HURLINGHAM
SCHOOL
AND NURSERY

EST. 1947

Supporting Pupils with Medical Conditions Policy

This policy applies to all activities of Hurlingham School, including the Early Years Foundation Stage.

Children with medical needs have the same rights of admission to our school as other children

Date of Review: June 2025
Date of Next Review: by 31 May 2026

Contents:

Appendices

Statement of intent

The Board of Directors of **Hurlingham School** has a duty to ensure arrangements are in place to support pupils with medical conditions. 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 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 (2017) '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'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance Policy
- Admissions Policy

2. Roles and responsibilities

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between ourselves (the School), parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

The Principal, on behalf of the Board of Directors, 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 board 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 Head 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, 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.
- Agreeing with parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Head will seek advice from the child's GP or other medical advisers.
- Deciding if we are able to provide the appropriate support on a case by case basis.

Parents will be responsible for:

- Notifying the school at the earliest opportunity when their child has been identified as having a medical condition which requires support in school.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Reach agreement on our role in supporting their child's medical needs, in accordance with our Medical Policy.
- Understanding the importance of information sharing about their child's health with staff, to ensure the best care for a child.

Pupils will be responsible for:

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

Staff who follow documented procedures will be fully covered by our public liability insurance, should a parent make a complaint.

The Deputy Head Pastoral and Operations and the Head of Learning Support and Neurodiversity will be responsible for:

- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the Deputy Head Pastoral and Operations when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Some children with medical needs receive dedicated support from specialist nurses or community children's nurses, for instance a children's oncology nurse. These nurses often work as part of a NHS Trust or PCT and work closely with the primary health care team. They can provide advice on the medical needs of an individual child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines. We will work closely with Healthcare professionals to ensure children with long term medical needs are well supported at our School.
Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

4. Pupil Information

General Medical Information
We hold medical information on all our pupils in order to ensure that we can provide appropriately for their needs, or look after them if they are injured or have an accident. All parents are required to complete a medical questionnaire before their child joins the school. This information is kept in each child's record on our MIS (SIMS) and details of any pre-existing medical conditions and allergies which may need to be taken into account when assessing a child's injury or illness as well as contact details for the child's parent/guardian or named contact. Details of any specific food allergies dietary requirements are provided to the kitchen staff and relevant teaching staff.

All parents are asked to complete the New Starter Forms prior to their child joining the school.

Parents are asked to let the school know as a matter of urgency if the information we hold regarding their child's medical conditions or need for medications change; they do this by informing the School or Nursery Office. An annual request is made for confirmation of details via the Parent Portal - Data Collection Form.

Details of Medical Conditions

Children with pre-existing medical conditions are allocated a 'traffic light system' colour code depending on the severity or potential severity of their condition.

Red - Potentially life threatening
Amber – Moderate risk
Green – low risk

All children designated 'code red' have a photographic record card which identifies their medical condition and gives basic advice on what to do in the event of a medical emergency. These are displayed on the walls of the staff room, the child's classroom, group teaching spaces and medical room and there are also copies of these in any medical bags which accompany the children off site.

5. Medical Needs in General

Most children will at some time have **short-term medical needs**, perhaps entailing finishing a course of medicine such as antibiotics.

Some children, however, have **long term medical needs** and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy, cystic fibrosis or diabetes. Parents are asked to inform the Head of any particular needs before a child is admitted, or when a child first develops a medical need.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. This is so that we can ensure that the existing staff are able to fully support that child as, if a child's medical needs are inadequately supported, this may have a significant impact on a child's experiences and the way they function in or out of school.

If a child has a medical condition which necessitates regular access to medication, or monitoring, we will always try to ensure that an appropriate regime can be devised.
It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals as this can help staff identify the necessary safety measures to support children with medical needs, ensuring that they, and others, are not put at risk.
The Head and or Principal will then ensure that the relevant academic and pastoral staff is informed, in confidence, of these medical needs and will sometimes also arrange some additional medical training for those staff.

