



Supporting pupils with medical needs

Review of review: August 2014

Date of next review: July 2016

The role of local governing bodies and Trust

1. In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a principal, a committee or other member of staff as appropriate. Help and cooperation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in light of the statutory guidance. This will inform the academy and others about what needs to be done in terms of implementation. However, the local governing body and Trust remain legally responsible and accountable for fulfilling their statutory duty.
2. **The local governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at academy as any other child.** Academies, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at academy in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into academy after periods of absence.
3. **In making their arrangements, local governing bodies should 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. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their academy life.**
4. **The local governing body should ensure that their arrangements give parents and pupils confidence in the academy's ability to provide effective support for medical conditions in the academy. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.**
5. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to the academy as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in the academy because arrangements for their medical condition have not been made.
6. All children must receive a full time education, unless this would not be in their best interests because of their health needs (see Academy Admissions Code 2012) However, in line with their safeguarding duties, local governing

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

7. **Local governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.** This aligns with their wider safeguarding duties.

Developing the academy's policy

8. In implementing this policy, academies may wish to seek advice from any relevant healthcare professionals.

Policy implementation

9. **Local governing bodies should ensure that the arrangements they set up include details on how the academy's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.** Details should include:
 - a) who is responsible for ensuring that sufficient staff are suitably trained,
 - b) a commitment that all relevant staff will be made aware of the child's condition,
 - c) cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
 - d) briefing for supply teachers,
 - e) risk assessments for academy visits, holidays, and other academy activities outside of the normal timetable, and
 - f) monitoring of individual healthcare plans.

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

10. **Local governing bodies should ensure that there are procedures to be followed whenever the academy is notified that a pupil has a medical condition.** Procedures should also be in place to cover any transitional arrangements between academies, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support. For children starting at a new academy, arrangements should be in place in time for the start of the relevant academy term. In other cases, such as a new diagnosis or children moving to a new academy mid-

term, every effort should be made to ensure that arrangements are put in place within two weeks.

11. Academies do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual healthcare plans

12. Individual healthcare plans can help to ensure that academies effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The academy, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the principal is best placed to take a final view. **A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.**
13. The format of individual healthcare plans may vary to enable academies to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on an academy, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
14. Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of academy staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the academy, parents, and a relevant healthcare professional, eg academy, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be

involved whenever appropriate. The aim should be to capture the steps which an academy should take to help the child 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. **The local governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the academy assesses and manages risks to the child's education, health and social well-being and minimises disruption.** Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

15. Where a child is returning to the academy following a period of hospital education or alternative provision (including home tuition), the academy should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
16. When deciding what information should be recorded on individual healthcare plans, the local governing body should consider the following:
 - a) the medical condition, its triggers, signs, symptoms and treatments;
 - b) the pupil's resulting needs, including medication (dose, side-effects and storage) 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 eg crowded corridors, travel time between lessons;
 - c) specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - d) the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - e) who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - f) who in the academy needs to be aware of the child's condition and the support required;
 - g) arrangements for written permission from parents and the principal for medication to be administered by a member of staff, or self-administered by the pupil during academy hours;

- h) separate arrangements or procedures required for academy trips or other academy activities outside of the normal academy timetable that will ensure the child can participate, eg risk assessments;
- i) where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- j) what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

- 17. The local governing body should ensure that the academy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at the academy with medical conditions.**
18. Supporting a child with a medical condition during academy hours is not the sole responsibility of one person. An academy's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between academy staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.
19. Some of the most important roles and responsibilities are listed below, but academies may additionally want to cover a wider range of people in their policy.
- a) **Local governing bodies - must make arrangements to support pupils with medical conditions in their academy, including making sure that a policy and procedures for supporting pupils with medical conditions in the academy is implemented.** They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of academy life. **Local governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** They should also ensure that any members of academy staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

- b) Principals – should ensure that their academy’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Principals should ensure that all staff who need to know are aware of the child’s condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Principals have overall responsibility for the development of individual healthcare plans. They should also make sure that academy staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the academy nursing service in the case of any child who has a medical condition that may require support at academy, but who has not yet been brought to the attention of the academy nurse.
- c) Academy staff - any member of academy staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. Academy staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- d) School nurses - every academy has access to school nursing services. They are responsible for notifying the academy when a child has been identified as having a medical condition which will require support in academy. Wherever possible, they should do this before the child starts at the academy. They would not usually have an extensive role in ensuring that academies are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. Academy nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local academy staff, hosted by a local academy. Community nursing teams will also be a valuable potential resource for a academy seeking advice and support in relation to children with a medical condition.

