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1. The legislation

Section 100 of the **Children and Families Act 2014 places a duty on** governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section. Section 100 will came into force on 1 September 2014.

Pupils at school with medical conditions should be properly supported so that they:

- have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care
- professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

2. Background and rationale

On 1 September 2014 a new duty will come into force for governing bodies to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

3. Definition of medical needs

For the purpose of this policy, pupils with medical needs may be:

- Pupils with chronic or short-term health conditions e.g. diabetes, asthma, epilepsy, musculoskeletal problems, cancer, Crohn's disease, heart problems; or
- Disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- Sick children, including those who are physically ill or injured or are recovering from medical intervention, or
- Children with mental or emotional health problems e.g. school phobia.

4. The responsibilities of Hatton Academies Trust

The Board of Directors 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 school as any other child. We will work with the local authority, health professionals and other support services to ensure that pupils 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 school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, the Directors should take into account that many of the medical conditions that require support in the trust will affect quality of life and may be life-threatening. Some will be more obvious than others. They should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Board of Directors will ensure that their arrangements give parents and pupils confidence in the trust's ability to provide effective support for medical conditions. The arrangements should show an understanding of how medical conditions impact on a pupil'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.

Pupils with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no pupil with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, the Board of Directors will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. The 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.

The Directors will ensure that Trust staff are appropriately insured and are aware that they are insured to support pupils in this way. Staff **must** follow the procedures and instructions in this policy.

The **Executive Principal/CEO** will monitor and evaluate the implementation of this policy across the trust on behalf of the Board of Directors and report matters to the Board

The **Director of Finance and Operations** will ensure that appropriate insurance is in place for the trust academies.

5. Procedures

1. Admission Form: the pupil admission form is the starting point for identifying pupils with medical conditions.

2. Initial contact pro-forma sent out (Template A).

3. Meeting set up with parents/carers to develop the Individual Healthcare Plans as necessary. (Template B).

4. Parental agreement pro-forma completed (Template C) if the academy is to administer medicines.

5. Identify key staff to be involved with the pupil as required. Complete Template D and E as necessary.

6. Record staff training (Pro-forma F)

7. Review training needs of staff.

6. Individual Healthcare Plans (see Appendix 1 and Template B)

Each trust academy will use the Admission Form to identify pupils that may have a medical condition.

Where appropriate the individual healthcare plan should include the following.

- 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, (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;
- 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; who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head of School 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 academy activities outside of the normal academy timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 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.

Plans should be reviewed annually.

7. Role and Responsibilities

Each academy within the Trust will have an identified senior member of staff who will have responsibility for implementing this policy. This will usually be the Designated Senior Person.

7.1 Hatton Academies Trust Board of Directors

The trust directors have responsibility to

- ensure the health and safety of their employees and anyone else on the premises or taking part in academy activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated report to parents, pupils, academy staff about the successes and areas for improvement of this trust's medical conditions policy
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

7.2 The Head of School/Principal

This is the most senior person with day to day responsibility for the academy

The Head of School/Principal must:

- Make arrangements to support pupils with medical conditions in the academy, including making sure that this policy for supporting pupils with medical conditions is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Ensure that staff are aware that they are insured to support pupils with medical needs.

7.3 The Senior Designated Person

This will usually be the Child Protection SDP but may be another clearly designated member of the senior team in the academy.

The Senior Designated Person will:

- ensure that the trust's policy is evaluated within their academy and is 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.
- ensure that all staff who need to know are aware of the child's condition.
- 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.
- have overall responsibility for the development of individual healthcare plans.
- contact the school nursing service in the case of any child who has a medical condition that may require support at the academy, but who has not yet been brought to the attention of the school nurse.

7.4 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.
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 staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7.5 School nurses

School nurses are responsible for notifying the academy when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at the academy. They would not usually have an extensive role in ensuring that the 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.
School 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 school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource or a school seeking advice and support in relation to children with a medical condition. See below about training for academy staff.

7.6 Other healthcare professionals, including GPs and paediatricians

Other healthcare professional should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

7.7 Pupils

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.

7.8 Parents/Carers

Parents/carers 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

7.9 Local Authority

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 such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, 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 should 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 should work with the academy to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. 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 schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

7.10 Providers of health services

Providers of health services should co-operate with schools that are supporting children with a

medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

7.11 Clinical commissioning groups (CCGs)

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities).

Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

8. OFSTED

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

9. Staff Training and Support

Staff will be supported in their role by appropriate training and support. This includes:

1. General awareness training for all staff of the issues to do with medical conditions that pupils have in our academy trust; what the risks are for them; and what they should do in an emergency. This will usually be delivered on whole staff training days and will include teaching staff and support staff directly involved with pupils e.g. teaching assistants and behavior support staff.
2. Induction of new staff should include awareness of duties regarding pupils with medical needs and specific information, especially if staff join in-year.
3. NQT induction and training for ITT staff will include awareness of the requirements to support pupils with medical needs.
4. Specialist training for individuals who are supporting a particular child or group of children with a medical need. This should involve a key member of staff and back-up staff member.
5. Training for the most senior person tin the academy responsible for ensuring that medical needs are met and there is liaison with external services.

Any member of staff that provides support to a pupil with medical needs will receive suitable training. The training details should be 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 will be included in any meetings where this is discussed.

Template F is a staff training record. This should be kept up to date by the senior person responsible for this policy in each academy.

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. The academy will decide where to source that training and should ensure this remains up-to-date.

Training will 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 their 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.

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. The parental agreement form must be completed (Template C).

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency

of staff in a medical procedure, or in providing medication.

The family of a child will often be key in providing relevant information to the 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.

Senior staff responsible will keep up to date with legislation and training. Opportunities which will enable staff to undertake their duties to the highest standards will be undertaken when these are available.

10. The child's role in managing their own medical needs

Hatton Academies Trust has the full age range of school-age children and students. 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 their Individual Healthcare Plans.

Wherever possible, children will 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 the identified staff for that pupil should help to administer medicines and manage procedures for them.

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.

11. Managing medicines on academy premises

The following are the procedures for the management of medicines in the academies of Hatton Academies Trust.

- The Trust expects that normally parents and carers will administer medication to their children.
- Trust academy staff will only administer medicines when a written request using the pro-forma (Template C) is completed by the parent/carer and returned to the academy. A separate form is required for each medicine to be administered.
- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. The Head of School/DSP will decide whether a medicine can be administered in the academy and by whom. Template C is the record of medicines administered
- no pupil under 16 should be given prescription or non-prescription medicines without their parent's written consent. There may be very 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.
- Pupils will only be administered non-prescription medicines after a contact with a parent/carer. It will then be recorded on Template D.
- a pupil under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside the academy hours
- the academy 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
- all medicines should be stored safely. Pupils 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 the academy

premises e.g. on school trips

- a pupil 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. Each trust academy should 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 the academy

- Trust 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. The academy should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (Templates D and E). Any side effects of the medication to be administered at the academy should be noted

- Normally the administration of medication will be done at the following times:
    - Immediately before the day starts.
    - Breaks and lunchtime
    - At the end of the normal academy day where this allows the pupil to continue with educational activities e.g. revision sessions, clubs and sporting teams. Otherwise medicines should only be administered at the end of the academy day in exceptional circumstances and if it is an agreed part of the plan (Template B)

- 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.

12. Record keeping

Written records must be kept of all medicines administered to pupils. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carers should be informed if their child has been unwell at school.

13. Emergency procedures

Procedures for staff in an emergency are:

1. Call for assistance from a nearby teacher or other adult.
2. Contact the academy reception to call for a first aider and emergency services
3. Reception to contact parents/carers
4. Estates staff notified by reception to ensure access for ambulance as close as possible to the location of the pupil
5. First Aider leading will exchange information with paramedics and hand over care.

Where a pupil 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.

If a pupil needs to be taken to hospital, a member of staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. The academy must ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

14. Day trips, residential visits and sporting activities

Staff are required actively support pupils with medical conditions so that they can participate in the range of activities on offer such as 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 pupils to participate according to their own abilities and with any reasonable adjustments. The trust academy 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.

The academy should consider what reasonable adjustments they might make to enable pupils 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 school trips.

15. Unacceptable practice

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

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the academy 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 come into the 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
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

16. Liability and indemnity

The Academy Trust has put in place comprehensive liability insurance provision to cover the administration of medication by Trust staff to pupils. In complex cases of medical treatment or administration of medical care beyond that level of care normally expected of the Trust's trained first aiders, advice should be sought from the Trust's insurers regarding additional cover. In such cases the individual academy must be able to demonstrate that the employee has been trained to the level required to perform the treatment before this can commence.

