Medicines and Medical Conditions (Senior School) Policy

Date of Current Live Version:	26th August 2026
Version Number:	9.3
Policy Reference:	LP-PS-022
Policy Owner:	Deputy Head (Pastoral) – Senior School,
Additional Reviewer(s):	Senior School Medical Administrator
Governing Body Reviewed/Approved:	Yes
Published on College Website:	Yes
Regulatory References:	Schools Allergy Code, DfE statutory guidance (Aug 2017) Supporting Pupils at School with Medical Conditions, School Allergy Safety Bill (Benedict's Law) (Sep 2026)
Other policies referred to:	Attendance and Registers Policy, Complaints Policy, Disability Policy, Educational Visits Policy, Equality, Diversity and Inclusion Policy, First Aid Policy, Safeguarding & Child Protection Policy, Mental Health and Wellbeing Policy, Eating Disorders Policy, Self-Harm Policy, Inclusion and SEND Policy, Accessibility Plan, Staff Code of Conduct Whistleblowing Policy, Anaphylaxis Policy
Date of Next Review:	July 2027

1.0 INTRODUCTION

1.1 Lingfield College (the School) is an inclusive community that aims to support and welcome students with medical conditions. This School understands its responsibility to make its environment welcoming, inclusive, and supportive to all students with medical conditions and provide them with the same opportunities as their peers.

1.2 We will help to ensure that all students can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

1.3 The School ensures that all staff understand their duty of care to children and young people in the event of an emergency

1.4 Staff recognise the need to provide adequate, timely and appropriate first aid care to students in the event of an emergency

1.5 The School aims to encourage children to be independent, self-confident and responsible when dealing with their medical condition

1.6 Staff receive regular training and are updated on the impact that medical conditions can have on students. The training agenda is based on a review of current healthcare plans

1.7 Lingfield College aims to ensure that staff feel as confident as possible in knowing what to do in an emergency

1.8 This School understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill-managed or misunderstood

1.9 This School understands the importance of medication being taken as prescribed

1.10 All staff understand the common medical conditions that affect children at Lingfield College

1.11 This policy is supported by a clear communication plan for staff, parents and students to ensure its full implementation. It is available on the School website for parents to access, and is being used as part of staff training

1.12 The policy is revised annually by the Deputy Head (Pastoral) and the SEND Co-ordinator (SENDCo) who act as Lingfield College's Safeguarding DSL and Deputy DSL. The policy and supporting documents are based on Department of Education statutory guidance (Aug 2017) *Supporting Pupils at School with Medical Conditions* and the recommended templates 'Templates supporting Pupils with Medical Conditions'

1.13 The School ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, emotional, sporting and educational activities

2.0 THE ENVIRONMENT, SOCIAL INTERACTIONS AND PHYSICAL ACTIVITY

The School is committed to support students with medical conditions through:

- Providing a physical environment that is accessible to all.
- Ensuring their needs are considered to enable all to be as fully involved as possible in social activities during breaks before school and after school.
- Ensuring full access is available to extended school activities such as School social events, breakfast club, school productions, after-school clubs and residential visits.
- Understanding the importance of all students taking part in sports, games and activities and making appropriate adjustments to facilitate this where possible.
- Ensuring that students are not forced to take part in an activity if they feel unwell and staff are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.
- Being aware of potential triggers for students' medical conditions when exercising and how to minimise these triggers.

3.0 EDUCATION AND LEARNING

To ensure that students with medical conditions can participate fully in all aspects of the curriculum, the School ensures that:

- Appropriate adjustments and extra support are provided.
- Teachers understand that if a student misses time at School, they have limited concentration or they are frequently tired, this may be due to their medical condition.
- Teachers are aware of the potential for students with medical conditions to need learning support. Those students finding it difficult to keep up with their studies may be referred to the SENDCo who consults the student, and parents, to ensure the effect of the student's condition on their schoolwork is properly considered and evaluated for access arrangements as needed.