- e) Other healthcare professionals, including GPs and paediatricians - should notify the academy nurse when a child has been identified as having a medical condition that will require support at academy. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in academies for children with particular conditions (eg asthma, diabetes).
- f) Pupils – 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. Other pupils will often be sensitive to the needs of those with medical conditions.
- g) Parents – should 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- h) Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities will provide support, advice and guidance, including suitable training for academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities will work with academies to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream academy because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from an academy for 15 days or more because of health needs (whether consecutive or cumulative across the academy year).

Staff training and support

- 20. Local governing bodies should ensure that staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This includes how training needs are**

assessed, and how and by whom training will be commissioned and provided.

21. **Any member of academy staff providing support to a pupil with medical needs should have received suitable training.** This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
22. The relevant healthcare professional should normally lead on identifying and agreeing with the academy, the type and level of training required, and how this can be obtained. Academies may choose to arrange training themselves and should ensure this remains up-to-date.
23. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in 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.
24. **Staff must not give prescription medicines or undertake health care 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.
25. Healthcare professionals, including the academy nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
26. The academy should set out arrangements for whole academy awareness training so that all staff are aware of the academy's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the academy are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
27. The family of a child will often be key in providing relevant information to academy staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.
28. Local governing bodies should consider providing details of continuing professional development provision opportunities.

The child's role in managing their own medical needs

29. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
30. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
31. If a child 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. Parents should be informed so that alternative options can be considered.

Managing medicines on academy premises

32. Although academies may already have such procedures in place, they should reflect the following details:
 - a) medicines should only be administered at academy when it would be detrimental to a child's health or academy attendance not to do so
 - b) no child under 16 should be given prescription or non-prescription medicines without their parent's 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. Academies should set out the circumstances in which non-prescription medicines may be administered
 - c) a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
 - d) where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours
 - e) academies should only accept prescribed medicines 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 still be in date, but will generally be

available to academies inside an insulin pen or a pump, rather than in its original container

- f) all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of academy premises eg on academy trips
- g) a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Academies should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in academy
- h) academy staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Academies should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at academy should be noted
- i) when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record keeping

32. **Local governing bodies should ensure that written records are kept of all medicines administered to children.** Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at academy.

Emergency procedures

33. As part of general risk management processes, all academies should have arrangements in place for dealing with emergencies.

34. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
35. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Academies need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

36. **Local governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in academy trips and visits, or in sporting activities, and not prevent them from doing so.** Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Academies should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
37. Academies should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on academy trips.

Other issues for consideration

38. Local governing bodies may want to consider local need and use of:
- a) home to academy transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans⁸ for pupils with life threatening conditions;

- b) defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient’s heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Academies are advised to consider purchasing a defibrillator as part of their first aid equipment. If academies install a defibrillator for general use they should notify the local NHS ambulance service of its location. Staff members appointed as first aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the academy, amongst both teachers and pupils alike; and
- c) asthma inhalers – once regulations are changed, academies will be able to hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health is producing a protocol which will provide further information.

Unacceptable practice

39. Although academy staff should use their discretion and judge each case on its merits with reference to the child’s individual healthcare plan, it is not generally acceptable practice to:

- a) prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- b) assume that every child with the same condition requires the same treatment;
- c) ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- d) send children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans;
- e) if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
- f) penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;

- g) prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- h) require parents, or otherwise make them feel obliged, to attend academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy is failing to support their child's medical needs; or
- i) prevent children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including academy trips, eg by requiring parents to accompany the child.

Liability and indemnity

40. The academy is covered by TEFATs arrangement through the DfE Risk Protection Arrangement which cover staff providing support to pupils with medical conditions. These arrangements are accessible to staff providing such support.
41. This provides liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.
42. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

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

Further sources of information

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained academies must in discharging their functions in relation to the conduct of the academy promote the well-being of pupils at the academy.