Some medical conditions may be classed as a disability. The Head will consider what arrangements can reasonably be made to help support a pupil (or prospective pupil) who has a disability. Where necessary we will seek advice from local health professionals to determine if reasonable adjustments can be made within the existing School setting, and by utilising the existing School staff, to ensure that disabled pupils are not put at a substantial disadvantage in comparison to those who are not disabled.

Others may require medicines only in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff will need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Our policy for Long Term Medical needs is detailed below.

Supporting Children with Short Term Medical Needs (including the Administration of Medicines)

If a Child Becomes Ill while in our Care:
We will always try to contact the parents if a pupil suffers anything more than a trivial injury, or if he or she becomes unwell during the school day, or if we have any worries or concerns about his or her health. We will ask parents to collect their child if he or she becomes ill during the school day.

Emergency Medical Treatment
However, in accepting a place at the school, parents are required to authorise the Head, or a senior member of staff acting on her behalf, to consent, on the advice of an appropriately qualified medical specialist, to a pupil receiving emergency medical treatment, including general anesthetic and surgical procedure under the NHS, if we are unable to contact the parents or guardians in time.

Administering of Over the Counter (O.T.C.) Medicines to Pupils
With parental consent, we will apply or supervise the application of lotions, in particular sunscreens or allergy creams and an antihistamine such as Piriton to children who suffer from hay-fever.

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. Support staff may, however, have specific duties to provide medical assistance as part of their contract. Of course, swift action needs to be taken by any member of staff to assist any child in an emergency.

Anyone caring for children including teachers and other school staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips. See ***Administering Medication Policy***

Supporting Children with Long Term Medical Needs

We promote inclusion and will take all reasonable steps to ensure that children with a disability or SEN are not discriminated against or treated less favourably than other pupils. We work in partnership with the family and other agencies in the best interests of the pupil and to maximise educational opportunity.

Children with complex health needs have the same rights of admission to school as other children, and cannot generally be excluded from school for health reasons. In certain circumstances, eg where there is a risk to health and safety of staff or other pupils, children can be removed from school for health reasons. This, however, is not exclusion.

Some children may have medical needs which include allergic reactions, anaphylaxis, asthma, diabetes, epilepsy, hepatitis and HIV. These pupils have complex health needs that require more support than regular medicine. We will seek medical advice about each child or young person's individual needs.

In accordance with Part 4 of the DDA, we **will not discriminate** against disabled pupils in relation to their access to education and associated care – a broad term that covers all aspects of school life including school trips and school clubs and activities.

It is our policy to make reasonable adjustments for disabled children including those with medical needs at different levels of school life, and for the individual disabled child to be considered in our School's practices, procedures and policies.

We are not required to provide auxiliary aids or services or to make changes to physical features of the School. Nevertheless, we plan strategically to increase access, over time, in the School. This includes planning to increase access to the school premises, to the curriculum and providing written material in alternative formats to ensure accessibility.

Our School is fully compliant with disability access requirements.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

These factors will all be taken into consideration when determining whether or not the school will be able to educate and develop the prospective pupil to the best of his or her potential and in line with the general standards achieved by the pupil's peers.

It is essential that we are given sufficient information about the medical condition, what signs or symptoms we should look for, if any, and how we should react.

Confidentiality regarding disabilities
In accordance with the Disability Discrimination Act, in deciding what sort of reasonable adjustments to make, we will take into account a request for confidentiality as to the nature or the existence of a child's disability, both from the child's parents; and from the child, if the school is satisfied that the child understands the nature and the effect of the request for confidentiality.

The legislation recognises that a request for confidentiality may limit the reasonable adjustments that a school can make. The child's safety will always be our first consideration. If a request for confidentiality meant that staff taking pupils on a trip could not be informed of the nature of a child's condition, and if ignorance of the child's condition could put the child at risk, we might not be able to include the pupil on that trip.

In practice, the very reasons that parents may request confidentiality relate back to concerns that information might not be used sensitively to support their child, or that their child might be singled out in some way. We recognize that parents' concerns are likely to be heightened where there is a social stigma attached to the child's health condition.

We will seek to reassure parents that information that they share with us will be handled sensitively.