4.0 RESIDENTIAL VISITS

4.1 Risk assessments are carried out by the School prior to any off-site visit and medical conditions are considered during this process. Factors considered include how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

4.2 The School understands that there may be additional medication, equipment, or other factors to consider when planning residential visits. The School considers additional medication and facilities that are normally available at a school.

5.0 COMMON TRIGGERS AND PREVENTION

All staff are committed to reducing the likelihood of medical emergencies. This is carried out by identifying and reducing triggers both at School and on off-site visits by:

- Keeping a list of the common triggers for the general medical conditions available to all staff
- Keeping a list of names of students affected in places such as the Medical Office, Catering office and Sports Office, and making the relevant information available to trip leaders via a link to the iSAMS system, which has up to date medical information. All staff are required to read and familiarise themselves with students with serious medical conditions during the INSET days in September. They must click to confirm that they have read this information. Students have an RFID card to show their allergy and dietary information to the catering staff.
- Members of staff are reminded at the start of the academic year to check their class lists for details of students with medical conditions.
- Reviewing medical emergencies and incidents to see if they could have been avoided.

6.0 ROLES AND RESPONSIBILITIES

6.1 Parents and guardians should

- Make sure that all their child's medical conditions are detailed on their application form and updated if there are any changes, including trip consent forms (links to the relevant forms are available in the Appendices of this policy and on the School website):
    - Give details of the symptoms, practicalities, warning signs and wider implications of their child's condition as well as advice on what action they expect the School to take
    - Inform the School in writing of daily medical needs and provide detailed information. It is important that we know of any medication a student takes, even if it is only consumed at home
    - Notify the School of any changes to their child's condition

- Provide up-to-date, labelled medication and complete a Parental Consent Form to give permission for the School to administer the medicines if required, and remove any out-of-date medication

6.2 Students should:

- Ensure they inform responsible adults on how their condition affects them
- Seek help from a member of staff or the Medical Office when they need it
- Be proactive in managing their own condition – e.g., if they suffer from exercise-induced asthma, they should ensure that they use their inhaler before sports sessions; likewise, if they use an adrenaline injector (AAI) they should ensure that they always have two AAI's on them at all times stored in a container, so they are easy to identify. They need a copy of their Allergy Action Plan and Individual Health Care Plan. This is a requirement of Benedict's Law

6.3 The Senior Management Team should

- Take all reasonable steps to ensure that the School is inclusive
- Provide indemnity to staff who volunteer to administer medication (Headmaster)
- Ensure that health and safety measures exist for staff and students on the advice of the Health & Safety Officer
- Check that Risk Assessments for events and trips are inclusive of students with medical conditions on the advice of the Health & Safety Officer
- Arrange for training or support for students and staff who may be concerned about a particular condition such as childhood cancers, epilepsy, or allergies
- Ensure that medical-related policies (First Aid, Medical Conditions, Mental Health) are kept up to date and that they are in keeping with local and national guidance and frameworks
- Liaise between interested parties, ensuring that the policy is implemented, and that training is arranged for staff on common medical conditions

6.4 The Senior school medical Administrator should

- Provide information about additional training available to staff
- Give immediate help to casualties in School
- Ensure that an ambulance or other professional help is called when necessary and in a timely manner
- Contact parents about any medical concerns
- Update medical records regularly
- Reprint the iSAMS report for staff on a termly basis or sooner if needed
- Update the medical conditions booklet for staff on a termly basis or sooner if needed
- Let staff know if there is new medical information about a particular student
- Check that all medication is correctly stored and labelled and is only accessible to those for whom it is prescribed
- Check all medication that is stored at School each term: any expired medication is to be returned to the student's parents and the details documented. It will not be given to students to take home.
- Check that all medication brought into the Medical Office is named, in its original packaging, has been prescribed by a doctor nurse or pharmacist, and indicates the dosage and instructions for administration.

