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# **Care of Students with Chronic Health Conditions and Disabilities Policy**



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<b>Document Purpose:</b>	This document sets out the procedure at EF Academy Torbay for identifying students with chronic health conditions and disabilities and how their care at school is managed
<b>Relevant to:</b>	School Nurse, Head Teacher, Deputy Head Teacher Pastoral/Acad Pathway Managers, Teaching Staff as and when necessary
<b>Related Documents:</b>	-First Aid Policy, -Care of Students who are unwell Policy -Management and Administration of Medicines Policy
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## Care of Students with Chronic Health Conditions and Disabilities

Students in school with medical conditions should be properly supported so that they have full access to education, including school trips and physical activity

- As part of the application process a medical declaration form will be completed by all student families before they arrive
- All new forms will be sent through to the school nurse where any chronic health conditions and disabilities will be identified
- On identification of a chronic health condition or disability the school nurse will follow this up with the student to obtain all relevant information.
- It is now law that any student with a medical condition in school has an **Individual Health Care Plan (IHCP)** that outlines their condition and the support that they require.
- All students at EF Academy with an identified health condition or disability will have an IHCP. This will be written in participation with the student, school and family
- The IHCP will help the school to identify the necessary safety measures to support those students with medical needs and ensure they and others are not put at risk
- The IHCP details exactly what support a student needs in school, when they need it and who is going to give it
- Details of the information held on the IHCP will be shared with the Head Teacher, Deputy Head Teacher Academics, Deputy Head Teacher Pastoral and the Pathway Managers
- The information held on the IHCP is confidential and will only be shared with other members of teaching staff if felt necessary
- Copies of the IHCP will be kept with the student file in the sick bay and the students' pastoral folder with their Pathway Manager, as well as key details copied to the relevant residence/ Host Family.
- All school staff should be aware of such medical conditions as asthma, anaphylaxis, diabetes and epilepsy and the emergency care that they may require (see enclosed information)
- A student's IHCP should explain what help they need in an emergency, and it should accompany the student should they need to go to hospital
- All first aid trained staff should know what action to take in a medical emergency

### Please also refer to:

First Aid Policy, Care of Students who are unwell Policy and Management and Administration of Medicines Policy

See Appendices for Special Medical Conditions and support in school



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## Appendix 1 - Special Medical Conditions

### Diabetes - medical information

Type 1 diabetes is the most common form of diabetes in children and young people.

In England and Wales 17 children in 100,000 develop diabetes each year.

#### Causes of diabetes

Diabetes is a condition where there is an imbalance between the insulin and the glucose in the human body.

Insulin, a hormone produced in the pancreas, enables cells to absorb glucose (sugar) in order to turn it into energy.

Diabetes is a condition in which the body either does not produce enough, or does not properly respond to, insulin.

This causes glucose to accumulate in the blood leading to various potential complications.

#### Symptoms of diabetes

- Thirst
- Weight loss
- Tiredness
- Frequent urination

#### Symptoms which are more typical for children and young people

- Stomach pains
- Headaches
- Behaviour problems

#### Treatments for diabetes

##### Type 1

- Good diet and healthy eating
- Regular exercise
- Daily insulin injections
- The overall aim is to maintain near normal blood sugars.



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## Type 2

- Maintain a healthy diet
- Take regular exercise
- As type 2 diabetes can get progressively worse over time it may be necessary to take medication. (This will normally be in the form of tablets, but can sometimes require insulin injections.)

## Technical terms

Hypoglycaemia - Glucose levels too low.

Hyperglycaemia - Glucose levels too high.

Glucose comes from the digestion of carbohydrate containing food and drinks and is also produced by the liver.

Insulin is vital for life. It is a hormone produced by the pancreas and helps the glucose to enter the cells where it is used as fuel for energy so we can work, play and generally live our lives.

## There are two main types of diabetes:

### Type 1 - insulin dependent

Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears before the age of 40.

Type 1 diabetes is the least common of the two main types and accounts for between 5 and 15 per cent of all people with diabetes.

You cannot prevent Type 1 diabetes

### Type 2 - non insulin dependent

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.

