

School of the Holy Spirit Chronic Conditions Guiding Statement

This statement communicates our school's public commitment to ensuring the safety of our students with a chronic condition such as asthma, diabetes, epilepsy and anaphylaxis.

The following are the guidelines in place to achieve the optimum safety for any student with a chronic condition on a day to day basis.

Statement A

This school ensures that the whole school environment is inclusive and favourable to students with a chronic condition.

This includes the physical environment, as well as social, sporting and educational activities.

EDUCATION AND LEARNING

- This school ensures that students with chronic conditions can participate fully in all aspects of the curriculum and does its best to provide appropriate adjustments and extra support as needed.
- All teachers at this school understand that a student who misses a lot of school, has limited concentration or is frequently tired may be due to a chronic condition.
- Teachers may use opportunities such as SPHE lessons to raise awareness of chronic conditions amongst students.

SOCIAL INTERACTIONS

- This school ensures the needs of students with chronic conditions are adequately considered to ensure they have full access to extended school activities such as school excursions.

- Staff at this school are aware of the potential social problems that students with chronic conditions may experience. Staff use this
- knowledge to prevent and deal with problems in accordance with the school's Anti-Bullying and Code of Behaviour policies.

EXERCISE AND PHYSICAL ACTIVITY

- This school ensures all teachers and external sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.
- This school ensures all teachers and external sports coaches understand that students should not be forced to take part in an activity if they feel unwell.
- Teachers and external sports coaches are aware of students in their care who have been advised to avoid or take special precautions with particular activities.
- This school ensures teachers and sports coaches are aware of the potential triggers for a student's condition(s) when exercising and how to minimise these triggers.
- This school ensures all students have the appropriate medication and/or food with them during physical activity and that students take them when needed.
- This school ensures all students with chronic conditions are actively encouraged to take part in out-of-school activities and team sports.

SCHOOL EXCURSIONS

- Risk Assessments are carried out by this school prior to all out of school excursion and chronic conditions are considered during this process. Factors the school considers include:
 - How all students will access the proposed activity.
 - How medication will be transported and administered, and by whom.

A plan in case of emergency.

- This school understands that there may be additional medication, equipment or other factors to consider when planning an excursion.

Statement B

This school understands that certain chronic conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Parents/Guardians have a duty to inform the school of such a condition and provide the necessary medical equipment to respond to emergencies.

This school has a clear communication plan for staff and parents/guardians to ensure the safety of all students with a chronic condition.

- All parents/guardians are informed about the school's 'Managing Chronic Health Conditions' guidelines - on enrolment and on the school website 'Procedures' section.
- Parents of a child with a chronic condition are informed and reminded about this school's 'Managing Chronic Conditions' guidelines at the beginning of the school year when there is a review of all medical information.
- School staff are informed and regularly reminded about the schools 'Managing Chronic Conditions' -
Through provision of a copy of the guidelines to each class.
Through scheduled meetings where it is on the agenda.
Through First Aid Training for designated staff.
Through team meetings in classes where there is a case/s of a chronic condition.
- Students are informed and regularly reminded about the 'Managing Chronic Conditions, guidelines in SPHE lessons, where relevant.
- The responsibilities of school staff and parents/guardians are set out on the 'Administration of Medicines/Monitoring of Medical Conditions' form and are shared with the First Aid team and relevant class team.

- All medical plans are part of a Medical Needs file which is kept in the Deputy Principal's Office, clearly labelled.
- The Deputy Principal follows up with any parent/guardian on further details required or if permission for administration of medication is unclear or incomplete.

ONGOING COMMUNICATION AND REVIEW OF MEDICAL PLANS

- Parents/guardians of students in this school are regularly reminded to update their child's Medical Plan with changes in their condition or medication.
- All students with a Medical Plan have their plan reviewed once a year in September.

STORAGE AND ACCESS TO MEDICAL PLANS

- Parents/guardians of students in this school are provided with a signed copy (parents and Principal) of their child's Medical Plan following the annual review.
- Medical Plans are kept in a secure central location at school.
- All members of staff who work with students have access to the Medical Plans of students in their care.
- The school ensures that all staff protect student confidentiality.

