 above

Treatment of a SEVERE HYPO

If _____ is unconscious, do not give him anything to eat or drink.

- Put him in the recovery position and ensure he is breathing
- Call an ambulance 999, state he has diabetes and contact the next of kin
- Have glucagon available for administration

ST. BRIGID'S BNS

DIATETES EMERGENCY PLAN

Name: _____ Class: _____	Emergency Contacts: 1. _____ 2. _____
Siblings:	

HYPERGLYCAEMIA

COMMON SYMPTOMS	
Excessive thirst Too much food Stress	Nausea Blurred vision Weight loss

HYPERGLYCAEMIA CAN BE CAUSED BY:	
Too little or no insulin Too much food Stress	Less exercise than normal Infection or fever Excitement

ACTION

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

EMERGENCY PLAN FOR DIABETIC KETOACIDOSIS

Diabetes Ketoacidosis – if the blood glucose levels remain high and untreated, the pupil can become very unwell and develop Diabetes Ketoacidosis.

CALL EMERGENCY SERVICES – 999 AND THE PUPIL'S PARENTS IF THE FOLLOWING SYMPTOMS ARE PRESENT:

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

Managing Epilepsy at School

Responsibilities of Board of Management

The board of Management has responsibility to:

- Promote a supportive learning environment for pupils with epilepsy.
- Request information on existing medical conditions on enrolment in the school
- Delegate a staff member to establish a register of pupils with Chronic Health Conditions.
- Display pictures of all children with diagnosed Chronic Health Conditions on the staffroom noticeboard where pictures have been provided by the parents.
- Provide basic First Aid Training to all staff on a regular basis.
- Develop school guidelines for epilepsy management during school and school outings
- Support the Emergency Epilepsy Plan agreed by the school and the pupil's parents
- Inform parents/guardians of their responsibilities
- Require that parents/guardians approve the sharing of information regarding the pupil's health condition with staff and relevant school volunteers
- Support and facilitate on-going communication between parents/guardians and school staff
- Request that parents/guardians supply the school with fully equipped and in date medication if medication is required
- Designate a location where emergency medication is to be stored. The best place to keep medication is with the pupil.
- Include epilepsy awareness as part of health education

Responsibilities of Teachers

As the class teacher will have primary responsibility for the day to day care of any pupils with epilepsy, it is important that they:-

- Attend meetings with the pupil (if appropriate), parents/guardians, staff members who have primary responsibility for the pupil and the staff member in charge of the Chronic Health Conditions Register at the start of the school year or when the pupil is newly diagnosed. Discuss related services to meet the pupil's needs and complete a Healthcare Plan including the pupil's Epilepsy Emergency Plan.
- For pupils who already have a healthcare plan in place meet with the pupil (if appropriate), parents and SNA (if applicable) at the start of each new school year to discuss the pupil's Healthcare Plan, Emergency Plan and related services.
- Receive a demonstration from parents on the administration of medication at a suitable time organised through the school by the parent
- Promote inclusion of the pupil in all activities that are appropriate and safe to participate in (sports, trips, etc.)
- Ensure that emergency medication is stored in a safe place and readily available in the event of a seizure. The best place to keep medication is with the pupil.
- Ensure that the pupil has the right to privacy when recovering from a seizure if needed. (however, pupil should be checked at regular intervals)
- Provide information for substitute teachers
- Ensure that pupil brings their schoolbag on all outings and trips off the school premises (if emergency medication is prescribed)
- Ensure teachers mobile phone is brought on all outings and trips off the school premises

- Maintain effective communication with parents, including informing them if their son has become unwell at school
- Clearly document any incidents and the action on an incident report form
- Provide a supportive environment for the pupil to manage his epilepsy effectively and safely at school
- Be aware of the potential impact of seizures and medication on a pupil's memory and overall school performance.
- Deal effectively with any bullying incidents related to the pupil's health condition. Incidents should be investigated and dealt with in accordance with the school's anti-bullying policy.

