Infinity Academies Trust

Ready to learn; Prepared to flourish.

Supporting pupils with medical conditions

IAT-CW-006

This policy is linked to the Allergen Policy IAT-CW-021

This policy includes the following information:

- Individual Health Care Plans
- PEEP
- Storage of Medicines
- Intimate Care
- Controlled Drugs
- Antibiotics
- Analgesics
- Guidelines for administering an Adrenaline auto-injector (AAI), managing asthma, managing hypoglycaemia, managing epilepsy
- Emergency procedures

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Document Management Information

Policy Reference:	IAT-CW-006
Applicable to:	All academies within the Infinity Academies Trust, there may be in addition to this policy at local level a procedure which determines some of the local arrangements pertinent to the individual site
Development and Consultation:	Schools have a responsibility to make sure that safety measures cover the needs of all pupils. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The school is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.
Dissemination:	All staff have access via the Trust and Individual Academy websites including the Trust accessible file share area
Implementation:	Applicable to all internal and external stakeholders to the Trust. To be communicated accordingly
Training:	As required, and in relation to the individual needs of the pupil requirements at the individual settings
Review Frequency:	Once every three years or in line with statutory or legislative changes
Policy Author:	Gavin Booth
Executive Policy Owner:	Gavin Booth
Approval by:	Trustees
Approval Date:	September 2021
Next Review Due:	August 2027

Revision History

Document Version	Description of Revision	Date
1.0	This policy has been moved onto the new policy template and reformatted.	06-11-2020
1.1	Policy reviewed no amendments at this time, no significant legislative changes.	01-10-2021
1.2	Updated following review by Chemist/Paramedic	12-05-2023
1.3	Updated following the addition of staff manual handling training forming part of their statutory training and for the application of creams/emollients for eczema.	23-07-2024

1.0 Policy Statement

Schools have a responsibility to make sure that safety measures cover the needs of all pupils. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The school is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

Pupils with special medical needs have the same right of admission to the school as other children and cannot be refused admission or excluded from the school on medical grounds alone.

Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the local authority and Department for Education.

The responsibility for implementation of the policy rests with the Headteacher.

2.0 Legal Framework

The statutory guidance document Supporting Pupils at School with Medical Conditions – last updated December 2015 – can be accessed here:

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Children and Families Act 2014 section 100 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions.
- The Health and Safety at Work Act 1974: Sections 2(3), 3 and 4 makes employers responsible for the health and safety of employees and anyone else on the premises.
- In order to comply with the Misuse of Drugs Act 1971 when controlled drugs primarily prescribed for Attention Deficit Syndrome are kept on school premises, a written stock record is also required and the drugs kept securely locked away.
- Medicines Act 1968, Legislation.gov.uk specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.
- Section 3, the Children Act 1989 http://www.legislation.gov.uk/ukpga/1989/41/section/3 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- Section 10, the Children Act 2004 http://www.legislation.gov.uk/ukpga/2004/31/section/10 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of a school, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

- Regulation 5 of the School Premises (England) Regulations 2012 (as amended) http://www.legislation.gov.uk/uksi/2012/1943/pdfs/uksi_20121943_en.pdf provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.
- The Special Educational Needs Code of Practice https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/S END_Code_of_Practice_January_2015.pdf
- Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) http://www.legislation.gov.uk/ukpga/1996/56/section/19 provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.
- The policy should be read in conjunction with the following Trust Policies:
  - Equal opportunity and diversity policy; Children with health needs who cannot attend school policy, remote learning policy and procedures, Child Protection & Safeguarding Policy; and Health & Safety Policy

This policy will be presented to new members of staff during induction training so that they know their roles and responsibilities with respect to supporting pupils with medical conditions.

3.0 Definition

Pupils' medical needs may be broadly summarised as being of two types:

- Short term, potentially affecting their participation in school activities for which they are on a course of medication;
- Long term, potentially limiting their access to education and requiring extra care and support.

