



Leedon Lower School

Policy and practice for Supporting Children with Medical Conditions and Administering Medicine

This policy has been developed in line with the Department for Education Supporting Pupils at School with Medical Conditions Guidance dated September 2014

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This policy and procedure is subject to The Equality Act 2010 which recognises the following categories of individual as Protected Characteristics: Age, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual orientation and Disability.

Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. In meeting this duty, the governing body of Leedon Lower School has regard to guidance issued by the Secretary of State under this section. This guidance came into effect when Section 100 came into force on 1 September 2014.

The Governing Body has considered both the statutory guidance and non-statutory advice contained within the DfE document in drawing up this policy. It has been drawn up with a wide range of local key stakeholders within both the school and health settings. It is supported by clear communication with the staff, parents and other key stakeholders. This will ensure it is understood and implemented fully.

The school's Early Years settings will continue to apply the Statutory Framework for the Early Years Foundation Stage.

The Governing Board at Leedon Lower School will ensure that:

- No child is denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Arrangements are in place in school to support pupils at school with medical conditions.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case we will comply with our duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs And Disability (SEND) Code Of Practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

In creating this policy, the Governing Body has taken into account that many of the medical conditions that require support at school will affect the pupil's quality of life and may be life-threatening. The focus at Leedon Lower School is on the needs of each individual child and how their medical condition impacts on their school life.

Policy and Practice for the Care of Children with Medical Conditions in School

Leedon Lower School is an inclusive community which supports and welcomes pupils with medical conditions. We believe that pupils with medical conditions should be accommodated within the normal working structure of the school, can participate fully in all aspects of the curriculum and have the same opportunities and access to activities (both school based and out-of-school) as other pupils. Our aim is for

pupils and parents to feel confident in the care that they receive from the school and the level of care meets their needs. The school is committed to providing a physical environment accessible to pupils with medical conditions and pupils and parents are consulted to ensure this.

Members of staff at Leedon Lower School are aware that the medical conditions of pupils may be serious, adversely affect the child's quality of life and impact on their ability to learn. Therefore, the school has a duty to ensure that, as far as is reasonably possible, a pupil's medical condition is managed safely and sensitively. The school understands that all children with the same medical condition will not have the same needs. Therefore, each Individual Healthcare Plan will be written specifically for the child it is supporting.

A medical condition can impact on a child's ability to learn and school staff understand that frequent absences or symptoms, such as limited concentration and frequent tiredness, may be due to their medical condition. The class teacher will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENDCo. They will liaise with the pupil (where appropriate), parent and the pupil's health care professional to write a SEND plan to provide special educational provision.

Members of staff at Leedon Lower School are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's behaviour and bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and Science to raise awareness of medical conditions to help promote a positive environment.

Physical Education

Leedon Lower School understands the importance of all pupils taking part in physical activity and the school has a designated PE teacher who is aware of pupils' medical needs. All relevant staff will make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. All members of staff are aware that pupils should not be forced to take part in physical activities if they are unwell. They should also be aware of pupils who have been advised to avoid or take special precautions during activity, know the potential triggers for a pupil's medical condition when exercising and understand how to minimise these.

Preventing Triggers

Leedon Lower School is aware of common triggers that can make common medical conditions worse or bring on an emergency. The school is committed to identifying and reducing these triggers, both at school and on out-of-school visits. School staff have been given training and written information on medical conditions which includes avoiding and reducing exposure to common triggers. The INDIVIDUAL HEALTHCARE PLAN details an individual pupil's triggers and details how to make sure pupils remain safe throughout the whole school day and on out-of-school activities. The school reviews all medical emergencies and incidents to see how they could have been avoided and changes school policy according to these reviews.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

Childhood Communicable Diseases

Parents should let the school know if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be notified to the Public Health Authority.

Sickness and Diarrhoea

In line with guidance from the Health Protection Agency on controlling infection, we advise pupils do not attend school till 48 hours have elapsed from last episode of diarrhoea or vomiting.

