

Sharrow School

Supporting Pupils with Medical Conditions Policy

Including arrangements for administration of medicines

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Signed by:

Evelyn Abram

Headteacher

Date: 18th March 2024

Emily Pickles

Chair of Governors

Date: 18th March 2024

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Statement of Intent

The Governing Body of Sharrow School wishes to ensure that pupils with medical conditions are properly supported so they have full access to education, including school trips and physical education. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic & social potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases. In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

1. Legal Framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- NHS Sheffield Managing Children and Young People's Identified Health Needs Guidance for Schools and Other Settings

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- First Aid Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equality Policy and Equality Objectives
- Attendance, Punctuality and Absence Policy
- Admissions Policy
- Educational Visits and School Trips Policy
- Accessibility Plan

2. Roles and Responsibilities

The Governing Body will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the Governing Body holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs (Individual Health Plans), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the appropriate nursing team where a pupil with a medical condition requires support that has not yet been identified.

The First Aid Co-Ordinator will be responsible for:

- Ensuring paediatric first aid training is kept up to date / training is arranged for new staff as appropriate
- Liaising with the Headteacher and SENDCo at the end of each academic year, when the new classes have been confirmed, to arrange training for staff in the pupil's new year group
- Liaising with the Headteacher and SENDCo & Learning Mentor to ensure reviews of any pupils with IHPs are undertaken annually / every two years (depending on the nature of the medical condition).
- Liaising with the SENDCo and class teachers to arrange training for pupils with IHPs
- Contacting parents when medication is due to expire.
- Keeping medical conditions and Individual Health Care Plans (IHPs) up to date on Medical Tracker and SIMs.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Completing asthma, allergy and medication consent forms as required if their child has a medical condition that requires treatment at school.
- Informing the school of any changes to their child's medicinal arrangements / changes to their child's condition.
- Ensuring their child has in date medication in school to manage all of their child's medical conditions.
- Ensuring their child has regular asthma reviews if applicable.
- Being involved in the development and review of their child's IHP if one is required.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable / suitable.
- Contributing to the development of their IHP, if they have one, where applicable / suitable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

PE staff have a responsibility to:

- Ensure pupils with medical conditions are not excluded from activities that they wish to take part in, provided their medical condition is well controlled.

- Understand asthma and its impact on pupils – ensuring they perform sufficient warm-ups and cool downs and are able to use their reliever inhaler before / during lessons if advised by a health care professional.

The Sheffield School Nursing Team / Children's Hospital will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

3. Admissions

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents / carers. We will obtain the information required for each child's medical needs to ensure we have the appropriate arrangements in place prior to the child starting at the school so we can support them accordingly. This may include completing asthma or allergy forms, or for children with more complex needs, creating an Individual Health Care Plan (IHP).

4. Notification Procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will liaise with the parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the [IHPs](#) section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will ideally be put in place prior to their introduction and informed by their previous institution (where applicable). Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place, ideally within two weeks.

5. Staff Training and Support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures without appropriate training. Training needs will be assessed as part of the development and review of IHPs, on an annual basis when pupils are due to be moving to a new class, and when a new staff member arrives. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

The school will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the First Aid Co-Ordinator / SBM / SENDCo and provided by the following bodies:

- Commercial training provider
- The nursing teams from the Children's Hospital
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-Management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Emergency, life-saving medication, such as asthma pumps, epi-pens and diabetes blood glucose monitors, insulin and hypo treatment foods will be kept in class with pupils in the first aid bag. The medication will be taken with the class whenever the child moves around the school – including PE lessons, play times and lunch time. The child will be encouraged and supported to self-manage elements of their treatment.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

7. IHPs

Individual Healthcare Plans (IHPs) are recommended, in particular, where conditions fluctuate or where there is a high risk that emergency intervention will be needed. This will particularly apply to pupils with chronic or long-term conditions and disabilities.

The school, healthcare professionals and parents will agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.

Where it is decided that a child requires an IHP due to a severity and potentially life threatening condition, it will be the responsibility of the Headteacher / SENDCo / First Aid Co-Ordinator, the parents and a relevant healthcare professional to work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues

- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be uploaded to Medical Tracker so first aiders treating a pupil will be aware of any medical conditions and emergency treatment that may be required. Copies of the IHP will also be kept with the child's medical bag and in the care plan folder in the school office so they be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed annually as part of the transition arrangements to the pupil's new year group, or when a child's medical circumstances change.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

8. Medical Conditions that do not require IHPs

Some long-term medical conditions may not require an IHP to be written – for example Eczema and Hayfever.