6.5 The SENDCo should

- Ensure that teachers make arrangements in lessons or activities if a student needs special adjustments to be made
- Be able to identify which students have SEND due to a medical condition
- With the Head of Year and Deputy Head (Pastoral), ensure that students with medical conditions are not excluded unnecessarily from activities

6.6 Teachers and other School Staff should

- Be aware of triggers and symptoms of conditions and how to act in an emergency
- Know which students have a medical condition by checking the individual class lists on iSAMS
- Allow students immediate access to emergency medication
- Communicate with parents if a student is unwell, or ask the Senior School Medical Administrator to do so
- Ensure that students have their medication (including inhalers or adrenaline injectors where relevant) when out of the classroom
- Be aware if students with medical conditions suffer bullying or need extra social support
- Understand common medical conditions and their impact on students
- Ensure that all students with medical conditions are not excluded unnecessarily from activities
- Check that students with medical conditions have adequate medication and sustenance during exercise
- Be aware that medical conditions can have an effect on schoolwork
- Liaise with parents if their child's learning is suffering due to medical condition
- Use opportunities (relevant topics in lessons, Assemblies etc) to raise awareness of particular medical conditions

7.0 MONITORING OF INDIVIDUAL HEALTHCARE PLANS (IHPS)

7.1 Lingfield College uses Individual Healthcare Plans to record important details about individual children's medical needs at School, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Healthcare Plan if required.

- Individual Healthcare Plans are sent when joining the School to all parents to complete.
- Parents whose children have a long term or life-threatening health condition, their Individual Healthcare Plan is reviewed annually in the Summer Term to ensure that all data is available from the start of the new academic year. In addition, under Benedicts Law students with Allergies are required to have an IHCP. So this can be distinguished from other health conditions, we will call this additional document 'IHCP - Allergy'.
- The data provided in Individual Healthcare Plans enables Heads of Year and Pastoral Staff to help smooth the transition into a student's new year group in September
  - If a student has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the student's parents to complete. A copy of the form is available on Firefly under the 'Medical' tab.
  - Parents are expected to grant written permission if they wish a member of Lingfield College staff to administer medication: they should complete the *'Parental Agreement for the Administering of Medicines Form'* to request this – a copy is available on Firefly under the 'Medical' tab and an example if represented on pages 17-18 of this policy.

- This School ensures that a relevant member of School staff (usually the Senior School Medical Administrator) is also present to help draw up an Individual Healthcare Plan for students with complex healthcare or educational needs. Visually, this is represented in the table on pages 13-16 of this policy

8.0 RECORD KEEPING: SCHOOL HEALTH CARE REGISTER

8.1 Parents are asked to fill out an **Individual Healthcare Plan** when they join the school and are expected to notify the School of any subsequent changes in their child's health. For children with serious medical conditions this will be reviewed every year. This form is available on Firefly under the 'Medical' tab.

8.2 Details of each student's medical needs are logged and updated by the Senior School Medical Administrator in the health section of iSAMS for staff to access. The Catering Department will have this information on a spreadsheet and an iSAMS report regarding the allergy information that has restricted access.

8.3 Certain basic pieces of information about immediate health concerns are recorded on the regular confidential Pastoral Bulletin, which is emailed to all teaching staff.

8.4 Staff may be emailed updates on a particular child's medical condition and their requirements by the relevant Head of Year, the Senior School Medical Administrator or the Deputy Head (Pastoral). This information may also be included in the Pastoral Bulletin

9.0 STORAGE AND ACCESS TO INDIVIDUAL HEALTHCARE PLANS

9.1 Individual forms (together with relevant medical documentation on students) are stored in the Medical Office in locked filing cabinets.

9.2 Access to students' confidential medical records is restricted.

9.3 As part of the Induction Process, new staff are made aware of specific medical situations, shown how to access particular information; they are expected to check iSAMS for medical conditions and SEND issues before meeting their classes.

9.4 Staff are expected to maintain their professionalism and ensure that they do not break medical confidentiality; details of this are in the Staff Code of Conduct document which is available on the online Staff Handbook: staff are expected to read the document via the Every system and click to confirm that they have read and agree to it

9.5 Medical details are given to emergency services on a need-to-know basis.

10.0 THE USE OF INDIVIDUAL HEALTHCARE PLANS AND RISK ASSESSMENTS

10.1 Inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care. All individual health plans are issued in conjunction with a risk assessment.