In the light of the Children Act 2004, establishing protocols for sharing information with health, social care and education professionals will become routine practice. What is essential is that the issues of confidentiality, stigma, who needs to know and why, are at the forefront of any decision to share information on an HIV infection. It is paramount that the child and parents are involved in these decisions.

6. 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 or administer medication without appropriate training. Training needs will be assessed by the Deputy Head Pastoral and Operations on a **termly** basis for all school staff, 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 Deputy Head Pastoral and Operations 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.

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.

7. Self-management

In most cases, given the young age of our pupils, medication and devices will be held by the School in suitable locations that can be accessed quickly and easily and pupils will be supervised when taking their medication.

However, following discussion with parents, any opportunities for self-management (particularly supervised) which will assist the pupil to learn to take responsibility for their health needs will be considered by the Head on an individual basis.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Where applicable, 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.

8. IHPs

The school, healthcare professionals and parents 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 Head will make the final decision.

The school, parents and a relevant healthcare professional will 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 Head 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 easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child’s medical circumstances change, whichever is sooner.

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 education provider to ensure that their IHP identifies the support the child will need to reintegrate.

9. Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil 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.

Parents will be informed any time medication is administered that is not agreed in an IHP.

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.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

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

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Head and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

All the pupils who have been prescribed an AAI to use in the event of anaphylaxis will be considered 'Code Red' and a copy of their IHP and any emergency response required will be held in the code Red Folder in the medical room.

Pupils who have prescribed AAI devices, will have their devices stored in a suitably safe and central location; in this case, the medical room at the Prep School and the Head's office at the Nursery.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room at the Prep School and in the Head's office at the Nursery, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

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

11. Record keeping

Written 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.

12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures protocol detailed in our First Aid Policy.

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.

13. Educational visits and sporting activities

Educational Visits
Whenever we consider it practical and safe to do so, children with medical needs will be encouraged to participate in safely managed visits.

Risk assessments are carried out for all trips and the level of reasonable adjustments required to enable children with medical needs to participate fully and safely on visits will be factored in.

If necessary, additional safety measures will be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also be taken into consideration.

Staff supervising visits are always made aware of any medical needs, and relevant emergency procedures. A copy of any health care plans is taken on visits in the event of the information being needed in an emergency. A paediatric first aider will always accompany EYFS pupils on educational visits

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views, medical advice and discuss all of their concerns in detail with the Head and / or the Principal.
Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

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.

Sporting Activities
Most children with medical conditions can participate in physical activities and extra-curricular sport. There is sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Staff supervising sporting activities will consider whether additional risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

14. Liability and indemnity

The Principal, on behalf of the Board of Directors, will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with **Aviva** covering liability relating to the administration of medication. The Aviva combined policy includes loco parentis coverage, which means it extends to cover situations where members of staff stand in place of a parent. This coverage includes administering first aid and allows staff to perform parental duties, such as administering prescribed medication or treatment, provided the member of staff is adequately trained and has the permission of the parents or guardians.

The policy has the following requirements:

***Aviva** will not provide cover for professional errors, omissions or neglects in any*
(1)treatment or medication
(2)advice or certification
*(3) other services given by, or on behalf of, The Insured other than in respect of the **administration of***
    a. drugs or treatment prescribed by a physician
    *b. drugs or medical treatment available without prescription by any Employee of The Insured who are **suitably trained and where appropriate qualified and the parent has given written permission before any medication is administered.***

The maximum We will pay in any one Period of Insurance is £5,000,000

15. 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.

16. Defibrillators

The Prep School and Nursery both have automated external defibrillators (AED). At the Prep School the AED is stored on the back of the medical room door and at the Nursery in the understairs cupboard by the front door.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

No formal training is 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 majority of staff members will be trained in cardiopulmonary resuscitation (CPR) & AED usage, as this is an essential part of the first-aid training which they will have received.

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 weekly basis by the Appointed Persons, who will also keep an up-to-date record of all checks and maintenance work.