USE OF MEDICAL PLANS

Medical Plans are used by this school to:

- Inform the appropriate staff and substitute/temporary teachers and SNAs about the individual needs of students with chronic conditions in their care.
- Remind students with chronic conditions to take their medication when they need to and if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important triggers for students with chronic conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers

Statement C

This school has clear guidance on the administration and storage of medication and necessary equipment at school.

This school understands the importance of medication being taken as prescribed and the need for safe storage of medication at school.

What we aim to achieve:

ADMINISTRATION - EMERGENCY MEDICATION

- All students at this school with chronic conditions have access to their emergency medication at all times.
- This school understands the importance of medication being taken as prescribed.
- Staff are aware that there is no legal contractual duty for a member of staff to administer medication or supervise a student taking medication. However, any teacher who is willing and confident to administer medication to a student can do so under controlled guidelines. This teacher will need to have the permission of the Board of Management, parents/guardians and be fully trained in procedures. The teacher will record administration of medication.
- Parents of students at this school understand that if their child's medication changes or is discontinued, they should notify the school immediately in writing to update their child's Medical Plan. The school confirms the changes incorporated into the plan.
- Staff attending excursions/off site activities are made aware of any student with chronic conditions and the plan in place.
- If a student misuses medication, either on their own or another student's, their parents/guardians are informed as soon as possible. These students are subject to the school's Code of Behaviour.

SAFE STORAGE - EMERGENCY MEDICATION

- Emergency medication is readily available at all times during the school day or on off- site activities.
- Staff members know where emergency medication is stored.
- Where healthcare professionals and parents/guardians advise the school that the student is not yet able or old enough to self- manage and carry

their own medication, this student's teacher knows exactly where and how to access their emergency medication.

- Staff ensure that medication is only accessible to those for whom it is prescribed.

SAFE STORAGE - GENERAL

- The Deputy Principal has responsibility for ensuring that each class stores medication as agreed.
- The Deputy Principal, at the beginning of each school year ensures that teachers check the expiry date on all medication stored in their class. This is the responsibility of parents/guardians also.
- Each teacher, under the direction of the Deputy Principal and along with parents/guardians of students with chronic conditions ensure that all medication brought into school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- Medication is stored according to instructions, paying particular note to temperature.
- Some medication for students at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled with the student's name.
- All medication is sent home at the end of the school year. Medication is not stored in the school during the summer holiday period.
- It is the responsibility of parents/guardians to ensure that new and in date medication comes into school on the first day of the new school year and/or when medication runs out.

SAFE DISPOSAL

- Parents/Guardians are asked to collect out-of-date medication.

Sharps boxes are used for the disposal of needles. (A sharps box is a small yellow plastic container with a protective lid that is used for disposal of used needles.) Parents/guardians must provide the school with a sharps box. All sharps boxes in this school are stored in a safe designated place.

- If a sharps box is needed on an excursion or off-site visit, the student's teacher is responsible for its safe storage and its return to school or to the parents/guardians.
- Collection of sharps boxes is arranged by the parents/guardians.

- Used Adrenalin auto injectors (Anapens) must be given to the ambulance crew.

Statement D

Staff understand the common chronic health conditions that affect students at this school. Staff receive appropriate training on chronic conditions and what to do in an emergency.

What we aim to achieve

- All staff at this school are aware of the most common chronic conditions.
- Staff at this school understand their duty of care to students in the event of an emergency. In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent and look to implement the relevant Emergency Plan.
- The staff who work with students who have a chronic condition at this school receive training and know what to do in an emergency by following the School's Emergency plan for each condition.
- Action for staff to take in an emergency for the most common conditions at this school is displayed in prominent locations for all staff.
- The management of chronic conditions in this school is discussed termly at medical meetings involving the Principal, Deputy Principal, First Aid team and teachers of students with a chronic condition.
- All school staff who volunteer or who agree to administer medication are provided with training by a healthcare professional. The school keeps a register of staff that have completed the relevant training and records the date when retraining is necessary.

ASTHMA EMERGENCY PLAN

Signs and symptoms

- Coughing... shortness of breath... Wheezing...
- Feeling tight in the chest....tummy ache for younger children
- Unusually quiet...Difficulty speaking in full sentences
- Requesting use of the blue reliever inhaler
- Opting out of exercise

THE FIVE MINUTE RULE EMERGENCY PROCEDURE

DO

- Keep calm, attacks can be frightening and it is important to keep calm and reassure the student
- Encourage the student to sit up and slightly forward - do not hug them or lie them down
- Encourage the student to breathe slowly and calmly and ensure tight clothing is loosened
- Make sure the student takes their reliever inhaler (usually blue) immediately - preferably through a spacer: **TWO** puffs if MDI (metered dose inhaler)? evohaler **ONE** puff if turbohaler

IF THERE IS NO IMMEDIATE IMPROVEMENT

- Continue to make sure the student takes the reliever inhaler every minute for five minutes or until their symptoms improve

CALL AN AMBULANCE OR A DOCTOR URGENTLY IF THE

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

ENSURE THE STUDENT TAKES ONE PUFF OF THEIR RELIEVER INHALER EVERY MINUTE UNTIL THE AMBULANCE OR DOCTOR ARRIV

IMPORTANT THINGS TO REMEMBER IN AN ASTHMA ATTACK

- Never leave the student having an asthma attack.
- If the student does not have their inhaler and/or spacer with them, send another staff member or responsible student to their classroom to get their spacer inhaler and/or spacer.
- In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a student overdosing.
- Send a member of staff or student to get another teacher/Principal if an ambulance needs to be called.
- Contact the student's parents/guardians immediately after calling the ambulance.
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until their parent/guardian arrives.
- The student's parents/guardians must always be told if their child has had an asthma attack.

DIABETES EMERGENCY PLAN

The following contains information relating to emergency plans for Hypoglycaemia and Hyperglycaemia.

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

Symptoms of a mild HYPO

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

SOME YOUNG CHILDREN MAY NOT FEEL WARNING SYMPTOMS OF A HYPO

NEVER LEAVE THE STUDENT WITHOUT ADULT SUPERVISION DURING A 'HYPO' EVENT

Step 1

- Immediately give 15g fast acting carbohydrate - 100ml Lucozade, 150mls coke or other non-diet drink, 150g of pure fruit juice, 3-5 glucose tablets, 3-4 sweets eg. Jelly Babies
- Wait 10 - 15 minutes for the sugar to be absorbed into the bloodstream
- If, after 10 minutes the blood sugar is still below 4 mmol , a sugary option from the above list should be given again
- If the blood sugar is above 4mmol, proceed with 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 , 2 plain biscuits , a meal if it is due

Treatment of a moderate HYPO

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

- Use one tube of Glucogel.
- Twist the top of the tube and remove. Insert tip of the dispenser into the student's mouth between the gum and the cheek.
- Slowly squeeze in one whole gel (for children under 5 years of age ,use half a tube initially)
- 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 student has improved and the blood sugar level is above 4mmols , give a carbohydrate snack listed previously in Step 2(Treatment of mild Hypo)

Treatment of a severe HYPO

IF A STUDENT IS UNCONSCIOUS DO NOT GIVE THEM ANYTHING TO EAT OR DRINK

- Put them in the recovery position and ensure they are breathing
- Call an ambulance 112, state they have Diabetes and contact the next of kin.
- Have Gluagon available for administration.

HYPERGLYCAEMIA: High Blood Glucose

Common Symptoms:

- Excessive thirst..Frequent urination...Tiredness...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 student may feel confident to give extra insulin
- If not, call the student's next of kin who will give instructions. If the student feels well, they should drink some water or sugar free drink.

EMERGENCY PLAN FOR DIABETIC KETOACIDOSIS:

If the blood glucose levels remain high and untreated, the student can become very unwell and develop Diabetic Ketoacidosis.

CALL EMERGENCY SERVICES - 112 AND THE STUDENT'S PARENTS/GUARDIANS IF THE FOLLOWING SYMPTOMS ARE PRESENT

- Deep and rapid breathing (over-breathing)

- Nausea and vomiting
- Drowsiness
- Breath smelling of acetone (eg nail varnish remover)
- Abdominal pain

EPILEPSY EMERGENCY PLAN

Some students may be prescribed emergency medication and their Medical Plan must be consulted.

Tonic - Clonic Seizures

Do:

- Note the time
- Protect the student from injury (remove any harmful objects nearby)
- Cushion the head
- Wipe away excess saliva
- Gently put the student in the recovery position when the seizure has ended
- Stay with them until recovery is complete
- Calmly reassure the student

Don't:

- Restrain the student
- Put anything in his/her mouth
- Try to move them unless they are in danger
- Give the student anything to eat or drink until they are fully recovered.

SEIZURES INVOLVING ALTERED CONSCIOUSNESS OR BEHAVIOUR

Do:

- Protect the student from injury- remove any harmful objects nearby
- Cushion the student's head
- Gently place the student in the recovery position
- Stay with the student until recovery is complete

Don't:

- Restrain the student
- Panic

- Assume the student is aware of what is happening or what has happened
- Give the student anything to eat or drink until they are fully recovered

CALL AN AMBULANCE IF:

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

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- Protect the student from injury (remove any harmful objects nearby)
- Cushion the head
- Wipe away excess saliva
- Gently put the student in the recovery position when the seizure has ended
- Stay with them until recovery is complete

Don't:

- Restrain the student
- Put anything in their mouth
- Try to move them unless they are in danger
- Give the student anything to eat or drink until they are fully recovered

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Do:

- Protect the student from injury
- Put anything in their mouth
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ANAPHYLAXIS EMERGENCY PLAN

When using an ANAPEN

Each student will have an individualised plan provided by a medical practitioner.

General Guidelines are:

Symptoms of mild to moderate allergic reaction:

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

Action for mild to moderate reaction:

- Stay with student and call for help
- Give antihistamine if available
- Locate Anapen
- Contact family/carer
- If condition worsens follow actions for severe reaction below

ANAPHYLAXIS SEVERE ALLERGIC REACTION

Look for any one of the following:

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

ACTION FOR SEVERE REACTION:

- Give Anapen or Anapen Junior immediately
- Call ambulance (dial 112 or 999) without delay
- Lay flat and elevate legs. If breathing is difficult allow to sit but not stand.
- If conscious and able to swallow give_____ antihistamine
- If wheezy administer inhaler_____ puffs using aerochamber (if available)
- Contact family
- A second Anapen may be given if no response after 5 minutes

+IF IN DOUBT USE THE ANAPEN+

How to administer the Anapen:

1. Remove the black needle cap
2. Remove the black safety cap from the red firing button
3. Hold Anapen against the outer thigh and press red firing button
4. Hold Anapen in position for 10 seconds

ANAPHALYXIS EMERGENCY PLAN

When using JEXT

Each student will have an individualised plan provided by a medical practitioner.

Symptoms of mild to moderate allergic reaction

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

Action for mild to moderate reaction:

- Stay with student and call for help
- Give antihistamine if available
- Locate Jext
- Contact family
- If condition worsens follow actions for severe reaction below

ANAPHYLAXIS SEVERE REACTION

Look for any ONE of the following

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

Action for severe reaction:

- Give Jext as per instructions immediately

- Call ambulance (dial 112 or 999) without delay
- Lay flat and elevate legs. If breathing is difficult, allow to sit but not stand
- If conscious and able to swallow give _____ of antihistamine
- If wheezy administer inhaler _____ puffs using aerochamber (if available)
- Contact family
- A second Jext may be given if no response after 5 -15 minutes

+IF IN DOUBT GIVE JEXT+

How to administer Jext

1. Grasp the Jext injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
2. Pull off the yellow cap with your other hand.
3. Place the black injector tip against your outer thigh, holding the injector at a right angle (approx. 90 degrees) to the thigh.
4. Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.
5. Massage the injection area for 10 seconds. Seek immediate medical help.