Responsibilities of Parents/Guardians of a Pupil with Epilepsy

The parents / guardians of a pupil with Epilepsy have responsibility to:

- Notify the school in writing of their son's epilepsy on diagnosis or enrolment.
- Provide the Board of Management, Principal and class teacher with an immediate update if there is a change to their son's condition.
- Draft the Healthcare and Emergency Plan on enrolment/diagnosis and bring this plan to the meeting with school personnel for discussion/completion
- Arrange and attend meetings with the pupil (if appropriate), class teacher, SNA (if applicable), and the staff member in charge of the Chronic Health Conditions Register at the start of the school year of when the pupil is newly diagnosed/enrolled. Discuss related services to meet the pupil's needs and complete a Healthcare Plan including a pupil's Emergency Plan.
- Arrange and attend a meeting with the class teacher and SNA (if applicable) each subsequent September providing the new class teacher with an updated Healthcare and Emergency Plan.
- Provide the school with an update clear photograph of their child at the start of each school year.
- Update the Healthcare Plan and Emergency Plan following any changes in diagnosis, medication or health condition and provide the class teacher with an updated version.
- Provide accurate emergency contact details including details of the GP and conditions under which an ambulance is to be called
- Provide the school with the necessary information and medication to meet their son's needs within the school. Replenish medication when needed. A ventilated pillow may be supplied in the case of a student who may need to sleep after a seizure
- Ensure that all medication is labelled with their son's full name and is within the expiry date. Medication must be replaced when it reaches the expiry date.
- Provide information about their son's triggers which are relevant to the daily schedule e.g. skipped meals
- Agree that their son will take part in all school activities that are safe and appropriate
- Provide appropriate treats for their son for class festivities (if he is on a special diet)
- We recommend pupils with Epilepsy should wear a medical alert ID bracelet at all times when in school.

Disability and Education Legislation

In terms of the legislation, epilepsy is considered a disability. Current legislation requires that reasonable accommodations are made to prevent issues of discrimination regarding access issues

Epilepsy Risk Management Plan

What is Epilepsy

Epilepsy is a tendency to have seizures which are caused by sudden bursts of intense electrical activity in the brain. It can have an identifiable cause such as a blow to the head, meningitis or a brain tumour but for the majority of people there is no known cause. There are approximately 1 in 200 children with epilepsy in Ireland.

Signs and Symptoms

What a child experiences during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. Seizures generally only last a matter of seconds or minutes after which the brain usually returns to normal

Generalised Seizures	
Generalised seizures affects most or the whole of the brain. These will always involve a loss of consciousness although the pupil will not necessarily fall to the floor.	
<p style="text-align: center;">Absence Seizures</p> <ul style="list-style-type: none"> • Child stops what he is doing and may stare, blink or look vague for just a few seconds • Can occur several times a day • Teacher may need to provide written information at the end of lessons to help pupil catch up on things he has missed 	<p style="text-align: center;">Myclonic seizures</p> <ul style="list-style-type: none"> • Sudden contraction of the muscles • Can be a single movement or a series of jerks • Commonly affect arms and sometimes the head but can affect the whole body • Usually no first aid needed unless pupil is injured
<p style="text-align: center;">Tonic-clonic Seizures</p> <ul style="list-style-type: none"> • Child loses consciousness, the body stiffens and he falls to the ground • This is followed by jerking movements (convulsions) • Child may be incontinent • Convulsions usually stop after a few minutes • Child may be confused and need to sleep 	<p style="text-align: center;">Atonic Seizures</p> <ul style="list-style-type: none"> • All muscle tone is lost and child drops to ground • Although the fall heavily, they can usually get up again straight away

Partial Seizures	
Partial seizures affect only part of the brain	
<p style="text-align: center;">Simple Partial Seizures</p> <ul style="list-style-type: none"> • Symptoms depend on area of brain affected (go pale /sweaty, tingling, strange smell or taste, experience déjà vu) • Child remains fully conscious • Seizure is brief • Seizure may be a warning that the seizure may spread to other parts of the brain 	<p style="text-align: center;">Complex Partial Seizures</p> <ul style="list-style-type: none"> • Child may appear to be fully aware of what he is doing but may act strangely e.g. chewing, smacking his lips, plucking at his clothes, wandering aimlessly • His consciousness is altered so he cannot follow instructions and may not respond at all