Where parents advise that their child has asthma or viral wheeze, parents will be asked to complete an Asthma Card so an assessment can be made as to whether an IHP is also required – see Appendix 5.

Where a child has an allergy, parents will be asked to complete an Allergy Form so an assessment can be made as to whether an IHP is also required – see Appendix 6. **Children who require an epi-pen will always have an IHP.**

Asthma and Allergy Forms will be uploaded to Medical Tracker so first aiders treating a pupil will be aware of these medical conditions and the emergency treatment that may be required. Asthma Cards / Allergy Declarations will also be kept with the class medical bag and in the care plan folder in the school office so they be easily accessible to those who need to refer to them, but confidentiality will be preserved.

9. Managing Medicines

Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so or when it has been instructed by a medical professional. Where possible, parents will be asked to organise medicine schedules so medication can be

given before / after school – for example antibiotics are subscribed to be given 3 times over a 24-hour period so they can be given before school, after school and before bed-time.

Pupils will not be given prescription or non-prescription medicines without their parents' written consent.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

Medication that does not meet the required criteria will not be administered.

10. Receiving, Storing & Disposing of Medicines

Receiving Medication from Parents

Parents will be asked to complete a **Parental Agreement for the School to Administer Medicine Form** (see Appendix 2) when dropping off medicines which details the start date for the medication, the required end date, the required dosage and administration times. No medication can be given if this form has not been completed.

For pupils with long term medical conditions such as asthma or allergies, parents will also be asked to complete an Asthma Card / Allergy Form. For serious food allergies that require a medical diet to be created, parents will also be asked to provide a GP / consultants letter to be passed onto the School Food Service. For more details please see the Allergen and Anaphylaxis policy.

Storing Pupils Medication

The school will ensure that all medications are kept appropriately, according to the product instructions. Medication stored in school will be:-

- Kept in the original container alongside the instructions for use
- Clearly labelled with
 - The pupil's name
 - The name of the medication
 - The correct dosage
 - The frequency of administration
 - Any likely side effects
 - The expiry date

Medication that may be required in emergency circumstances, e.g. asthma pumps, epi-pens and diabetes blood glucose monitors, insulin and hypo treatment foods, will need be kept in class with pupils in the first aid bag. The medication will be taken with the class whenever the child moves around the school – including PE lessons, play times and lunch time.

The school has orange Medpac bags available for pupils with IHPs for their emergency life-saving medication. To aid fast identification the Medpacs have the name and picture of the child, details of the emergency treatment required / a copy of their IHP or asthma/allergy plan.

Other medicines (such as antibiotics, calpol, migraine tablets etc) will be stored safely in a place that is inaccessible to pupils. This will be the school office for pupils in YR to Y6 and the Nursery / Children's Centre kitchens for pre-school pupils. Pupils will be informed where their medicines are at all times and will be able to access them immediately if required.

Some medicines prescribed for children (e.g. Ritalin and Buccal Midazolam for seizures) are classified as Controlled Drugs by the Misuse of Drugs Act. Only members of staff with specific training are authorised to administer a Controlled Drug, in accordance with the prescriber's instructions. Whilst a child may legally have a prescribed controlled drug in their possession, to minimise risks to all pupils, controlled drugs will be stored in the school office and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept on Medical Tracker of the amount of controlled drugs held and any doses administered.

Disposing of pupils' medication

The school will not store surplus or out of date medication. Where medication and/or its containers need to be returned to the pupils' doctor/pharmacist, parents will be asked to collect these for this purpose. Sharps boxes will be used for the disposal of needles and other sharps.

11. Administering Medication

Only members of staff that have been deemed competent by the Headteacher will administer medication to children, following completion of the **Parental Agreement for the School to Administer Medicine Form**. Staff members who are given this responsibility will be made aware that they are taking on the legal responsibility to administer correctly and that they can refuse the role if they do not feel confident.

Before administering medication, the responsible member of staff should check:

- The pupil's identity
- That the school possesses written consent from a parent
- That the medication name, dosage and instructions for use match the details on the consent form
- That the name on the medication label is the name of the pupil being given medication
- That the medication to be given is within its expiry date
- That the pupil has not already been given the medication within the accepted frequency of usage

If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.

12. Asthma

Where a child has been diagnosed with asthma, parents will be asked to complete an asthma card and agree a personal asthma plan. An inhaler should be brought into school (with a spacer if required) which should be clearly labelled with the child's full name and class. This will be kept in the classroom in a zip wallet or Medpac bag on the medical hook where it is accessible at all times.

Pupils will be encouraged to manage their own medication, with oversight from staff, if they are competent / old enough to do so.

Members of staff will look out for the following symptoms of asthma attacks in pupils:-

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger children may express feeling tightness in the chest as “tummy ache”.

In the event of an asthma attack, staff will follow the procedure outlined below:-

- Keep calm and encourage pupils to do the same
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down
- Ask another member of staff (or a responsible pupil) to collect the child’s inhaler from the first aid bag, or to get an emergency inhaler from the office.
- Summon assistance from a first aider to help care for the pupil and administer the inhaler
- Ensure the pupil takes 2 puffs of their inhaler immediately (preferably through a spacer)
- Ensure tight clothing is loosened
- Reassure the pupil

Staff will follow the instructions in the child’s asthma card. If there is no immediate improvement, staff can continue to give 2 puffs every 2 minutes up to a maximum of 10. If there is no improvement before the child has reached 10 puffs an ambulance should be called.

If an ambulance does not arrive within 10 minutes, another 10 puffs can be given as outlined above.

Staff will call 999 immediately if:-

- The pupil is too breathless or exhausted to talk
- The pupil is going blue
- The pupil’s lips have a blue or white tinge
- The pupil has collapsed

The school will hold spare asthma inhalers for emergency use. The inhalers will be stored in the school office and their use will be recorded.

13. Diabetes

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child’s needs or the insulin is not working properly (Type 2 diabetes).

Where it is disclosed that a pupil has diabetes, the school will ensure that they receive appropriate support. The school will work alongside parents and healthcare professionals to develop an IHP and, where required, liaise with the caterers to develop a carbohydrate counted medical diet. The IHP & Diabetes Plan will be uploaded to Medical Tracker so staff can access this in an emergency, as well as being kept in the child’s medical bag. Photos of the child will be provided to the kitchen staff, breakfast club and after school club.

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin 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. Older children may be on multiple injections and others may be controlled on an insulin pump.

Children may be competent to manage their own injections, but if doses are required at school supervision may be required. Older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give.

Identified staff members will be provided with appropriate training and support so they are able to support the child with testing their blood sugar levels and their injections. Staff will be provided with a Diabetes Record Sheet / Book to record levels record sheet

Children 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. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. School may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child 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 sessions should be aware of the need for children 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 child with diabetes:

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

If a child has a hypo, it is very important that the child is not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is given immediately. Glucose tablets and gels, if provided, are located within the child's personal diabetic pack and additional supplies are also kept in the school office. Slower acting starchy food, as detailed in the IHP / Diabetes Plan, should be given 10-15 minutes later. An ambulance should be called if recovery takes longer than 10-15 minutes or if the child becomes unconscious.

Some children may experience **hyperglycaemia (high glucose level)** and have a greater than usual need to go to the toilet or to drink. Symptoms can include:

- Tiredness
- Irritability
- Headache
- Being thirsty

Consistently high blood sugars can lead to **DKA (Diabetic Ketoacidosis)**. Whilst DKA usually develops over 24 hours, it can be faster in young children or if there is a problem with the child's insulin pump. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and an ambulance will need to be called immediately.

Where there are concerns that a child's blood sugar levels are not responding to the treatment being given, or there are concerns about the insulin pump, urgent support will be requested from the Sheffield Diabetes Team and the parents asked to come into school.

A log book will be kept in school to record blood glucose, carbohydrate consumed and insulin dosage throughout the school day. Records of insulin given will also be passed to families as part of the child's diabetic pack.

14. Epilepsy

Epilepsy is defined as a neurological condition causing recurring seizures, which are also commonly known as fits, and temporary disruption to the way in which the brain normally works.

There are many different types of seizures which can be classed by which parts of the brain the epileptic activity occurs in. Seizures commonly last between a few seconds and several minutes – afterwards, the body will usually return to normal.

Tonic-clonic seizure – these are the most widely recognised type of seizure. A child experiencing this type of seizure will lose consciousness and fall to the ground – their body will be stiff and limbs will jerk. After the seizure, their consciousness will return, but they may show signs of confusion and tiredness. Children will need a rest following this type of seizure, and may need to return home.

Absence seizures – these seizures are most common in children between the ages of 6-12. During this seizure, the child will briefly lose consciousness, but will not lose muscle tone or collapse – they often appear to be daydreaming or distracted for a few seconds. They also commonly cause children to become confused about what is happening around them, and can therefore impact on their learning.

Focal (partial) seizures – these seizures can often be difficult to recognise; children's consciousness may be affected, and they may not be sure of what is happening around them. They may repeat actions such as swallowing, scratching or looking for something and, as such, can often be interpreted as episodes of bad behaviour rather than a seizure. It is important to assist the child in these situations and reassure them.

Myoclonic seizures – these seizures can affect the whole body, but are usually restricted to one or both arms, and sometimes the head. During these seizures, children may experience a single jerk, or continuous jerking for a period of time. As these mostly occur in the morning, staff should be aware that a child may be tired or have lack of concentration when beginning the school day.

Atonic seizures – these cause a child to lose muscle tone and fall to the ground without warning, often resulting in injuries to the face and head. Children who experience these seizures need to wear protective headgear to avoid injuries.

Sharrow School is committed to ensuring that all pupils with epilepsy are fully included in school life and are able to participate in the same activities as all other pupils. If it is disclosed that a pupil has epilepsy, the school will ensure that they receive appropriate support, including through an IHP – this will outline the specific support for the pupil and who is responsible for this support.

The school will work alongside parents and other healthcare professionals, such as the school nurse, to decide whether an IHP is required. If no consensus can be reached, the headteacher will make the final decision.

The school, parent and a relevant healthcare professional will work in partnership to create and review the IHP. Where appropriate, the pupil is also involved in the process.

The IHP will include the following information:

- The type of epilepsy the child has and the seizures that occur
- The triggers for the seizures (if known)

- What happens before, during and after a seizure, and how long their seizures tend to last
- The necessary first aid (if any) that is required
- The responsibilities of the school after a seizure occurs
- How long the pupil will need to rest after a seizure
- Under what circumstances the school should call an ambulance
- The responsibilities of the school in an emergency
- Any warning signs that may indicate the pupil is about to have a seizure
- Any medicine the pupil takes and when they need to take it
- Any medicine side-effects that the school needs to be aware of
- Any particular activities which may put the pupil at risk of having a seizure, and the procedures in place to reduce this risk
- Any adjustments that need to be made to the school environment to support their learning
- The names of the healthcare professionals involved in the pupil's care
- Any behavioural or emotional issues the school needs to be aware of
- Who else in the school is aware of the pupil's epilepsy
- Any other medical conditions the pupil has

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP. IHPs will be uploaded to Medical Tracker, kept in the class first aid bag and a copy will also be kept in the school office in the Care Plan folder.

Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHC plan is linked to it, or will become part of it. Where a child has special educational needs and disabilities (SEND), but does not have an EHC plan, their SEND will also be mentioned in their IHP.

Parents will be kept informed of their child's epilepsy at school, and will be involved and consulted if changes need to be made to the IHP.

Epilepsy often has an effect on pupils' learning and behaviour, such as tiredness and lack of concentration, and, therefore, the school will make reasonable adjustments and offer additional support. Appropriate records will be kept of the development and educational performance of pupils with epilepsy. These will be monitored to ensure any problems are identified early and to assess whether the pupil's epilepsy is a factor.

The school understands that pupils with epilepsy may require additional support for statutory assessments, such as by providing extra time.

All staff will be able to recognise what is happening in an emergency and will respond promptly by:

- Calling the emergency services; or
- Arranging for the designated member of staff to provide emergency medication to the pupil; or
- Arranging appropriate first aid if the pupil has been injured.

An ambulance will always be called in the following instances:

- The seizure continues for longer than usual for that specific pupil, or more than five minutes for any pupil
- One seizure follows another without the pupil regaining consciousness in between
- The pupil is injured following a seizure
- The pupil has difficulty breathing
- Staff believe the pupil needs urgent medical attention

If a pupil needs to be taken to hospital, a member of staff will contact their parents immediately, and will wait with the pupil until their parent arrives – if necessary, the staff member will accompany the pupil to the hospital. If a pupil experiences a seizure that does not require emergency medical attention, parents will be contacted as soon as the pupil has recovered.

A record will be kept of all seizures that occur at the school – either using the Seizure Monitoring Form at Appendix or a log book, as agreed in the IHP.