4.0 Aims

Our schools aim to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the local authority policies and procedures;
- ensure that arrangements are in place to support pupils at the school with medical conditions;
- arrange and update training for staff to support individual pupils;
- liaise as necessary with outside agencies in support of the individual pupil;
- ensure access to full education including school trips and physical education if possible;
- monitor and keep appropriate records.

5.0 Entitlement

The Trust accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The Trust believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The Trust accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

6.0 Responsibilities

6.1 Parents and carers

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication. They 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 and ensure they or another nominated adult are contactable at all times.

For administration of emergency medication, a Care Plan template must be completed by the parent(s) in conjunction with the school nurse or other medical staff and school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates;
- Dispensing date/Pharmacy details.

6.2 School Staff

It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken.

Supporting a pupil with a medical condition is not the sole responsibility of one person. We aim to work collaboratively with others in order to provide effective support for the pupil.

There is no legal or contractual duty on school staff to administer medicine.

Medication can only be administered at the school by members of staff who have volunteered, following permission from the Headteacher.

If the member of staff administering the medicine is concerned about any aspect of its administration they must not administer it and must seek further advice

6.3 Headteacher

The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the pupil's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the implementation of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any pupil who has a medical condition that may require support at the school, but who has not yet been brought to the attention of the school nurse.

6.4 The Trust

The Trust must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such pupils can access and enjoy the same opportunities at the school as any other pupil. Schools/academies, local authorities, health professionals and other support services should work together to ensure that pupils with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at the school in combination with alternative provision arranged by the local authority.

Consideration may also be given to how pupils will be reintegrated back into the school after periods of absence.

In making their arrangements, the Trust should take into account that many of the medical conditions that require support at the school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Trust should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Trust should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in the school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical needs.

Pupils with medical conditions are entitled to a full education and have the same rights of admission to the school as other pupils. This means that no pupil with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in to the school at times where it would be detrimental to the health of that child or others to do so.

The Trust must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and the AMC should monitor that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

6.5 Pupils

Those with medical conditions are often 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 compliance with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those medical conditions.

7.0 Procedure

Notification received that a pupil has a medical condition

- If the child is new to the school, ensure links are made with previous school where appropriate;
- Ensure all the relevant professional bodies are contacted;
- Ensure arrangements are made for staff training or support;
- Every effort should be made to ensure that arrangements are put in place within two weeks.

8.0 Medicines

- Some-one with parental responsibility should bring medicines into the school (not pupils);
- A bottle with a Pharmacy's label designating the pupil's name, directions, name of drug and name of doctor must be submitted to the office and shown to the Headteacher;
- Medicines should be in original packaging;
- Any medications not presented properly will not be accepted by school staff;
- The parent/guardian must complete a Medicine Administration Form;
- A record must be kept of all children receiving medication (this record must be accessible in the office);
- The pupil's class teacher and where appropriate other staff members (e.g. other teachers including supply teachers and lunchtime staff) must be kept informed of prescription medication being taken over an extended period of time;
- Parents can come into the school to administer these medicines if they wish;
- The school will liaise with the School Health Service or other medical agencies for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil;
- Any medicines brought into the school by the staff e.g. antibiotics, pain medication, hayfever medication, inhalers for personal use, should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.
- The date, time, name of pupil, dose, should be recorded and double signed by a witness for all prescription and non-prescription medicines administered whilst at the school

Staff administering medication must check:

- The pupil's name;
- Written directions provided;
- Prescribed dose;
- Dose frequency;
- Time and quantity of last dose;
- Expiry date;
- Any additional or cautionary information.

9.0 Principles

- Parents are responsible for their child's medication and must take responsibility for informing the school of any changes in long-term medication;
- Only medication supplied by the parent/guardian should be administered to pupils;
- Many pupils may not require medication during school hours;
- Timings of regular medication, whether short or long term, can usually be adjusted to fit around the school day (or parents can visit the school to administer medication);
- The Headteacher is responsible for deciding whether the school can assist a pupil who needs medication;
- The Headteacher is responsible for deciding which staff members may administer medicine where they have already volunteered.

