

Seaford Head School

Achieving Excellence Together



Supporting Pupils with Medical Conditions Policy

Governors Committee Responsible for the Policy:	Standards Committee
Date Approved:	Pending Approval
Recommended Review Period:	Annually
Date for Review:	Pending Approval
Leadership Team Role Responsible for the Operation of the Policy:	Assistant Headteacher i/c Inclusion

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1. Introduction

- 1.1. This policy is written in line with the requirements of:
 - Children and Families Act 2014 - section 100
 - Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), December 2015
 - 0-25 SEND Code of Practice, DfE January 2015
 - Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018
 - Equalities Act 2010
 - Schools Admissions Code, DfE September 2021
 - ESCC Accessibility Strategy
 - ESCC SEND Strategy SEND MATRIX
 - East Sussex policy for the education of children and young people unable to attend school because of health needs (link: <https://www.eastsussex.gov.uk/educationandlearning/schools/attendance-behaviour/too-sick/>)
- 1.2. This policy should be read in conjunction with the following school policies SEN Policy / SEN Information Report, Safeguarding Policy, Off-site visits policy, Complaints Policy, Equalities and Accessibility, Mental Health.
- 1.3. This policy was developed with the support of students, parents and staff and will be reviewed annually.
- 1.4. Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.

2. Definitions of medical conditions

- 2.1 Pupils' medical needs may be broadly summarised as being of two types:
 - Short-term** affecting their participation at school because they are on a course of medication.
 - Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe. (*Further information on specific medical conditions is available on Webshop.*)
- 2.2 Some children with medical conditions may be considered disabled under the

definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs and/or disability (SEND) 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 SEND, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice (DfE January 2015) which explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs and disabilities. For pupils who have medical conditions and have EHC plans, compliance with the SEND code of practice will ensure compliance with this policy in respect to those children.

3. The role of the governing body

3.1 The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Seaford Head School fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, 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. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed (see section below on individual healthcare plans);

- Ensuring that the policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

4. Policy implementation

- 4.1 The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have delegated the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.
- 4.2 The overall responsibility for the implementation of this policy is given to the Head teacher Mr Bob Ellis. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
- 4.3 Briefing for supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans are completed by named staff.
- 4.4 The SENDCo and will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.
- 4.5 All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

5. Procedure to be followed when notification is received that a pupil has a medical condition

- 5.1 This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Seaford Head School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Seaford Head School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.
- 5.2 In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.
- 5.3 We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.
- 5.4 Seaford Head School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, these discussions will be led by Assistant Head Teacher for Standards and Behaviour on either site. In cases where specific or significant support in school is required to manage a medical need then and then an individual healthcare plan will be written in conjunction with the parent/carers by Inclusion Team (please also see 'Safeguarding children in whom illness is fabricated or induced' Department for Children's & Families 2008).

6. Individual healthcare plans

- 6.1 Individual healthcare plans will help to ensure that we effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be required where medical conditions are long-term and/or complex. However, not all pupils will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, is best placed to take a final view.

Where a child may have been diagnosed with asthma, this may be supported by written asthma plans and regular training and support for staff. Children/young people with significant asthma should have an individual healthcare plan.

- 6.2 Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEND but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan and Additional Needs Plan (ANP) or APDR Document.
- 6.3 Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Seaford Head School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- 6.4 We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that we assess and manage the risks to the pupil's education, health and social wellbeing, and minimise disruption. Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.
- 6.5 Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency. In the event that home to school transport is not being provided by East Sussex

County Council, the risk assessment and healthcare plan will be shared as appropriate.

6.6 Individual healthcare plans see appendix 1 will suit the specific needs of each pupil, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects, storage and expiry) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/pupil, the designated individual is to be entrusted with information about the pupil's condition; and
- What constitutes an emergency for the individual child, procedures to be followed in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Roles and responsibilities

7.1 Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Seaford Head School.

7.2 In addition we can refer to the **School Health Team** using the online referral form which can be found at <https://www.kentcht.nhs.uk/service/school-health-service-east-sussex/> for support with drawing up Individual Healthcare Plans, awareness training around common medical conditions, liaison with lead clinicians including identifying specialist training and advice or support in relation to pupils with medical conditions.