The medication (if any) required for a pupil with epilepsy will be detailed on their IHC plans, along with the designated member of staff, who is suitably qualified and responsible for administering it. Before administering medicine, maximum dosages and when the previous dosage was taken will be checked. Written records will be kept of any medication administered to pupils.

Pupils will never be prevented from accessing their medication. In the event of a school trip or activity which involves leaving the school premises, the pupil's medicine will be taken.

15. Febrile Convulsions

Febrile seizures can happen when a child (particularly young children between the ages of 6 months and 6 years) have a high temperature. If younger pupils start to develop a high temperature at school, parents will be asked to collect them unless they have provided Calpol and signed a **Parental Agreement for the School to Administer Medicine Form**.

Head thermometers are kept in the EYFS classrooms and in the school office. If a child is running a fever, staff will loosen their clothes and attempt to cool them down whilst they wait for the child to be collected.

Staff will be alert for the symptoms of a febrile convulsion: -

- becoming stiff and twitching, shaking, or making jerking movements
- becoming unconscious
- becoming unresponsive when they are being spoken to
- being sick or wetting themselves

Parents will be called immediately if there are concerns that a child is having a seizure. Staff will clear the area, protect the child's head, remove any dangerous objects nearby and keep a record of the seizure timings.

An ambulance will be called if the child:

- is having a seizure for the first time
- has a seizure that lasts more than 5 minutes
- is having difficulty breathing
- has stiffness and twitching on only 1 side of their body
- has more than 1 seizure within 24 hours

16. Allergies, Anaphylaxis and Adrenaline Auto-Injectors (AAls)

Anaphylaxis is a severe and potentially life-threatening allergic reaction. An allergen can be any food or substance that the body identifies as foreign. The body's natural defence system then triggers a reaction. Symptoms can occur within seconds or minutes of coming into contact with an allergen. Symptoms can also occur several hours after exposure but this is rare.

The most common food allergens are:

- nuts
- milk
- eggs
- shellfish

Other common allergens include bee and wasp stings and latex.

Individuals that suffer from an anaphylactic reaction may experience:

- swelling of the mouth, lips and tongue
- difficulty swallowing
- difficulty breathing
- wheezing or persistent cough
- feeling lightheaded or faint
- an itchy raised rash
- flushing of the skin
- vomiting and/or diarrhoea
- sense of impending doom (feeling something bad will happen)
- feeling dizzy (low blood pressure)
- loss of consciousness

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies. Parents will be asked to complete an Allergy Form initially so an assessment can be made as to whether an IHP is required. Where a child has a food allergy that requires a special medical diet to be created, parents will be asked to bring in a GP/consultant letter which can be sent across to the School Food Service and the school caterers.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the **Allergen and Anaphylaxis Policy**.

17. Record Keeping

Records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Where possible, medication use will be recorded on Medical Tracker and confirmation emailed to parents (or printed off where parents do not have a valid email address).

For children with more complex needs where medication is being given numerous times daily, these records may be kept in their care book or on the Record of Medication Administered form at Appendix 4 which will be shared with parents / carers as part of the end of day handover.

18. Emergency Procedures

Medical emergencies will be dealt with under the school's emergency procedures. Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. If a parent/carer is not able to arrive in time, a member of staff will accompany the child.

19. Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits and their needs considered when planning trips & activities.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and

relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils.

20. Unacceptable Practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

21. Liability and Indemnity

The Governing Body will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

22. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

23. Home-to-School Transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

24. Defibrillators

The school has a Mediana HeartOn A15 automated external defibrillator (AED). The AED is stored in the entrance lobby in an unlocked, alarmed cabinet. All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, the school first aiders are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

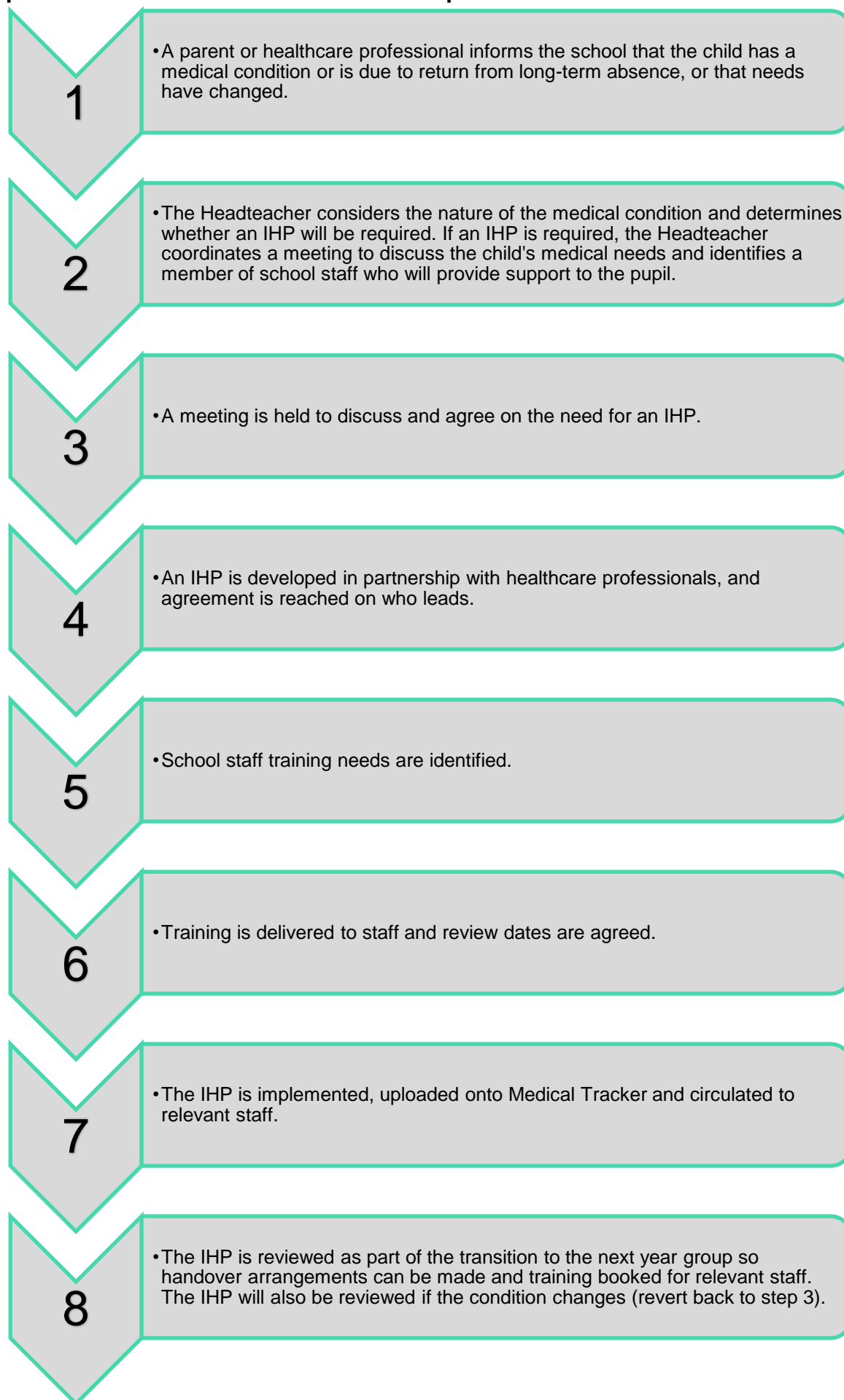
Maintenance checks will be undertaken on AEDs on a monthly basis by the First Aid Co-Ordinator, who will also keep an up-to-date record of all checks and maintenance work.

25. Monitoring and Review

This policy is reviewed every 2 years by the Governing Body, Headteacher and SBM. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is February 2026.

Appendix 1 - Individual Healthcare Plan Implementation Procedure



Appendix 2 – Individual Healthcare Plan

Individual Healthcare Plan

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

--

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues

--

Name of medication, dose and method of administration
Daily care requirements
Arrangements for school visits and trips
Other information
Describe what constitutes an emergency, and the action to take if this occurs
Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when:

Appendix 3 – Parental Agreement for the School to Administer Medication



Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Name of Pupil	
Date of Birth	
Year and Class	
Medical Condition or Illness	

Medicine

Name of medicine	
Expiry date	
Dosage and method	
Timing for medication to be given	
Time medication was last given	
Special precautions / instructions	
Side effects	
Self-administration yes/no	Yes / No
Procedures for an emergency	

Please note: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container. Over the counter medicines, such as Calpol, will be given only when details of the last time medication was given has been provided.

Contact Details

Name		Relationship	
Telephone number		Email	
Medicine delivered to	School Office / Nursery / Children's Centre / Reception Class		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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 _____

Date _____

Appendix 4 – Record of Medicine Administered to a Pupil



Record of Medicine Administered to a Pupil (if not using Medical Tracker)

Name of pupil	
Group/class/form	
Date medicine provided by parents	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
Staff signature	

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Date				
Time given				
Dose given				
Name of staff member				
Staff signature				

Appendix 5 – School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

- ☐ Pollen ☐ Stress
- ☐ Exercise ☐ Weather
- ☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(Monday-Friday, 9am-5pm)
www.asthma.org.uk

The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee: 01863614 (England and Wales). VAT number 648 8121 18. Registered charity numbers 802364 and SC039322. Your gift will help Asthma UK fund vital research projects and provide people with asthma with the support they need. © Asthma UK. Last reviewed and updated 2020; next review 2023.

Appendix 6 – Allergy Declaration Form



Allergy Declaration Form

Name of pupil:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Spare AAls

I understand that the school may purchase spare AAls to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with my written consent. I provide consent for the school to administer a spare AAI to my child.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------	--------------------------	-----------	--------------------------

Name of parent:	
Relationship to child:	
Contact details of parent:	
Parental signature:	

Appendix 7 – Dealing with Seizures



Dealing with Seizures



YOU SHOULD:

- Assess the situation
- Is the child in any danger? Don't intervene unless they're in danger. Give them space. Move anything that may be a danger away from them.
- If the child is behaving aggressively or lashing out, move others away and keep your distance, but try to stay where you can see them.
- Note the time.
- Send someone to get the child's IHP.
- Make sure someone – you, if possible, stays with the child until they recover completely.
- Talk calmly and reassuringly to the child, particularly as hearing is often unaffected or restored first.

AFTER THE SEIZURE:

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

THINGS YOU SHOULDN'T DO:

- ✗ Don't crowd them
- ✗ Don't try to restrain them
- ✗ Don't try to bring them round
- ✗ Don't assume THEY know what's happening
- ✗ Don't make abrupt movements or shout
- ✗ Don't try to put anything in their mouth, and
- ✗ Don't give them anything to eat or drink until they're fully recovered

Appendix 8 – Seizure Monitoring Form

Name of Child			Class	
Date			Location	

Before the Seizure					
Precipitating Factors	None	Anxious	Stressed	Tired	Other
Preceding Symptoms & Feelings	Irritable	Impulsive	Nauseous	Strange Sensations	Other
Position at Onset	Sitting	Standing	Lying	Other	

During the Seizure					
Time at onset		Time at end of seizure		Duration of seizure	
Did the child fall?	Yes / No	Forwards / Backwards	Description		
Breathing	Rapid	Shallow	Deep	Laboured	Other
Colour	Note any changes in skin tone, particularly around the mouth & extremities				
Describe any movements of					
Head					
Arms					
Legs					
Eyes	Deviated to left	Deviated to right	Pupils dilated	Other	
Level of awareness	Fully aware	Reduced awareness	Responsive to voice	Responsive to touch	No responses
Any injury	Tongue	Limbs	Head	Other	
Incontinence	Urinary	Yes / No	Faecal	Yes / No	
Action Taken					

After the Seizure			
Level of alertness			
Immediately after the seizure			
5 minutes after the seizure			
Maintenance of alertness			
Level of confusion			
Muscle weakness			
Total duration of event		Total recovery time	

Treatment Given	Medication	Strength	Time of administration	Response
PRINT NAME			Date	

SHARROW SCHOOL

[illegible]

Appendix 10 – Diabetes Log Book

Section 1

This section should be filled in by the child's parents, carers or specialist diabetes nurse.

Personal details

Name of child Class

Type of insulin

Insulin to carbohydrate ratio/s

.....

.....

Correction dose/s

Parent name

Parent contact numbers

.....

.....

Key contact at school

Further notes

.....

.....

.....

.....

For more copies of this log book or more information, go to diabetes.org.uk/school-resources

Section 2



This section should be filled in during the school day by the appropriate staff member.

If you have to inject insulin or take blood glucose readings for a child with Type 1 diabetes at your school, use this log book to record the results. The child can then take it home so their parents or carer know what's happened during the school day.

Name of staff member..... Date

Lunchtime insulin

Time Blood test

Type of food and amount 	Insulin dose 
.....
.....
.....

Other blood tests

Time	Result	Insulin dose 
.....
.....
.....
.....