17. Complaints

Should parents/carers 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 Hatton Academies Trust's complaints procedure. This is available on the trust and academy websites.

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. It will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. 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.

18. Monitoring and Review

The effectiveness of this policy and training needs and provision will be reviewed by the Hatton Academies trust Safeguarding Committee.

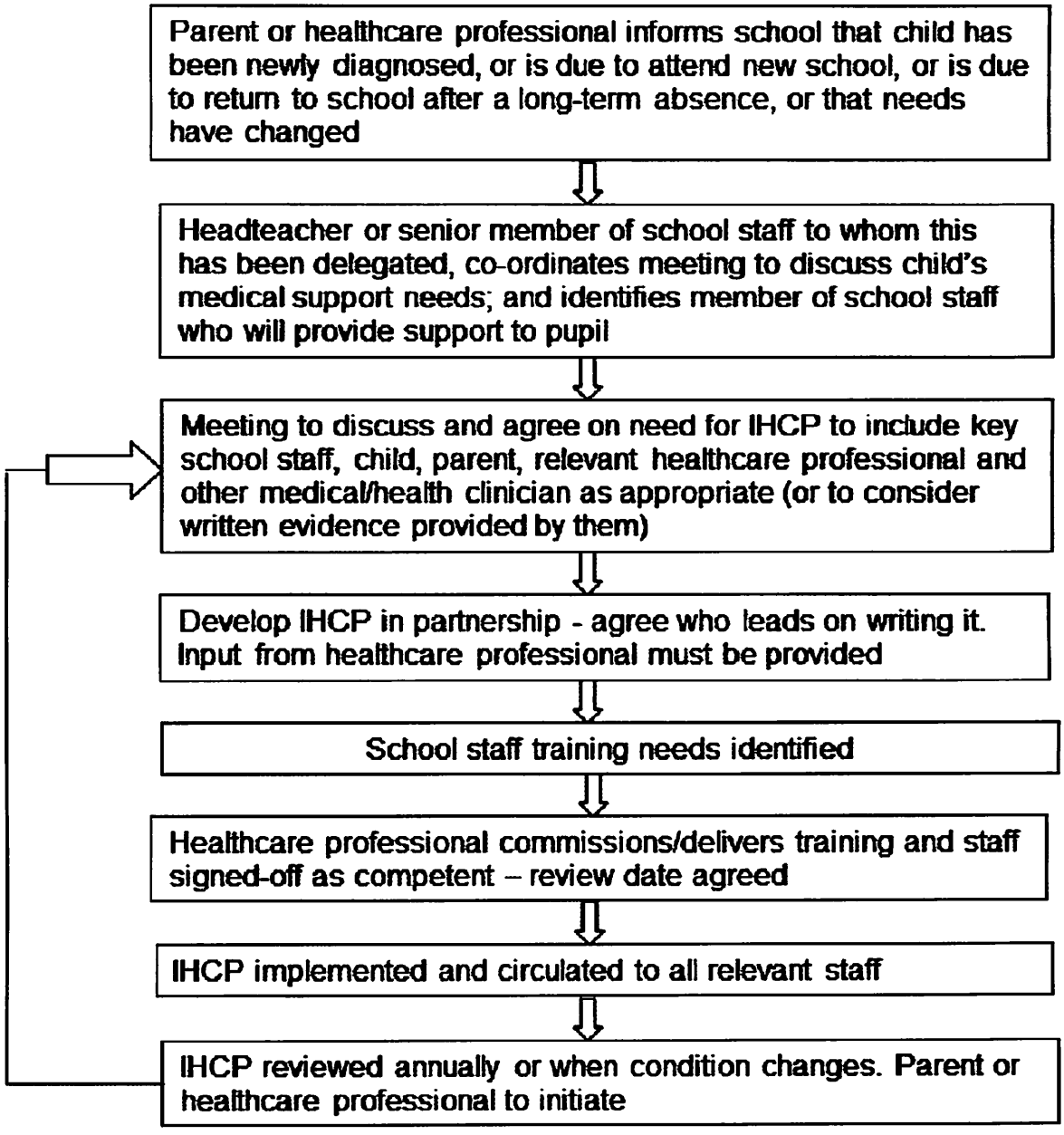
19. Appendices to this policy

1. Model process for developing individual healthcare plans
2. Notes on diabetes
3. Notes on Asthma
4. Notes on Epilepsy
5. Sources of further information

Templates for use with this policy- see separate document

A. Initial Contact Form
B. Individual healthcare plan
C. Parental agreement for the academy to administer medicine
D. Record of medicine administered to an individual child
E. Record of medicine administered to all children
F. Staff training record-administration of medicines
G. Contacting emergency services
H. Model letter inviting parents to contribute to individual healthcare plan development.