- 7.3 Other **healthcare professionals, including GPs and paediatricians** should notify the School Health Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy, anaphylaxis).
- 7.4 **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 or Additional Needs Plan. Schools should complete a Pupil Voice tool to support the development of these plans.
- 7.5 **Parents/carers** 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.
- 7.6 East Sussex County Council will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. ISEND Teaching and Learning Provision is an East Sussex service which supports schools in the education of children and will provide teaching in a range of settings if a young person is unable to attend school for 15 days or more because of health needs (whether consecutive or cumulative across the year) in accordance with their criteria.
- 7.7 **Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- 7.8 The **Ofsted** common inspection framework promotes greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

8. Staff training and support

- 8.1 Whole school awareness training will be arranged so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Staff training log can be found in appendices.
- 8.2 We will record staff training for administration of medicines and /or clinical procedures.
- 8.3 All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so where required. The

training need may be identified by the healthcare professional during the development or review of the individual healthcare plan or we may choose to arrange training ourselves and will ensure that it remains up-to-date.

- 8.4 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 8.5 For the protection of both staff and pupil a second member of staff will be present while more intimate procedures are being followed.
- 8.6 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.
- 8.7 All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Head of Year and SENDCo, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- 8.8 The family of a pupil will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

9. The child's role in managing their own medical needs

- 9.1 If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan if the learner requires one.
- 9.2 Wherever possible pupils will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the medical rooms on all sites to ensure that the safeguarding of other pupils is not compromised. Seaford Head School also recognises that pupils who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- 9.3 If a pupil 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 and inform the DSL. Parents will also be informed so that alternative options can be considered.

10. Managing medicines on school premises and record keeping

- 10.1 At Seaford Head School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (Appendix 2 parental consent form) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- With parental written consent we will administer non-prescription medicines with the exception of aspirin or aspirin containing medicines, unless it is prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- We will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- It is recommended that a primary school pupil should never carry medicine to and from school. Medicine must be handed to first aid trained member of staff as soon as the pupil arrives at school.
- All medicines will be stored safely in the Medical rooms. All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
- Pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors should always be readily available at student services and not locked away. Pupils requiring such devices are identified and a 'register' of affected pupils is kept up to date. Asthma inhalers should be marked with the child's name.
- A pupil who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all members of staff to

- ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. Seaford Head School will keep a record of all medicines administered to individual pupils (Appendix 3) , stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to pupils. These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed;
 - Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual pupil's medicine record before any dose is given, etc.
 - When no longer required, medicines should be returned to the parent/carer to arrange safe disposal (*Appendix 4 Medication disposal log*). Sharps boxes should always be used for the disposal of needles and other sharps.
 - The Governing Body are considering whether to hold asthma inhalers on site for emergency use.
 - The Governing Body are considering whether to hold adrenaline auto-injectors on site for emergency use.
 - Procedures are in place to ensure that medication expiry dates are checked and that replacement medication is obtained.

11. Medication Errors

11.1 A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include administration of:

- a medication to the wrong pupil
- the wrong medication to a pupil
- the wrong dosage of medication to a pupil
- the medication via the wrong route
- the medication at the wrong time.

11.2 Each medication error must be reported to the Headteacher, DSL and the parents. The incident will also be reported via the ESCC online incident reporting system. Procedures are in place to minimise the risk of medication errors.

12. Emergency procedures

- 12.1 The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process
- 12.2. Where a pupil has an individual healthcare plan, this will 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 should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 12.3 If a pupil needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

13. Offsite visits and sporting activities

- 13.1 We will actively support pupils with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.
- 13.2 We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.
- 13.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.
- 13.4. Specific procedures on the transporting, storing, etc of medication whilst on an off-site visit is detailed within the school's Offsite Visits Policy.

14. Work experience

- 14.1 The school will assess the suitability of work experience (WEX) placements, with support from the WEX Team. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

15. Hygiene/Infection Control

15.1 All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

16. Equipment

16.1 Some pupils will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to Head of year, medical trained staff or SENDCo.

16.2 The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within the individual healthcare plan.

16.3 Staff will be made aware of the use, storage and maintenance of any equipment.

16.4 A defibrillator is located at the front of the school sites.

17. Unacceptable practice

17.1 Although staff at Seaford Head School should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is unacceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils 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;
- Send a pupil who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
- Penalise pupils 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, 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 pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

18. Liability and indemnity

18.1 the governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the schools level of risk.

The school's insurance-

Seaford head school is a member of the department for Education's RPA, with unlimited employer's liability, third party public liability and professional indemnity cover. Should an incident occur the RPA would be contacted along with legal representatives for further guidance and support.

18.2 Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

19. Complaints

19.1 Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using Seaford Head's Complaints Procedure.

Appendix 1: Specific Medical Conditions and associated Individual Health Plans

This appendix provides some basic information about these conditions:

- Diabetes
- Epilepsy
- Asthma
- Anaphylaxis (severe allergic reaction).

