

**SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY  
Including Diabetes in School Management Procedures**

**Stalham High School**

<b>Written by</b>	<b>Synergy MAT Adapted by A Ogle</b>
<b>Ratified by Governors</b>	<b>September 2023 Updated with diabetes management May 2024</b>
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## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Local Governing Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans

**The named person with responsibility for implementing this policy is A Ogle.**

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

## **3. Roles and responsibilities**

### **3.1 The Local Governing Board**

The Local Governing Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Local Governing Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.2 The Headteacher**

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **3.4 Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs. This **MUST** be provided in writing (email or letter)

- Be involved in the development and review of their child's IHP and may be involved in its drafting

- Carry out any action they have agreed to as part of the implementation of the IHP, e.g., provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **3.6 School nurses and other healthcare professionals**

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

## 6. Individual healthcare plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCo

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

What needs to be done

When

By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The SENDCo alongside our Medical / First Aid Lead will consider the following when deciding what information to record on IHPs:

The medical condition, its triggers, signs, symptoms and treatments

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, e.g., crowded corridors, travel time between lessons

Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions

The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

Who in the school needs to be aware of the pupil's condition and the support required

Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments

Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

What to do in an emergency, including who to contact, and contingency arrangements

## 7. Managing medicines

Prescription and non-prescription medicines may be administered at school:

When it would be detrimental to the pupil's health or school attendance not to do so **and**

Where we have parents' written consent

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. Any medication that is administered on site/school trips will be checked, verified and recorded by a second member of staff.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### **7.1 Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

Assume that every pupil with the same condition requires the same treatment

Ignore the views of the pupil or their parents

Ignore medical evidence or opinion (although this may be challenged)

SEND children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

Penalise pupils for their attendance record if their absences are related to their medical condition, e.g., hospital appointments

Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

- Fulfil the requirements in the IHPs

- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record keeping**

The Local Governing Board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## **11. Liability and indemnity**

Synergy schools are members of the Department for Education's Risk Protection Arrangement (RPA).

## **12. Complaints**

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the SENDCo in the first instance. If the SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the Local Governing Board annually.