Appendix 1: Model process for developing individual healthcare plans



Appendix 2

What is diabetes?

Most education staff will encounter children with diabetes as about one in 550 school-age children have diabetes.

Types of diabetes

Diabetes is either due to a lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the person's needs or the insulin is not working properly (Type 2 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.

Type 2 diabetes, once called adult-onset diabetes, is now also found in young adults and children. The links between Type 2 diabetes and obesity are firmly established. Without the intervention of a healthy diet and appropriate exercise, obesity may develop into diabetes over a relatively short period of time. Thus overweight children are at greater risk of developing diabetes. Preventing childhood obesity, which is currently rising in the UK, should therefore be a priority.

What the academy should do

The Trust "Supporting our pupils with medical conditions" policy should cover all the issues related to pupils with diabetes. All staff should make sure that they know the trust's policy and understand what is expected of them. It is important that cover supervisors and new staff are also informed. Parents and pupils, where they are of an appropriate age and understanding, should be involved in drawing up the policy and therefore will know what the school policy is.

Children and young people with diabetes do not have any associated special educational needs. With a sympathetic staff they should all be able to attend any mainstream school, eat ordinary school food (providing the balance of intake is maintained) and take a full part in academy life including all extra-curricular activities.

Our aim should be to make the child's school life as normal as possible. It is important that a child does not use diabetes as an excuse to avoid taking part in a disliked activity or for avoiding difficult situations. The academy can play an essential role in encouraging independence, enabling children with diabetes to look after themselves with minimal supervision.

Each child with diabetes may experience different symptoms and therefore each child will require an individual health care plan. The plan should be drawn up with the parents and the health professional responsible for the child. This is frequently a specialist diabetic nurse

rather than a doctor. Where the child is of sufficient age and understanding he/she should also be involved in the planning.

Staff with a diabetic child in their class should be aware of the individual health plan and the particular issues that may occur and how to react in an emergency. Such staff will be given a copy of the health plan for each pupil.

Children with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. School may need to make special arrangements for pupils with diabetes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which the blood glucose level falls too low.

Hypoglycaemia – the symptoms of hypoglycaemia are variable and can start to manifest at widely varying levels of blood glucose. Symptoms include:

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

If these symptoms are ignored the child will rapidly progress to loss of consciousness and a hypoglycaemic coma. If a child has a 'hypo' it is very important that the child is not left along 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 10-15 minutes; or earlier if it is considered advisable
- the child becomes unconscious

Hyperglycaemia (high glucose level) may also be experienced by some children
Hyperglycaemia (the opposite of a 'hypo' insulin reaction) is usually slow to develop.

Symptoms include:

- a dry skin
- a sweet or fruity smell on the breath rather like pear drops or acetone
- excessive thirst, hunger or the passing of urine
- deep breathing
- fatigue

Treatment is the administration of insulin

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

Sporting and off-site activities

For each child any staff must be aware of the school policy and what is expected of them in relation to each child. The parents and child should be involved in drawing up the details for the individual and know exactly what the policy is.

Children with diabetes can participate in all physical activities and extra-curricular sports. Staff in charge of physical education or other physical activity sessions or taking children out of school should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand in case the child has a 'hypo'.

Children with diabetes can also participate in safely managed visits. Schools will consider what, if any, reasonable adjustments they might make to enable such children 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 for children to access medication as and when required. Staff supervising excursions should always be aware of medical 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 diabetes

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Diabetes is a long-term medical condition and therefore all children with the condition are considered disabled.

Under Part 4 of the DDA, responsible bodies for schools must not discriminate against disabled pupils in relation to their access to educating and associated services.

The school must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines. Whether a child also has special educational needs will depend on how the diabetes impacts on their access to education and their ability to make adequate progress.