There are individual Health Plans for the above specific conditions and others:

<http://medicalconditionsatschool.org.uk/>

<https://www.anaphylaxis.org.uk/schools/care-plans/bsacis-allergy-action-plans/>

<https://www.asthma.org.uk/advice/resources/#schools>

https://www.asthma.org.uk/00f6d73b/globalassets/health-advice/resources/schools/schoolasthmacardfsv9_for-printpdf.pdf

<http://www.youngpilepsy.org.uk/dmdocuments/IHP-child-form.pdf>

In addition to the links shown the site includes additional IHPs for Lupus ME/CFS and Coeliac Migraines and Heart conditions.

Diabetes

Diabetes UK Helpline 0845 120 2960 www.diabetes.org.uk

Medicine and Control

The diabetes of the majority of children/young people is controlled by injections of insulin each day. Most children will be on a twice a day regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection.

Students with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Students will be able to do this themselves and will be advised of a suitable place to do so.

Students with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Special arrangements for students with diabetes will be made as the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity should be aware of the need for a student with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a student with diabetes:

- Hunger

- Sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability headache
- mood changes, especially angry or aggressive behaviour.

Each student may experience different symptoms and this should be discussed when drawing up the health care plan. If a student has a hypo, it is very important that they are not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink to be brought to the student and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the student has recovered, some 10 – 15 minutes later.

Alternative intervention strategies should be discussed and agreed and training given in the event of the student being unconscious and unable to swallow.

An ambulance should be called if: **The student's recovery takes longer than 10 – 15 minutes. The student becomes unconscious.**

Some students may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parents' attention. If the student is unwell, vomiting or has diarrhoea this can lead to dehydration. If the student is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the student will need urgent medical attention. Nothing should be given by mouth.

The student should never be sent home while in a reaction, as any form of exertion will make the reaction more severe.

Procedures

When a student has been identified as being at risk of a hypoglycemia or hyperglycemia episode, the school will take steps to ensure that prompt and efficient action is taken in accordance with medical advice and guidance. An emergency procedure will be developed and agreed by the parents, the school and the child's doctor. This would include:

- emergency procedure
- medication, if agreed
- staff training
- precautionary measures
- consent and agreement.

This ensures the best possible support is in place for both the student and staff. It may be necessary that student in secondary schools wear a form of identification of

their medical condition as teachers may not be familiar with the student's medical needs, e.g. medical bracelet to alert staff of ill health risk.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health

Once an agreement has been made to administer medication the school will have a responsibility to do so if hypoglycemia or hyperglycemia episode occur

Epilepsy

The National Society for Epilepsy 01494 601400 www.epilepsy.org.uk

What is Epilepsy?

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern for the individual student. Parents/carer and health care professionals should provide information to schools, to be incorporated into the individual care plan, setting the particular pattern of an individual student's epilepsy. If a student does experience a seizure during the school day, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure e.g. visual/auditory stimulation, emotion (anxiety, upset);
- any unusual 'feelings' reported by the student prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs, facial muscles
- the timing of the seizure – when it happened and how long it lasted;
- whether the student lost consciousness;
- Whether the student was incontinent.

This will help parents to give more accurate information on seizures and seizure frequency to the student's specialist.

Medicine and Control

Most students with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness or being unwell may increase a student's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity and it is very rare. Most students with epilepsy can use computers and watch television without any problem.

A student with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the student and their parents as part of the health care plan.

- During a seizure it is important to make sure that the student is in a safe position, not to restrict a student's movements and to allow the seizure to take its course.
- In a convulsive seizure putting something soft under a student's head will help to protect it.
- Nothing should be placed in their mouth. After a convulsive seizure has stopped, the student should be placed in the recovery position and stayed with, until they are fully recovered.
- An ambulance should be called during a convulsive seizure if
 - it is the student's first seizure;
 - the student has injured themselves badly
 - they have problems breathing after a seizure
 - a seizure lasts longer than the period set out in the student's health care plan;
 - a seizure lasts for five minutes if you do not know how long they usually last for that student
- there are repeated seizures, unless this is usual for the student as set out in their health care plan.

Such information should be an integral part of the emergency procedures and also relate specifically to the student's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required. Most seizures last for a few seconds and minutes and stop of their own accord. Some students who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a pediatrician should provide guidance as to when to administer it and why.

Training in the administration of rectal diazepam is needed and will be available from healthcare professionals. Staying with the student afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use must come from the prescribing doctor.

Students requiring rectal diazepam will vary in age, background and ethnicity and will have differing levels of need, ability and communication skills. It is strongly recommended that arrangements are made for two adults, at least one of the same gender as the student, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the student as far as possible, even in emergencies.

