



Managing Allergies & Medical Conditions

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1 Introduction

- 1.1** Breakthrough Transformation Trust (BTT) is committed to ensuring the safety and wellbeing of every individual within its community and endeavours to ensure equal opportunities can be provided to those with allergies and other medical conditions.
- 1.2** This policy has been created in response to Section 100 of the Children and Families Act 2014, which places a duty on BTT to make arrangements for supporting its students with medical conditions whilst they are in our care.
- 1.3** BTT recognises that it has a moral duty to extend this scope to supporting its staff with medical conditions, as well as its students.
- 1.4** The aim of the policy is to equip staff, but also parents/carers and students, with information that will enable them and BTT to manage and support those with allergies and medical conditions whilst in BTT's care.

2 Roles and Responsibilities

2.1 Directors

- 2.1.1** The board of directors are responsible for ensuring that those with medical conditions, including both staff and student, are supported to enable the fullest participation possible in all aspects of BTT life.
- 2.1.2** They are responsible for ensuring that any member(s) of BTT staff who provide support to students with medical conditions are able to access information, training and other teaching support materials as needed.
- 2.1.3** They should make sure that BTT staff are appropriately insured and are aware that they are insured to support students in this way.

2.2 Head of Centre

- 2.2.1** The Head of Centre is responsible for ensuring that BTT's policy is effectively implemented day-to-day within their Centre and area of responsibility. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.
- 2.2.2** The Head of Centre is responsible for ensuring that all staff who need to know are aware of the student's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans.

2.3 Parents / Carers

- 2.3.1** Parents/carers should provide BTT with sufficient and up-to-date information about their child's medical needs. Parents are key partners and should be involved in the creation, development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times, for in the event of an emergency.

2.4 Students

- 2.4.1** Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

2.5 BTT Staff

- 2.5.1** Any member of BTT staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.
- 2.5.2** Although administering medicines is not part of staff members' professional duties, they should take into account the needs of students with medical conditions that they work with.
- 2.5.3** BTT staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions.
- 2.5.4** Any member of BTT staff working with a student should know what to do and respond accordingly when they become aware that a student with a known medical condition needs help.
- 2.5.5** Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

2.6 First Aiders

- 2.6.1** It is usually the First Aiders that will be responsible for administering medication to students, when necessary, unless otherwise stated in the students' IHP.
- 2.6.2** BTT staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions. Any member of BTT staff should know what to do and respond accordingly when they become aware that a student with a known medical condition needs help.

3 Individual Healthcare Plan (IHP)

- 3.1.1** An IHP is a great way of staying on top of someone's medical needs, and it will clearly set out what needs to be done, when, and by whom.
- 3.1.2** The Department of Education (DoE) statutory guidance (DoE 2015) advises that when a medical need is identified, parents/carers and BTT should, if necessary, work together to devise an individual healthcare plan (IHP) so that the student can remain healthy, play a full and active role in BTT life and achieve their full academic potential.
- 3.1.3** An IHP is not necessary for every student, and it's the Head of Centre who has final say as to whether one is needed – after first consulting with the students' parents and/or healthcare professionals.
- 3.1.4** IHP's are usually necessary if the student's medical condition or needs are complex, requires any medication to be administered whilst in BTT's care (other than GSL medicines), or may end up needing emergency care – for example, students with diabetes, epilepsy, or other severe allergies (including asthma).
- 3.1.5** An IHP is a document that contains information about a person's health.
- 3.1.6** For pre-16 students, the students' parents or guardians are responsible for drawing up this document, and it usually needs to be approved by the individual's GP or other appropriate medical professional.
- 3.1.7** BTT needs to have the most recent version of the IHP on file. It should contain:
- The individual's personal details, including a recent picture of them
 - Family, healthcare and BTT staff contact details
 - A list of the individual's allergens or triggers
 - Common and known signs or symptoms of a potential emergency.
 - A list of their medication and when they need to take it.
 - Day-to-day management of their allergies or other medical condition(s)
 - What to do in an emergency and how to treat symptoms
 - Any educational, social and emotional needs (in relation to their medical needs)
 - Do's and don'ts with outings, sporting activities and exams.
 - Written permission from parents or guardians allowing staff to administer medication, if it's required.
- 3.1.8** If a student in BTT care has allergies or another known medical condition that may end up needing emergency care and does **not** have an IHP, it must be brought to the attention of the HoC immediately. It is very important they get one as soon as possible.
- 3.1.9** The HoC has final say as to whether one is necessary, but it is the parents/carers responsibility to create the document and ensure that information is correct, working in collaboration with BTT staff and the relevant medical professionals as necessary.
- 3.1.10** An IHP should be reviewed once a year as a minimum, and kept up-to-date whenever there is a change to the individual's needs or circumstances.

3.2 Post-16 students

- 3.2.1.1** Under the Children and Families Act 2014, a child will become a young person once they reach the end of compulsory school age (i.e. the last

Friday of June in the year the child turns 16). At that point parental rights under the law in relation to the young person's education and also medical treatment will automatically pass to the young person themselves.

3.2.1.2 This means that our students aged 16 and above are entitled to consent to their own treatment and can complete their own IHP, should they require one, providing that they have sufficient mental capacity. This can only be overruled in exceptional circumstances.

3.2.1.3 It is in a student's best interests to have an IHP when one is or may be needed.

3.2.1.4 For post-16 students, it is the students' responsibility to create the document and ensure that information is correct, working in collaboration with BTT staff and the relevant medical professionals as necessary. Parents or other legal guardians may assist with this, but only if the student desires.

3.2.2 Involvement of parents

3.2.2.1 The SEN and Disability Code of Practice 2015 ("**the Code**") makes it clear that once a child becomes a young person at the age of 16, medical professionals and others should normally engage directly with the young person rather than their parents. However, the Code also makes it clear that the young person's family and parents should continue to be involved in discussions about the young person's future. The young person may also ask parents to help in other ways such as attending meetings, filling in forms or receiving correspondence on their behalf. This is particularly important for 16 and 17 year olds, for whom parents will retain parental responsibility until they reach the age of 18.

3.2.3 The concept of 'mental capacity'

3.2.3.1 The legal concept of mental capacity is contained in the Mental Capacity Act 2005 and the [Mental Capacity Act Code of Practice](#), which is statutory guidance.

3.2.3.2 Mental capacity is assessed in relation to the particular decision which needs to be made. This means that whether a young person has mental capacity to make a particular decision or not has to be considered on an individual basis in the light of the circumstances at the time. You cannot just say that someone lacks mental capacity generally. For example, whilst a young person may be able to make daily decisions, such as what choice of dinner they want or things they would like to learn about, they may not be capable of deciding that they need to see a medical professional about a possible medical condition, or to (remember to) take their medication as it has been prescribed. If a young person lacks the capacity to make a particular decision, then someone else (usually their parent) will be able to make that decision for them.

3.2.3.3 A person **must** be assumed to have capacity unless there is evidence that they are not able to make the relevant decision. Someone is treated as being unable to make a decision if they are not able:

- to understand the information relevant to the decision,
- to retain that information,

- to use or weigh that information as part of the process of making the decision, or
- to communicate their decision (whether by talking, using sign language or any other means).

3.2.3.4 Before concluding that a young person is unable to make a decision, all practicable steps should be taken to help them make the decision without success. You may find this [decision making profile](#) helpful.

3.2.3.5 Importantly, the Mental Capacity Act is clear that a person is not to be treated as unable to make a decision merely because they make an unwise decision. If a young person lacks capacity to make a particular decision, the person making the decision on their behalf must act in the young person's best interests.

3.2.4 Agreement

3.2.4.1 The decision as to whether a young person has mental capacity to make a particular decision is something that they and their parents should make in the first instance. It would be very rare for a medical professional, BTT or LA not to agree with their assessment of the situation.

3.2.4.2 When it is agreed that a young person does not have capacity to make a decision about appropriate medical needs, then parents will automatically make that decision for them unless the Court of Protection has appointed a different person to be their Deputy. They would have to make the decision which was in the best interests of the young person concerned. The medical professionals or BTT would also still have to seek the young person's views as part of any decision-making process.

3.2.5 Disagreement

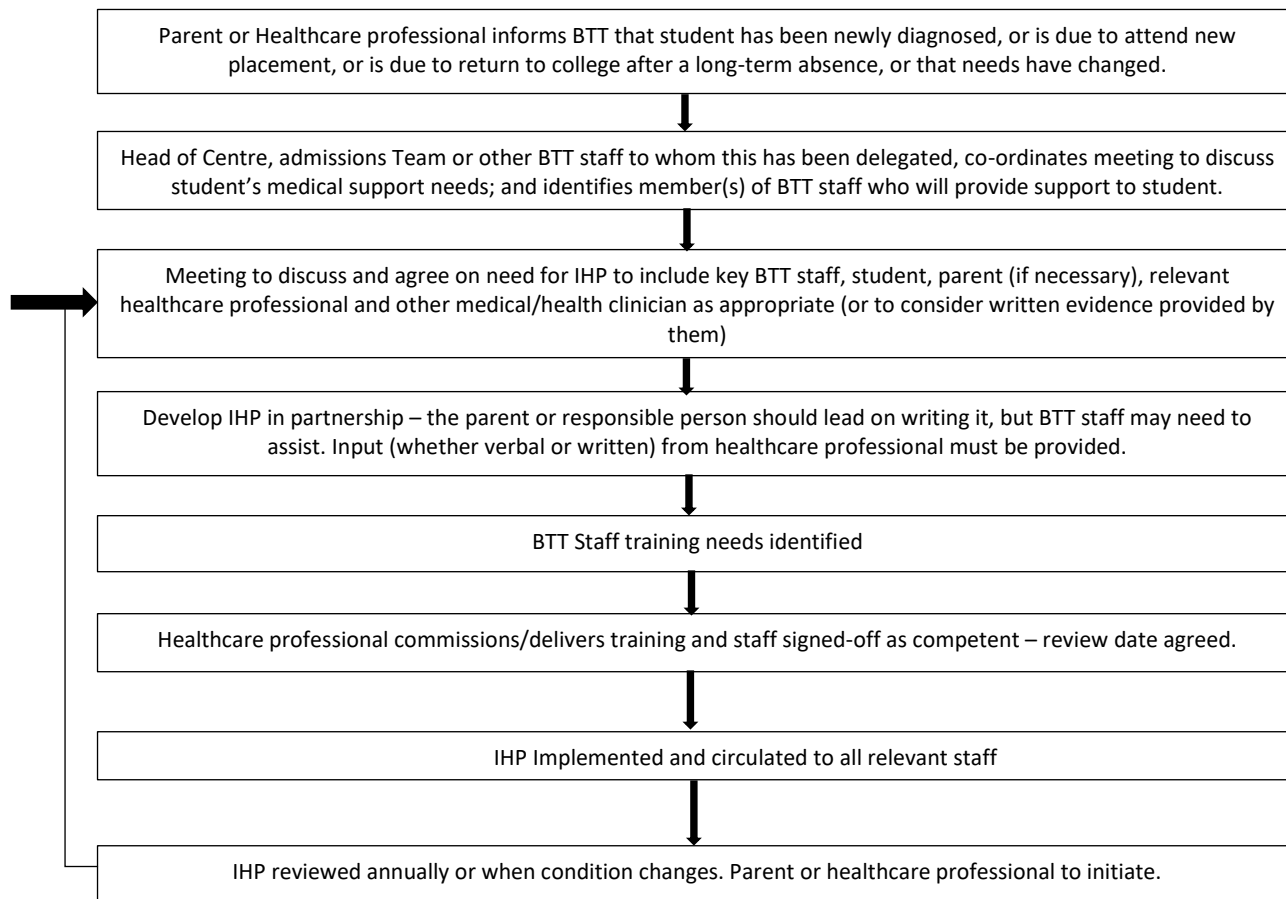
3.2.5.1 There may be disagreement between the parents, the young person, BTT, medical professional, and/or the local authority, regarding a young person's mental capacity to make a decision. It may then be necessary to seek an assessment to provide a professional opinion of the young person's capacity to make the decision.

3.2.5.2 The Mental Capacity Code of Practice confirms that this opinion could come from a psychiatrist, psychologist, speech and language therapist, occupational therapist or social worker. It might also come from someone like a GP or other medical professional who is involved with the young person. It is very important that such assessments are done by professionals who have acquired the necessary skills. A decision on a young person's mental capacity should not be made by BTT or local authority.