This type of diabetes usually appears in people over the age of 40.

Type 2 diabetes is the most common of the two main types and accounts for between 85 and 95 per cent of all people with diabetes

## Diabetes - support at school

- All students with Diabetes should have an agreed IHCP in place at school
- Diabetic students who require insulin injections need to keep their medicine refrigerated



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- In the event of this a fridge will need to be supplied in school and in the residences/host family for the students use
- Teaching staff need to be made aware of students with diabetes and all first aid trained staff should know what actions to take in the event that a diabetic student has a 'hypo' or 'hyper' attack
- The school nurse will be identified in the IHCP as first point of call in the event of the student having a 'hypo' or 'hyper' attack
- The diabetic student needs to be treated as soon as possible if they are having an attack so the student needs to come to the sick bay as soon as their symptoms start to appear
- In the event of a severe 'hypo' and the student becomes unconscious - **CALL AN AMBULANCE**

## Physical Education

- Diabetic students need to be encouraged to participate in all aspects of school life and supported to manage their diet and exercise needs
- Diabetic students should check their blood glucose levels before and after physical activity and have a snack if necessary. If the activity is prolonged they may need to test and/or have a snack during the lesson.
- A sugary drink or glucose tablets will be helpful in the event of a hypo

## School Trips

- When on school trips, outings or overnight stays away, the diabetic student needs to ensure they have enough insulin injections and blood monitoring supplies and
- The student will need to try and stick to their normal mealtime routines so this needs to be planned when arranging the trip



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## Epilepsy – Medical Information

### What is epilepsy?

Epilepsy is a condition in which there is a tendency to have seizures.

A one off seizure does not necessarily mean that you have epilepsy.

An epileptic seizure happens when there is a sudden electrical discharge in the brain.

This causes changes in sensation, behaviour or consciousness.

There are over forty different types of seizure – because the brain is responsible for such a wide range of functions and seizure activity in different parts of the brain can cause different seizures.

Most last from a few seconds to a few minutes and usually stop without the need for any treatment.

### The two main groups of seizures:

**Generalised seizures** – the whole brain is affected by the abnormal electrical activity disturbance and the person becomes unconscious. This can be very brief or may last a few minutes. Some generalised seizures may involve sudden changes in muscle tone (stiffening or complete loss of tone) that will mean the person falls to the floor. This may then be followed by jerking movements. In other generalised seizures, such as absence seizure, the person will stop all activity and remain still in a day dream like state (but unconscious).

**Focal seizures** – the abnormal electrical activity is focused in just one part of the brain. The type of seizure will depend on exactly where in the brain the focus of activity is. There are usually changes in the level of awareness but the person will not be unconscious.

### What causes epilepsy?

The causes of epilepsy fall into three groups:

- Structural/metabolic
- Genetic
- Unknown

In around 60% of cases, the cause is unknown. But with advances in brain imaging techniques and our understanding of genetics causes may be found in more cases.

### What triggers a seizure?

We often do not know why a seizure occurs at one time and not another, but there are certain factors that may increase the likelihood of a seizure and these are known as triggers.



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Common seizure triggers include:

- Tiredness
- Illness (raised temperature)
- Dehydration
- Stress
- Menstruation
- Alcohol
- Changes in medication
- Flashing lights (although photosensitive epilepsy is quite rare, affecting only around 5% of those with epilepsy)

## **Treatment of epilepsy**

The first line of treatment for children with epilepsy is medication using antiepileptic drugs (AED's). Most medication is taken twice daily and it is important that the medication is taken in the way that the doctor has prescribed. AEDs are not a cure for epilepsy, but they can reduce the amount of seizures a person is having.

Some people experience side effects from taking medication, but these often subside after a while. It is important to keep a record of any side effects so that these can be reported to the doctor.

There are other treatments for epilepsy and these include the use of implanted devices (like a cardiac pacemaker) such as a Vagus Nerve Stimulator (VNS) and dietary treatments such as the ketogenic diet. In some cases neurosurgery may be a treatment option.