Procedures

When a student has been identified as being at risk of epilepsy, the school needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. A protocol should be developed and agreed by the parents, the school and the child's doctor/pediatrician. The protocol includes

- emergency procedure
- medication, if agreed
- staff training
- precautionary measures
- consent and agreement.

A protocol forms an agreement to ensure that the best possible support is in place for both the student and staff. It may be necessary that student in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the student's medical needs, e.g. medi bracelet to alert staff of severe ill health risk.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health.

Once an agreement has been made to administer medication, the school will have a responsibility to do so if epileptic a seizure occur.

Asthma

Asthma UK Helpline 08457 010203 www.asthma.org.uk

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone will get all these symptoms, and some students may only get symptoms from time to time. It is imperative that staff know how to identify when symptoms are getting worse and what to do for students with asthma when this happens. This should be supported by written asthma plans, asthma school/setting cards provided by parents and regular training and support for staff. Students with significant asthma should have an individual health care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers.

- Usually a student will only need a reliever during the school/setting day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise.
- Whilst preventers (brown, red, orange inhalers, sometimes tablets) are usually taken out of school/setting hours.

Students with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. Students who are able to use their inhalers themselves should be allowed to carry them with them. If the student is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe by readily accessible place, and

clearly marked with the student's name. Inhalers should always be available during PE, sports activities and educational visits.

For a student with severe asthma, the health care professional may prescribe a spare inhaler to be kept in school. The signs of an asthma attack include:

- coughing;
- being short of breath;
- wheezy breathing;
- feeling of tight chest;
- being unusually quiet.

When a student has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5 – 10 minutes;
- the student is too breathless to speak;
- the student is becoming exhausted;
- the student looks blue.

It is important to agree with the parents how to recognise when the student's asthma gets worse and what action will be taken. An asthma school card (available from Asthma UK) is a useful way to store written information about the student's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and student's healthcare professional.

A student should have a regular asthma review with their healthcare professional. Parents should arrange the review and make sure that a copy of the student's management plan is available in school. Students with asthma should participate in all aspects of the school's day including physical activities. They need to take their reliever inhaler with them on all offsite activities. Physical activity benefits students with asthma in the same way as other students. Swimming is particularly beneficial, although endurance work should be avoided. Some students may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the student. However, students with asthma should not be forced to take part if they feel unwell. Students should be encouraged to recognise when their symptoms inhibit their ability to participate. Students with asthma may not attend on some days due to their condition and may also at times have some sleep disturbance due to night symptoms. This may affect their concentration. Such issues should be discussed with the parents or attendance officers as appropriate.

All staff, particularly PE teachers, will have training to be provided with information about asthma once per year. This should support them to feel confident about

recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a student has an asthma attack.

Procedures

When a student has been identified as being at risk of asthma, the school will take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. Appendix 4 has an example of a health care plan that could be used to record the severity of the student's asthma, individual symptoms and allergies, details of medication to be taken and any assistance or emergency action which may be necessary for staff to implement.

As in all cases of medication in schools, a consent form should be completed and kept in school. An example of a consent form is shown in Appendix 5

Anaphylaxis

The Anaphylaxis Campaign 01252 542029 www.anaphylaxis.org.uk, Allergy UK 01322 619864, www.allergyuk.org, www.kidsallergies.co.uk

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit and also penicillin, latex and the venom of stinging insects such as bees, wasps or hornets.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply or severe asthma. Any symptoms affecting the breathing are serious

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting

Even where mild symptoms are present, the student should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Preloaded injection devices containing one measured dose of

adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

- Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer.
- Adrenaline injectors, given in accordance with the manufacturer instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device.
- The needle is not seen until after it has been withdrawn from the student's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school should hold and where to store them has to be decided on an individual basis between the Headteacher, parents and the healthcare professionals.

Where students are considered sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools or split sites, it is often quicker for staff to use an injector that is with the student rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic reaction are reduced where an individual care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the parents, the school and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it;
- what to do in an emergency;
- prescribed medication;
- food management;
- precautionary measures.

Once staff have agreed to administer medicine to an allergic student in an emergency, a training session will need to be provided by the school/setting health service. Staff will have the opportunity to practice with trainer injection devices.

Day to day policy measures are needed for food management, awareness of the student's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the student's particular requirements. Steps to minimise any risk to students should be taken.

Students who are at risk of severe allergic reactions are not ill in the usual sense. They are normal students in every respect – except that if they come into contact with a certain food or substances, they may become unwell. It is important that these students are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Procedures

When a student has been identified as being at risk of anaphylaxis, the school need to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance.