Section 175 of the Education Act 2002 provides that governing bodies of maintained academies must make arrangements for ensuring that their functions relating to the conduct of the academy are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the academy. Paragraph 7 of Schedule 1 to the Independent Academy Standards (England) Regulations 2010 set this out in relation to academy academies and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the local governing body of a maintained academy, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission academy nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- a) They **must not** discriminate against, harass or victimise disabled children and young people
- b) They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, local governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Academics may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the Academy Premises (England) Regulations 2012 (as amended) provide that maintained academies must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent Academy Standards (England) Regulations 2010 replicates this provision for independent schools (including academies and alternative provision schools).

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Associated resources

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK. 23

Appendix A

Policy on Responding to Asthma

General

The charity, Asthma UK, estimates that on average there are 3 pupils with asthma in every classroom in the UK.

Academy staff are not required to administer asthma medicines to pupils (except in an emergency), but where staff are happy to administer asthma medicines the academy will ensure that they are covered by insurance and will receive any necessary training.

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Pupils with asthma should be encouraged to carry their own inhalers as soon as the parent/carer, doctor or asthma nurse agrees that they are mature enough.

This policy sets out the Academy's response to the problems posed by asthma, taking into account its responsibility for ensuring as far as is reasonably practicable the health and safety of employees and pupils.

Aim

The policy sets out the system for ensuring that:

- Staff and pupils with asthma are known;
- Appropriate training is given to staff and pupils;
- All staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively; and
- Governors, staff, pupils and parents know what the system is and the part they have to play.

Responsibilities

The Principal is responsible for:

- Ensuring that a system is in place and is properly managed and reviewed;
- Ensuring that a system is in place for recording asthma sufferers;
- Ensuring that a system is in place for training staff; and
- Reporting annually to the Local Governing Board on any incidents and the general working of the system.

The Health and Safety Manager (or Principal) is responsible for:

- The management of the system;
- Ensuring that asthma sufferers are known and records and register kept appropriately;

- Ensuring that appropriate training is given;
- Obtaining and circulating appropriate guidance;
- Ordering supplies of the Asthma UK Academy Asthma Cards;
- Ensure that the Asthma UK procedure in the event of an asthma attack is visibly displayed in the staffroom;
- Reviewing the system periodically;
- Ensuring that appropriate storage for medicines is provided, where necessary;
- Liaising with medical staff as necessary;
- Communicating with teaching and support staff, and parents; and
- Reporting to the Principal.

All Staff will:

- Know which of their pupils is on the asthma register;
- Allow pupils to take their own medicines when they need to;
- Know what to do in the event of an asthma attack in academy;
- Where appropriate, store in their classroom a spare inhaler in case the pupil's own inhaler runs out or is lost;
- Make a note to the First Aider when a pupil has had to use the inhaler.

Parents/Carers of asthma sufferers are responsible for:

- Returning the cards to the Academy.
- Providing the Academy with a spare reliever labelled with the pupil's name by the parent/carer;
- Completing and returning to the Academy the Asthma card.

All Pupils will:

- Be told about asthma at times designated by the HSM.

Record Keeping

Parents will be asked to complete a medical questionnaire at the beginning of the Academy year. This will include asthma.

All pupils with asthma will then be sent an Asthma UK Academy Asthma Card to give to the doctor or asthma nurse to complete. The card must then be returned to the academy.

The names of sufferers will be kept on the academy register maintained by the HSM.

The HSM will ensure that parents/carers are requested annually to update the Asthma Card, or supply a new one if the pupil's medicines, or how much they take, change.

PE and Games

Taking part in PE activities is an essential part of academy life for all pupils

including those with asthma. They will be encouraged to take a full part in PE activities.

All staff will know who has asthma from the academy's asthma register.

Before each lesson staff will remind pupils whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson.

The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

Academy Environment

The Academy will do all it can to make the environment favourable to pupils with asthma.

The Academy will not keep furry or feathery animals. There is also a rigorous no smoking policy.

The Academy will as far as possible not use chemicals in the academy that are potential triggers for asthma.

Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

Dealing with the Effects of Asthma

When it is known that a pupil has to miss a lot of Academy time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil's tutor will talk to parents/carers to determine how best to ensure that the pupil does not fall behind.

If appropriate the tutor will also talk to the SEN co-ordinator about the pupil's needs.