## **Epilepsy – Support at school**

Having epilepsy shouldn't get in the way of living a normal life, there are a few activities that may be considered to be high risk if seizures are not well controlled, but even then, with some careful thought and appropriate supervision, students should be able to join in with most things.

All first aid trained staff should know what actions to take in the event that a student has a seizure.

## **Communication**

- Ensure clear instructions are written in the IHCP about what treatment the student needs in the event of a seizure
- Make sure all the information about a student's particular condition is known as epilepsy does not affect everyone in the same way.
- Teaching staff need to be made aware of students with epilepsy and what to do in the event of a seizure
- Epileptics may need time to recover after a seizure and might need to sleep.



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## Computers and lights

- Some students may have photosensitive epilepsy, meaning seizures are triggered by flashing or flickering lights or by geometric patterns such as checks or stripes.
- Computers and TVs with a flat screen do not flicker and so are less likely to trigger seizures than screens that do flicker.
- However, fast-moving or flashing images on the screen could be a trigger.
- Other photosensitive triggers include flickering overhead lights, and sunlight creating patterns through blinds.

## Medication

- Some anti-epileptic medication may leave students feeling tired and cause problems with memory or concentration.

## School Trips

- It is really important that students with epilepsy are included on school trips and activities
- An emergency pack including medication and the students IHCP is essential on all trips
- It is also important to have details of the nearest local hospital just in case there is an emergency

## Sports and Activities

- There is no reason why students with epilepsy cannot take part in a range of sports and activities as long as the risks have been assessed.
- The school nurse and other medical advisors can provide all the information needed to allow school to arrange the best options for PE and other activities.
- The most common precaution is that there is supervision and a trained person on hand should the student have a seizure.
- This also applies to swimming.



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## **Asthma - medical Information**

1.1 million children and young people in the UK are currently receiving treatment for asthma

### **Causes of asthma**

Asthma is a condition that people have that affects their airways – these are the small tubes that carry air in and out of the lungs.

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell.

Sometimes sticky mucus or phlegm builds up which can further narrow the airways.

All these reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma.

### **Symptoms of asthma**

- Coughing
- Wheezing
- Shortness of breath
- Tightness in the chest
- Treatments for asthma

Although there is no cure for asthma, there are some excellent medicines available to help control it.

- Everyone with asthma should have a reliever inhaler.
- Reliever inhalers are usually blue.
- Relievers are medicines that are taken immediately to relieve asthma symptoms.
- Some children will use a Preventer inhaler.
- Preventers control the swelling and inflammation in the airways.
- Preventers are usually brown, red or orange.

### **Asthma - coping with an asthma attack**

Recommended steps to follow in an asthma attack (for both children and adults)

- Use their reliever inhaler (usually blue) immediately.
- Sit them down and ensure that any tight clothing is loosened. Do not lie down.
- If no immediate improvement during an attack, continue to take one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
- If their symptoms do not improve in five minutes, or you are in doubt, call 999 or a doctor urgently.
- Continue to take one puff of their reliever inhaler every minute until help arrives.



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## Asthma – support at school

### Medication

- Some students with asthma may need to be encouraged to take their medicine properly, ensuring that they use their inhaler correctly so that every dose they take gives them the most benefit.
- The school nurse can support a student with asthma by allowing them to take their medication in the sick bay, enabling them to take their medicine discreetly.
- All students with asthma who use a reliever inhaler should carry this with them at all times
- A permission form will have been signed by the student's parents to allow this
- The school nurse can support the student to get a repeat prescription of medicines as necessary
- All students with asthma need to ensure they have their medication on school trips and activities
- Asthma UK advises that all people with asthma should attend an asthma review at least once a year. The school nurse will facilitate all students with asthma to be seen at their registered Doctors annually.
- A clearly labelled Emergency Asthma Inhaler Kit is stored in the sick bay. This contains one reliever (Salbutamol) inhaler, two plastic spacers and all the appropriate instructions and forms to be used in the event of an asthmatic emergency.
  - A list of named students with asthma or students with severe allergies who have been prescribed a reliever inhaler will be included in the kit.
  - Consent will be sought from parents of students diagnosed with asthma and or prescribed a reliever inhaler in order that they can receive salbutamol from the emergency supplies in school should this be needed.