3.2.5.3 A mental capacity assessment might be helpful to support a parent who wished to take a decision on behalf of a young person and was being challenged by BTT, medical professional, or a local authority about their right to do so. A parent would be expected to explain the basis of their belief that the young person lacked capacity and an assessment might help them to do so. Such an assessment may not be necessary in all cases, depending on the other evidence available to support the parent's belief.

3.2.5.4 If there are any concerns regarding this subject, contact the Health and Safety Officer for advice or confirmation.

3.3 Model Process for Developing Individual Healthcare Plans



4 Training

- 4.1** BTT staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions.
- 4.2** Any member of BTT staff working with a student should know what to do and respond accordingly when they become aware that a student with a known medical condition needs help.
- 4.3** Staff must not give prescription medicines or undertake healthcare procedures without appropriate training
- 4.4** In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the Head of Centre to decide, having taken into consideration the training requirements as specified in students' individual health care plans.
- 4.5** From September 2026 it is mandatory that staff are trained in anaphylaxis. Breakthrough's existing staffing team will have completed this before July 2026. Breakthroughs first aiders are already trained in this.

5 The students Role in Management Their own Medical Needs

- 5.1** After discussion with parents/carers, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- 5.2** Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- 5.3** If it is not appropriate for a student to self-manage, relevant staff should help to administer medicines and manage procedures for them.
- 5.4** If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers should be informed so that alternative options can be considered.

6 Managing Medicines on BTT Premises

- 6.1** BTT's policy is that all medication, whether that is belonging to staff or student, gets stored in a secure central location whilst on BTT premises.
- 6.2** Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside 'school' hours. Medicines should only be administered whilst in BTT's care when it would be detrimental to a person's health or attendance not to do so.
- 6.3** Please see H&S Policy 23 Medication to see full information on BTT's medicine management policy and procedures.

7 Emergency Procedures

- 7.1** As part of general risk management processes (i.e. planning, risk assessing etc.), BTT should have arrangements in place for dealing with emergencies for all college-related activities wherever they take place, including on off-site activities.
- 7.2** Where an individual has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 7.3** If a student needs to be taken to hospital, a BTT staff member should stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance.

8 Off-site Activities and Sporting Activities

- 8.1** Staff should be aware of how a student's medical condition will impact on their participation, but there should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments.
- 8.2** BTT should make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 8.3** BTT should consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely on off-site or sporting activities. A risk assessment should be carried out before all activities so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This may require consultation with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely.

9 Unacceptable Practices

- 9.1** Although BTT staff should use their discretion and judge each case on its merits with reference to the individual's individual healthcare plan, it is **not** generally acceptable practice to:
 - a) prevent persons from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - b) assume that every individual with the same condition requires the same treatment;
 - c) ignore the views of the student or their parents; or ignore medical evidence or opinion (although this may be challenged);
 - d) send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal college activities, including lunch, unless this is specified in their individual healthcare plans;
 - e) if the student becomes ill, send them somewhere unaccompanied or with someone unsuitable;
 - f) penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

- g) prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- h) require parents, or otherwise make them feel obliged, to attend the centre to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because BTT is failing to support their child's medical needs; or
- i) prevent students from participating, or create unnecessary barriers to students participating in any aspect of BTT life, including off-site activities, e.g. by requiring parents to accompany the child.

10 Liability and Indemnity

- 10.1** BTT has public liability insurance cover through 'Zurich Insurance plc' that covers the administering of drugs by employees or volunteers, and the administering of injections, suppositories, catheters, digital evacuations and taking of blood, as long as the people carrying out these tasks have the appropriate training and qualifications to do so.
- 10.2** The policy in no way covers prescribing or diagnosing. This must only be done by medical professionals.

11 Complaints

- 11.1** Should parents or students be dissatisfied with the support provided, they should discuss their concerns directly with the relevant BTT Centre. If for whatever reason this does not resolve the issue, they may make a formal complaint via BTT's complaints policy and procedures.

12 Other Information and Documents

- 12.1** To find BTT's policy regarding First Aid, please see *H&S Policy 05 First Aid*.
- 12.2** Please see *H&S Policy 23 Medication* to find full information on BTT's medicine management policy and procedures.
- 12.3** BTT has obtained spare Adrenaline Auto-Injectors (AAI's) and spare asthma inhalers and spacers for each of its student Centres, for use only in emergency situations where a person's own device is not available. To find what BTT's policy is regarding the management and use of AAI's and Asthma Inhalers, including Breakthrough's spare devices, please see *H&S Policy 24 Asthma Pumps* and *H&S Policy 25 Auto Adrenaline Injectors*.
- 12.4** BTT has installed Automated External Defibrillators (AED's) at some of its Centres and places of work that are more remote and/or where another AED is not located within a maximum of a 5-minute vicinity in order to improve and maximise possible response times in emergency situations. To find what BTT's policy is regarding the management and use of its AED's, please see *H&S Policy 26 Automated External Defibrillators*.

Allergies and Anaphylaxis

Common Allergens

What are some common allergens:

- | | |
|---|--------------|
| • Insect bites and stings | • Animals |
| • Food (including dairy, nuts, gluten etc.) | • Dust mites |
| • Pollen | • Mould |
| • Exercise | • Medication |
| • Latex | |

Individual Healthcare Plan:

- Any known allergies and allergens should be recorded on an individual's IHP

The common signs of an allergic reaction

Sometimes an allergen can be found or identified without previous knowledge or diagnosis. It may also be the case that someone has an allergic reaction and you don't know what's caused it. For serious reactions, this is called Idiopathic anaphylaxis.

Mild-moderate allergic reaction:

- | | |
|------------------------------|------------------------------|
| • Swollen lips, face or eyes | • Abnormal pain or vomiting |
| • Itchy/tingling mouth | • Sudden change in behaviour |
| • Hives or itchy skin rash | |

ACTION:

- Stay with the individual, call for help if necessary
- Locate AAI(s)
- Give antihistamine according to the individual's Individual Healthcare Plan
- If you can see a potential trigger (such as a bee sting in their skin), carefully remove it!
- Phone parent/emergency contact and inform them of the reaction

Never assume that two people that react to the same allergen will react in the same way. This is not the case.

There is a chance of the symptoms returning or even getting worse for up to 72 hours after the individual has been treated, so stay vigilant.



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

A irway:	Persistent cough Hoarse Voice Difficulty swallowing, swollen tongue
B reathing:	Difficult or noisy breathing Wheeze or persistent cough
C onsciousness:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious
IF ANY ONE (or more) of these signs are present:	
1. Lie the individual flat with legs raised: (if breathing is difficult, allow individual to sit, but DO NOT allow to stand) 2. Use AAI <u>without delay</u> 3. Dial 999 to request an Ambulance and say ANAPHYLAXIS	
IF IN DOUBT, GIVE ADRENALINE	
After giving Adrenaline:	
1. Stay with the individual until the ambulance arrives, do NOT stand the individual up or allow them to walk. 2. Commence CPR if there are no signs of life 3. Phone parent/emergency contact 4. If no improvements after 5 minutes, give a further dose of adrenaline using another AAI device, if available.	

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild or moderate signs. In the presence of any of the severe symptoms listed on the previous page, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector (AAI) if there are ANY signs of anaphylaxis present.

You should administer the individual's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh only, and according to the instructions on the device.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do NOT move the individual. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The individual should lie down with their legs raised. If breathing is difficult, allow the individual to sit.

If someone appears to be having a severe allergic reaction, it is vital to **call the emergency services without delay** – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

-Practical points:

- Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the individual, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis (“ANA-FIL-AX-IS”).
- Give clear and precise directions to the emergency operator, including the postcode of your location, or the ‘What-3-words’ location.
- If the individual’s condition does not improve 5 to 10 minutes after the initial injection, you may administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.
- Tell the paramedics:
 - if the individual is known to have an allergy;
 - what might have caused this reaction e.g. recent food;
 - the time the AAI was given.

If the individual goes into cardiac arrest, begin CPR immediately. Call for help, if you don’t already have any, and send someone to get an Automated External Defibrillator (AED), if one is available (please see AED policy). If this occurs, it is important to call the emergency services again and inform them that the individual has gone into cardiac arrest.

Other or alternative emergency response procedure may be stated in an individual’s IHP, so it is important that you are familiar with it.

Working with someone who has Allergies

It is vital that if you are working with someone who has allergies, you are aware of any known allergens that can cause the individual to react and how severe that reaction usually is. Even small amounts of exposure to an allergen can cause a severe reaction. This should be stated in an individual’s IHP, but there may be occasions where further discussion and questions to the individual, their parent or healthcare professional may be appropriate.

Allergy management is a constant working progress. If you work with someone with an allergy, you need to be flexible, alert, and be able to handle sudden change. Anyone caring for a student with allergies must be prepared for an emergency. In an emergency, under common law, any member of staff will be required to act like any prudent parent. This may require untrained staff to administer medicine to prevent further or irreversible harm to an individual.

Planning sessions and lessons

Avoiding allergens is the only way to prevent an allergic reaction. Staff working with an individual with allergies can help by monitoring the individual when they are in their care.

Sessions and activities must also be planned carefully so as to control risks of exposure to allergens so far as is reasonably practicable. This should be done in the form of a risk assessment.

Considerations in risk assessments before activities should include:

- Pets
- Dusty learning spaces / environments



- Open windows and pollen
- Art and craft that use playdough, paint or glue for example
- Chemicals in science lessons
- And anything that others may bring in to the workspace that could cause reactions (such as food, aerosols etc.)

Reasonable changes may need to be made so that they can participate safely.

Cooking and food technology are activities that need extra planning by staff. Recipes may need to be adapted to be nut-free for example.

Staff need to ensure that recipes are thought out carefully, the cooking area is cleaned thoroughly before use, risks of an individual being exposed to their allergens are greatly reduced, and that all individuals wash their hands before and after the lesson.

When preparing or cooking food:

- Use different utensils for different foods
- Keep all areas clean
- Wash hands in-between handling different foods
- Wear protective clothing when working with different foods
- Store all food separately
- Dispose of waste correctly

Individuals with allergies, particularly those also with asthma, must be monitored very closely during playtime, sports lessons and when swimming.

Before off-site activities, the member of staff should do a risk assessment to ensure those with allergies can safely participate.

For both Off-site and sporting activities, ensure that emergency medication is close by at all times and stored as per policy, and always be prepared to act in an emergency.

Lunchtime

Those with allergies must be monitored closely at lunchtime. The catering and monitoring staff on lunch duty must know which students, staff and visitors have allergies, what their allergens are, and they should have this information to hand (perhaps in the form of a copy of the IHP).

Where the catering staff cannot be confident that they can control contamination risks, Centre staff may encourage individuals to bring a packed lunch with them so they can eat safely; however, everyone is entitled to a 'lunch club' provided meal.

Catering staff need to reduce risks caused by cross-contamination by:

- Use different utensils for different foods
- Keep all areas clean
- Wash hands in-between handling different foods
- Wear protective clothing when working with different foods
- Store all food separately
- Dispose of waste correctly

Exams

Parents or Guardians need to communicate with BTT staff, and vice-versa, to ensure that students with allergies are prepared for exams.

Staff invigilating need to know which students have allergies, what they are, and take into account anything that may cause an allergic reaction.

They should do their best to minimise any risks to the students' safety or ability to take the exam.

Refer to BTT's policy for exam procedure and protocol and more information.

Supporting those with Allergies

Those with Allergies

It is a good idea to talk to someone about their allergies as soon as you feel they are able to.

One of the best ways to keep someone with allergies safe is to raise awareness. It is important that both staff and students know what to look out for so they can help those with allergies to avoid their allergens. To raise awareness, staff can:

- Encourage students and others to recognise the common signs of an allergic reaction.
- Explain who they should tell if they or someone else is having an allergic reaction.
- Create a list of the common allergens and make it available to staff and students.

The more people know, the more they can do to help and protect.

It is important that those with allergies are encouraged to:

- Be proactive in managing their allergies
- Avoid their allergens
- Take their own medication if they are competent and old enough, and if their IHP permits this.
- Wear a medical alert bracelet if they have one, or carry some kind of medical ID with them.
- Check their adrenaline auto-injector occasionally to make sure it hasn't gone pink or brown, or expired.
- Notify a member of staff or other adult immediately if they eat or are exposed to something that they're allergic to, or if they are having an allergic reaction (even if they don't know the cause)

Some people may worry about telling someone if they expose themselves to an allergen, or if they eat a 'forbidden' food from a friend for example. They may not want to get told off or get a friend in trouble. However, it is crucial that they know they have to tell someone if they start experiencing symptoms, regardless of why. If this situation arises, it should be handled delicately.