17. Monitoring and review

This policy is reviewed on **an annual bas**is by the Principal, Deputy Head Pastoral and Operations, School Administrator and Head. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix 1

Asthma

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. 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 get all these symptoms, and some children may only get symptoms from time to time.

However, in early years settings staff may not be able to rely on younger 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 years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff. Children with significant asthma should have an individual health care plan.

Medicine and Control

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

Children 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 may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school or 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 has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

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

It is important to agree with parents of children with asthma how to recognise when their child’s asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child’s asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child’s doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child’s management plan is available to the school or setting. Children should have a reliever inhaler in school or in a setting.

Children with asthma should participate in all aspects of the school or setting ‘day’ including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children 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. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child’s parents or attendance officers as appropriate.

The school environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

All staff, particularly PE teachers, should have training or be provided with information about asthma once a 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 has an asthma attack.

Appendix 2

Epilepsy

What is Epilepsy?

Children 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 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school 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 that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school or setting, 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 prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

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

What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child 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; a child 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 sounds 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 of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.
Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child 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 with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children 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 and parents as part of the health care plan.

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

A child's individual health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children 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 local health services. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal Diazepam. Instructions for use **must** come from the prescribing doctor.

Children and young people requiring rectal diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If arrangements can be made for two adults, at least one of the same gender as the child, 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 as far as possible, even in emergencies. The criteria under the national standards for under 8s day care requires the registered person to ensure the privacy of children when intimate care is being provided.

Appendix 3

Diabetes

What is 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).

About one in 550 school-age children have diabetes. The majority of children 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 may experience different symptoms and this should be discussed when drawing up the health care 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 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. If doses are required at school supervision is required, and also a suitable, private place to carry it out.

Increasingly, 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. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

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

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. Schools 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 hypoglycemic episode (a hypo) during which blood glucose level falls 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 **hypoglycemic 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

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypoglycemic reaction, 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 brought to the child 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 has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15minutes
- the child becomes unconscious

1. Some children may experience **hyperglycemia** (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 is unwell, vomiting or has diarrhea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

2. Such information should be an integral part of the school or setting's emergency procedures but also relate specifically to the child's individual health care plan.

Appendix 4

HIV and AIDS

1. Introduction

The welfare of all of our children at Hurlingham School is our overriding priority. We understand that chronic illness such as HIV can impact on a child and their family in varying degrees, mainly on attendance, behaviour and educational attainment. We aim to create a supportive environment and we recognises that a child living with or affected by a chronic illness has the right to access education and we will provide support to the child and their family.

If a family discloses any information about illness or disability affecting the child or members of his/her family, any sharing of that information will be done on a need-to-know basis and only with the consent of the pupil and/or parent, unless there is a child protection issue.

2. Routes of HIV transmission

HIV has been known about for over 20 years and in this time the only routes of transmission in the United Kingdom have been through blood, breast milk, and seminal and vaginal fluids. Screening is in place to make blood and organs safe. Transmission of the HIV virus is only possible if there is a sufficient quantity of the virus entering the bloodstream directly.

If an infected child has a cut, this should be dealt with in the normal manner following first aid procedures and standard hygiene practices. This will be effective in preventing transmission of all blood-borne infections, including HIV.

HIV is a non-notifiable disease, which means that parents or children who are affected or infected may choose to not inform the school. This is because the infected pupil poses no risk to others.