The pupil's role in managing their own medical needs:

- After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans;
- Wherever possible, pupils should be allowed to carry their own medicines with relevant devices or should be able to access their medicines for self-medication quickly and easily;
- Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision;
- If it is not appropriate for a pupil to self-manage, relevant staff should help administer medicines and manage procedures for them.

10.0 Individual Health Care Plans

The Individual Healthcare Plan should be completed by parent(s), designated school staff and school nurse/medical agency. They will be formulated with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption. They will provide clarity about what needs to be done, when and by whom.

A Healthcare Plan should include the following information:

- Details of a pupil's condition (its triggers, signs, symptoms and treatments);
- The pupil's resulting needs, including medication and other treatments;
- Special requirements e.g. dietary needs, pre-activity precautions;
- Any side effects of the medicines;
- Specific support for the pupil's educational, social and emotional needs;
- Level of support needed and who will provide this;

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure that the pupil can participate;
- What constitutes an emergency;
- What action to take in an emergency;
- What not to do in the event of an emergency;
- Whom to contact in an emergency;
- The role the staff can play.

Sometimes a pupil may need a 'Safe systems of work' plan – e.g. if a pupil uses a wheelchair, plinth, hoist, special seating. This plan will be put together with the help of outside agencies and discussed with school staff. These plans will be reviewed at least annually.

11.0 PEEP (Personal Emergency Evacuation Plan)

For any pupil with medical needs a Personal Emergency Evacuation Plan is written in case of a fire. This plan is shared with all staff, including supply staff, working with the pupil in order to ensure a safe evacuation if necessary.

12.0 Staff Training

When training is delivered to school staff, the school will ensure that a training record is completed for inclusion in the Health and Safety records. This is for both insurance and audit purposes. Full training and refresher training is offered to staff for Emergency and Paediatric first aid and any specific training for individual conditions (tracheotomy, catheterisation, diabetes, asthma, etc) as appropriate. Training is carried out by the official medical agency involved with the pupil and family and is regularly reviewed and updated. Clear records are kept of the training by the admin team.

- Staff will be fully supported in carrying out their role to support pupils with medical conditions;
- On the advice of relevant healthcare professionals, training needs will be identified;
- Professional training will be provided to relevant individuals;
- Logs will be kept of training that has been provided;
- Providers of training will also be logged;
- Training needs will be reviewed where necessary.

13.0 Storage of Medicines

When items need to be available for emergency use, e.g. asthma pumps and AAIs, they are kept in the classroom/office so that pupils can access them immediately. Medicines are stored in the fridge (if specified in a locked container) or in the medicine safe in the office/medical room. The medicine safe is kept locked at all times.

14.0 Intimate Care

Some medical intervention will be of an intimate nature. This will be handled sensitively by the school. The management of all pupils with intimate care needs will be carefully planned. The pupil who requires care will be treated with respect at all times; the pupil's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. (Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from physiotherapist /occupational therapist.)

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care, as an extra safeguard to both staff and pupils involved.

The pupil will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for him/herself as they are able.

Individual intimate care/medical plans will be drawn up for children as appropriate to suit the circumstances of the pupil.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil is toileted or any procedure takes place.

Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

15.0 Controlled drugs

When controlled 2 drugs (primarily those prescribed for Attention Deficit & Hyperactivity Disorder) are kept on school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. Controlled drugs are locked in a medicine safe in the office/medical room.

16.0 Antibiotics

Parent(s) should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in the school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the pupil is not known to be allergic to the antibiotic. The antibiotic should be brought into the school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the pupil's name, the name of the medication, the dose and the date of dispensing. In the school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully

measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the pupil does not receive a dose, for whatever reason, the parent must be informed that day.

17.0 Application of Cream/Emollients for the treatment of Eczema (Under Prescription)

For pupils who require additional application of specific cream/emollients during the school day to support their medical needs this can be administered by a suitably qualified member of staff appropriately trained to support a child with the requirements, this should form part of medical/intimate care plan in place for the child.

18.0 Analgesics (Painkillers)

For pupils who regularly need analgesia (e.g. for migraine). The school does not keep stock supplies of analgesics e.g. paracetamol (in soluble form) for administration to any pupil. Parents may come into school to administer analgesics but the school will not be in a position to administer to any pupil under any circumstances.

19.0 Disposal of Medicine

Parents are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. They should collect medicines held by the school at the end of each term. Any medicines that are not collected must be taken to the local pharmacy for disposal.

20.0 Residential Visits

On occasion it may be necessary for the school to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold or sore throat while away on an educational visit. In this instance the parental consent form will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation.

21.0 Refusing Medicine

When a pupil refuses medicine the parent should be informed the same day and be recorded accordingly. Staff cannot force a pupil to take any medicine.

22.0 Travel sickness - DAY VISITS (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

If medication for particular medical needs is to be administered on-site (other than by parents/guardians bringing it into the school to administer it) it must be under the following conditions:

23.0 Guidelines for the administration of an Adrenaline auto-injector (AAI) by school staff

An AAI is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An AAI is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An AAI can only be

administered by school staff that have been designated as appropriate by the Headteacher and who have been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the Headteacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form in place for each pupil. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the AAI is in date. The AAI should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The AAI should be readily accessible for use in an emergency and, where pupils are of an appropriate age, the AAI can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary, he/she may ask the school doctor to carry out this responsibility. The AAI should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the AAI must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the AAI.
6. Once the AAI is administered, even if inadvertently, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the AAI. The used AAI must be given to the ambulance personnel. It is the parent's responsibility to renew the AAI before the pupil returns to the school.
7. If the pupil leaves the school site e.g. on a school trip, the AAI must be readily available.

24.0 Guidelines for managing asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any serious adverse effects. School staff, who are assisting pupils with inhalers, will be offered training.

1. Asthma can be triggered by substances found in the school e.g. animal fur, glues and chemicals.
2. If school staff are assisting pupils with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.
3. Inhalers MUST be readily available when pupils need them. Inhalers are kept in their classrooms in a specified box and a first aid trained member of staff is always on hand to administer if required. For secondary age pupils who have an inhaler, they will keep it in their bag to be used solely by them. This should have the name of the pupil clearly stated on it. A record is kept of any dose given. If a pupil has needed their inhaler more times than expected or more times than stated in their care plan then parents will be informed. The date, time and dose will be recorded on an Asthma Log Form.
4. Pupils must know where their inhalers are stored so that they can be accessed by another adult e.g. a Teaching Assistant, lunchtime supervisor or supply teacher as they may be needed at various times throughout the day.
5. Parent(s) should supply a spare inhaler for pupils who carry their own inhalers. This is stored safely at the school in case the original inhaler is accidentally left at home or the pupil loses it whilst at the school. This inhaler must have an expiry date beyond the end of the school term.

6. All inhalers should be labelled with the pupil's name.
7. Some pupils, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
8. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
9. Parent(s) should be responsible for renewing out of date and empty inhalers.
10. Physical activities will benefit pupils with asthma, but they may need to use their inhaler ten minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
11. If pupils are going on offsite visits, inhalers MUST still be accessible. Asthma inhalers taken on day/residential trips should be kept securely by an adult supervising the pupils and should be immediately to hand should they be needed.
12. School staff have a clear-out of any inhalers at least on a termly basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).

25.0 Guidelines for managing hypoglycaemia (hypos or low blood sugar) in pupils who have diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of pupils, the condition is controlled by insulin injections and diet. It is likely that injections may need to be given during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

Staff who have volunteered and have been designated as appropriate by the Headteacher will administer treatment for hypoglycaemic episodes.

To prevent 'hypo's'

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a 'hypo'. This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be delayed e.g. due to extra-curricular activities at lunchtimes. Off-site activities e.g. overnight stays, will require additional planning and liaison with parent (s).

To treat 'hypos'

1. If a meal or snack is missed, or after strenuous activity or sometimes for no apparent reason, the pupil may experience a 'hypo'. Symptoms may include sweating, pale skin, dizziness, confusion and/or slurred speech.
2. Treatment for a "hypo" might be different for each pupil, but will usually be dextrose tablets, a sugary drink or dextrose gel, as per the pupil's Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many pupils will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the pupil has recovered, a slower acting starchy food such as bread and milk should be given. However, in each individual case, reference to the pupil's Individual Care Plan should be made. If the pupil is very drowsy, unconscious or fitting, a 999 call must be made and the

pupil put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of 'hypos' where staff have issued treatment in accordance with their Individual Care Plan.

If dextrose gel has been provided

- The Consent Form should be available and parents should be contacted.
- Dextrose gel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of dextrose gel must be recorded on the pupil's Individual Care Plan with time, date and full signature of the person who administered it.
- The member of staff should have received appropriate training. If after administration the dextrose gel has not worked and the pupil falls unconscious, call 999 immediately. It is the parent's responsibility to renew the dextrose gel when it has been used or the expiry date has been reached.

DO NOT USE DEXTROSE GEL IF THE PUPIL IS ALREADY UNCONSCIOUS.

26.0 Guidelines for managing epilepsy

Epilepsy is a neurological disorder. The brain contains millions of nerve cells called neurons that send electrical charges to each other. A seizure occurs when there is a sudden and brief excess surge of electrical activity in the brain between nerve cells. This results in an alteration in sensation, behaviour, and consciousness.

Seizures may range from absences to tonic clonic.

First Aid

- Note time seizure starts
- Stay calm
- Protect pupils from injury but do not restrain movements
- Help the student lie down and turn on one side if possible
- Loosen all tight clothing
- Do not put anything in the mouth
- Do not give medicines or fluids until the pupil is completely awake
- Stay with the pupil until he or she is fully alert and oriented
- Provide reassurance and support after the seizure episode
- CPR should not be given during a seizure
- Record the duration and describe the seizure on the epilepsy log
- Report the seizure to the appropriate person: parents, school nurse and/or administrator

Emergency First Aid

Call 999 if:

- First known seizure;
- Seizure lasts more than 5 minutes;
- Another seizure begins soon after the first;
- The pupil stops breathing or has difficulty breathing after the seizure;
- The pupil cannot be awakened after the seizure;
- There are specific orders to call 999 from the doctor or parent;
- The recovery is different than usual;

- The need for assistance is uncertain.

27.0 Emergency Procedures

- In the event of a serious incident an ambulance is called and a member of staff will go to hospital with the pupil.
- A parent/guardian will be asked to go immediately to the hospital.

28.0 Liability and Indemnity

School staff will be made aware of the insurance arrangements in the event of a claim or liability.

Before carrying out clinical/medical procedures staff will be trained and assessed as competent in the relevant procedures on an individual child basis. There will be written evidence via a risk assessment and/or appropriate training and/or written competency assessment.

On the basis that this policy is followed then the school is protected by its Public Liability Insurance (subject to its terms, conditions and exclusions) for accidental death, injury or damage caused by such procedures to a third party.

For further information, contact the school business manager.

The insurance provided jointly indemnifies staff provided they are acting in accordance with their duties.

All other partner organisations must have, at least, the minimum public liability insurance and indemnity insurance. Each service will have a procedure for checking this insurance is in place.

29.0 Emergency Plan

Each school has an Emergency Plan that is based on the model from Lincolnshire County Council

Where a pupil has an individual health care 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. Other pupils in the school may need to know what to do, such as informing an adult immediately if they think help is needed.

If a pupil is taken to hospital, staff should stay with the pupil until the parent arrives or accompany the pupil in the ambulance. Staff should not take pupils to hospital in their own car unless absolutely necessary and they have the appropriate insurance.

30.0 Complaints

In the unlikely event that parents or pupils become dissatisfied with the support provided they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

31.0 Monitoring

This policy is monitored by the CEO, Trustees, Operations Director, Headteacher, SEND coordinator and a member of the AMC on behalf of the AMC committee

Staff receive the full support of the Trust Senior Leadership Team and Trustees.