

## MEDICAL CONDITIONS

Information sheets for Students with identified medical conditions (e.g. heart condition, epilepsy and diabetes) are displayed in the staff room. Please be familiar with the information provided there and check for any additions regularly. Information sheets for students with asthma are not produced due to the numbers concerned. Please follow the guidance below:

### **Asthma**

Recognition: Difficulty in breathing, with a very prolonged breathing-out phase

If a student is suffering an asthma attack the following guidance should be followed:

- Student should use their inhaler. Each student will have their own inhaler and must not share (it is a prescription).
- Student should assume a position they are comfortable in to breathe more easily. Do not make the student lie down.
- If they are not better within 5/10 minutes repeat use of inhaler

Asthma suffers will be familiar with the procedure to follow. Remind them to breathe slowly and deeply and reassure them if necessary.

In the following circumstances Student Services or Emergency Services (after school) should be called. Staff should err on the side of caution.

- If student does not have an inhaler or is not recovering after following above procedure
- Student shows distress or confusion
- Displays any physical signs/symptoms (e.g. grey/blue skin)
- Condition is getting worse
- there is any cause for concern

Student should not left alone or sent to student services unaccompanied.

### **Diabetes**

Recognition: If blood sugar low, student could be dizzy, clammy, sweaty, feeling faint. They should check their blood sugar level. If blood sugar level is below 4 they must eat something high in carbohydrate and take three glucose tablets. Blood sugar must be tested not more than five minutes after this. If the level had not stabilised or gone up another three tablets must be taken. All diabetic students should carry glucose tablets with them at all times. If they have forgotten a teaspoon of sugar can substitute for a tablet.

Students carry a yellow card on their person (issued by student services) that states they are diabetic and the action that needs to be taken (as detailed above). These yellow cards are issued in case the student can't communicate verbally when their blood sugar levels are low.

Students that are newly diagnosed may experience ups and downs as they adjust their dose of insulin. Students can stay in school and do not need to go home (although parents should be advised). There is no reason why they cannot exercise but may need extra food during or after. Low (Hypo) can be serious and they must eat. Highs (e.g. above 15/20) can cause blurred vision, argumentative state – again they should check their levels and can exercise to bring down the levels if appropriate.

Insulin is stored in student services and there is a private area for student so use if necessary. Each student has a care plan.

Students should not be sent alone to student services and must have someone present when they check their levels. Students can check their levels in class and the Student Services Officer would attend if needed.

No specific diet recommended, but a healthy eating plan advised. If staff has any queries they should refer them to the Student Services Officer.

### **Epilepsy**

Epilepsy can be quite hard to recognise in some cases, as seizures can vary wildly from staring to twitching/jerking to loss of consciousness. Breathing may even stop. Students should be left to work through seizure and you should ensure they cannot hurt themselves against furniture or radiators etc. (don't move patient just put something like a coat between the patient and the hard object you want to prevent them hitting against). Reassure student and never leave alone.

If student is having a “Tonic Clonic” seizure (where the student may fall, become rigid or moving rhythmically causing convulsion), shield the student to save their dignity (e.g. holding up a coat to screen them from their classmates). Call Student services. An ambulance need not be called unless seizure continues for 20 minutes.