Status Epileptus

Sometimes a pupil can experience a longer seizure or a series of seizures without regaining consciousness. The ‘five minute rule’ is the cut-off point in which emergency medication should be administered or medical attention sought. Status epileptus occurs when a seizure continues for more than 30 minutes and it is a medical emergency as the stress on the body may lead to brain damage. Emergency medication needs to be administered by a trained member of staff.

Triggers

Seizures often happen without warning but in some pupils, triggers can be identified:

STRESS ANXIETY EXCITEMENT	HORMONAL CHANGES	NOT TAKING MEDICATION
UNBALANCED DIETS / SKIPPING MEALS	IRREGULAR SLEEP PATTERNS	ALCOHOL / RECREATIONAL DRUGS
PRESCRIPTION MEDICINES	ILLNESS	PHOTOSENSITIVE EPILEPSY

The Effect of Epilepsy on the Pupil at School

- Night time seizures can leave a pupil exhausted and unable to concentrate
- Storage and administration of medicines may need to be planned for - each pupil must have two emergency medication kits – one to be stored in the pupil’s classroom and one to be stored in their schoolbag. Each kit must be safely stored in a labelled container.
- Pupils with epilepsy can struggle academically in comparison to their intellectual level and some have problems with learning and attendance
- Rates of epilepsy are higher among pupils with other conditions such as autism, ADHD, etc.
- Difficulties at school may be caused by:
 - Difficulty concentrating
 - Working more slowly than others
 - Being too tired
- Behavioural and learning difficulties can be due to:
 - Frequent and / or prolonged seizures
 - Damage to the brain
 - Side effects of epilepsy medication
- Epileptic activity or underlying damage to the brain may cause memory problems
- If the pupil is on the ketogenic diet he may need supervision at meal times. It is important that he does not eat or drink anything that is not part of his diet
- Psychological and social factors – may range from issues of stigma and exclusion to issues of confidence, fear and anxiety, self-esteem, memory and concentration

- Exercise and physical activity – with relevant safety precautions, pupils with epilepsy can take part in most school activities

Individualised Healthcare Plan

The healthcare Plan should address issues such as:

- The types of seizures the pupil is likely to experience
- How to recognise those seizures
- A detailed explanation of appropriate first aid for each of those seizures
- Define an emergency in the case of the pupil and what action is to be taken and when
- Additional relevant educational information-learning difficulties, disability, memory and comprehension issues
- Support in respect of interruptions to school attendance – e.g. learning support, home tuition, etc.

ST. BRIGID'S BNS

EPILEPSY EMERGENCY PLAN

Name: _____ Class: _____ Teacher: _____	Emergency Contacts: 3. _____ 4. _____
Siblings:	Triggers:

PRESCRIBED EMERGENCY MEDICATION

Refer to _____'s Healthcare Plan for details

TONIC – CLONIC SEIZURES

DO	DON'T
<ul style="list-style-type: none"> ❖ Note the time ❖ Protect the pupil from injury (remove harmful objects) ❖ Cushion the head ❖ Wipe away excess saliva ❖ Gently put him in the recovery position when the seizure has ended ❖ Stay with him until recovery is complete ❖ Calmly reassure him 	<ul style="list-style-type: none"> ❖ Restrain the pupil ❖ Put anything in his mouth ❖ Try to move him unless he is in danger ❖ Give him anything to eat or drink until he is fully recovered

Seizures involving altered consciousness or behaviour

DO	DON'T
<ul style="list-style-type: none"> ❖ Guide the pupil from danger ❖ Cushion the head ❖ Gently put him in the recovery position when the seizure has ended ❖ Stay with him until recovery is complete ❖ Calmly reassure ❖ Explain anything that he may have missed 	<ul style="list-style-type: none"> ❖ Restrain the pupil ❖ Panic ❖ Try to move him unless he is in danger ❖ Assume he is aware of what is happening or what has happened ❖ Give him anything to eat or drink until he is fully recovered