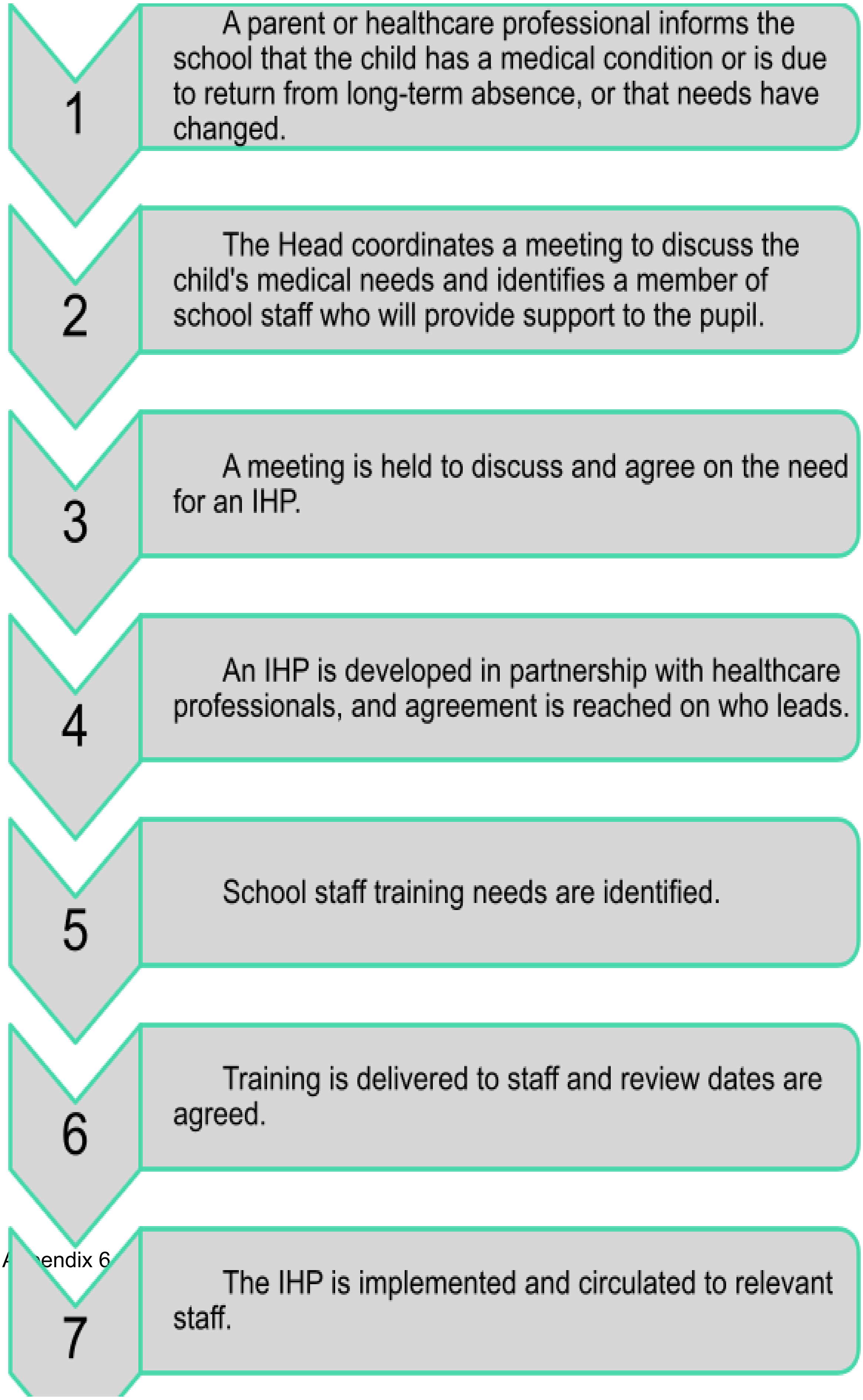
Having an infected child in school poses no risk to staff or pupils. As stated before, there is no known case of an HIV transmission occurring in a school in the United Kingdom. No case has ever been recorded of HIV transmission from child to child by biting, fighting, playing or any other normal childhood interaction.

3. Living with HIV

Virtually all infected children are completely healthy for the majority of their school career. With regular clinical check-ups and advances in medical science and medication, the majority of infected children in the United Kingdom are reaching adulthood. They take medication at home once or twice a day and will appear as normal, healthy children. If we need to manage a pupil's medication, perhaps due to a school trip, as with any medication, a robust system will be put in place to manage it safely and confidentially (DfEE and DoH 1996).

Appendix 5

- **Individual Healthcare Plan Implementation Procedure**



1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The Head coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.

A endix 6

Appendix 6

Individual Healthcare Plan

Pupil’s details

Pupil’s name				
Group/class/form				
Date of birth				
Pupil’s address				
Medical diagnosis of 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: