



Bexhill
Academy

Supporting Students with Medical Conditions Policy

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Next Review: October 2026
Reviewed by: D Holter

Date	Changes	Page number
11.11.25	No changes	
9.10.25	Staff names update	

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

For Bexhill Academy

1. Introduction

This policy has been produced to help schools and early years settings develop an effective management system to support pupils/young people with medical conditions, in accordance with the DfE's 'Supporting pupils at school with medical conditions' statutory guidance.

1.1 This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting students 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 and Whole School Approach to Mental Health and Well Being 2021
- Equalities Act 2010
- Schools Admissions Code, DfE December 2014
- ESCC Accessibility Strategy
- ESCC SEND Strategy

SEND MATRIX <https://czone.eastsussex.gov.uk/inclusion-and-send/sen-matrix/the-matrix/>

- East Sussex County Council 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/to-o-sick/>)
- ISEND Front Door <https://czone.eastsussex.gov.uk/inclusion-and-send/front-door-referrals/> and include the following documents: Additional Needs Plan or Individual Health Care Plan, registration certificate and current medical evidence. Potential referrals can be discussed with TLP – 01273 336888

1.2 This policy should be read in conjunction with the following academy policies: SEND Policy, Child Protection and Safeguarding Policy, Intimate Care Policy and the Complaints Procedure

1.3 This policy was developed with representatives from the Trust Board and will be reviewed annually.

1.4 Systems are in place to ensure that the Designated Safeguarding Lead, Deborah Holter, 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 student.

2. Definitions of medical conditions

2.1 Student's 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 student's feel safe.

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 students 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.

2.3 This policy also covers students with a diagnosed mental health condition

3. The role of the governing body

3.1 The Trust Board remains legally responsible and accountable for fulfilling their statutory duty for supporting students at school with medical conditions. The Trust Board of Bexhill Academy fulfil this by:

- Ensuring that arrangements are in place to support students 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 students 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 students 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 students with medical conditions that is reviewed regularly and accessible to parents and academy 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 academy is notified that a student has a medical condition (see section below on procedure to be followed when notification is received that a student has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at the academy with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the student'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 students 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 academy 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 students with medical conditions to participate in academy 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 students with medical conditions (see section on complaints).

4. Policy implementation

4.1 The statutory duty for making arrangements for supporting students at the academy with medical conditions rests with the Trust Board. The Trust Board have delegated the implementation of this policy to the staff below, however, the Trust Board 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 headteacher C Neal. Who 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 The Off Sites Visits Lead Matt Dann will be responsible for briefing supply teachers and overseeing risk assessments for offsite visits and other school activities outside of the normal timetable.

4.4 Mike Walton (SENCo) will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each student 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 student 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 student's needs change. For children being admitted to Bexhill Academy 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 Bexhill Academy 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 the academy 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 students 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 students' medical conditions and will be clear about the need to actively support students with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. Medical Training for staff at Bexhill Academy includes Diabetes Training, Intimate Care Training and Administration of Medicines Training as well as student specific training when required). We will make arrangements for the inclusion of students 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 students' 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 Bexhill Academy does not have to wait for a formal diagnosis before providing support to students. In cases where a student'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 Lucy Culshaw (SENCo), Deborah Holter (DSL) and then an Individual Health Care plan will be written in conjunction with the parent/carers and put in place.

6. Individual healthcare plans

6.1 Individual healthcare plans will help to ensure that we effectively support students 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 in the majority of other cases too, especially

where medical conditions are long-term and/or complex. However, not all students will require one. The academy, 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.

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 student effectively. The level of detail within the plan will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support. Where a student has SEND but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan, pupil passport and/or Additional Needs Plan (ANP).

6.3 Individual healthcare plans (and their review) should be drawn up in partnership between the academy, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can give best advice on the particular needs of the student. Students should also be involved whenever appropriate. The aim should be to capture the steps which Bexhill Academy 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 academy.

6.4 We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They will be developed and reviewed with the student's best interests in mind and will ensure that we assess and manage the risks to the student's education, health and social wellbeing, and minimise disruption. Where a student 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 student 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 students 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 will suit the specific needs of each student, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The student'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 student'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 students will be able to take responsibility for their own

health needs) including in emergencies. If a student 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 student'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 student's condition and the support required;
- Arrangements for written permission from parents/carers and the Executive Principal, for medication to be administered by a member of staff, or self-administered by the student during academy hours;
- Separate arrangements or procedures required for offsite visits or other academy activities outside of the normal academy timetable that will ensure the student can participate e.g., risk assessment;
- Where confidentiality issues are raised by the parent/student, the designated individual is to be entrusted with information about the student'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 students 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 **Bexhill Academy**.

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 students 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, and anaphylaxis). All general health care queries can be directed to the East Sussex School Health Team, available to parents/carers on Tuesdays and Thursdays between 10.00am and 3.00pm on 03001234062

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.

7.5 We ask that **parents/carers** provide the academy with sufficient and up-to-date information about their child's medical needs. They may, in some cases be the first to notify the academy 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 students with medical conditions to attend full time. Where students 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).

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 students, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of students with special educational needs and disabilities, and also by students' 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.

We regularly review our policy and working practices as we recognise that sometimes unique adaptations may be necessary for individual students.

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 students with medical conditions and their role in implementing that policy.

The following staff have received Training for Adminstrating Medicines:

Deborah Holter

Sarah Day

Corinne Jack

Michele Wilkinson

Gill Barrington Smith

Isabelle Meredith

Abbie Brockhurst

Denise Hearsey

Ed Brazier

Simon Denney

Jackie Houlihan

The following staff have received additional specific/specialist training, including Epilepsy Training, Tube Feeding, Line/pump training, Diabetic pump training

Sarah Day

Corinne Jack

Debbie Holter

Tracey Gilbert

Gill Barrington Smith

Nikki Brooker

Julie Cutting

Tracey Gilbert

Denise Hearsey

The following staff have received Diabetes Training:

Sarah Day

Deborah Holter

Joe Bayliss

Corinne Jack

Nikki Austin

Samantha Cheshire

Laura Purdy

Nicola Jack

Sharon Curtis

May Williams

Laura Caister

Isabelle Meredith

Cathy Wilson

Christopher Parker

Emma Barnett

Tayna Boswell

Carly Lidbury

Epipen training: Sarah Day, Joe Bayliss

We will record staff training for administration of medicines and /or clinical procedures

8.3 All staff who are required to provide support to students 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 students 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 student, 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 students with medical conditions and their role in implementing the policy. The Headteacher, 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 student will often be essential in providing relevant information to academy 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 student 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.

9.2 Wherever possible students 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 room to ensure that the safeguarding of other students is not compromised. Bexhill Academy also recognises that students who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

9.3 If a student 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 Bexhill Academy 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 - 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 academy 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;
- All medicines will be stored safely in the medical room. 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.

- Students 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: Sarah Day or a member of the Administrative Team.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors should always be readily available in the medical room and not locked away. Students requiring such devices are identified and a 'register' of affected students is kept up to date. Asthma inhalers should be marked with the child's name.
- A student 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 student for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a student 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 academy;
- Staff administering medicines should do so in accordance with the prescriber's instructions. Bexhill Academy will keep a record of all medicines administered to individual students 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 students. These records offer protection to staff and students 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 student's medicine record before any dose is given, etc.
- When no longer required, medicines should be returned to the parent/carers to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- The Trust Board hold asthma inhalers on site for emergency use.
- The Trust Board 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 student with the same name. Some examples of medication errors include administration of:

- a medication to the wrong student
- the wrong medication to a student

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

11.2 Each medication error must be reported to the Executive Principal, 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 student 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 students in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

12.3 If a student 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 academy 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 students 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. Parents/carers will be involved in the discussion and decision making process before the Executive Principal makes the final decision.

13.2 We will always conduct a risk assessment so that planning arrangements take into account any steps needed to ensure that students 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.

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 students 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 students 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 Sarah Day

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 The defibrillator is located in the student reception area. Staff have been offered training to use it.

17. Unacceptable practice

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

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every student with the same condition requires the same treatment;
- Ignore the views of the student or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send students 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 student who becomes ill to the medical room unaccompanied, or with someone unsuitable;
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent students 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 students from participating, or creating unnecessary barriers to students 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 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 Academy Trust 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 Academy. This will be with the child's 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 (including the Designated Safeguarding Lead, Mrs Deborah Holter) 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 the Bexhill Academy Complaints Procedure.

Appendix (i)

Specific Medical Conditions

The medical conditions that most commonly cause concern in schools/settings are:

1. Diabetes
2. Epilepsy
3. Asthma
4. Anaphylaxis (severe allergic reaction)

This supporting document provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children/young people are assessed on an individual basis.

Diabetes

Diabetes UK Careline 0345 123 2399 (Mon-Fri: 9am – 7pm)

www.diabetes.org.uk

What is Diabetes?

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

About one in 550 school-age children have diabetes. The majority of children/young people have Type 1

diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child/young person may experience different symptoms and this should be discussed when drawing up the individual healthcare plan. 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.

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/setting hours, although for those who do it may be necessary for an adult to administer the injection. Young people may be on multiple injections and others may be controlled on an insulin pump. Most children/young people can manage their own injections, but if doses are required at school/setting supervision will be required along with a suitable, private place to carry it out.

Increasingly, young people 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 before bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child/young person 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. Diabetic specialists would only implement this regime when they were confident that the child/young person was competent.

The child/young person is then responsible for the injections, and the regime would be set out in the individual healthcare plan.

Children/young people 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/setting lunch break, before PE or more regularly if their insulin needs adjusting. Young people will be able to do this themselves and will simply need a suitable place to do so. However, young children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate healthcare professional.

Children/young people 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 children/young people with diabetes will need to be made if the school/setting has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child/young person 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 child/young person 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/young person with diabetes:

- hunger

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

Each child/young person may experience different symptoms, and this should be discussed when drawing up the individual healthcare plan.

If a child/young person has a hypo, it is very important that the child/young person is not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink to brought to the child/young person and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child/young person has recovered, some 10 – 15 minutes later.

An ambulance should be called if:

- the child/young person's recovery takes longer than 10 – 15 minutes
- the child/young person becomes unconscious.

Some children/young people 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 child/young person is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child/young person is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration, and the child/young person will need urgent medical attention.

Such information should be an integral part of the school/setting's emergency procedures as highlighted in the Supporting Students with Medical Conditions Policy but also relate specifically to the child/young person's individual healthcare plan.

Procedures

When a child/young person has been identified as being at risk of a **hypoglycaemia** or **hyperglycaemia** episode, the school/setting need to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. An emergency procedure and protocol should be developed and agreed by the parents, the school/setting and the child's doctor.

The protocol includes:

- emergency procedure
- medication, if agreed

- staff training
- precautionary measures
- consent and agreement.

A protocol forms an agreement that the best possible support is in place for both the child/young person and staff. It may be necessary that child/young persons in secondary schools/settings wear a form of identification of their medical condition as teachers may not be familiar with the child/young person's medical needs, e.g. medi 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/setting will have a responsibility to do so if hypoglycaemia or hyperglycaemia episode occurs

Training

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/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication.

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

When an offsite 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.

Epilepsy

The National Society for Epilepsy

01494 601400 www.epilepsysociety.org.uk

What is Epilepsy?

Children/young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 % attend mainstream school/setting. Most children/young people with diagnosed epilepsy never have a seizure during the school/setting day. Epilepsy is a very individual condition.

Seizures can take many different forms, and a wide range of terms may be used to describe the particular seizure pattern for the individual child/young person. Parents and health care professionals should provide information to schools/settings, to be incorporated into the individual healthcare plan, setting the pattern of an individual child/young person's epilepsy. If a child/young person does experience a seizure during the school/setting 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 child/young person 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 child/young person lost consciousness
- whether the child/young person was incontinent.

This will help parents to give more accurate information on seizures and seizure frequency to the child/young person's specialist.

What the child/young person experiences depends on whether all or which part of the brain is affected. Not all seizures involve a loss of consciousness. When only a part of the brain is affected, a child/young person will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected, the child/young person may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling noises and chewing movements. They may not respond if spoken to. Afterwards they may have little or no memory of the seizure. In some cases, such seizures go on to affect all the brain and the child/young person loses consciousness. Such seizures might start with the child/young person crying out, then the muscles becoming stiff and rigid. The child/young person may fall. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child/young person's colour may change to a pale blue or grey colour around the mouth. Some children/young persons may bite their tongue or cheek and/or wet themselves.

After a seizure a child/young person may feel tired, be confused, have a headache and need time to rest or sleep for several hours.

Another type of seizure affecting all the brain involves a loss of consciousness for a few seconds. A child/young person may appear 'blank' or 'staring' sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently, they could be a cause of deteriorating academic performance.

Medicine and Control

Most children/young people with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school/setting hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child/young person'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 children/young people with epilepsy can use computers and watch television without any problem.

A child/young person 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 child/young person and their parents as part of the individual healthcare plan.

During a seizure it is important to make sure that the child/young person is in a safe position, not to restrict a child/young person's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under a child/young person's head will help to protect it. Nothing should be placed in their

mouth. After a convulsive seizure has stopped, the child/young person 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 child/young person's first seizure
- the child/young person has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child/young person's individual healthcare plan
- a seizure lasts for five minutes - if you do not know how long they usually last for a particular child/young person
- there are repeated seizures - unless this is usual for the child/young person, as set out in their individual healthcare plan.

Such information should be an integral part of the emergency procedures and also relate specifically to the child/young person's individual healthcare plan. The individual healthcare 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 child/young persons 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 paediatrician 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 child/young person afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the buccal cavity of the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use must come from the prescribing doctor.

Children/young people 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 child/young person, 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 child/young person as far as possible, even in emergencies. The criteria under the National Standards for under 8's day care require the registered person to ensure the privacy of children/young person's when intimate care is being provided.

Procedures

When a child/young person has been identified as being at risk of epilepsy, the school/setting 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/setting and the child's doctor/paediatrician.

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 child/young person and staff. It may be necessary that children/young people in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the child/young person'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/setting will have a responsibility to do so if epileptic seizure occurs

Training

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/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication

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

When an offsite 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.

Asthma

Asthma UK Helpline

0300 222 5800 (Mon-Fri: 9am – 5pm)

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 has 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. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will have all these symptoms, and some

children/young people may only have symptoms from time to time.

However, in early years settings, staff may not be able to rely on children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early year's settings and primary school/setting staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for child/young persons 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. Children/young people with significant asthma should have an individual healthcare plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child/young person will only need a reliever during the school/setting day. **Relievers** (blue inhalers) are medicines inhaled immediately to relieve asthma symptoms and are used during an asthma attack. They are sometimes used before exercise. Whilst **preventers** (brown, red, orange inhalers, sometimes tablets) are usually taken out of school/setting hours.

Children/young people with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child/young person may need some help to do this. It is good practice to support children/young people with asthma to take charge of and use their inhaler from an early age and many do.

Children/young people who can use their inhalers themselves should be allowed to carry them with them. If the child/young person 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 child/young person's name. Inhalers should always be available during PE, sports activities and educational visits.

For a child/young person with severe asthma, the health care professional may prescribe a spare inhaler to be kept in school/setting.

The signs of an asthma attack include:

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

When a child/young person has an attack, they should be treated according to their individual healthcare plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5 – 10 minutes
- the child/young person is too breathless to speak
- the child/young person is becoming exhausted
- the child/young person looks blue.

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

A child/young person should have a regular asthma review with their healthcare professional. Parents should arrange the review and make sure that a copy of the child/young person's management plan is available in school/setting.

Children/young people with asthma should participate in all aspects of the schools/settings day including physical activities. They need to take their reliever inhaler with them on all offsite activities. Physical activity benefits children/young people with asthma in the same way as other children/young people. Swimming is particularly beneficial, although endurance work should be avoided. Some children/young people 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 child/young person. However, children/young people with asthma should not be forced to take part if they feel unwell. Children/young people should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children/young people 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, should 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 child/young person has an asthma attack.

Procedures

When a child/young person has been identified as being at risk of asthma, the school/setting needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance.

As in all cases of medication in schools/settings, a parental consent form should be completed and kept in school/setting.

Anaphylaxis

The Anaphylaxis Campaign	01252 542029	www.anaphylaxis.org.uk
Allergy UK Helpline	01322 619898	www.allergyuk.org
Kids' Allergies		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 kiwi fruit and 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 child/young person 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 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 child/young person'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/setting should hold and where to store them must be decided on an individual basis between the Executive Principal, parents and the healthcare professionals.

Where children/young people 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/settings or split sites, it is often quicker for staff to use an injector that is with the child/young person 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 healthcare 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/setting 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 child/young person in an emergency, a training session will need to be provided by the school/setting health service. Staff should have the opportunity to practice with trainer injection devices.

Day to day policy measures is needed for food management, awareness of the child/young person's needs in relation to the menu, individual meal requirements and snacks in school/setting. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child/young person's particular requirements.

Parents often ask for the Executive Principal/manager to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risk to allergic child/young persons should be taken.

Children/young people who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children/young people in every respect – except that if they encounter certain foods or substances, they may become unwell. It is important that these children/young people 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/setting life may continue as normal for all concerned.

Procedures

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

An emergency procedure and protocol should be developed and agreed by the parents, the school/setting 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 child/young person and staff. It may be necessary that children/young people in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the child/young person's medical needs, e.g. medi bracelet to alert staff.

Once an agreement has been made to administer medication the school/setting will have a responsibility to do so if anaphylactic shock occurs

Training

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/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication.

When an offsite 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.