## **14. Links to other policies**

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

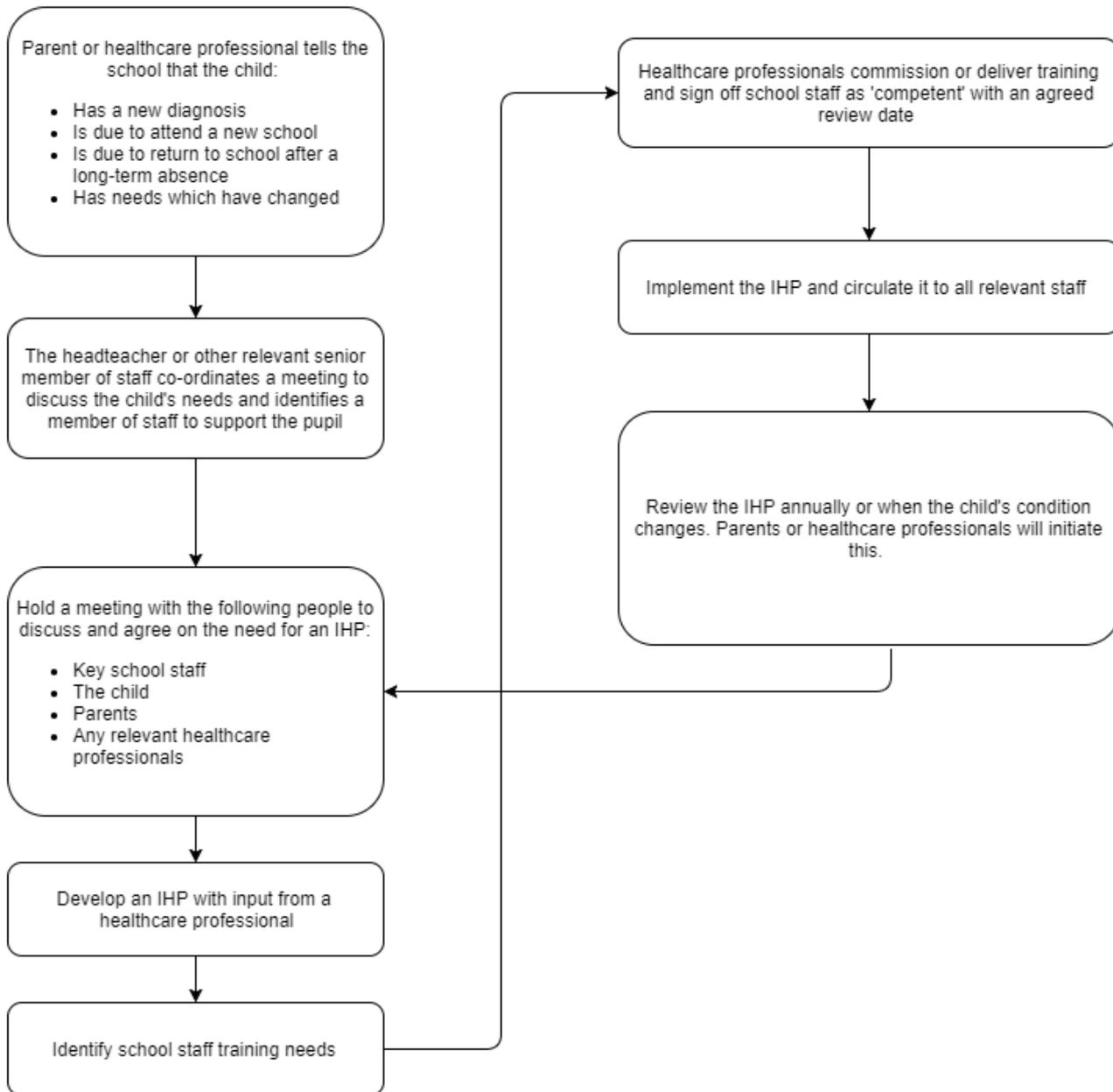
First aid

Health and safety

Safeguarding

Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition



# DIABETES MANAGEMENT IN SCHOOL PROCEDURES

## (Based on Diabetes UK Advice and Guidance)

**Managing diabetes in school is important to make sure a child with diabetes has the same education and experience at school. It's just as important to manage their diabetes at school as well as it is managed at home.**

### **Testing a child's blood sugar**

Children with diabetes will need to check their **blood sugar levels** regularly throughout the day. Blood sugar tests tell you, and the child, exactly what their blood sugar levels are and what treatment they need to keep them in range of their target levels.

Blood sugar tests will usually need to be done before meals, if they're feeling unwell, before, after and during PE and any time you or they think they might be going too low or high.

The child's PDSN will give you advice on when to test a child's blood sugars and also how to do it properly and safely.

### **Insulin in school**

Diabetes is treated with **insulin**, this might be done through **injections** or an **insulin pump**.

### **Injecting insulin at school**

Children who inject insulin to treat their diabetes will use an insulin pen. There are two types of insulin pen:

- disposable which comes pre-filled and is thrown away when empty
- reusable which have a replaceable cartridge of insulin.

Using cold insulin can make the injection more painful, so the insulin a child is currently using should be stored at room temperature. Spare insulin should be stored in the fridge, although extreme temperatures stop insulin from working so it should never be put in a freezer or near a heat source.

When you take insulin out of the fridge, it can last for a month before you should dispose of it.

The amount of insulin a child needs to keep at school will depend on how much insulin they are prescribed.

Some children might want a private area where they can take their injections if this is the case this should be allowed and should never be a toilet. Other children might be happy to inject in public which should also be allowed. Children might need help with injecting, especially if they're younger or newly diagnosed.

### **Insulin pumps at school**

**Insulin pumps** are small devices that give someone a small, varying amount of insulin all the time. This is pre-set to meet the needs of each child individually and is done by their PDSN. This dose of insulin is called background insulin.

As well as the background dose of insulin that is continuously delivered by the pump, children who use an insulin pump will need to give extra insulin through the pump when they eat or if their blood sugar levels are high. This is done by pressing a combination of buttons which some children might need help with.

Their PDSN will train school staff on how to give insulin through the pump and how to look after the pump at school.

## **Hypos and hypers**

People with diabetes can cause high and low blood sugar levels which are known as hypos and hypers.

It's important to remember that both hypos and hypers can affect a child's behaviour. If a child is behaving out of character, it's always worth checking their blood sugar levels.

### **Hypos**

Hypos are when a child's blood sugar levels go really too low, it's really important that you treat a hypo as quickly as possible.

Hypos are usually treated with something sugary to eat and drink. These amounts will be different depending on how serious the hypo is and how old the child is too. During your training with their PDSN, the diabetes nurse will go through how to treat a hypo and what causes them.

Some children know when they're having a hypo and can treat it themselves, but some children won't be able to and will need your help.

All school staff should know the signs of a hypo in each individual child and what to do if they're having one.

### **Hypers**

Hyperglycaemia happens when a child's blood sugar goes too high.

This might be because they've missed an insulin dose, not taken enough insulin, of stress, sugary or starchy food and sometimes there isn't an obvious cause.

Symptoms of a hyper can be the child being really thirsty, needing the toilet a lot, feeling sick, blurred vision and having a tummy ache. If any of these symptoms happen, test their blood sugar and treat the hyper with insulin.

The child's PDSN will tell you how to treat a hyper and when it should also be written on their IHP.

## **Eating at school**

There is no special diet for children with diabetes, they should follow the same healthy balanced diet recommended for every child.

Children with diabetes can enjoy foods such as sweets and chocolate just like other children in moderation, so they shouldn't be excluded from class treats unless advised by their parent or PDSN.

All children will match their insulin exactly to the amount of carbohydrate in the food they're about to eat. This is called 'carbohydrate (or carb) counting'.

Children might need help with carb counting, especially if they're younger or newly diagnosed. Their parents and PDSN will discuss the support they need, explain exactly how it works, and give you all the information you need to carb count.

We also have more information in our [Carbohydrate counting](#) section.

### **Physical activity**

The majority of children with diabetes should be able to enjoy all kinds of physical activity, and diabetes shouldn't stop them from taking part or being selected to represent school and other teams.

Children will need to plan for physical activity because all forms of exercise (such as swimming, football, running and athletics) use up glucose. This can mean that their blood sugar levels fall too low and they'll have a hypo.

On the other hand, if their blood glucose is high before getting active, physical activity may make it rise even higher.

The way a child prepares for an activity will vary depending on:

- when they last injected their insulin
- the type of physical activity they'll be doing
- how long they're being active for
- when they last ate
- their blood glucose level.

Because of this, they might need to have an extra snack before, during and after physical activity, alter their insulin dose and check their blood glucose more regularly.

If a child uses an [insulin pump](#), they'll need to be disconnected if the child is taking part in contact sports or water sports.

Generally, pumps should not be disconnected for more than one hour because they use rapid acting insulin and while they are disconnected no more insulin will be getting into the body. This means that the blood glucose will start to rise.

To make sure that blood glucose levels stay as stable as possible, the pump must be reconnected as soon as the activity is over and the child's blood glucose level should be checked. They might need some extra insulin as well.

School staff should talk to the child's parent or PDSN who will advise on how they should prepare and look after diabetes while doing physical activity.

### **Exams and assessments**

Under equality laws across the UK, every school must make reasonable adjustments to help any child who might have a disability, including Type 1 diabetes, to achieve the grades they deserve. The responsibility for agreeing reasonable adjustments depends on the adjustment required for the exam that a child is taking. Some adjustments, such as allowing access to food and drink during an exam, can be authorised by the school. But some will need to be agreed by the relevant awarding

body, usually several months before sitting the exam, including the use of mobile phones. Access to diabetes technology typically needs to be discussed and agreed with an awarding body. If your child will need access to diabetes technology (including a phone) during an exam, you should speak to the school and they'll be able to contact the relevant awarding body.

Every diabetic student will be encouraged to maintain their usual diabetic care and treatment procedures during exams and assessments, as advised by their PDSN, parents, the Medical Lead and the SENDCo, and this will be outlined in their Medical Care Plan. Students who need to pause their exam for diabetic treatment will not be penalised or disadvantaged by the school. In such an event, the clock will be stopped to allow treatment to take place and once stabilised, the exam may resume if the candidate feels well enough. The Exams Officer will advise if special consideration is appropriate. Students and parents should discuss plans for formal exams in good time so that everyone is clear about how the student can be best supported in the event of a hyper or hypo.

## **Responsibilities**

### **Responsibility of the Head of School**

- Ensure all relevant staff are appropriately trained
- Ensure the monitoring and quality assure all procedures and documents takes place regularly, as necessary
- Provide the resources for all other school staff to fulfil their responsibilities

### **Responsibility of the First Aid Lead**

- Provide additional training for staff who work closely with students with diabetes
- Provide guidance for staff regarding diabetic students including advice regarding trips and events
- Liaise with parents and ensure all Medical Care Plans are up to date and agreed (for diabetic students and all others)
- Raise any issues or concerns with the Head of School
- Ensure all medicines are stored appropriately
- Provide written/electronic records of any medications/treatment administered on site/school trips in a daily diary
- To advise the SENDCo of any updates to Care Plans (for children on the SEND register) as soon as practicable
- To liaise with the SENDCo regularly to advise of any issues arising as a result of treating/supporting a child on the SEND register
- To document/email any concerns arising to the Head of School and/or SENDCo as appropriate

### **Responsibility of the SEND Co-ordinator**

- Liaise with the First Aid Lead – working together to ensure all diabetic students needs (medical and SEND are met in a cohesive programme)
- To ensure learning support staff working with diabetic students are adequately and regularly trained and supported to deliver diabetic treatment and care under the guidance of the First Aid Lead

### **Responsibility of Parent / Carer**

- Ensure school is immediately updated with any changes to advice, guidance regarding a students medical requirements. This **MUST** be provided in writing (email or letter)
- Ensure school is aware of **ALL** relevant information in a timely manner
- Ensure that the school have spare diabetic medication/equipment at all times for the treatment of long-term conditions that require medication in school/on trips

**Responsibility of Students**

- To carry the correct equipment and medication needed to manage their care at all times (e.g. ketone testing kit, finger prick testing kit and test strips, glucose tablets)
- To advise staff immediately if they need help medicating or treating themselves
- To carry their medical exit card (if issued) so that they are not challenged for leaving class
- To communicate honestly and effectively with all first aid trained staff assisting them