

Medical Emergencies:

Guidance for Disability Coordinators

Emergencies

- Certain types of medical conditions can bring an increased likelihood of a medical emergency, including anaphylaxis with severe allergies, epilepsy, some cardiac conditions, vasovagal syncope, POTS, asthma, or diabetes. However, anyone with or without a pre-existing condition could experience a medical emergency at any point, and individuals with known conditions can experience medical emergencies unrelated to their diagnosed condition.
- Responsibility for managing an ongoing personal medical issue generally lies with the individual adult.
- Most people with anaphylaxis are able to administer their own adrenaline auto-injector ('epipen') as there are usually warning signs following exposure to an allergen.
- NHS guidance is clear for individuals [Anaphylaxis - NHS \(www.nhs.uk\)](http://www.nhs.uk):
 - identify any triggers – you may be referred to an allergy clinic for allergy tests to check for anything that could trigger anaphylaxis
 - avoid triggers whenever possible – for example, be careful when food shopping or eating out if you have a food allergy
 - carry 2 in-date adrenaline auto-injectors at all times – give yourself an injection whenever you think you may be experiencing anaphylaxis, even if you're not completely sure
- The administration of an epipen is only the first step in managing anaphylaxis and medical follow-up will always be necessary.
- People without first aid training should not be required to administer epipens or other medications. First-aiders are not expected to undertake activities that they do not feel confident in doing, especially without any relevant training. However, they could assist the individual to self-administer, if that were necessary and in line with their first aid training.
- The management of sudden severe illness, including alterations in levels of consciousness or a situation in which someone is not well enough to

administer their own medication, should be dealt with under standard [first aid provision](#) as a medical emergency.

- **Staff should contact emergency services as a priority on identification of a medical emergency.**
- There may be value in considering whether some/additional staff would benefit from being given basic first aid training if there is increased likelihood they will encounter a student with a known condition. This is dependent on the college/department's own first aid needs assessment, which must consider the level of training required. Departmental safety officers should be contacted for advice on local first aid needs assessments.

Further considerations for non-emergency situations

Communication

- Talk to the student about their disability and ask what might be helpful. Never ask or expect a student to discuss personal or medical details with you; try to focus on the impact and implications in a learning and/or residential environment.
- Ask the student how they usually deal with health emergencies when at home alone or out in public places, and how they plan to manage transitions when moving between home and university etc.
- Explain to the student the role of staff in responding to medical emergencies and ask for their permission to share relevant information with appropriate people, including trained First Aiders and Lodge staff/porters or reception staff in department buildings.
- Consider checking in touch more regularly, particularly during periods of stress and high pressure when symptoms might worsen.
- College staff should link the student with the college nurse/GP and notify catering staff of any food allergies.

Possible reasonable adjustments

This section gives some examples of reasonable adjustments that might be helpful to some students with medical conditions. They will not be applicable to every student nor is this list exhaustive.

Environment: Practical, Access and Orientation

- Assess teaching rooms and living spaces to identify any known triggers/allergens and consider whether any adaptations could be made to prevent problems. For example: replacing carpet; providing ergonomic furniture; ventilation and lighting; access to quiet rest spaces; access to (ensuite) bathroom facilities; access to kitchen facilities such as a private/lockable fridge for storage of medication or to prevent cross-contamination of food. Consider whether alternative study or living spaces would be less problematic for the student or whether it would help for the student to retain their accommodation for a longer duration.
- Early planning and additional consideration will need to be given when planning field work, years abroad, and placements to anticipate potential triggers, access to medical and/or bathroom facilities, catering arrangements, and developing risk assessments. See DAS guidance on [Study abroad, field trips, and placements](#).
- Coordinate with local safety officers/managers and carry out a [environmental] risk assessment for relevant study/living spaces with an agreed action plan.
- Notify local first-aiders and safety officers: student has a heightened risk of experiencing a medical emergency requiring first aid.

Study and Teaching

- Help the student to prioritise their workload if they are experiencing a flare-up in their symptoms.
- Symptoms may impact on attendance and concentration levels. Access to lecture recordings is likely to be helpful. Students may also need permission to make their own recording of discussion-based sessions such as seminars and tutorials. Student to refer to their responsibilities, as set out in the [educational recordings policy](#), §26-30. [Staff guidance on student recordings](#).
- Occasional flexibility with formative deadlines (e.g., tutorial work) might be required to allow the student to manage their workload.
- Student may need to manage their health through the day and leave the room/session at short notice, take a rest break, take medicine, take food and drink into sessions, stand up and move around the room, etc.

Libraries

- Extended library loans.
- Permission to take in food, drink, or medication in a bag.

Examinations and Assessments

- If a student has a fluctuating condition that impacts their ability to meet a summative assessment deadline they may [apply to Proctors' Office for an extension](#) of up to 14 days using their SSP as evidence. If an extension beyond 14 days is needed, additional evidence is required. [Student Guide: problems submitting work or attending an exam](#).
- They can also use [Mitigating Circumstances](#) to let their examiner know if they believe their performance in assessment has been seriously affected by illness.
- Invigilated use of diabetes blood sugar monitoring kit or Freestyle Libre phone (on silent).
- Permission to take food/drink/medication into the examination.

Useful information

[Allergies - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Anaphylaxis - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Asthma - Asthma attacks - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Epilepsy - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Type 1 diabetes – Hypoglycaemia \(hypos\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)