Parents and Guardians

Parents and Guardians are responsible for the welfare of their child when they are at home, but they must also do everything in their power to ensure their child is safe and well whilst in BTT's care.

Parent's and Guardians should:

- Encourage self-management if their child is competent and old enough
- Educate their child about their allergies, how to avoid allergens, and how to use their medication
- Inform staff about the allergies when their child joins BTT or otherwise when they are diagnosed.
- Make sure BTT always has an up-to-date copy of their child's IHP so that staff are equipped to care for them in all situations.
- Make sure their child has enough medication at the Centre
- Ensure that medication is in-date, and replace it when necessary
- Provide written consent allowing a member of staff to administer medication to their child in an emergency, or in other situations as identified in the IHP.
- They should contact BTT if they have a query or an update on their child's circumstances

It is the responsibility of all people caring for a child with allergies to communicate with each other and the child, regularly, to ensure the child's needs are being met.

Mental Health

Living with allergies can have an impact on the emotional well-being of an individual. They may need emotional support as well as practical support when they are with BTT.

Those with allergies, particularly children and young people, may struggle to manage their allergies. This can depend on their character, their age, how severe their allergies are, how much support they have, and how much their allergies limit them on a daily basis.

Encourage those with allergies to talk about their allergies, take their medication, and ask for help when they need it. They must also be offered the same opportunities as others at the Centre so they feel secure and included, although reasonable adjustments may need to be made.

Be vigilant. If you notice a person's allergies are affecting their behaviour or ability to learn, contact their parents or guardians.

Asthma

To reduce the risks of long-term effects, any individual with asthma needs to get it under control from the start. It is important for any member of staff who works with a student with asthma to understand what this means, what symptoms to look for, and what to do if the student is experiencing their symptoms.

It is important that anyone with asthma has an Individual Healthcare Plan (IHP) and that this is kept up-to-date.

To understand how someone with asthma may feel like, put a straw in your mouth, hold your nose, and breathe in and out of the straw for 20 seconds.

Asthma Triggers

Asthma triggers are something that causes asthma to develop in the first place. Triggers can be different in every person with asthma. Some will have allergic triggers and others will have non-allergic triggers. It is also common to have a mixture of both. A persons known triggers need to be included in their IHP.

Allergic triggers are caused by an allergic reaction. Common allergic triggers include:

- | | |
|--|--|
| <ul style="list-style-type: none"> Pollen Pets Dust mites Food | <ul style="list-style-type: none"> Horse danda can be a particularly dangerous trigger. Mould Latex |
|--|--|

Non-Allergic triggers can include irritants that you breath in, commonly including:

- | | |
|---|--|
| <ul style="list-style-type: none"> Cigarette smoke Car exhaust Glue or paint fumes stress | <ul style="list-style-type: none"> Exercise Cold weather Infections / colds Hormonal changes |
|---|--|

FACT: Those with asthma are three times more likely to suffer an asthma attack in September than they are in August. This is due to the changing seasons.

All of these must be considered when working with someone who has asthma, because things like exams, design and technology classes, sports activities, changing seasons, and illnesses and infections can all increase the risk of an asthma attack.

To prevent triggering asthma symptoms, someone with asthma needs to:

- Take preventer medications as their doctor has prescribed.
- Use their asthma records for guidance on what to do and what to avoid
- Get asthma reviewed regularly to ensure they have the correct medicines and up to date asthma advice.

Staff also need to know how to help an individual avoid triggers. The individual may need monitoring, and extra consideration in the learning spaces and during exercise will be required.

Recognising Symptoms

Asthma symptoms tell you that an asthma attack could be on its way.

The good and bad days will depend on:

- Environmental exposure to triggers
- Whether the individual has taken all of their medications
- Symptoms can come on spontaneously

The most common time for asthma symptoms is the early hours of the morning as this is when everyone's airways are at their narrowest.

Common 'day to day' symptoms of asthma are:

- Coughing
 - Normally worst when laughing, during exercise or at night time.
- Chest Tightness
 - Common after exercise
 - Younger children may struggle to explain. They may say that they have a tummy ache or that it feels like someone is sitting on their chest.
- Wheezing
 - A whistle-like sound when breathing out
- Shortness of Breath
 - Common during exercise

Any specific individual symptoms should be stated on their IHP.

Action:

Coughing, wheezing, tightening chests and shortness of breath normally suggests a person's asthma is worsening.

They should stop any activity immediately and rest if they experience worsening symptoms. Take medication and follow instructions as stated on their IHP. These symptoms would not usually require the student to be sent home from BTT or to need urgent medical attention.

If the individual is having a severe asthma attack, these symptoms will become rapid and uncontrolled, and their fingers and lips may even turn blue. These symptoms may be very frightening, particularly for a younger child. Younger children may find it difficult to describe what they are experiencing, so you must keep a very close eye on them.

Asthma Attacks

Asthma attacks usually develop slowly, and can take up to two days. Early treatment and taking medication can prevent an asthma attack from developing.

Asthma attacks can also happen suddenly. There might not be any warning signs.

However, everyone experiences symptoms differently and the obvious symptoms may not always show. If someone with asthma is showing common asthma symptoms, they are worsening quickly, and their reliever inhaler isn't helping as much as usual, this could be the start of an asthma attack.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE INDIVIDUAL

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Action:

If someone is having an asthma attack, you must act immediately. Follow the emergency procedure on their IHP. It should advise you to:

- Keep calm and reassure the individual
- Encourage the individual to sit up and slightly forward.
- Remain with the individual and ask someone to get their inhaler and spacer if they have one - if not available, use the emergency inhaler
- Immediately help the individual to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give one puff every minute up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the individual. Stay with the individual until they feel better.
- If the individual reaches 10 puffs, you must call an ambulance, even if they are feeling better.
- If the individual does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes, administer up to another 10 puffs in the same way
- A student's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent or carer arrives.

Never leave someone alone when they're having an asthma attack, while they're recovering, or when they're waiting to be picked up.

The individual may still be frightened after an asthma attack. Offer them reassurance in a safe and comfortable place. They may want a friend or trusted member of staff to sit with them too.

Salbutamol inhalers are intended for use where a person has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child or young person getting the treatment they need.

For this reason the emergency inhaler should only be used by students who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND where appropriate consent has been given for an emergency inhaler to be used.



All asthma attacks are dangerous. Early intervention is vital to preventing asthma attacks, and BTT staff have a big part to play in this. Working with students and others puts you in a good spot signs of asthma. Stay vigilant. Your observations are important. Tell a student's parents or guardians if you spot signs of asthma.

If asthma is controlled, then there should be no symptoms and no attacks. They should only need to take their preventative inhaler.

If it is poorly controlled, they will be experiencing asthma symptoms and will be using their reliever inhaler more than three times per week. It may also keep them up some nights.

Uncontrolled asthma can be very dangerous. They have a higher risk having an asthma attack. They will be using their reliever inhaler every day to treat symptoms, and their sleeping and day-to-day activities will be disrupted. Students may struggle to focus and process information in sessions if their asthma is not controlled. They may need extra support with their work because of asthma-related tiredness or absences.

Working with those with Asthma

Staff are responsible for carrying out regular risk assessments for their activities so that no risks are taken with anyone's health and safety. This includes taking account of their asthma triggers. For example, thinking carefully about pets, outdoor sessions, and substances used in science lessons etc.

Staff should allow students to treat their asthma in any place and at any time during the day. Student's shouldn't be penalised for attendance if it's connected to their asthma, and staff need to be understanding if a student's asthma interferes with their learning.

Staff are responsible for monitoring a student with asthma whilst they are in their care. Staff must know:

- What the student's triggers and symptoms are
- Where their medication is stored
- What to do in an emergency.

If they are responsible for administering medication, then they must also know how to administer it.

All this information should be contained within the individual's IHP.

Sports Activities and Playtime

Evidence shows that exercise is good for everyone, including those with asthma. However, exercise, playtime and being outdoors expose asthma sufferers to extra triggers, such as weather changes, pollen, exercise and excitement.

Make sure those with asthma have taken their medication and warmed up properly they exercise. It will greatly reduce chances of asthma symptoms developing.

For both Off-site and sporting activities, ensure that emergency medication is close by and easily accessible at all times and stored as per policy, and always be prepared to act in an emergency.



If an individual is showing asthma symptoms, they must stop all activities straight away. The staff member looking after the student must know what to do in an emergency, such as an asthma attack. This information can be found by familiarising themselves with the individuals IHP and also BTT policy and procedures.

Off-site Activities

If a student with asthma goes on an off-site activity, there needs to be a staff member on the trip too who knows what to do in an emergency.

IHP's should be taken on the trip too. These can be referred to for up-to-date information on the persons known asthma triggers, symptoms, daily routine, medication details, and their asthma attack procedure.

Individuals at risk of asthma must always have their personal device taken with them on off-site activities. Depending on the risk assessment, IHP, age and suitability, students should be encouraged to carry their own medication with them whilst off-site, and there should be staff present trained to administer the medication in an emergency.

The Head of Centre may wish to consider whether it may be appropriate, under some circumstances where an individual's own device is not available, to take a spare Asthma inhaler obtained for emergency use on some off-site activities. In such an occasion, the Health and Safety Officer needs to be consulted or informed at the soonest opportunity. Students must not be in possession of BTT's own spare device.

Emergency medication, including Asthma medication, must Not be stored in the going out pouches as these are lockable.

A student with asthma should be encouraged to take part in all BTT activities, although it will mean doing some extra planning for the activities, and reasonable adjustments may need to be made in order to ensure the safety and wellbeing of all those involved.

As with all off-site activities, a risk assessment will need to be carried out by the member of staff who organises the activity. Reasonable changes may need to be made to certain arrangements so that the student can participate safely.

It is a good idea to check that a person with asthma has all the medication and equipment that they need before you set off.

Whilst on the trip, activities mean extra activity and excitement. They may also expose a person to different asthma triggers, such as:

- A change in temperature
- Climate
- The pollen count
- Pollution levels
- Proximity to animals

It is the responsibility of the staff to a student avoid their asthma triggers. It is also vital that someone with asthma takes their preventer inhaler when they should.

If someone with asthma becomes unwell, a trained responsible member of staff must be made aware, even if it is something unconnected to their asthma, like a cold, it could still be a trigger for asthma symptoms and they will need to be monitored more closely.

Exams

Asthma is a risk factor in dropping a grade between mock and final exams. It is important to offer a student support and to communicate with their parents or guardians around exam time if you can see that they are stressed about their exams or work, as stress is a trigger to asthma symptoms.

Hayfever can affect concentration and learning productivity, and hayfever season can coincide with exam time. If a student suffers with asthma and hayfever, they need to have plans in place before exams begin.

On exam days, the staff member in charge needs to make sure a student has their inhaler and any equipment with them, or at least close by before the exam begins.

The exam invigilator needs to be informed that there is a student with asthma in the exam.

Well-Being

Asthma can affect a person's emotional well-being too. How well someone manages and accepts their asthma can depend on many things, such as:

- Their age
- Character
- How severe their asthma is
- How much support they get from their family
- How much asthma limits their lifestyle.

If someone is naturally nervous, angry, or doesn't cope well with stress, they may need a lot of support. Or even if they are naturally calm and resilient, someone's asthma may cause them to feel:

- Anxious
- Angry
- Guilty
- Embarrassed
- Confused
- Hyper vigilant
- Sensitive

A person with asthma should be encouraged to take their medication, talk about their asthma, and to ask for help if they need it. This will help them to prevent asthma symptoms and hopefully keep them happy and engaged at BTT.

If someone can accept their asthma and control it well, and they feel supported by BTT staff, it can help them feel more comfortable treating their condition by themselves, and in front of others at the centre.

It can also encourage them to take part in all BTT activities with confidence.

Someone with asthma should not feel restricted by their condition.

Diabetes

What is Diabetes?

Diabetes is caused when a person's body can no longer produce insulin, cannot produce *enough* insulin, or produces insulin that doesn't work properly. A person with diabetes can't convert glucose into energy on their own, because they don't have the insulin they need to let the glucose into the cells. This means the glucose stays in the bloodstream and this can be very dangerous.

There are two types of diabetes – **type 1** and **type 2**. Type 2 is the common type, with only around 10% of people with diabetes having type 1.

A person with diabetes needs to manage their condition right from the start and monitor it every day. Poor glucose control can lead to long-term damage to the body.

Type 1

Type 1 diabetes is more common in children and young people. Type 1 diabetes occurs when the immune system attacks the cells in the pancreas because it thinks these cells are harmful to the body. This stops the pancreas from producing insulin.

It's not known why this happens in some people and not others, but it tends to run in families. It's not linked to any external factors.

People with type 1 diabetes can't produce any insulin at all. They have to inject insulin to unlock the body's cells and let the glucose inside.

Type 2

Type 2 diabetes also tends to run in families, but it's linked to lifestyle and excessive weight gain too. The risk of getting type 2 also increases with age, particularly when you're over 40. However, with the rate of childhood obesity soaring, the number of children and young people being diagnosed with type 2 is also rising.

This type of diabetes means the body is either not making *enough* insulin, or the insulin it does make isn't working properly.

Type 2 diabetes is usually treated with a mixture of exercise and healthy eating.

Symptoms of Diabetes

It's important to recognise the symptoms of diabetes. The symptoms of type 1 and type 2 are the same; if they are caught early enough, a person can be tested and diagnosed before they become seriously ill.

There is a simple way to remember the key signs that someone may have diabetes, and they are known as the "4 Ts".

The 4 Ts

- Toilet
- Thirsty
- Tired
- Thinner

Look out for someone who is going to the **toilet** more than usual, or they may be wetting the bed when they usually wouldn't. Also look out for an individual who is excessively **thirsty** or **tired**, or if they look **thinner**, particularly if they have lost weight in a short period of time.

You should contact the parents or guardians **straight away** if you notice a child has these symptoms.

They could, of course, be symptoms of something else, but the individual should go to the doctor to check for diabetes.

Symptoms for type 1 diabetes can develop in just a few weeks and they can become ill very quickly. For type 2, the symptoms usually come on more gradually.

Managing Diabetes

Testing Glucose Levels

The main aim of treating diabetes is to control blood glucose and blood pressure levels.

A person with diabetes should have their glucose levels tested about 5 times a day, and their readings should be **between 4 and 7 BEFORE meals**, and **between 5 and 9 AFTER meals**.

However, each individual is different, and so are their circumstances, so make sure you know what's normal for an individual with diabetes in your care.

It's really important to check a person's glucose levels before and after physical activity, such as PE lessons. They should NOT take part if their glucose levels are too high or too low; which is usually over 9 or under 4. You must also keep an eye on the individual for some hours AFTER exercise has finished.

BTT staff must know how to use a person's glucose meter and equipment.

Make sure the individual's hands are clean. There are many types of meters and they may not all work exactly the same way, but you will usually have to:

- Turn the meter on.
- Remove a test strip from its bottle and insert it into the meter.



- Prick the individual's finger and make sure there is enough blood available.
- Place the individual's finger onto the end of the test strip so it takes the blood.
- The meter will take a few seconds before the blood glucose level appears on the screen.

The individual may need a tissue to wipe their finger.

- Remove the test strip, disposing of it in a clinical waste bin, and turn the machine off.

Individual Healthcare Plans (IHP's)

Diabetes is a complex condition and each person with diabetes has different needs and treatments. This is why a student with diabetes must have an Individual Healthcare Plan, or IHP. If a student with diabetes in your care doesn't have an Individual Healthcare Plan, it's very important they get one as soon as possible.

BTT needs to have a copy so staff know what to do, to help keep the student healthy and well. It's the responsibility of the parents or guardians to provide this information.

The IHP should be reviewed at least once a year and should be kept up-to-date with any changes to the individual's circumstances or needs. BTT must make sure they always have the most recent version on file.

There must be at least one member of staff at the Centre at all times who is trained to treat any individual with diabetes. A student's paediatric diabetic team should also provide training and support to BTT staff.

A student should be encouraged to treat their own diabetes, or as much of it as they can – although staff and other carers may need to monitor them. If the student is too young or has additional needs, staff may need the training to treat them themselves.

It's very important that the parents or guardians of the student communicate with the paediatric diabetic team (if they have one) AND Breakthrough. BTT needs to know what the individual's blood glucose targets are, and what it can do to help manage and meet those targets.

Planning Learning Sessions / Working with those with Diabetes

No one should be excluded from any part of BTT life because of their diabetes. This includes off-site activities, sports activities, extra-curricular activities and anything that the individuals are doing during the 'college' day.

The individual should be treated the same as any other member of the community, but you need to make sure risk assessments are kept up-to-date and that you communicate regularly with their parents or guardians (if necessary), so no risks are taken with the individual's health and safety.

Unacceptable Practices

It is unacceptable:

- To prevent someone from treating or managing their diabetes when and where they need to.
- To assume one person's diabetes is the same as another's.
- To ignore the views of an individual and their parents.
- To send a student with diabetes home unnecessarily.
- To leave an individual alone at any point if they need treatment.
- OR to penalise an individual for poor attendance if it's connected to their diabetes.

Hyperglycaemic Episodes

If an individual's glucose levels drop too low, OR rise too high, it's a serious matter and must be dealt with IMMEDIATELY.

If their blood glucose levels rise dangerously high, it's known as hyperglycaemia, or hyper for short.

Every person with diabetes is at risk of having a hyperglycaemic episode, and there are a number of reasons why it may happen. It can happen when someone:

- Doesn't take enough of their medication
- Misses a dose of their medication
- Eats too much sugar or carbohydrate
- Is very stressed or anxious
- OR is unwell with something like an infection, a cold, vomiting or diarrhoea

Signs and Symptoms

There are a number of signs and symptoms which may indicate someone is having an episode of hyperglycaemia. These are:

- Extreme tiredness
- A headache
- Increased thirst
- A dry mouth
- A tummy ache
- OR if they are going to the toilet a lot

Treatment

If someone has type 1 diabetes and takes insulin injections, their blood glucose levels may only be high for a short time so treatment may not be required, but it's important to monitor them.

If an individual uses an insulin pump, or they take insulin injections and their blood glucose has been high for some time, treatment will probably be needed. You should check their IHP to see what treatment is needed and when, but usually the individual will have to:

- Take an extra dose of insulin
- Drink plenty of sugar-free fluids
- Have permission to use the toilet as often as needed
- AND if they appear very unwell, their blood and urine will need to be tested for ketones

Ketones

Ketones are produced when the body breaks down fat for fuel instead of glucose, because there's no insulin to get glucose from the blood and into the cells.

High levels of ketones are toxic to the body. If someone with diabetes has a hyperglycaemic episode and the early signs are left untreated, the level of **ketones** in the body will rise and **Diabetic Ketoacidosis**, known as **DKA**, will develop.

You can check for ketones by testing either the blood or urine. Some glucose testing meters can **ONLY** check blood glucose. Other glucose meters can check blood glucose **AND** ketone levels. If the individual's glucose meter can check for ketones, they will perform the same actions as they would to check their blood glucose, but using ketone testing strips instead of glucose testing strips.

If their glucose meter cannot check for ketones, the individual can dip a ketone-testing stick into a urine sample instead. These sticks have a little pad on them that changes colour when you pull the stick out of the urine sample. After 15 seconds, compare the colour of the pad to the colour chart on the bottle. This chart will tell you the amount of ketones in the urine.

Ketones are serious and you need to act quickly. If either of these tests show the individual has ketones, refer to their IHP for treatment options.

Diabetic Ketoacidosis (DKA)

If the individual is also vomiting, breathing deeply and rapidly, or has an unusual smell on their breath (like nail polish remover) then they are now showing signs of DKA.

DKA means the person's blood has now become acidic, and this can be life threatening. They need hospital treatment **immediately**. You must contact the emergency services and the student's parents or guardians.

If you notice the warning signs of hyperglycaemia and make sure the individual is treated straight away, ketones and DKA can be avoided altogether.

Hypoglycaemia (Hypo's)

The other everyday danger for people with diabetes, especially type 1, is the risk of hypoglycaemia, which is known as a hypo.

A hypo is when a person's glucose levels drop below 4, and it must be dealt with **straight away**. Usually, people with diabetes can feel the warning signs when their glucose levels begin to drop, but it's not always the case. A person with diabetes must have their glucose levels checked regularly, especially if they are too young or unable to communicate, or if they don't usually feel the warning signs of a hypo.

You may also need to check they eat regularly throughout the day. All of this information needs to be in their IHP. A hypo could occur if the individual:

- Injects too much insulin
- Misses a meal or snack
- Doesn't eat enough carbohydrates
- OR takes part in unplanned or vigorous activity

Signs and Symptoms

It's important to look out for certain changes in a person's behaviour because, sometimes, there are no obvious reasons for having a hypo, but a change in behaviour can suggest the individual is having one. Even though hypos affect everyone differently, glucose levels will need to be checked if a person is:

- Feeling very hungry

- Sweating
- Going pale
- Trembling or shaking
- Behaving irrationally or anxiously
- OR if they are complaining of tingling lips, blurred vision, a fast pulse or palpitations.

If they have a **severe** hypo, the individual will find it difficult to concentrate, and they may feel very confused and act vaguely.

If you notice any of these warning signs you may need to remind the individual, or even help them to check their glucose levels. You also need to look out for any specific warning signs written on their IHP.

Treatment

If the person's glucose levels are below 4 they will need to be treated by:

- Drinking a sugary drink
- Eating glucose tablets or sweets such as jelly babies
- OR by taking glucose gel

These are just common examples, so it's still VITAL that you check the IHP for the individual's usual hypo treatments.

If the person's glucose levels are still low after 15 to 20 minutes, you must repeat this action. Once they've had the right amount of glucose they will usually need to eat some long-acting carbohydrates to stabilise their glucose levels, such as a sandwich, cereal bar or a banana. Again, you will need to check their IHP for details, but the individual should have come prepared with food; if not, BTT will need to provide something.

The individual should be able to carry on as normal once their glucose levels are stabilised, but it could take up to 45 minutes for them to fully recover.

NEVER leave the child alone until they are fully recovered.

Severe Episodes

If the person's hypo goes unnoticed or isn't treated fully, their glucose levels can continue to drop and the hypo can become **severe**. It can become so severe in fact, that the individual could lose consciousness.

If the individual loses consciousness:

- DO NOT give them anything by mouth.
- Place them in the recovery position by lying them on their side with their head tilted back.
- Call an ambulance and tell the operator the individual has diabetes.
- Call the student's parents or guardians and explain what's happened.
- The individual, or their parents or guardians should have provided an emergency glucagon injection which is used to treat a severe hypo. If this is the case, training on how to give the glucagon injection will need to have been provided by the **Paediatric Diabetic Specialist Nurse**, known as a **PDSN**, or other appropriate medical professional.

Diabetic Person's with other everyday illnesses

Most healthy people can fight off an everyday illness such as a cold, stomach bug, or vomiting, but people with diabetes can become very ill. This is because everyday illnesses can trigger glucose level fluctuations. For example, they can affect what a person with diabetes can and can't eat, how much insulin they do or don't take, and they may be on antibiotics or other medication that can affect their glucose levels. Sickness puts huge amounts of stress on a body that's already not working properly. It's CRUCIAL that glucose and ketone levels are checked regularly if a diabetic individual is ill.

Medication

Type 2

Type 2 diabetes is much more simple to manage than type 1. An individual with type 2 should just need to eat well and take part in daily exercise, but it's important to check their IHP to see if they need to take any tablets or other medication during the 'college' day or otherwise whilst in BTT's care.

Type 1

You should always encourage a student in your care to test their glucose levels and inject their insulin themselves if they're old enough, they're able to, and their IHP permits this. It's also a good idea to encourage them to write down their glucose levels and insulin doses into a daily diary.

Nowadays, most children and young people are on a regime which means having multiple injections a day from the moment they are diagnosed. Usually, the only time they should need to inject at the Centre is before lunch - although they may need to do this at other times too, so it's important to check the IHP.

Some individuals use a type of insulin which only needs to be injected twice a day. If this is the case, it's normally at breakfast and dinner time so they shouldn't need to do this while they're at the Centre.

You will need to know **when** and **why** someone with diabetes might need an insulin injection, so make sure you check their IHP for details.

Individuals with diabetes will need to bring their insulin and injecting equipment into the Centre. This includes a blood glucose meter, needles, insulin pens, and a sharps bin for used needles and test strips.

There are two types of insulin pen; the first one is **disposable**, and is thrown away when it's empty. The second one is **reusable** and contains replaceable insulin cartridges. There will be enough insulin in a full cartridge for multiple injections.

Unopened insulin should be stored in a fridge, clearly labelled with the owners full name. After taking it out of the fridge, insulin can be used for up to one month, then it should be thrown away, even if the cartridge isn't empty.

The insulin an individual is currently using should be kept at room temperature, because injecting cold insulin can make the injection very painful. It doesn't need to go back in the fridge once it's in use.

The amount of insulin someone needs to keep at the Centre will depend on how much insulin they are prescribed.

Extreme temperatures will destroy insulin, so it shouldn't be placed in the freezer, in direct sunlight, near a radiator or any other heat source.

Administering Medication

It's important to help an individual feel comfortable with themselves and their diabetes, so they should be allowed to inject in public or in the learning space if they want to, and where a risk assessment allows it.

If the individual wants to go to a private area to take their insulin injections, you need to make sure somewhere suitable is provided.

Younger children, newly diagnosed individual and those with additional learning difficulties may need help with their insulin injections, so you will need advice from their parents or guardians, **AND** training from their PDSN on how to help or inject the individual while they're in your care. Written consent from the parents or guardians is needed for this.

They may simply need you to watch them administering the injection to make sure everything's okay.

Injecting Insulin using a Pen

When injecting insulin using a pen, the needle must go into the fat layer under the skin. You need to:

- Wash your hands with soap and water.
- Put a new needle onto the pen.
- Dial up the pen to 2 units then push the plunger down so insulin comes out of the needle. This is to clear any air bubbles. Repeat this until insulin comes out.
- Dial up the amount of insulin units that are needed (how you do this may depend on which pen you are using. Always refer to the IHP).
- Pick a soft fatty area to inject (upper thighs, belly and bottom are best).
- Pinch the fatty flesh and leave lots of space between your thumb and fingers to put the needle in.
- Put the needle in (put the needle in at a 90 degree angle. If the child is small, you may need to put the needle in at a 45 degree angle to avoid injecting into muscle).
- Push the plunger down quite slowly to inject the insulin.
- After the insulin has been injected, hold the needle in for 10 seconds, then pull it out.
- If any blood or insulin escapes, wipe it with a tissue.
- Take the needle off the pen and put it into the sharps bin.

Insulin Pumps

An insulin pump is another way for a person with type 1 diabetes to receive insulin. It's attached to their body through a small tube called a cannula. An insulin pump is pre-set by a child's parents,

guardians, or PDSN to deliver small and varied amounts of insulin at particular intervals. The pump must stay connected to the cannula but can be disconnected for short periods, for activities like swimming and PE lessons.

An individual may use a 'patch pump' which is slightly different. The insulin, a small cannula, and a small control pod are covered by an adhesive that looks like a large plaster, and it's stuck directly onto the skin. It has a separate remote that controls the pump wirelessly.

If an individual in your care uses a pump, you or another responsible person will need to be trained by their parents, guardians or PDSN on:

- How to look after the pump at the Centre
- How to recognise the noises that mean the pump battery is running low or running out of insulin.
- And how to use the pump's buttons to help give the child more insulin if they need it.

An emergency procedure should be detailed in the individual's IHP for any circumstances such as insulin running out or the equipment failing.

If additional insulin is administered or given to the individual, you must keep a written record for their parents or guardians to see.

Whilst at the Centre, diabetic medication needs to be stored in the Central medication storage place, as per policy. You must make sure any individual with medication has easy access to their medication and equipment at all times! Spare insulin needs to be stored inside a fridge.

Off-site Activities

There must be enough sugary drinks, carbohydrates, and any medical equipment such as insulin, glucose testing equipment, needles, pens and spares, available to the individual at all times on the trip. You also need to take a copy of the individual's IHP with you.

The first step in looking after someone with diabetes on an off-site activity is to remember that they should be able to take part in all activities and you should encourage them to do so. It's important they are as accepted and included as others; the only difference is that they need a little extra monitoring and a few precautions will need to be taken.

A **risk assessment** will need to be carried out by the person who organises the activity. You need to consider if any changes need to be made to your arrangements so that the individual can participate in activities safely.

Before the trip the individual's PDSN or other medical professional should be available to give staff extra training if it's needed, and at least one trained staff member should be on the trip.

On off-site activities, those involved usually take part in more physical activity than they would during a normal day. Extra activity and eating less can make blood glucose levels drop, and excitement and eating can make them rise. Because these can be common during an activity, the individual may need to check their glucose levels more often, and you need to know how to recognise and treat both hypos and hypers in case they occur.



Make sure you also monitor the individual for signs of hypos or hypers on the journey to and from the trip. A trained member of staff must be made aware if an individual is unwell, even if it's not connected to their diabetes, because it could trigger diabetic complications.

As part of the planning process for the activity, you will also need to know where the nearest A&E facilities are in case the individual needs to go to hospital.

It's important that an individual's medication and equipment are looked after properly. You must clarify who is responsible for storing and carrying it whilst out of the Centre. This information may be in the IHP.

Insulin must be stored correctly, because if it isn't it may become ineffective. Ineffective insulin can be unpredictable; it could sometimes be as bad as having no insulin at all! It can disturb blood glucose levels and might make an individual unwell.

Any insulin in use, for example an insulin pen, should be kept at room temperature. Any unopen insulin should be stored in the fridge. To avoid the insulin becoming too hot, keep it in a cool bag when the individual is travelling.

Remember that, depending on the length of the trip and distance from the Centre, spare equipment and medication should be taken on the trip.

Exams

There are certain rules when it comes to exam time. BTT should have an agreed **exam protocol** in place, which is clearly stated in the person's IHP. It will vary from person to person, so it's important that you're aware of the procedure BEFORE they begin their exams.

Don't forget to tell the invigilators that a student with diabetes will be in the exam and may need to treat themselves if they have any medical problems. For example, they may need to leave the exam to check their glucose levels and treat a hypo.

An individual should never be penalised for not attending an exam because of their diabetes, and they may prefer to take their exam away from others.

Supporting those with Diabetes

Chronic illnesses such as diabetes can have a big impact on emotional life, lifestyle, education, self-confidence, social relationships and physical well-being. Research suggests that people with diabetes are twice as likely to suffer with depression and anxiety than people without a chronic illness.

Everyone will handle their diabetes differently. They may need you to offer them emotional support.

It's important that they talk about their condition. It doesn't matter how old they are or how long they've had diabetes - some people cope well, while others might take longer to manage or accept it. Noticing a change in the person's usual behaviour is important, so keep an eye out for:

- Shock
- Denial
- Guilt
- Anger
- Blame
- Panic
- And depression

Someone who doesn't get enough support from friends, family or peers can feel isolated, particularly if they are newly diagnosed. Just one supportive individual can have a significant impact on a person's ability to adapt.

Although it's important that no one is excluded from any part of BTT life because of their diabetes, it's also important for staff to remember that, sometimes, the condition *can* interfere with certain things.

Studies show that people with diabetes are particularly vulnerable to reduced processing speed, memory and attention span, and can sometimes struggle with verbal responses. It's important for you to show patience and understanding.

Parents or guardians can react badly to their child being diagnosed with diabetes and this could affect a child's reaction to the condition too.

Because communication is so important, offer the individual support and let their opinions be heard; and do the same for their parents or guardians, so they can relax about their child's well-being whilst at the Centre.

It's also important to treat a child according to their IHP so they can receive the same treatment both at the Centre and at home.

You must remember that an individual might miss a session every now and then to go to a medical appointment or because of a hypo or other illness related to their diabetes. Reassure them and their parents or guardians that they can catch up on work if they're worried.

Children and teenagers, and indeed anyone else, can react to their diabetes in different ways; for example, younger children might show their distress through poor work performance, damaged relationships with their friends or peers, or behavioural problems in sessions. Teenagers might react differently to younger children – it can be a time of rebellion, which may mean they ignore some, or



a lot, of professional medical advice during this hormonal time. Teenagers with diabetes are at a higher risk of having hypos, hypers or even developing DKA, because they may not look after themselves as well as they should.

It's important to monitor changes in their behaviour in case you need to offer them support. You may also need to tell their parents or guardians if you are concerned for their well-being. Their diabetic team can sort out coping strategies or arrange appointments with a trained psychologist if need be, but you need to stay vigilant too.

Understanding and communication is key.

Teenage Pregnancy for Diabetics

It's important that teenagers with diabetes know the risks to themselves *and* to their baby if they were to become pregnant. It may be part of the learning curriculum to teach the students about preventing teenage pregnancy, but girls with diabetes should know about the extra risks.

Someone with diabetes has a higher risk of miscarriage and of having problems with their eyes and kidneys during pregnancy. There is also a much higher risk of their baby having heart problems, a mental or physical defect, being stillborn or dying shortly after birth, especially if glucose control is poor.

It's important that students with diabetes are aware of these facts. If one of your students is diabetic and becomes pregnant, it's crucial they see their diabetic team straight away so they can discuss their options.

Epilepsy

What is epilepsy?

Our brains are amazing. They're made up of 100 billion nerve cells and each cell is connected to 10,000 others. This means there's 1,000 trillion connections in the human brain!

Electrical impulses send messages around the brain across these connections. These messages control **everything** about us – movement, emotions, speech, memory, sight, personality, mood, behaviour and our ability to solve problems ...and the list goes on...

A seizure happens when this electrical communication goes wrong – the messages become confused. Instead of activity being regular and controlled, there's a sudden burst of intense activity, with multiple electrical impulses being fired off simultaneously and much faster than usual. The brain can't make sense of this surge of jumbled messages and the result is an epileptic seizure. What happens to a person depends on which part of their brain is affected and how much of their brain is affected.

- In some seizures the person will lose consciousness and not remember anything about it afterwards.
- In others the person remains awake and aware of what's going on around them, although they may be unable to react to their surroundings.
- They may not be able to move or speak.
- They may have strange sensations, feelings or movements.
- They may remain upright; they may fall to the floor.
- Their limbs may start to twitch and go into spasm; they may be still.
- They may look blank or absent.

Diagnosis

It can be hard to diagnose epilepsy quickly because other conditions, such as fainting, migraines and panic attacks, can cause similar symptoms. It often cannot be confirmed until you've had more than 1 seizure.

If you see someone having a seizure, you may be asked to give details about it to help with their diagnosis, so write down what happened before, during and after the seizure, including the time and date, while everything's still clear in your mind.

More than half of the children with epilepsy grow out of it, but for some it's a life-long condition.

Epilepsy awareness

Parents, carers and BTT staff are in a good position to recognise that a child or young person is having a seizure - whether they've already been diagnosed, or it's their first seizure.

They may be scared, and, if it's their first seizure they may be particularly frightened - but **anyone** having an epileptic seizure needs calm, reassuring help and support. **Knowing that someone around them understands what's happening and knows how to help them can make all the difference.**



What causes epilepsy

The causes of epilepsy can often be traced back to an illness or trauma, such as:

- A stroke
- A brain tumour
- A severe head injury
- An infection in the brain – for example meningitis or encephalitis or
- Problems during birth, often when a baby has reduced oxygen supply
- And a history of seizures can run in families.

However, in **over half the cases of epilepsy there's NO known cause** – it can't be traced to illness, trauma or family history.

Individual Healthcare Plan (IHP)

A person with epilepsy should have an **Individual Healthcare Plan**, or IHP. An IHP gives clear and specific instructions about what support the individual needs, and using it helps ensure that care is consistent at home and at Breakthrough.

An IHP should contain any other information relevant to the well-being of the individual.

If a student with epilepsy in your care doesn't have an Individual Healthcare Plan, it's very important they get one as soon as possible.

Seizures

There are **two main types** of seizure:

- **FOCAL** seizures which only affect ONE part of the brain and
- **GENERALISED** seizures which affect the WHOLE brain

These two main types are further subdivided, depending on which part of the brain is affected and how much of it is affected.

Focal Seizures

Focal seizures only affect one part or side of the brain. Sometimes they affect movement, sometimes it's the senses. It all depends on which part of the brain is involved. Sometimes they can result in unconsciousness, sometimes the individual will retain partial awareness, and sometimes the individual may stay fully aware of what's going on around them.

Focal seizures don't usually cause someone to fall down.

Each child will have their own individual symptoms and experiences, which should be listed on their IHP.

There are four areas of the brain which may be affected.

Temporal Lobes

The most common form of focal seizure affects the **Temporal Lobes**. This area is responsible for speech and language, short-term memory, and for analysing and processing what you see and hear. **If this area is disrupted:**

- A person may have strange tastes or smells.
- They may get a stomach ache.
- And they may experience déjà vu – the odd feeling that this exact moment has happened before.
- They may have difficulty remembering words or recognising faces and objects.

Look out for:

- Odd, repetitive, fidgety movements, such as smoothing down or plucking at clothes, or fiddling with their hems or buttons.
- The person may be flushed or sweating.
- They may Wander without knowing where they're going;
- Chew when their mouth is empty, or
- Smack their lips or swallow when they're not eating anything.
- They may hear noises or music which isn't there.