In the event of an asthma attack the academy will follow the procedure outlined by Asthma UK in its Academy Asthma Pack.

Guidance

- The Academy Asthma Pack – Asthma UK
- Asthma Awareness for Academy Staff
- Asthma Resources for Pupils
- Guidance from QGP Ltd is on the Academy's HandSaM system
- Order your free Asthma Attack Card from asthma UK:

- http://www.asthma.org.uk/order_your_free_asth.html

Monitoring and Review

Staff will report incidents of asthma to the Principal.
The Principal will keep a record of incidents.

Appendix B

HELPING PUPILS WITH EPILEPSY

Contents

1. What is epilepsy?
2. What causes epilepsy?
3. Triggers
4. Medication
5. What the Academy should do
6. Sporting and Off-site activities
7. Disability and epilepsy
8. References

This section provides some basic information about epilepsy but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils are assessed and treated on an individual basis.

What is epilepsy?

Pupils 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. Five per cent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils in the UK. Eighty per cent of pupils with epilepsy attend mainstream school. Most pupils with diagnosed epilepsy never have a seizure during the academy day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell,

vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning

What causes epilepsy?

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

Triggers

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- Tiredness;
- Lack of sleep;
- Lack of food;
- Stress;
- Photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil. Academies should obtain detailed information from parents and health care professionals. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

Medication

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures. Medicine is usually taken twice each day, outside of academy hours, which means that there are no issues about storage or administration for academy staff. There are some pupils who require medicine three times daily but even then it is usually taken before the academy day, after the academy day and before going to sleep.

The only time medicine may be urgently required during the academy day is when seizures fail to stop after the usual time or the pupil goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of

seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening.

If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

Academies with pupils who require rectal diazepam should have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

For more information go to:

http://partner.ncb.org.uk/dotpdf/open_access_2/including_me.pdf

What the Academy should do

Most teachers during their careers will have several pupils with epilepsy in their class. Therefore all staff should be aware that any of the pupils in their care could have a seizure at any time and therefore should know what to do. It is important that cover supervisors and new staff are also kept informed and up-to-date.

All individual pupils with epilepsy should have a health care plan that details the specifics of their care. The Principal should ensure that all class and subject teachers know what to do if the pupil has a seizure.

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

If a pupil does experience a seizure in the Academy the details should be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist.

Pupils with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height or working in science laboratories. Concerns about safety should be discussed with the pupil and parents as part of the health care plan.

During a seizure it is important to make sure that:

- The pupil is in a safe position;
- The pupil's movements are not restricted; and
- The seizure is allowed to take its course

In a convulsive seizure something soft should be put under the pupil's head to

help protect it. Nothing should ever be placed in the mouth.

After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- It is the pupil's first seizure;
- The pupil has injured him/herself badly;
- They have problems breathing after a seizure;
- A seizure lasts longer than the period set out in the pupil's health care plan;
- A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil);
- There are repeated seizures - unless this is usual for the pupil as set out in the pupil's health care plan.

This information should be an integral part of the academy's general emergency procedures but also relate specifically to each pupil's individual health care plan.

Sporting and off-site activities

All academies should have agreed procedures about what to do when any pupil with a medical condition or disability takes part in PE and sports, or is on a academy activity off-site or outside academy hours.

Such procedures should include details of each pupil's individual needs. All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil. The parents and pupil should be involved in drawing up the details for the individual and know exactly what the procedure is.

The majority of pupils with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well being. Any restrictions on a pupil's ability to participate in PE should be recorded in his/her individual health care plan.

Academies should encourage pupils with epilepsy to participate in safely managed visits. Academies should consider what reasonable adjustments they might make to enable such pupils to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include the pupil and might also include risk assessments for such pupils.

Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Disability and epilepsy

Some pupils with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Epilepsy is a long-term medical condition and therefore pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress.

Under Part 4 of the DDA, schools and academies must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of academy life including admissions, academy trips and academy clubs and activities. Academies should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of academy life. Thus pupils with epilepsy should take part in all activities organised by the academy, except any specifically agreed with the parents and/or relevant health adviser.

Whether or not the epilepsy means that an individual pupil is disabled, the Academy must take responsibility for the administration of medicines and managing complex health needs during academy time in accordance with government and local authority policies and guidelines.