WHEN TO CALL AN AMBULANCE – DIAL 112 OR 999

- ❖ If you know it's the pupil's first seizure
- ❖ The seizure continues for more than 5 minutes
- ❖ Or longer than is normal for that pupil
- ❖ One seizure follows another without the pupil regaining awareness between seizures
- ❖ You believe the pupil needs urgent medical attention

Ratification and Communication

This plan was reviewed by the Board of Management of St. Brigid's BNS at its meeting on 25th May 2020. It will be reviewed again at the end of the 2023 school year or as required. Parents may obtain a copy of the plan on the school website or in hard copy from the Principal's office.

APPENDICES

Letter 1: Initial letter sent to all parents at the start of the new school year:

Dear Parents,

St. Brigid's Boys' School has a policy in relation to the Management of Chronic Health Conditions in our school. This policy is available to view on www.stbrigids.ie or in hard copy in the school on request.

This policy covers the following four health conditions:

Anaphylaxis	Asthma	Diabetes	Epilepsy
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If your son has any of the above conditions, please ensure you read this policy carefully. It lays out the steps you must take to ensure the school staff can better understand your son's individual condition.

All pupils with one of the 4 conditions must have an updated healthcare plan for each new school year.

Parents are requested to complete the form below and return it if:

- Your son has one of the 4 conditions and you had previously completed a healthcare plan for the previous school year (this must be updated each year).
- Your son has recently been diagnosed with one of the 4 conditions listed above.
- Your son is in Junior Infants or has transferred to St. Brigid's and has one of the 4 conditions listed above.

You will then receive a blank healthcare plan home for completion.

N.B. You do not need to return this slip if your son does not have any of the health conditions listed. (Anaphylaxis, Asthma, Diabetes, Epilepsy)

Chronic Health Conditions

Please return by _____

Child's Name: _____ Class: _____

Teacher's Name: _____

Chronic Health Condition (please tick):

Anaphylaxis ____ Asthma ____ Diabetes ____ Epilepsy

Signed: _____

Date: _____

Letter 2: Letter and Blank Healthcare Plan is sent to all parents who send back initial form informing us that their son has one of the 4 conditions listed.

Dear Parents,

RE: HEALTHCARE PLAN

Thank you for informing us of your son's chronic condition. As part of accepted good practice and with advice from the Department for Children and Family Affairs, relevant voluntary organisations and the school's Board of Management, St. Brigid's BNS has established 'Managing Chronic Healthcare Conditions' guidelines for use by parents and staff.

As part of these guidelines, we are asking all parents of boys with a chronic condition to help us by completing a school Individual Healthcare Plan for their son. Please complete the plan, with the assistance of your son's healthcare professional, and on its completion organise a meeting with your child's class teacher to discuss the plan. If you require assistance to complete the Healthcare Plan, or if you have any questions, then please contact us on 01-2893199.

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

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

I look forward to receiving your son's Healthcare Plan

Thank you for your help.

Yours sincerely,

Fiona Griffin,
Principal

ST. BRIGID'S B. N. S.
INDIVIDUAL HEALTHCARE PLAN

Date Form Completed _____ Date for Review _____

1. STUDENT DETAILS

Name: _____

Class: _____ Teacher: _____

Date of Birth: _____ Age: _____

Siblings in the school:

Name: _____ Class: _____

Name: _____ Class: _____

2. CONTACT INFORMATION

Students Address: _____

FAMILY CONTACT 1

Name: _____

Phone (Day) / Mobile: _____

Phone (Evening): _____

Relationship to student: _____

FAMILY CONTACT 2

Name: _____

Phone (Day) / Mobile: _____

Phone (Evening): _____

Relationship to student: _____

FAMILY CONTACT 3

Name: _____

Phone (Day) / Mobile: _____

Phone (Evening): _____

Relationship to student: _____

Phone: _____

DOCTOR

Name: _____

Phone: _____

MEDICAL CENTRE / HOSPITAL

Name: _____

3. DETAILS OF STUDENT'S CONDITIONS

Name of son's condition:

Signs and symptoms of your son's condition/s:

Triggers or things that make his condition worse:

4.ROUTINE HEALTHCARE REQUIREMENTS

During school hours:

Outside school hours:

5. REGULAR MEDICATION TAKEN DURING SCHOOL HOURS:

6. EMERGENCY MEDICATION			
	INSTRUCTIONS		
	Medication 1	Medication 2	Medication 3
Name of Medication			
Expiry Date			
Dose/frequency (as per pharmacists label)			
Duration (Dates)	From: To:	From: To:	From: To:
Route of Administration (Please tick appropriate box)	<input type="checkbox"/> by self <input type="checkbox"/> requires assistance	<input type="checkbox"/> by self <input type="checkbox"/> requires assistance	<input type="checkbox"/> by self <input type="checkbox"/> requires assistance
Storage: The school requires parents to provide two clearly labelled emergency medication kits – please tick to indicate you have provided these	I have provided a clearly labelled and in date kit to be stored in my sons classroom <input type="checkbox"/> I have provided a clearly labelled and in date kit to be stored in my sons schoolbag <input type="checkbox"/> <hr/> Please indicate any other storage requirements below: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	I have provided a clearly labelled and in date kit to be stored in my sons classroom <input type="checkbox"/> I have provided a clearly labelled and in date kit to be stored in my sons schoolbag <input type="checkbox"/> <hr/> Please indicate any other storage requirements below: <hr/> <hr/> <hr/> <hr/> <hr/>	I have provided a clearly labelled and in date kit to be stored in my sons classroom <input type="checkbox"/> I have provided a clearly labelled and in date kit to be stored in my sons schoolbag <input type="checkbox"/> <hr/> Please indicate any other storage requirements below: <hr/> <hr/> <hr/> <hr/> <hr/>

7. ACTIVITIES – ANY SPECIAL CONSIDERATIONS TO BE AWARE OF?
<hr/> <hr/> <hr/> <hr/>

**8. ANY OTHER INFORMATION RELATING TO YOUR SON'S HEALTHCARE
IN SCHOOL**

Parent and Student Agreement

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

Signed by Parent

Print Name:

Date: _____

Parent and Student Agreement (for Anaphylaxis only)

I agree to my son's class being informed that a child in the class has an allergy.

Signed by Parent

Print Name:

Date: _____

Permission for Emergency Medication

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

Signed by Parent

Print Name:

Date: _____

Parent and Student Agreement

I agree to my son's name, class level, class teacher, photograph and medical condition to be displayed in the classroom and on the staffroom noticeboard to ensure my son is easily recognisable to school staff in case of emergency.

I have enclosed 2 A4 pages/poster with these details for the school for this purpose.

Signed by Parent

Print Name:

Date: _____

Agreement between Principal and Parent / Guardian

This agreement authorises the school staff to follow the advice of the pupil's parent / guardian and medical practitioner as set out in the pupil's individual Healthcare Plan. It is valid for one year or until the school is advised of a change in the pupil's health care requirements.

Principal: _____ Parent / Guardian: _____

Date: _____ Date: _____

ANAPHYLXIS EMERGENCY PLAN

Name: _____ Class: _____ Teacher: _____	Emergency Contacts: 6. _____ 7. _____
Siblings: _____	Allergen(s): _____

1

In the event that _____ comes into contact with nuts:

Symptoms of mild to moderate allergic reaction:

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

Three of the above indicate a more severe reaction

Action for mild to moderate reaction:

- **Stay with pupil**
- **Give anti-histamine if available** (medication is stored in _____)
- **Locate adrenaline auto injector** (stored in _____)
- Contact designated emergency person

ANAPHYLAXIS – SEVERE ALLERGIC REACTION - *Any one of the following indicates a severe reaction*

- Difficult / noisy breathing
- Wheeze or persistent cough
- Swelling of the tongue
- Swelling / tightness in throat
- Difficulty talking and / or hoarse voice
- Loss of consciousness or collapse
- Pale and floppy
- Condition steadily worsening

Action for Severe reaction:

- **Give adrenaline auto injector in upper outer thigh (EpiPen is stored in _____)**
- **Call ambulance**
- **Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand**
- If conscious and able to swallow, give _____ mls of antihistamine (stored in _____)
- If wheezy give _____ puffs of inhaler (stored in _____)
- Contact designated emergency contact
- A second dose of adrenaline may be given if no response after 5 minutes

**IF IN DOUBT, USE THE ADRENALINE AUTO INJECTOR!
ST. BRIGID'S BNS**

ASTHMA EMERGENCY PLAN

Name: _____ Class: _____ Teacher: _____	Emergency Contacts: 1. _____ 2. _____
Siblings:	Triggers:

Common signs of an asthma attack:

<ul style="list-style-type: none"> • Coughing • Shortness of breath • Wheezing • Feeling tight in the chest 	<ul style="list-style-type: none"> • 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

Do.....

- Keep calm, attacks can be frightening and it is important to stay calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward – do not hug him or lie him down
- Encourage him to breath slowly and calmly and ensure tight clothing loosened
- Make sure the pupil takes his 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 pupil takes the reliever inhaler every minute for five minutes or until their symptoms improve

Call an ambulance or a doctor urgently if the

- Pupil's symptoms do not improve in 5 – 10 minutes
- Pupil is too breathless or exhausted to talk
- **Pupil's lips are blue or if you are in any doubt**

ENSURE THE PUPIL CONTINUES TO TAKE ONE PUFF OF HIS RELIEVER INHALER EVERY MINUTE UNTIL THE AMBULANCE OR DOCTOR ARRIVES

REMEMBER

- Never leave the pupil having an asthma attack if the pupil does not have his inhaler with him, send another teacher or pupil to his classroom
- In an emergency situation, 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 pupil overdosing
- Send another pupil to get another adult if an ambulance needs to be called
- Contact the pupil's parents immediately after calling the ambulance/doctor

- A member of staff should always accompany a pupil taken to hospital and stay with him until his parents arrive
- Parents must always be told if their son has had an asthma attack.

ST. BRIGID'S BNS

DIABETES EMERGENCY PLAN

Name: _____	Emergency Contacts: 1. _____ 2. _____
Class: _____	
Siblings:	

HYPOGLYCAEMIA

When the blood sugar is below 4 mmol and the student feels unwell

SYMPTOMS OF A MILD HYPO	
Pupil's specific symptoms: _____ _____ _____	Sweating Paleness Weakness or dizziness Headache or tummy pain Hunger Inability to concentrate
Mood change (anger/aggressive behaviour) Anxiety or irritability	

**NEVER LEAVE THE PUPIL WITHOUT ADULT SUPERVISION DURING A
'HYPO' EVENT**

Treatment of MILD HYPO

STEP 1 – DO THE FOLLOWING

- *Immediately give 15g fast acting carbohydrate (100mls of Lucozade / 150mls of coke or other non-diet drink /150mls pure fruit juice / 3-5 glucose sweets / 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 4mmol, a sugary option should be given again
- If the blood sugar is above 4mmol, proceed to STEP 2

STEP 2 – THIS MUST BE FOLLOWED BY A SLOW ACTING CARBOHYDRATE SNACK WHICH IS ONE OF THE FOLLOWING:

- Roll / Sandwich
- Portion Of Fruit
- Cereal Bar
- Two Plain Biscuits
- Or A Meal If It Is Due

Treatment of a MODERATE HYPO

THE PUPIL IS UNABLE TO COPEERATE BUT IS STILL ABLE TO SWALLOW AND IS CONSCIOUS

- Use one tube of Glucogel
- Twist top of the tube and remove, insert tip of the dispenser into the pupil's mouth between the gum and cheek
- Slowly squeeze in one whole gel (half a tube for children under 5 years)
- 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 4mmol after 5-10 minutes
- If the pupil has improved and the blood sugar level is above 4mmols, give a carbohydrate snack listed in STEP 2 above

Treatment of a SEVERE HYPO

If _____ is unconscious, do not give him anything to eat or drink.