10.2 Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times

10.3 Identify common or important individual triggers for students with medical conditions at School that bring on symptoms and can cause emergencies. Lingfield College uses this information to help reduce the impact of common triggers.

10.4 Ensure that all medication stored at the School is within the expiry date.

10.5 Ensure this School's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency.

10.6 Remind parents of students with medical conditions to ensure that any medication kept at School for their child is within its expiry dates: this includes spare medication.

11.0 ADMINISTRATION OF MEDICATION

11.1 The School understands the importance of taking the medication as prescribed.

11.2 All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 with parental consent, but it is recommended that medication is taken in the Medical Room under the supervision of the Senior School Medical Administrator or another member of the Office Staff

11.3 Our Governing Body is responsible for ensuring full insurance and indemnity to staff who administer medicines. Our insurance policy includes liability cover

11.4 Administration of medication which is defined as a controlled drug (even if the student can administer themselves) should be done under the supervision of a member of staff, and ideally in the Medical Office

11.5 When administering paracetamol students will be asked the time of their last dose, and it cannot be given if the last dose was less than 4 hours previously

11.6 Records of administration are kept, and parents will be informed via email of the time and dosage of paracetamol

11.7 The parental agreement to administer medication is emailed to parents if their child has an individual health care plan. The exception to this is consented to give paracetamol which is not updated annually

11.8 In a case when a child is in pain, and his/her parents have not returned the IHP form and thus consented to the use of paracetamol, the Senior School Medical Administrator or a member of the School Office staff will call home to ask for permission to administer it

12.0 STORAGE OF MEDICATION

12.1 Prescribed medicines should only be taken to School when essential, namely when it would be detrimental to a child's health if the medicine were not administered during the school day. Normally the School will only accept medicines that have been prescribed by a doctor, nurse prescriber or pharmacist prescriber. Medication must be brought into School in the original container as dispensed by a pharmacist and must have the original pharmacy label attached showing the student's name, instructions for administration and dosage. Non-prescribed medication will be dealt with on a case-by case basis. All medication administered at school requires the completion of a Medical Consent Form.

12.2 Safe Storage – Emergency Medication (AAIs)

- Emergency medication is readily available to students who always require it during the school day.
- All students carry their own AAIs (2) at all times and a spare must be kept in the Medical Office
- There is a spare generic AAI kept in the Catering Office in the main dining room and also in the serving area of the 6th form dining room. If a student has an allergic reaction and does not have their AAIs with them this one can be used. Other AAIs are kept in the Medical Office and Sports Office
- Students are reminded to carry their emergency medication with them and students with AAIs have been told to take their bags into lunch with them

12.3 Methylphenidate is prescribed for some children with attention deficit hyperactivity disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act and its associated regulations. Methylphenidate must be stored in the locked container in the Medical Room which only the Senior School Medical Administrator and Office Staff have access to. Records will be kept of when new supplies are brought into school. New supplies must be brought into school by an adult (not the child that it is prescribed to). Unused Methylphenidate must be sent home via an adult and a record kept will be. These records allow full reconciliation of supplies received, administered and returned home. Safe Storage – Non-Emergency Medication:

- All non-emergency medication is kept in a lockable cupboard in the Medical Office, in the absence of the Senior School Medical Administrator, all Office Staff know how to access this
- Students with medical conditions know that their medicine is kept in the Medical Office and how to access it via the Senior School Medical Administrator
- Staff ensure that medication is only accessible to those for whom it is prescribed.

12.4 Refrigeration

In the event that medication needs to be refrigerated, it must be clearly labelled. Refrigerators are used for the storage of medication where appropriate. This is in a secure area of the Medical Office.

12.5 Disposal of Medication & Sharp Objects

All out of date medication and AAIs are given to parents to dispose of or dropped off at the local chemist for disposal.