Whether the responsibility to administer medicines is accepted or not, an emergency procedure and protocol should be developed and agreed by the parents, the school and the child's doctor.

The protocol includes:

- emergency procedure
- medication, if agreed;
- food management (if food allergy)
- staff training;
- precautionary measures
- consent and agreement.

A protocol forms an agreement that the best possible support is in place for both the student and staff. It may be necessary that students in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the student's medical needs, e.g. medi-bracelet to alert staff.

All staff should be informed of the protocol and advised of their responsibilities in case of a reaction. Once an agreement has been made to administer medication the school will have a responsibility to do so if anaphylactic shock occurs

General Training for the above conditions

There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff.

Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained.

This can be organised by contacting the healthcare professional. The medication should be kept in school and be easily accessible.

Several key members of staff will be trained to administer the medication.

As in all cases of administering medication, a parental consent form should be completed and kept in school.

A record of staff who have received training in the administration of this medicine must be kept. When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher/parent.

Appendix 2

Model letter to parent/carers about a child's medical condition

Dear Parent/Carer

Thank you for informing us of your child's medical condition. To meet your child's medical needs we require some additional information from you about your child's additional health needs so that we can determine if an individual health plan is needed.

It would be helpful if you could complete the attached individual health information form and return it together with any relevant evidence, for consideration. Health information form gives an option to agree for school to administer medicines it holds, this includes auto-adrenalin injectors and asthma inhalers.

If your child's needs do require a specific plan you may be invited to attend a meeting to discuss the plan. You may wish to consult a medical practitioner, healthcare professional or specialist before you complete the form. If you think a medical professional needs to consult directly with the school, you need to include this information on the form.

Please can you return it either by email or deliver to the school by

Please contact the Student Services team by email or phone if you have any questions you would like ask or would like to arrange a meeting before completing the form. Email address; studentservices@seafordhead.org

Appendix 3 Individual healthcare plan

Child's name			
Date of birth		Tutor Group	
Today's Date		Review date	

Medical diagnosis or condition(s)

Family Contact Information (to be contacted in an emergency)

Name			
Relationship to the Child			
Phone no. (work)			
(home)			
(mobile)			
Name			
Relationship to child			
Phone no. (work)			
(home)			
(mobile)			

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Describe what constitutes an emergency, and the action to take if this occurs

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Arrangements for school visits/trips etc.

Other information

Clinic/Hospital Contact (if relevant)

Name	
Phone no.	

G.P.

Name	
Phone no.	

Emergency Medicines

Please complete the following if you wish for the school to administer a school held medicine in an emergency. The school/setting will not give your child the emergency medicine unless you complete and sign this form.

Asthma

I give permission for the school to administer in an emergency

YES / NO

Type of inhaler	Dose (please add)
Salbutamol	
Ventolin	

Adrenaline auto- Injector pens

I give permission for the school to administer in an emergency

YES / NO

Please highlight the medicine your child uses

Type of injector pen	Dose
Epi-pen	0.3miligrams
Emerald	300 micrograms 500 micrograms
Jext	300 micrograms

Signature(s) _____

Date _____

Appendix 4

Parent/Carer Agreement for setting to administer medicine

Your child should not carry medicines in school and the school will not give your child medicine, unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Child's name			
Date of Birth		Tutor Group	
Today's Date		Review Date	

Medical diagnosis or condition this medicine relates to

Who will keep & control the medicine

SCHOOL	/	CHILD
---------------	---	--------------

Medicine (NB: Medicines must be in the original container as dispensed by the pharmacy)

Exact name of medicine		Expiry Date	
Dosage and method			
Timing (with food etc)		Self administered?	Yes / No
Special precautions or instructions			
Any side effects that the school should know about?			
Procedures to take in an emergency			

Contact Details

Name	
Daytime telephone numbers	
Relationship to child	
Address	

Emergency Medicines

Please complete the following if you wish for the school to administer a school held medicine in an emergency. The school/setting will not give your child the emergency medicine unless you complete and sign this form.

ASTHMA

I give permission for the school to administer in an emergency

YES /NO

Type of inhaler	Dose (please add)
Salbutamol	
Ventolin	

ADRENALINE AUTO-INJECTOR PENS

I give permission for the school to administer in an emergency

YES /NO

Type of injector pen	Dose (please circle medicine your child uses)
Epi-pen	0.3miligrams
Emerald	300 micrograms 500 micrograms
Jext	300 micrograms

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Name of person completing this form _____

Appendix 5a
Record of medicine administered to all children

Name of school/setting

Year	Name	Reg	Date	Time	Location	Type	Description	Initials