- Put him in the recovery position and ensure he is breathing
- Call an ambulance 999, state he has diabetes and contact the next of kin
- Have glucagon available for administration

DIATETES EMERGENCY PLAN

Name: _____ Class: _____	Emergency Contacts: 1. _____ 2. _____
Siblings:	

HYPERGLYCAEMIA

COMMON SYMPTOMS	
Excessive thirst	Nausea
Too much food	Blurred vision
Stress	Weight loss

HYPERGLYCAEMIA CAN BE CAUSED BY:	
Too little or no insulin	Less exercise than normal
Too much food	Infection or fever
Stress	Excitement

ACTION

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

EMERGENCY PLAN FOR DIABETIC KETOACIDOSIS

Diabetes Ketoacidosis – if the blood glucose levels remain high and untreated, the pupil can become very unwell and develop Diabetes Ketoacidosis.

CALL EMERGENCY SERVICES – 999 AND THE PUPIL'S PARENTS IF THE FOLLOWING SYMPTOMS ARE PRESENT:

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

EPILEPSY EMERGENCY PLAN

Name: _____ Class: _____ Teacher: _____	Emergency Contacts: 8. _____ 9. _____
Siblings:	Triggers:

PRESCRIBED EMERGENCY MEDICATION

Refer to _____'s Healthcare Plan for details

TONIC – CLONIC SEIZURES

DO	DON'T
<ul style="list-style-type: none"> • Note the time • Protect the pupil from injury (remove harmful objects) • Cushion the head • Wipe away excess saliva • Gently put him in the recovery position when the seizure has ended • Stay with him until recovery is complete • Calmly reassure him 	<ul style="list-style-type: none"> • Restrain the pupil • Put anything in his mouth • Try to move him unless he is in danger • Give him anything to eat or drink until he is fully recovered

Seizures involving altered consciousness or behaviour

DO	DON'T
<ul style="list-style-type: none"> • Guide the pupil from danger • Cushion the head • Gently put him in the recovery position when the seizure has ended • Stay with him until recovery is complete • Calmly reassure • Explain anything that he may have missed 	<ul style="list-style-type: none"> • Restrain the pupil • Panic • Try to move him unless he is in danger • Assume he is aware of what is happening or what has happened • Give him anything to eat or drink until he is fully recovered

WHEN TO CALL AN AMBULANCE – DIAL 112 OR 999

- If you know it's the pupil's first seizure
- The seizure continues for more than 5 minutes
- Or longer than is normal for that pupil
- One seizure follows another without the pupil regaining awareness between seizures
- You believe the pupil needs urgent medical attention

Letter for class of child with Anaphylaxis

Dear Parents

A child in your son's class has a diagnosed allergy to _____.
St Brigid's BNS has a Chronic Health Conditions Policy which is available to view on www.stbrigids.ie

Although St. Brigid's is not a nut free school we encourage parents to be mindful that there is child in your son's class with an allergy to nuts. Therefore, it may be more appropriate to save snacks containing nuts for consumption outside of school.

We appreciate your co-operation and consideration on this matter.

Yours sincerely,

Fiona Griffin,
Principal

Appendix: Schedule for Catholic Schools

A Roman Catholic school (which is established in connection with the Minister) aims at promoting the full and harmonious development of all aspects of the person of the pupil: intellectual, physical, cultural, moral and spiritual, including a living relationship with God and with other people. The school models and promotes a philosophy of life inspired by belief in God and in the life, death and resurrection of Jesus Christ. The Catholic school provides religious education for the pupils in accordance with the doctrines, practices and tradition of the Roman Catholic Church and promotes the formation of the pupils in the Catholic Faith.