The individual remains conscious during this type of seizure, but may not appear to hear or understand what you're saying. They can remain confused for a while after the seizure has passed.

Frontal Lobes

The **Frontal Lobes** control personality, emotions, behaviour, planning and problem solving. **How a person is affected depends on which part of the frontal lobe is involved, but abrupt, dramatic movements are common.**

This type of seizure often happens during sleep.

Look out for:

- Turning their head sharply to one side
- Their arms or hands becoming stiff and drawn upwards
- Cycling movements of their legs and
- Problems speaking or understanding

Parietal Lobes

The **Parietal Lobes** are responsible for touch, temperature, pressure and pain, manipulating objects, spatial awareness and making sense of information. People may experience strange sensations, such as a tingling or feeling of warmth or numbness – this is often down one side of their body.

Look out for the individual complaining of odd sensations where there's no reason for them. They may have the odd feeling that their limbs are bigger or smaller than usual.

Occipital Lobes

The **Occipital Lobes** are responsible for processing what you see and recognising shapes and colours.

A person may see bright patterns, flashing lights or balls of light, or they may experience temporary blindness. They may have hallucinations – for example, things that are far away may look as if they're close up, and vice versa, or things they're looking at may appear to change size or shape before their eyes. You might notice the child blinking rapidly. They may feel sick.

The symptoms can be similar to those of a migraine.

Dealing with Focal Seizures

Knowing what usually happens during a seizure makes it easier to know what to look out for. Focal seizures can be extremely frightening, so the earlier you spot one may be happening, the quicker you'll be able to help and support the individual.

Watch out for their warning signs – **the details should be in the individual's IHP.**

You should Assess the situation:

- Is the person in any danger? Don't intervene unless they're in danger.
- Give them space. Move anything that may be a danger **away from them.**
- If the person is behaving aggressively or lashing out, move others away and keep your distance, but try to stay where you can see them.
- Note the time.
- Send someone to get the person's IHP.
- Make sure someone – you, if possible, stays with the person until they recover completely.
- It might not be obvious that the person's level of awareness has been affected, so they may be at risk of wandering into danger, such as walking onto a road or falling down the stairs; and
- Talk calmly and reassuringly to the person, particularly as hearing is often unaffected or restored first.

After the seizure:

- Note the time.
- Check the person's not injured in any way.
- Let them sit quietly until they're ready to carry on.
- Tell them what's happened at a level they will understand and
- If they've missed any parts of the session, help them to fill in any gaps.

Things you shouldn't do:

- Don't crowd them
- Don't try to restrain them (unless it's essential to keep them out of danger)
- Don't try to bring them round
- Don't assume THEY know what's happening
- Don't make abrupt movements or shout
- Don't try to put anything in their mouth, and
- Don't give them anything to eat or drink until they're fully recovered

Generalized seizures

Generalised seizures are seizures which affect the WHOLE brain.

There are six main types of generalised seizure:

Absence Seizure

An **Absence** seizure can be very difficult to spot. The person will usually stop whatever they're doing and stare at nothing in particular; it may look like they're daydreaming. They won't respond to anything going on around them.

They may or may not be blinking; they may smack their lips. Parts of their body may jerk – but not always.

They CANNOT be brought out of it.

Absence seizures tend to be quite brief– usually lasting between 5 and 10 seconds.

During the seizure the person is unconscious for a few seconds, but they don't fall down. They will be unaware of their surroundings and won't remember anything about the seizure afterwards.

If it happens during a session, they will have no memory of what they were being taught during those moments of absence.

And absences can happen over and over again, sometimes hundreds in a day.

They're very common when going to sleep and first thing in the morning.

If a person is having an absence seizure you should **follow the same procedure as you would for a FOCAL SEIZURE**, and, because they will usually be able to move during an absence seizure, you can guide them away from any danger.

After the seizure let them sit quietly until they're ready to carry on. **You should make sure the person is safe. They will usually be able to walk, so, if they're in any danger, guide them away.**

Atonic Seizure

In **Atonic** seizures, muscles lose strength and become limp. The person's eyelids may droop and their head may nod forwards. They may let go of anything they're holding.

The person may drop heavily to the ground, usually falling **forwards**. This is why Atonic seizures are often called **drop attacks**.

Atonic seizures are very brief - generally lasting less than 15 seconds and the person usually gets straight back up.

Watch **where** and **how** they fall. With atonic seizures these are the greatest dangers. Children and other young people who have regular atonic seizures will often wear protective headwear, sometimes with a face guard to protect their face.

There's nothing you can do to **prevent** an atonic seizure from happening and it's usually over too quickly for you to do anything to help **during** the seizure, except to stay calm and reassuring.

After the seizure it's important to check the child for injuries.

Tonic Seizures

Tonic seizures can affect the whole body. The muscles contract and become rigid – making the whole body stiffen. The contraction of the chest muscles means that air is pushed out of the lungs and the person may struggle to breathe and sometimes they'll cry out.

They may become pale and a blue tinge may appear around their mouth. If they're standing they'll fall down; they'll usually fall **backwards**.

Tonic seizures usually last between 20 seconds and a minute, but they can be longer.

Some people have clusters of tonic seizures, so, if they have one, you should expect more to follow. This type of seizure can happen at any time, but they are more common at night.

A person may sometimes be incontinent during a tonic seizure. If a person is having a tonic seizure you should **follow the procedure for FOCAL SEIZURES**, but put something soft under their head to protect them from a head injury – a folded jumper will do - And loosen tight clothing around their neck to help them breathe.

Clonic Seizures

During a **Clonic** seizure the muscles alternate between contracting and relaxing, in a rhythmic jerking motion. It usually affects the muscles in the upper body, such as the face and neck.

The person won't be **conscious** or **aware** of their surroundings. Once the muscles relax and the jerking motions stop, they will regain consciousness.

It's quite common for the person to let out a deep sigh when the jerking stops.

This type of seizure usually lasts between 1 and 3 minutes, but it could be a while before the person feels ok.

It's important to let them sit quietly until they feel better.

Clonic seizures on their own are rare. They usually follow a tonic seizure.

Tonic Clonic Seizure

A **Tonic Clonic** seizure is the most common and most recognised type of seizure.

In a tonic clonic seizure, the person has two types of seizure, one after the other.

First, they have the **tonic phase** - their muscles become rigid and if they're standing, they'll fall down; and they might struggle to breathe.

Once on the floor, they go into the **clonic phase**. Their muscles rhythmically relax and tighten, which makes their limbs jerk. They may lose control of their bladder or bowels.

This type of seizure usually lasts between 2 and 4 minutes.

You should **follow the procedure for FOCAL SEIZURES** and you should:

- Check the time. If the seizure lasts more than 5 minutes, call an ambulance.
- Once the seizure is over, roll the child onto their side and put them in the **recovery position**. This will help them to breathe.

Myoclonic Seizure

A Myoclonic seizure is similar to a clonic seizure, except that the muscle jerks can affect any group of muscles. Sometimes the whole body is affected, but it's usually one or both arms, or the head.

The muscle spasms can be quite mild – like twitching; but sometimes, they're very powerful. Sometimes, there's just one single jerk. Sometimes a series of jerks happen one after another.

If the person is holding something it will often be thrown from them, rather than just dropped. If their leg muscles are affected they may fall down.

Myoclonic seizures often happen in the first few hours after waking up in the morning, or before going to bed.

Myoclonic seizures are usually over in an instant. They're just one single sharp motion.

There's nothing you can do to stop them from happening and they're usually over too quickly for you to do anything to help during the seizure.

They can occur in clusters, so, if one happens, watch out for more.

Be calm and reassuring. Make sure no one has been injured, particularly if the person has fallen or if an item was thrown.

Responding to Seizures

If a person is having ANY type of seizure they should NEVER be left on their own. They may be very tired or confused after a seizure and must be given enough time to recover.

During a seizure – you **MUST** make sure the individual is safe.

Move anything that may be a danger out of the way.

After a seizure it's important to check the individual for injuries.

Auras

Some people recognise when a seizure is about to happen. It's usually a strange taste or smell, or an odd feeling that's hard to describe, such as a tightness in the chest, or a feeling of falling. It's called an **aura**.

It's really helpful if a person can spot their aura, because, although it won't mean they'll be able to do anything to stop the seizure happening, they may have **time to warn** someone that it's about to happen and they should have time to make sure they're in a safe place **before it starts**.

Auras **won't always** be present. If a person tells you they've had their warning sign, sit them down quietly until you're sure any danger has passed.

Prodromes

Early symptoms, such as changes in a person's behaviour, that might indicate that a seizure is on its way are called **prodromes**.

They aren't as immediate as auras, and, in fact, could start hours or even days before the seizure. It's usually parents and guardians who spot the signs in their children, as changes in behaviour can be very subtle. The person may be irritable, they may just 'not be themselves'.

Auras and prodromes should be included in a person's IHP.

Triggers

There's often no obvious reason why a seizure has happened, but there are some **triggers** which are known to make seizures more likely, such as:

- Some medications
- Lack of sleep
- Illnesses which cause a fever
- Stress, anxiety or excitement
- Flashing or flickering lights
- Hormonal changes and menstruation
- Missing meals or not eating regularly; and
- Failing to take epilepsy medication or not taking it as prescribed

It's really important to take possible triggers into account when planning activities. For example, if you think an activity might cause stress, try to prepare the individual well in advance. If activities are particularly tiring, make sure plenty of breaks are provided.

Computers and lights

For about 5% of young people with epilepsy, their seizures are triggered by flashing or flickering lights or by geometric patterns such as checks or stripes.

Flat screen computers and TVs are NOT usually triggers, as flat screens don't flicker, **but fast-moving or flashing images on the screen could trigger a seizure.**

Be aware of warnings about flashing lights and strobe effects on TV programmes. If flashing images appear on the screen with no warning, it's useful to cover one eye to reduce stimulation and sit well back. Watch TV in a well-lit room to avoid contrast.

Medication

There are different treatments for epilepsy, but most **children and young people** with epilepsy are prescribed antiepileptic drugs to control seizures. These are usually used twice a day, once in the morning and again in the evening, so they shouldn't normally be required during the 'school' or Breakthrough day.

If they do need to take them at the Centre, their IHP will need to explain what they need to take and when; and who is allowed to administer the medicine.

Antiepileptic drugs can have side-effects and these can affect learning. The problem is increased because medication and dosage don't stay the same, they must continually adapt to the child or young person's growth and development.

There can be new or increased side effects with each change, or with a new combination of medication. It can take a while to work out what's right for the individual.

Possible side effects include:

- Dizziness
- Double vision
- Mood swings
- Poor memory
- Poor coordination
- Changes in appetite
- Reduced information processing speed
- Inability to concentrate
- Drowsiness and lethargy and
- Unsteadiness on the feet

They could also develop a rash if they are allergic to the medication.

Emergency treatment

Some individuals, parents and guardians feel safer if the Centre holds medication for use in emergencies, and others choose not to do this.

If emergency medication is held at the Centre, there will need to be an emergency treatment protocol for using it in the person's IHP.

The protocol can vary from person to person, but it will usually say that emergency medication is to be given if a seizure lasts 5 minutes, or 2 minutes longer than is usual for the individual, or if there's a cluster of seizures without regaining consciousness in between.

In this situation an ambulance must always be called, whether or not emergency medication is given.

There are two main treatments for emergencies - each is administered in a different way. Both are sedatives and help reduce the effects of a seizure by calming the brain.

Midazolam is the most commonly used.

It's a liquid which is trickled into the person's mouth between the side of their gums and their cheek and **absorbed** through the cheek lining. It's not intended to be swallowed, although it won't cause any harm if it is, however, it might not work as quickly.

The individual's doctor will have prepared a dose which is calculated for their weight. It's provided in a pre-filled oral syringe. **Medication must only be administered by trained and authorised individuals, as per BTT's Medication policy.**

- Check the expiry date.
- Put the syringe into the side of the person's mouth.
- If possible, divide the dose, so you give half into one cheek and the remaining half into the other cheek.

- Slowly push the plunger of the syringe down until the syringe is empty.
- Watch for any breathing difficulties.
- Confirm that the seizure has stopped.
- And then dispose of the syringe safely.

The other treatment is **diazepam** which is administered rectally. Again, you won't need to work out the dose, it will be calculated and provided by their doctor. This form of medicine will require specialist training and parental consent.

Any medication held at the Centre must be stored safely in the Central storage location, as per BTT's Medication Policy, out of sight and reach of young children. It should be kept at room temperature and away from heat, bright light and out of direct sunlight.

It's important to check expiry dates regularly and return expired medication to a pharmacy for disposal. Don't wash it down a sink, flush it down the toilet or throw it in the bin.

Emergency procedure

Most seizures stop by themselves. They're NOT usually medical emergencies, in most cases you don't need to call an ambulance. But you **must** call Emergency Services if:

- You know it's the person's FIRST seizure
- If the seizure has not stopped after 5 minutes, or has lasted longer than is usual for them
- If one seizure follows another without the person regaining consciousness in-between
- If the person's IHP advises you to do so in the current situation; or
- If emergency medication has been given

You should also call for an ambulance if the individual is injured, is having problems breathing, or if you think they need urgent medical attention for ANY reason.

A member of staff must stay with a student until their parents or guardians arrive. The member of staff may need to accompany the student in the ambulance if the parents or guardians don't arrive in time.

Important

If a seizure lasts for more than 30 minutes or the person doesn't regain consciousness between repeated seizures, there's a serious risk of brain damage.

Working with those with Epilepsy

The **Equality Act** makes sure that people with long-term conditions, such as epilepsy, aren't treated any differently to anyone else, and BTT have a **legal requirement** to support the physical and mental well-being of those individuals, so that everyone is able to play a full and active role in BTT life.

Risk assessments

All children and young people have a right to a full education and should be encouraged to live a normal life. However, epilepsy does involve some high risks and these need to be considered in risk assessments when planning activities.

Epilepsy can affect each person differently, so your risk assessments must take account of a person's particular circumstances.

You need to think about:

- The individual's triggers
- The individual's seizure pattern
- The unpredictability of seizures
- Possible side-effects of medication
- What equipment and medication may be required
- Possible physical, mental and emotional difficulties and
- Extra supervision, particularly where an activity includes an overnight stay, for example

Good risk assessment should mean that everyone can safely take part in all activities. However, as a result of an assessment, you may decide that it's best to **avoid** some activities.

Always weigh the risks against the potential benefits. You need to consider what could make an activity safer and if that level of safety will be enough to make the activity feasible.

It could simply be that extra supervision and sensible precautions are all that's needed. For example, with supervised climbing activities, safety ropes are used and children are closely supervised. So, as long as the instructors are aware that a person has epilepsy and safety guidelines are followed, the activity should be safe.

When planning water-based activity there needs to be a competent swimmer to swim with and monitor an individual with epilepsy. It's a good idea to make sure pool lifeguards and activity centre managers are aware that a person has epilepsy.

Off-site activities

All students should be able to take part in off-site activities. The person organising the trip must do a risk assessment to cover **all** those involved on the trip. Part of this will be to consider if **anyone** needs extra help for **any** reason.

Sometimes adjustments may not be possible. Sometimes it may simply be a matter of being flexible and only slight adjustments may be needed to make an activity safe.

You **must** have a member of staff on the trip who knows about the individual's seizures, their triggers and emergency procedure and who is authorised to administer the person's medicine.

Emergency medication should be available at **all** times, so if a person goes on an off-site activity, it must be taken in a sealed bag or container, with a copy of the individual's IHP. It must be kept safe by a member of staff, or the student themselves if they're old and competent enough to, and their IHP permits this.

Education and epilepsy

On a day-to-day basis, caring for people with epilepsy means ensuring they have the best possible quality of life – it means ensuring that their epilepsy is managed in such a way that they're able to take part in the same activities as their peers. **Their epilepsy shouldn't limit them.**

Learning problems

Generally, the younger a person is when the seizures start happening, the more likely it is that their behaviour and ability to learn will be affected. This is because our brains continue developing throughout childhood, so any seizures during this time can affect this development.

It depends on, amongst many other factors:

- What type of epilepsy it is
- How old the person is when seizures started happening
- How frequently they happen
- When they happen
- How severe they are
- How long it takes to recover each time
- Any side-effects of their medication and
- How much 'school' time they miss

There's no definitive list of possible difficulties for people with epilepsy, although problems with **memory** are the most common.

- They may forget what they have read or heard, or just been taught.
- They may not be able to remember daily routine tasks.
- It may take them longer to learn or to complete tasks.
- They may have difficulty planning and organising work.

You may notice that they're not developing in the same way as their peers or others at their age. They may have emotional problems, they may be withdrawn, anxious, aggressive or attention seeking.

Vigilance

It's important to be vigilant, and to work with their health team to support a person - anything you notice may be significant.

If the person seems to be regressing, or is having more difficulty than usual, it may be because their medication or dosage **has been** changed or needs to be changed, and the medical team needs to know what's happening. **It's also useful to let them know if you're noticing improvements.**

Communication

It's important to **communicate**, to **listen** to the individual and to **develop good working relationships**.

Everyone who is involved in the person's well-being, including the individual themselves, must understand how important it is that everyone shares information.

A daily diary system *can* help, allowing parents or guardians to communicate with teachers and teachers to communicate with parents or guardians.

Avoiding triggers is key, so for example, knowing that a night's sleep has been missed is crucial for the day ahead.



During Sessions

Where possible, try to make sure a person with epilepsy is sitting somewhere you can easily see their face. This will help you to regularly check if they appear to be listening, particularly if they have absence seizures.

Don't draw attention to them if you notice a seizure, simply monitor them and help fill in any gaps they may have missed.

Ensure those with epilepsy have as few visual distractions as possible, for example sit them AWAY from windows, if possible.

Tests and exams

A person with epilepsy may have difficulties in **exam or test** situations, especially if their seizures are triggered by **stress**.

They may need extra support or extra time.

They may need to take tests quietly on their own.

You need to consider what's best for the particular individual.

Any special arrangements should be included in their IHP.

The invigilator must be aware that a child with epilepsy is present.

Bullying and isolation

Bullying can be a problem for children and young people with epilepsy. Epilepsy is something which is '*unknown*' and '*different*' and children often pick up on other children's differences.

It can have a devastating effect on the individual, particularly if they already have low self-esteem or are self-conscious about their condition. They can become isolated, avoiding others to avoid upset.

Parents and guardians worry and can become over-protective. This sort of worry – about being bullied, or being left out, could well be a trigger to seizures.

They're less likely to happen when a person is happy, involved, and engaged.

Raising general awareness amongst others, as soon as they're old enough to understand, can really help against this type of poor behaviour.

Eczema

What is Eczema?

Eczema is a chronic dry skin condition that may be red and sore in various areas of the body. Itch is a major symptom, which leads to scratching and a vicious itch–scratch cycle.

Eczema is not contagious and it's vital that everyone who comes into contact with someone who has eczema – teaching staff, support staff, other students – understands that. It can help if the individual is taught to respond directly to negative comments with something simple like 'It's only eczema, you can't catch it'.

What Causes Eczema?

Eczema is caused by a combination of genetic, immunological and environmental factors that are the subject of ongoing research. Put simply, healthy skin keeps moisture in and external irritants out. When someone has eczema, the skin does not provide the same level of protection as normal skin since the skin barrier is defective. So moisture is lost – causing the skin to become very dry – and external irritants can penetrate the body more easily and cause inflammation (redness). Dry skin is always itchy skin.

Individual Healthcare Plans (IHP)

An IHP is usually essential for moderate to severe eczema, but also may be necessary for mild conditions, where medicine, including emollients, may need to be administered whilst in BTT's care, as well as for other allergies and complex medical conditions.

BTT and parents/carers (or post-16 students themselves) should agree, based on the evidence and the BTT's policy, whether an IHP would be appropriate or not. If medical needs are complex (for example, in cases of moderate to severe eczema, and especially if the individual has allergies or other medical conditions such as asthma), it is important that a healthcare professional is involved in discussions to ensure the individual's medical and emotional needs are fully supported.

Symptoms

Eczema varies in severity from person to person. Some people have small patches of red, dry and itchy skin. For example, a common pattern in school-age white-skinned children with mild to moderate eczema is patches in the elbow creases, around the wrists, behind the knees and around the ankles. In children with darker skin, eczema can appear around the front of the knees and backs of the elbows (called the reverse pattern). Some people also have eczema on their hands and face, particularly around their eyes, and those with severe eczema may be covered from head to toe.

Eczema is not a static condition – it can change from one day to the next. Eczema is most active during 'flare-ups' (i.e. when the skin takes a sudden turn for the worse and becomes very itchy, causing the individual to scratch more intensely). The skin will become red and sore where there are eczema patches or sometimes spread further on an arm/leg or trunk. If eczema is infected, it will become more red (sometimes with yellow crusts and small blisters) and sore, and will weep.

Triggers

Triggers are environmental factors that might cause a person's eczema to worsen. These vary from individual to individual and it can be difficult to identify them as they might not trigger an immediate or noticeable reaction.

Below are some of the most common 'triggers' for a person with eczema along with suggestions of ways in which these can be addressed.

Soap and Water

Normal soap and plain water can further damage the already defective skin barrier in those with eczema, causing the skin to become dry and irritated. Parents/carers should therefore supply a soap substitute for use during BTT hours. Generally, this will be the person's emollient, which could be provided in a small container and stored appropriately, as per policy. To ensure that the individual always has access to it, you need to decide where the most appropriate location(s) would be. It's also important that others (staff and students) understand that the soap substitute is part of the person's treatment regime – and that only they should use it.

Temperature

Being too hot or too cold, or suddenly moving from one temperature to another – e.g. from a warm room to a cold gym – can all trigger a bout of itching.

> Younger people might not realise they are overheating so you might need to make suggestions such as 'If you're getting a bit warm, take your jumper off'.

> Be aware of the weather. If it's very hot or very cold outside and the individual is already feeling itchy and irritable, it might be an idea for them to play indoors at break time for example.

> Ensure that a person with eczema doesn't sit near a draughty door or near a radiator or near a window that the sun pours through, if possible.

> On a lovely summer's day, it is tempting to teach part of a lesson outside. If you do decide to venture out, be sure to pick a spot with some shade and ensure the individual sits in it – don't assume they will know to stay out of the sun.

Sweat

Whether as the result of physical exercise or practical work in a workshop, sweat can be incredibly irritating to sensitive skin. While we would always encourage participation, if the person's skin is flaring, the member of staff could suggest a less active form of entertainment or learning.

Wet and Messy play

Eczema may be triggered by sand, water, paint, clay and some foods. Sometimes items on the nature table (e.g. plants, leaves and tree bark) may be a problem. The individual may benefit from wearing PVC gloves with a cotton liner. Hands should be moisturised before messy or wet activities, then washed with a soap substitute and moisturised with emollients afterwards. Give parents/carers advance notice of such activities so they can bring in any items that the individual might need.

Clothing

Clothing can irritate the skin, and those with eczema respond best to items that are 100% cotton and that don't have seams and labels that constantly rub and chafe.

Pollen

If the pollen count is high and the person's eczema is flaring or triggered by pollen, indoor play at break times should, again, be made an option. If the individual does go outside, it is best to be in areas with a manmade surface (i.e. not on the grass).

Dust

With the best will in the world, it is impossible to eradicate every speck of dust from a room on a daily basis. In fact, it's not the dust itself that can be irritating to those with eczema, but the house-dust mite droppings which it contains. Damp dusting (using a slightly wet cloth) is a particularly effective way of removing dust from a room and it may be worth recommending this to the cleaning team.

Chairs

These can be a problem as inflamed skin can 'stick' to them, especially in warmer weather, and plastic can rub and catch. It may be necessary to ask the person's parents/carers if they can supply an additional cotton sitter or a thin synthetic cushion with a cotton cover that can be placed on the seat to overcome these issues.

Animals

The other people at the Centre may love 'Bob the rabbit' but he could be responsible for a number of potential irritants, such as his fur, saliva and hay bedding. If moving the pet or the session to another room is not an option, then pets need to be located at the opposite side of the room from the individual and not be allowed to 'roam'. Cleaning out should take place in another room because of the volume of irritants it will release into the atmosphere, and all those working with animals must be taught to wash their hands immediately after handling them in case they then go on to have physical contact with the person with eczema. It is probably best for the person with eczema not to handle any animals.

Food

A few individuals will have food triggers for their eczema, with cow's milk and eggs being the most common. As a result, these individuals may well bring in a packed lunch that is tailored to their needs. Ask parents/carers if there are any foods their child must avoid as this may also have a bearing on cookery lessons and meals provided by BTT.

Carpet

Carpets are a prime location for house-dust mites and their droppings and can also chafe exposed skin. Ideally, a person with eczema should be provided with a cotton sitter when sitting on the floor (towels will be too rough) so that their skin does not come into direct contact with the carpet. Also, someone with very dry, sore eczema will have less flexibility in their flexures (the insides of their elbows and behind their knees) so sitting crosslegged on the carpet with their arms folded will be at best painful and at worst impossible.

Damp and Mould

Older buildings can have problems with damp and mould, the spores of which generate a reaction in some people with eczema. Unfortunately, cleaning, ventilating and repair work can only do so much.

Fragrance

Fragrance, in the form of liquid, powder or paste, or airborne, can be a trigger for eczema. Scent particles can emanate from cleaning products used in rooms, an air freshener or your own perfume or aftershave. Ask the cleaning team to use unscented products where possible and to remove air fresheners from both your classroom and adjoining rooms and corridors.

Swimming

Swimming lessons can be a particular challenge as they combine the drying effects of water (it strips oils from the skin) with exposure to chemicals, the most common being chlorine.

It is a good idea for the individual with eczema to apply emollient before they get into the swimming pool, in order to provide a protective layer against the possible irritation of the swimming pool water. The individual should be offered a cubicle for privacy while they do this.

The individual will need to rinse off the pool water after swimming, so it would be best for them to get out of the pool five minutes early in order to shower with emollient and then reapply a layer before getting dressed. Some individuals (particularly younger ones) will need an adult to help with/ oversee this process.

Treatment & Medication

There isn't currently a cure for eczema, so the aim is to 'manage' the condition to minimise its impact on daily life. There is a range of different treatments available. Eczema is treated on a continual basis with medical emollients. Eczema flares are generally treated first with topical steroids and – if the eczema is infected – with antibiotics. There are other options for treating more severe eczema.

Emollients

The foundation of eczema management is to use emollients (often several times a day) to rehydrate the skin, help prevent further moisture loss and stop external irritants from penetrating the body and causing inflammation.

Emollients are special medical moisturisers that are generally prescribed by a healthcare professional or sometimes bought over the counter at a pharmacy. These are not the same as the cosmetic moisturisers that you would purchase at a beauty counter.

Applying emollient helps to trap water in the skin, by creating a seal on the surface, while also replacing the lost fats and natural oils. By repairing the 'brick wall', the emollient also helps to prevent further moisture loss as well as penetration by irritants and allergens.

There are many different emollients to choose from and these are available as lotions, creams and ointments.

There is no such thing as one emollient for all people with eczema – choosing a suitable emollient is normally a process of trial and error since what is soothing to one person's skin may irritate another's.

Emollient should be applied gently, by stroking downwards in the direction of hair growth.

Daily ongoing emollient therapy is extremely important for all severities of eczema, to repair the skin barrier and try to prevent the itch–scratch cycle, which will inevitably lead to eczema flares. In more severe cases of eczema, emollients will need to be applied far more frequently as the skin dries out much faster. Even for mild eczema, emollients often need to be applied three times a day.

Most people with eczema will therefore need to apply emollient at least once during the BTT day. We suggest that parents/carers may begin teaching their child to apply their own emollient well in advance of starting the first term. However, it is likely that most people will still need reminding about what time to apply their emollients and some degree of help and supervision during the process

It is the responsibility of the parent/carers, or students themselves, to supply and provide emollients for their own personal treatment. For liability reasons, BTT must not provide any form of medicine, including creams and ointments, to anyone it hasn't been prescribed to.

Details of when and how to apply emollients need to be stated in the individuals IHP.

You need to decide where the individual will go to apply the emollient. A private location should be provided, but toilets are not appropriate due to the risk of infection. Most people will also view this as a very private process that they want to undertake well away from their piers.

Because eczematous skin easily becomes infected, anyone helping a person to apply emollient should wear nitrile/PVC/latex (but powder-free) gloves. Check with the parent/ carer that the individual isn't allergic/doesn't react to the chosen glove. The helper should avoid any materials they are allergic or sensitive to.

When applying sunscreen, it is important to leave a gap between applying emollients and putting on sunscreen – ideally 30 minutes – so that emollient is absorbed properly and does not dilute the sunscreen; also, to prevent the individual from 'frying' in the sun.

Other Topical treatments for eczema flares

For those with mild to severe eczema, there is a range of other treatments that will be prescribed for use alongside their emollients to help treat eczema flare-ups.

The following topical treatments should not need to be applied to the individual's skin during the BTT day as they are generally prescribed for application only once or twice daily. However, it is useful for staff to understand how each treatment works and any implications of treatment or side effects for the individual during the day.

-Topical Steroids

Topical steroids are usually prescribed if emollients alone are not enough to manage a person's eczema. They are prescribed for short periods (anything between 5 and 14 days) during flare-ups to reduce inflammation and itchiness and help the skin to heal.

Topical steroids are available as ointments, creams and lotions and come in four different strengths – mild, moderately potent, potent and very potent. Parents/carers will be instructed to apply them once or twice a day, depending on the steroid prescribed and the severity of the eczema. Unlike emollients, which often need to be applied several times a day on a daily and continual basis, topical steroids are used for short treatment bursts during flare-ups only.

While a young person can, over time, learn to apply their own emollients, topical steroids must be applied by an adult in very precise amounts and only to active and recovering areas of eczema. Children should therefore have their topical steroids applied at home. As they are prescribed for use only once or twice a day, application should not be required during BTT hours.

-Topical Immunomodulators

Topical immunomodulators help to calm down the skin's overactive immune system, reducing inflammation and redness. One of their advantages is that they can be used on very delicate skin, such as the face and eyelids, and for prolonged periods. Topical immunomodulators are applied thinly to active eczema twice a day. Again, children (those under the age of 16) must not apply topical immunomodulators themselves, but since application is only twice daily this can happen outside of BTT hours. **Patients using topical immunomodulators are advised to limit their exposure to the sun and to use sunscreen to protect their skin.**

If an individual is using this form of treatment, you may need to agree with the parents/carers how much sun exposure they can have over the course of the day – taking into account break times,

lunchtime, off-site activities and any other outdoor lessons – and the options for limiting this; for example, a person may need to stay indoors over lunchtime when the sun is at its most intense.

You will also need to ask the parents/carers how often their child should apply sunscreen, if they know how to apply it, how much supervision they need and how this will fit in with their emollient routine during BTT hours. **Remember, it is important to leave a gap between applying emollient and sunscreen.**

Bandages and Wraps

Bandaging the skin not only helps it to absorb emollient better but also prevents further damage being caused by scratching.

Paste bandages are impregnated with a paste containing zinc oxide, or zinc oxide and ichthammol, which are soothing and cooling ingredients that help to relieve irritation.

Wetwrapping involves a layer of emollient on the skin, a wet inner bandage and a dry outer bandage.

Most people who need bandages and wet wraps will have them applied only at night. However, sometimes it may be necessary for the individual to wear full body or limb bandages to the Centre and, in the case of wet wraps, the inner layer will require spraying with water during BTT time in order to prevent it drying out. More commonly, though, an individual may wear a dry wrap or bandage on a small area, such as a wrist or ankle, during the day.

Extensive bandaging and full body wrapping may look unusual and can therefore result in a negative reaction from peers, so it is best if the individual only wears bandages and wraps to the Centre if absolutely necessary.

It is important that the individual is taught to say, 'The bandages help my skin to get better', but further intervention from staff may be required to reassure peers that the bandages are nothing for them to be alarmed about.

-Silk Clothing

A range of silk garments are now available in shops and online. Because the fibres are soft, natural and 'breathable', they can help to regulate body temperature and humidity, absorb sweat and reduce irritation.

Tablets and Hospital-based Treatments

A small number of people have severe atopic eczema (and often other atopic and allergic conditions). These individuals are often under the care of a dermatologist and may be prescribed additional treatments to ones that are applied to the skin.

Treatments may include:

- Oral Steroids
- Ciclosporin
- Azathioprine
- Methotrexate
- Phototherapy

IMPORTANT NOTE

Because oral steroids, azathioprine, ciclosporin and methotrexate suppress the immune system, the risk of bacterial, fungal and viral infection is increased. Where possible, you should try to minimise direct contact between the individual and any others who are exhibiting signs of illness. It may be advisable, therefore, to discreetly seat the individual away from others who are exhibiting signs of becoming unwell, or who are unwell or who are recovering from illness.

In particular, a child's parents/carers will need to know as soon as possible if their child has potentially been exposed to cold sores, measles or the chickenpox or shingles virus.

Emotional Wellbeing

As well as the physical effects of eczema, the individual may face emotional challenges in coping with the psychological and social effects of eczema.

There may be times when a person with eczema feels different, self-conscious or anxious about fitting in. For example, taking part in activities that may affect their eczema.

They may feel:

- **Self-conscious** because of visible eczema on their skin
- **Different** because they itch and look different to their peers
- **Irritable**; they may be short-tempered or tired due to lack of sleep, which can affect concentration in sessions.
- **Frustrated** due to itching, their eczema being visible, and having to adapt to coping with triggers at the Centre.
- **Overwhelmed** due to coping with eczema generally, including managing emollients at the Centre
- **Angry** because of the perceived injustice of having eczema when others don't
- **Left out** when they can't take part in certain activities with peers, although this should never be allowed to happen at the Centre. Reasonable adjustments to make safe participation for everyone should be made.
- **Ostracised**; others, including outside of BTT, may exclude them (e.g. by not wanting to hold their hand)
- **Upset**; they may become more easily upset when coping with eczema symptoms and tiredness resulting from disturbed nights.
- **Teased or bullied** – if an individual is reluctant or refuses to go to the Centre, or becomes very upset while there, it may be a sign that they are being singled out because of their eczema and are perhaps being teased or bullied.

Equally, remember that some people cope well with eczema, and adapt to managing the condition at the Centre. They do need support, however, to have a normal and enjoyable experience at BTT.

Meanwhile parents/carers and other family members might feel it is hard to 'let go' of their child, especially as they will have cared for their child's skin from babyhood onwards.



Parents/carers themselves may be anxious or worried, and also feel overwhelmed with helping their child prepare for coping with eczema when at BTT.

What can Staff do to help?

Make sure the individual knows you understand about their eczema and are always there to talk to. Those with eczema are often very aware of their eczema needs and what their own triggers are. Always be aware that the individual with eczema needs support with both physical and psychosocial aspects of the condition.

Encourage good two-way communication with parents/carers: make sure that you know how the person is doing at home and that you are aware of any relevant issues concerning their eczema; also make sure that the parents/carers know how the individual is coping with their eczema at BTT.

Monitor them; Parents will often tell you that their child gets itchy at a certain time of day. As they have identified this pattern, they know to look out for it and to be prepared. See if you can identify a similar pattern in the individual's itching at the Centre. Share what you've found with the parents/carers so you can work together to identify what's causing it – tiredness, difficulty understanding a particular subject, a classroom that gets very hot in the afternoon, etc. Equally, if the individual is especially itchy one day or one week, inform the parents/carers in case they need a different cream, or need to moisturise more during BTT hours or are reacting to a substance or situation at home or at BTT.

Use distraction; As well as openly scratching, the individual may generally become fidgety and restless when they are feeling itchy. Go up to the individual and ask how they are getting on and chat with them. Get them up and moving around by asking them to fetch you something from a cupboard for example. Busy hands and minds are less likely to scratch so involve them in a fast-moving task such as solving problems as a team against the clock.

Eliminate possible triggers; Unfortunately eczema is, by its very nature, 'itchy' so we cannot alleviate the symptom completely. However, there are lots of things that make the itching worse which can be addressed. When planning sessions, during the risk assessment phase, look to avoiding possible triggers.

Make sure that you are familiar with the individuals IHP, if one is in place, and that you do your best to ensure the individual is following their skin-care routine and other treatment routines.

Please visit www.eczema.org/eczema-at-school for more information about eczema and what BTT can do to support those with eczema whilst in our Care.

References & Other Sources of Information used to create this policy

- [Anaphylaxis & Allergy Training for Schools and Carers | iHASCO](#)
- [Asthma Training for Schools | Children with Asthma | iHASCO](#)
- [Epilepsy Training for Schools | Children with Epilepsy | iHASCO](#)
- [Diabetes Training for Schools | Children with Diabetes | iHASCO](#)
- www.eczema.org/eczema-at-school

Policy History

Policy Version & Date	Summary of Change	Amended By	Implementation Date
1 (12/22)	New Policy	Sam Gilbert	January 2023
2 (1/24)	Updated into new policy format	Sam Gilbert	January 2024
3(29/04/2026)	Update – added 4.5 regarding anaphylaxis training – mandatory for September 2026. Breakthrough Staff have started this training and to be complete before July 2026.	Angus Dugdall	April 2026