Roles and Responsibilities

Governing Body responsibility

- To ensure arrangements are in place to support pupils with medical conditions in school.
- Ensuring that a policy for supporting pupils with medical conditions in school is developed, implemented and reviewed regularly.
- To ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- To ensure that there is the appropriate level of insurance and liability cover in place.
- To ensure that any members of school staff who provide support to pupils with medical conditions can access information and other teaching support materials as needed.

Headteacher Responsibility

The Head Teacher has overall responsibility for the implementation of this policy and for ensuring:

- That sufficient staff are suitably trained in Managing Medications and administering medications.
- Information is shared with supply staff on pupils with medical needs.
- That appropriate cover arrangements are in place in case of staff absence or staff turnover.
- That all staff are aware what to do in an emergency situation involving a pupil with medical conditions.
- That all staff are aware of the schools general emergency procedure.

Elements of practical implementation are delegated as follows:

- The Managing Medications Co-ordinator to ensure medications are stored and administered on a day to day basis.
- Class Teachers/Trip coordinators are responsible for ensuring appropriate risk assessments are made for school visits, holidays, and other school activities outside of the normal timetable and include pupils with medical conditions.
- Appointed First Aider to ensure medication is collected from school office for school trips.
- The Class Teacher or SENCo, as defined during the initial process, is responsible for the monitoring of Individual Healthcare Plans.
- Members of staff trained to manage medical needs of pupils are responsible for implementing Individual Healthcare Plans on a day to day basis.

SENDCo

Should a parent advise the school of a medical condition, the SENCo will hold an initial meeting. The purpose of this meeting will be to determine whether a pupil with a medical condition will be

supported via SEND or managed by the Class Teacher. The flow chart in Appendix 1 will be used to support whether an Individual Healthcare Plan is required during this meeting.

Where the pupil is identified as SEND the SENCo will complete the Individual Healthcare Plan. This will be monitored by the SENDCo alongside the pupil's SEND plan. Where it is identified that the pupil does not meet the criteria for SEND the SENCO will draw up the initial IHP in partnership with the family, the pupil (if relevant), relevant agencies and the Class Teacher.

Managing Medications Co-ordinator – Laura Cole

- Storing a master copy of all Parental Agreement to Administer Medication forms in the Managing medications folder with the Individual Healthcare Plans (A-Z).
- Ensure all medication administered is recorded on the back part of the Parental Agreement to Administer Medication Forms which is held with the medication in a labelled plastic bag with pupils name.
- Recording inhaler and Epi Pen expiry dates on the top of the Form and checking these termly.
- Ensuring short term prescribed medication is returned to the parent once completed.
- Ensuring all medication is returned home at the end of the academic year.
- Recording all medical needs on Integriss.
- Updating the classroom medical records sheets and circulating this to staff when changes occur.
- Updating Individual Healthcare Plans in Staffroom regularly, should parental permission be given in IHP to share this information with all members of staff.
- Arranging annual Epi Pen training for appointed members of staff.
- Arranging necessary training to support pupils with Medical Conditions.
- Ensuring deadlines are enforced for expiry of training and if required, re-training arranged before expiry.
- Providing medical list for Year 4 Residential trip.
- Passing any medication that needs to go home to Afterschool to give to parents at pick up.
- Checks medication termly for dates and if going out of date rings the parent and sends letter to obtain new medication.

School staff

The members of staff at Leedon Lower School are aware of the medical conditions at this school. Teachers have access to the medical needs of their children in their class on Integriss at any time. All school staff understand their duty of care to pupils with medical needs. They should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help or is in an emergency situation. All staff members will also understand the school's general emergency procedures and know what action to take in emergency situations. This will be updated yearly.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach. Individual Healthcare Plans will be available for all those who care for the child to read, to ensure they understand the support that is required. If

parental permission is given, they will also be accessible in the staff room for any member of staff. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

School Nursing Service

Leedon Lower School has access to school nursing services. They may notify the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. The School Nurse will provide specialist training such as Epi Pen training yearly.

Other healthcare professionals, including GPs and paediatricians

Other healthcare professionals, including GPs and paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may provide support and training for members of staff supporting children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils

Depending on their age, pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, 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. Other pupils in school will often be sensitive to the needs of those with medical conditions.