References

Managing Medicines in Academy and Early Years Settings, DfES 2005
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOC-EN.doc>

Make sure you refer to the updated version amended in November 2007

Medical Conditions at Academy: A Policy Resource Pack has been compiled by the Medical Conditions at Academy Group to compliment the DCSF guidance. This free pack can be downloaded at
<http://www.medicalconditionsatacademy.org.uk/>

Epilepsy Action www.epilepsy.org.uk publishes Epilepsy - A teacher's guide - <http://www.epilepsy.org.uk/info/education/index.html>. This looks at classroom first aid, emergency care, and medication and academy and academy activities. Further information is available from a freephone helpline on 0800 800 5050 (Monday-Thursday, 9:00 am - 4.30 pm, Friday 9:00 am - 4:00 pm)

The National Society for Epilepsy (NSE) <http://www.epilepsysociety.org.uk/> has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am - 4:00 pm.)

Appendix C

ALLERGIC REACTIONS/ANAPHYLAXIS

Contents:

1. What is anaphylaxis?
2. Symptoms
3. Triggers
4. Medication
5. What the Academy should do
6. Sporting and off-site activities
7. References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed and treated on an individual basis.

What is anaphylaxis?

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

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

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

Causes

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis.

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

Symptoms

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness. This is rare in young pupils but does occur in adolescence.

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body;
- Sense of impending doom;
- Swelling of throat and mouth;
- Difficulty in swallowing or speaking;
- Alterations in heart rate;
- Severe asthma;
- Abdominal pain, nausea and vomiting;
- Sudden feeling of weakness (drop in blood pressure).

A pupil would not necessarily experience all of these symptoms. Even where only mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

Medication

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior.

Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips.

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.

What the Academy should do

Pupils who are at risk of severe allergic reactions are not ill and neither are they disabled. They are normal pupils, except that if they come into contact with a certain food or substance, they may become very unwell. It is important that such pupils are not 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.

Many schools and academies have decided that it is necessary to draw up individual protocols for pupils with severe allergies. The Academy (in consultation with the academy nurse) and the pupil's doctor should agree such protocols with the parents and pupil. The risks for allergic pupils will be reduced if an individual plan is in place.

All staff should have at least some minimum training in recognising symptoms and the appropriate measures. Academies should have procedures known to staff, pupils and parents.

The general policy could include risk assessment procedures, day-to-day measures for food management, including awareness of pupil's needs in relation to the menu, individual meal requirements and snacks in academy. It is important to ensure that the catering supervisor is fully aware of each pupil's particular requirements. A 'kitchen code of practice' could be put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular pupil may be allergic.

Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have 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 pupil's leg. In cases of doubt it is better to give the injection than to hold back.

Where pupils are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff. In large academies, it will be quicker for staff to use an injector that is with the pupil rather than taking time to collect one from elsewhere.

Staff are not obliged to give injections, but when they volunteer to do so training should be provided by an appropriate provider e.g. one from the local health trust.

Sporting and off-site activities

Whenever a severely allergic pupil goes out of the Academy building, even for sports in the Academy grounds, his/her emergency kit must go too. A staff member trained to treat allergic symptoms must accompany the pupil. Having the emergency kit nearby at all times is a habit the pupil needs to learn early, and it is important the Academy reinforces this.

Where a pupil has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the pupil is not excluded from academy trips and activities. For example, for a day trip a pupil can take a lunch prepared at home, and for longer visits some pupils take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil should always take plenty of safe snacks.

Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat.

Adults supervising activities must ensure that suitable medication is always on hand.

References:

Managing Medicines in Academy and Early Years Settings, DfES 2005
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOC- EN.doc>
Make sure you refer to the updated version amended in November 2007. Medical

Conditions at Academy: A Policy Resource Pack has been compiled by the Medical Conditions at Academy Group to compliment the DCSF guidance. It can be downloaded at <http://www.medicalconditionsatacademy.org.uk/>

The Anaphylaxis Campaign website at <http://www.anaphylaxis.org.uk/home.aspx> contains Guidance for academys, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign Helpline is 01252 542 029.

The Anaphylaxis Campaign Allergy in academys website at: <http://www.anaphylaxis.org.uk/information/academys/information-for-academys.aspx> has specific advice for academys at all levels.