### Triggers

- The IHCP will detail the medical treatment plan including what triggers the students asthma
- Things like physical activity, changes in the weather, dust and pollen can all trigger asthma.

### Communication

- Ensure regular updates are received from the student and parents regarding their asthma – for instance in the event of them returning home and being seen by a doctor in their home country
- Teaching staff need to be made aware of students with asthma and what to do in the event of an asthma attack
- Students who have been off school unwell with their asthma may need to take things slowly when they return to school and especially in sports



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## Appendix 4

### Allergies - medical information

Allergies affect at least 1 in 4 children and young people

#### Causes of allergies

It is fairly common for people to have mild allergies but some people can experience an acute reaction to a substance or a food. The medical term for this is anaphylaxis. It is unclear how many people suffer with severe allergic reaction but around 1 in 70 students across the UK have a peanut allergy. An allergic reaction occurs when the body's immune system over-reacts on contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases a substance called histamine to defend the body against them. The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing in a particular substance. Examples include nuts (especially peanuts), fish & shellfish, milk and eggs. Reactions can also occur with insect stings and natural rubber latex.

#### Mild to moderate symptoms of an allergy:

- Itchy tingling or burning sensation in the mouth
- Rapid development of rash, hives or weals
- Intense itching
- Swelling, particularly the face
- Feeling hot or very chilled
- Rising anxiety
- Feeling flushed
- Nausea and or vomiting
- Abdominal pain
- Mild wheeziness

#### Acute reactions: anaphylaxis

- Difficulty breathing due to swelling within the throat and airway
- Reduced level of consciousness, faint, floppy, very pale, blue lips unresponsive - due to a drop in blood pressure.
- Collapse

#### Treatments for allergies

For children and young people with acute allergic reactions an action plan/IHCP should be drawn up with their families, using input from the child or young person's medical team. In most cases the allergen is known and can be avoided, but schools may need to make allowances for this. Treatment if a reaction occurs may include adrenaline injections using a device preloaded with the correct dose



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(Epi-Pen). This should be stored in an accessible place with the students name on it and checked regularly for shelf life (usually one year). All schools should have a trained member of staff on hand and all staff should be made aware of those students with severe allergies.

## Allergies – support at school

### Allergy management plan

- It is really important that a student with an allergic reaction has an IHCP. This needs to contain full details of the allergen and what to do in the event of an allergic reaction and an emergency situation.
- The IHCP needs to be written in partnership with the student, the student's parents and where possible the medical team treating the student.
- This means there is clear information available at school so that the school staff can support the student to make the most of school, and help them should they have an emergency situation.
- A list of students with allergies can be found in the sick bay.
- A list of students with food allergies will be distributed to the school kitchen staff and the kitchen staff within the residences
- Host parents of students in host families will be made aware of students with allergies, including information about any medication taken and a copy of the students IHCP if they have one.

### Emergency medication

Student's individual emergency medication (usually an Epi-Pen) should be available at all times. There should always be someone available who has been trained to administer medication to a student who is prescribed this medicine following a severe reaction.

### Listen to the student

- The student will probably know if they are having an allergic reaction as things start happening in the body to warn them.
- Students need to be listened to and taken seriously when they inform someone they are having an allergic reaction
- Do not suggest the student waits to see how they feel later on.
- Act quickly and call for help as needed.

### School trips

- Students with allergic reactions should not be excluded from school activities and trips. It may just take a little bit of extra planning.
- All emergency medication needs to be taken with the student on school activities and trips
- It is a good idea that the staff know where the nearest hospital is when out on school trips



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- Any risk assessment needs to take into account the specific needs of the student in order that they can take part in the trip safely.

## References:

Health Conditions in School Alliance: [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk)

Department for Education: Supporting pupils at school with medical conditions

Allergy UK: Children's Allergy and Anaphylaxis Protocols for Schools and Child Care Organisations

Asthma UK: [www.asthma.org.uk](http://www.asthma.org.uk)

Diabetes UK: [www.diabetes.org.uk](http://www.diabetes.org.uk)

Epilepsy Society: [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)