Parents and Carers

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment, dispose of sharps appropriately and ensure they or another nominated adult are contactable at all times.

Procedure to be followed when notification is received that a child has a medical condition

Parents are asked to advise the school of any medical conditions as part of the school admissions process.

For Reception pupils, the Class teacher can discuss any medical needs as part of the home visit. If there are any medications a Parental Agreement to Administer Medications form will be provided to the parent/carer to complete and returned to the school office.

Should a parent advise the school of a medical condition, the SENCo will hold an initial meeting. The purpose of this meeting will be to determine whether a pupil with a medical condition will be supported via SEND or managed by the Class Teacher. The flow chart in Appendix 1 will be used to support whether an Individual Healthcare Plan is required during this meeting.

Where the pupil is identified as SEND, the SENCo will complete the Individual Healthcare Plan. This will be monitored by the SENDCo alongside the pupil's SEND plan. Where it is identified that the pupil does not meet the criteria for SEND, the SENCO will draw up the initial IHP in partnership with the family, the pupil (if relevant), relevant agencies and the Class Teacher.

Leedon Lower School understands the importance of an Individual Healthcare Plan. It should include precise information on the medication being taken by the child and the care that needs to be given to support this child. The IHP will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing whilst minimising disruptions.

The school will make sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have the confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's Individual Healthcare Plan. This should be provided by a specialist nurse, the school nurse or another suitably qualified healthcare professional. It may be that the parent provides extra information to staff to help support their child. The specialist nurse, school nurse or other suitably qualified healthcare professional will confirm their competence. The school keeps an up-to-date record of all training undertaken and by whom.

It will be the responsibility of the Class Teacher to review the Individual Healthcare Plan annually or whenever the pupil's needs change. A review should always take place at the end of the school year at a meeting with the existing Class Teacher, the parents and the new Class Teacher. This will ensure effective transition of information throughout the school.

Copies of all Individual Healthcare Plans must be given to the school office for retention centrally. The medical marker on the pupil's Integris record will be activated by the school office and relevant details added. The school will ensure that a pupil's confidentiality is protected and will seek permission from parents before sharing any medical information with any other party.

For conditions such as asthma, an Individual Healthcare Plan may not be required but the school will

manage the asthma in line with this policy.

School Transfers

Where transfer to another school takes place during the school year, the Common Transfer File (CTF) will contain the medical marker and be passed to the new school.

A copy of the Individual Healthcare Plan will also transfer with the pupils paper records to the new school.

With regards to Year 4 transfers into Middle Schools, the middle school representative will meet with class teachers to discuss medical needs. They will also discuss children with medical conditions and how to support them.

Where a pupil transfers in to the school during the school year as part of the admissions process any medical markers on new CTF records will be discussed with the previous school and the normal process for a newly identified pupil will be followed. The Managing Medications Co-ordinator will then liaise with the SENDCo regarding Individual Healthcare Plans.

Little Learners transfers to Reception are managed via the leads in these areas and medication information is passed between them.

Policy and Practice of the Administration of Medicines in School.

Children suffering from acute illnesses e.g. throat infections, eye infections, ear infections, diarrhoea and sickness, should be kept at home until they are fully recovered. Occasionally a child will return to school well able to cope but still taking prescribed medicine. Some dosages can be managed by the family outside normal school working hours (3 times a day for example can be administered at home before school, straight after school and in the evening before they go to bed) or a parent might wish to come to school to administer any medicine to their child personally.

If a child needs prescribed medicine administered in school (for example 4 times a day medication), then a Parental Agreement to Administer Medicine record form for each medicine must be completed.

The forms can be obtained from the school office and handwritten letters requesting that medicine is administered will not be accepted. Completed Parental Agreement to Administer Medicine record form must be handed in to the school office. Once completed, they will be held in the school office in a central folder stored A-Z. A copy will also be held with the individual medication.

NO MEDICINE WILL BE GIVEN WITHOUT PARENTAL PERMISSION.

The smallest possible dose should be brought to the school, preferably by the parent, labelled with the name of the pupil in addition to clear written instructions for administration - including any possible side effects. Department of Health guidelines state that it is not safe practice for staff managing medicines to follow relabelled or re-written instructions or to receive and use repackaged medicines other than as originally dispensed. So any medicine must be for the child in question and be in the original prescribed packaging.

Generic non-prescription medicines will not be dispensed and staff should never volunteer to give non-prescribed medicines to children.

N.B. Children under 16 should never be given aspirin unless prescribed by a doctor

There is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is voluntary role and staff of the School have the right to refuse to administer any medication. While staff in school have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.

Only nominated members of staff may give medicine. These are:-

Little Learners – Catherine Power or Key worker in her absence

Reception Classroom – Laura Cole or Reception Teachers and TA's

Years 1-4 Laura Cole

Members of staff who are trained to administer Insulin, Epi Pens or other specialised medicines (See Individual Healthcare Plan for list of staff trained)

The members of staff that administer medication will attend a general Managing Medicines training every 5 years. Any additional specific training will be identified and arranged through the school nurse, for example Epi Pen and repeated yearly. Training in the management of diabetes and administration of insulin will be provided by Health Care professionals and repeated yearly.

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Head Teacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.

Storage of Medicine

The school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception is insulin, which though may be in date, will generally be supplied in an insulin injector pen or a pump.

Medication will be stored securely and safely in school. Pupils with medical conditions know where their medication is stored and can access it immediately at any point with adult support. Specifically,

- Antibiotics are kept in the fridge in the staffroom
- All inhalers are kept in the main office in the identified medical boxes in Year groups, except Reception class and Little Learners that keep theirs separately.
- All Epi Pens are kept in a container with a first aid symbol on it in the classrooms – somewhere easily accessible to adults but not to children.
- All Insulin and Blood Sugar Monitoring equipment are kept in a container labelled with the first aid symbol in the classrooms - somewhere easily accessible to adults but not to children.
- All other medicines are kept in the medicine cupboard in the school office.

Early Years Provisions to keep their own medication including inhalers

Storage of Controlled Medicine

Increasing numbers of children are taking medication for Attention Deficit/Hyperactivity Disorder AD(H)D. Only a month's of supply of controlled medication can be kept in school. This is kept secure in a locked box inside a locked cabinet in the school office and is accessible by Sheila Darton and Alison Janes only, who have had the sufficient training to administer them.

After medicine has been administered the member of staff should fill in the Parental Agreement to Administer Medication form recording the date, time and dosage.

NB: Epi Pens should always be readily available for immediate use by the pupil, but care should be taken that other children do not use them.

Administration

The label on the medicine container should be checked against the parental agreement to administer medication form. Any discrepancy should be queried with the parent before administering a medicine.

The named person should:

- Confirm the identity of the child
- Check the parental agreement to administer medication form
- Check when the medication was previously given
- Check the name of the medicine against the name of the school record
- Check the dosage
- Measure the dosage without handling the medicine, if it is a liquid shake the bottle and pour away from the label so that the medicine does not render the instructions illegible.
- Give the medicine to the pupil and watch him/her take it, offer a glass of water to wash the medicine into the stomach.
- Wash the spoon or dispenser spoon
- Return the medicine and spoon etc to the storage area.

Refusal – If a child refuses to take the medicine, staff should not force them to do so, but should note this in the records and notify the parents.

A record of medication administered will be sent home to parents.

Record Keeping

A record should be kept of dosage given on the Parental Agreement to Administer Medication form for the pupil. Other formats may be used to record the monitoring a blood sugar level and administration of Insulin.

Disposal

Medicines should not be allowed to accumulate. Parents are asked to collect all medications/equipment at the end of the year and to provide new and in-date medication at the start of each term. They should be returned to the parent for disposal or taken to the local pharmacy. No medicine should be used after its expiry date. Some medicines e.g. insulin, eye drops and eye ointments have to be discarded 4 weeks after opening. The date of opening must always be recorded on the container for these preparations. Used needles shall be placed into a sharps bin that is provided by the parent of the pupil with the medical condition. The sharps bin will be kept securely and safely and when full, will be collected and disposed of by parents.

Possession and self-administration of regular medicine

Given the age of pupils at the school, all medication will be administered by members of trained staff unless it's been identified for older children (potentially year 4) with inhalers for the relief of asthma.

Visits, Trips and sporting activities

It is Leedon Lower School's practice to encourage children with medical needs to participate safely in structured and unstructured activities, extended school activities and out of school visits. The school makes sure the needs of pupils with medical conditions are adequately considered and staff will make reasonable adjustments to ensure all activities are inclusive.

This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. The needs of pupils with medical conditions are included in the risk assessment that is carried out before any out-of-school visit. Staff will consider whether the planned out-of-school visit requires an individualised risk assessment for children with medical conditions and shall be written prior to the visit. Plans will be put in place for any additional medication, equipment or support that may be required and Individual Healthcare Plan's will be taken on the visit.

The school understands the importance of all pupils having the opportunity to take part in lunchtime sports clubs, out-of-school sport clubs and team sporting competitions. Members of staff will ensure they are accessible to all pupils by making appropriate adjustments and ensuring that pupils have medication and equipment with them, including food if required.

The appointed first aider on any out-of-school visit, including regular visits such as Year 4 swimming, must liaise with the School Office to ensure adequate first aid provision and that any medication needed is provided. This will be collected from the school office the evening before and placed in a Trip rucksack which is stored in the school office).

The trip rucksack will contain:-

- A mobile phone for emergencies
- First aid kit
- Medication (Epi Pen or asthma pump or any medication that may need administering during the trip)
- Field file

Residential trips

All residential trips at Leedon Lower School are inclusive and children with medical conditions will be encouraged to participate. Staff supervising excursions are always made aware of any medical needs and relevant emergency procedures. The class teacher or school trip leader will meet with parents, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This will be recorded in the pupil's Individual Healthcare Plan which will be taken on the residential visit for reference. Additional safety measures may need to be taken for residential visits and an individualised risk assessment may also be written if required. It may be that an additional member of staff will be needed to ensure all medical needs are met. Arrangements for taking any necessary medicines will also be taken into consideration.

The school will obtain consent from parents prior to the trip to administer Calpol in case of illness. The school will have a small supply of Calpol for the trip to administer if required. If administered, then a record of this will be recorded using the Medicine Administration Form.

Emergency Procedures

In the case of emergency, the school will call an ambulance and contact the parents. Office staff should copy the child's school Integris contact record which details any known medical conditions and provides information about the child and hand it to the paramedics upon arrival. If a child with a medical condition is taken to hospital by ambulance, their Individual Healthcare Plan will be taken too. Permission to share the IHP with emergency care settings will be sought from parents and recorded within it.

When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation.

Under normal circumstances, staff should not take children to hospital in their own cars as it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

All staff understand and are trained in the school's general emergency procedure. Updates to the procedure are shared yearly. Staff are also informed what to do in an emergency for children with Medical conditions.

If a situation occurs which has not been covered within these guidelines then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

Common Medical Conditions

If the likelihood of an 'attack' in any of the following conditions is apparent, staff should escort the student to the medical room, send a TA or, if necessary, a runner to fetch help. If staff know a particular student well it may be appropriate to send them with a responsible friend who also knows of their condition.

If it is not possible to get the student to the school office then help should be sent for and the following guidelines used for each condition.

Asthma

Asthma is an over active condition of the airways causing shortness of breath and wheezing. Preventative inhalers should be kept at home unless needed more than twice a day for games.

Relievers must be readily available, not locked away. It is virtually impossible to overdose even if friends decide to try.

1. Ensure reliever medicine is taken correctly
2. Reassure the child but do not put an arm about the shoulder as this restricts breathing
3. Sit the child leaning forward over the back of a chair and loosen collars and ties
4. If a second dose does not help in 5-10 mins and especially if the child is deteriorating then call an ambulance. Do not wait for the parents to be contacted, though obviously they must be informed.

It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.

The school will retain an inhaler for emergency use in line with the Amendments to the Human Medicines Regulations 2012 to allow the supply of salbutamol inhalers to schools and Guidance on the use of emergency salbutamol inhalers in schools dated Aug 2014.

Diabetes

Diabetes occurs when the body's production of insulin is inadequate to deal with sugar in the blood. If the balance between insulin, food and activity is not maintained the blood sugar will rise and fall. Each child in the school with Diabetes has an Individual Healthcare Plan, which can be found in the office, with the child's medical equipment or in the staffroom (with parent's permission). This will provide specific information about the care of the individual child.

High blood sugar-hyperglycaemia

Generally, a child can usually tell when this is happening and will feel very thirsty. Every child has their own symptoms of when they are 'hyper'. These will be listed in their Individual Healthcare Plan and trained staff will get to know these individual traits. Allow the child to drink plenty of water and also go to the toilet whenever necessary. Insulin may need to be administered by a member of staff who is trained to lower blood sugar levels, see IHP for list of trained staff.

Low blood sugar-hypoglycaemia

This is potentially life threatening and a child may not always be aware it is happening. General symptoms include paleness, sweating, anxiety, drowsiness, confusion and behaviour changes. Sufferers may complain of blurred vision, headaches and nausea. Every child has their own symptoms of when they are in 'hypo'. These will be listed in their Individual Healthcare Plan and trained staff will get to know these individual traits. They will then immediately give fast acting sugar to treat this e.g. sugary drinks, (NB not diet drinks); sweets e.g. jelly babies, Haribo, fresh fruit, glucose tablets, glucose gel, etc. These vary for each child and parents will advise on what fast acting sugar they use and provide accordingly.

Recovery should be obvious in 10-15 minutes. If there is no improvement after this time period, trained staff will repeat the treatment. If there is still no improvement or the child becomes unconscious or has a fit, an ambulance will be called and parents will be informed. Their Individual Healthcare Plan will accompany them to hospital if parents have provided consent.

Anaphylaxia

This is a severe allergic reaction. The administration of medication is safe and should not be withheld if there is any doubt about the stages and symptoms. Each child in the school who is at risk of Anaphylaxia has an Individual Healthcare Plan, which can be found in the office, with the child's medical equipment or in the staffroom (with parent's permission). This will provide specific information about the care of the individual child.

Appointed members of staff will undertake annual Epi Pen training. Only the members of staff trained will be authorised to administer this medicine. If necessary, a quick decision will be made, an ambulance will be called and parents will be informed. Their Individual Healthcare Plan will accompany them to hospital if parents have provided consent.

Epilepsy

Epilepsy results from abnormal electrical activity in the brain causing physical effects (fits, seizures). Parents need to inform the school about their child. Each child in the school with Epilepsy has an Individual Healthcare Plan, which can be found in the office, with the child's medical equipment or in the staffroom (with parent's permission). This will provide specific information about the care of the individual child.

Each individual differs in the length of time of a fit and recovery time. When a fit occurs try to prevent injury by moving objects rather than the child. Do not force anything into the mouth and as soon as possible put the child into the recovery position. If the fit persists for more than 5-10mins then an ambulance should be called and parents will be informed. Their Individual Healthcare Plan will accompany them to hospital if parents have provided consent.

A major seizure is alarming to witness and other children may need a lot of reassurance afterwards.

Contact with parents

Parents will always be contacted if their child has suffered an 'attack' due to any of the medical conditions described. This will normally be done by a member of the office team.

Other Information

If there is any doubt about the health and safety of any child, staff member, visitor or voluntary helper on the school site at any time, expert help will be sought.

From time to time specific information is given to all staff on specific medical conditions. The school nurse is available for advice and assistance.

Finally, this list is not exhaustive. If a situation occurs which has not been covered within these guidelines then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- force a child to take part in activities if they are unwell.
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to

accompany the child.

Liability and indemnity

School staff are covered by the school's Public Liability Insurance Policy, details of which are on display at the school.

Complaints

Should parents wish to make a complaint the school's complaints policy should be followed.