13.0 RECORD KEEPING

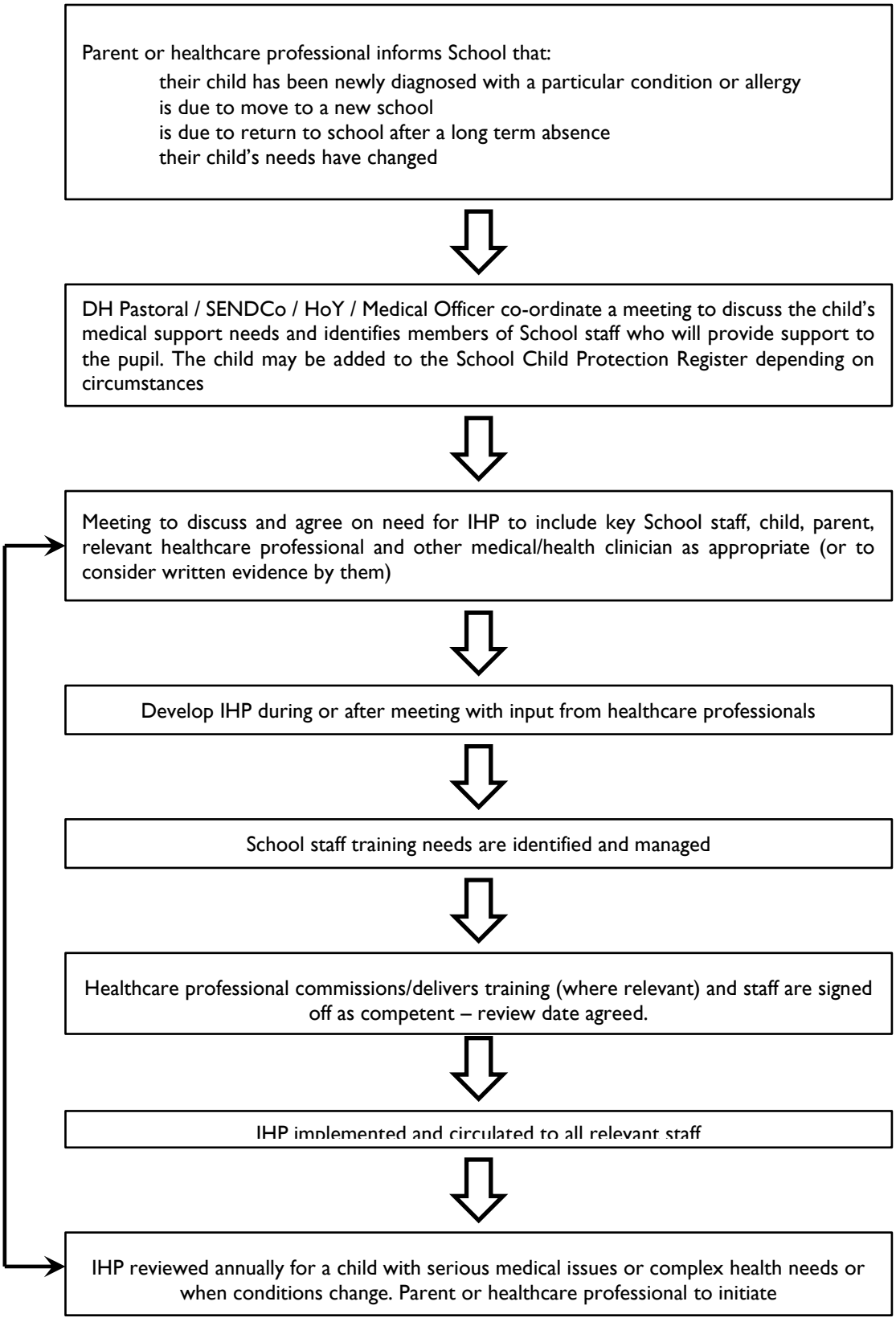
13.1 iSAMS is used by the Medical Office detailing the medication administered to all students.

13.2 A record is kept of students on long-term medication, as well as the date their medication was supplied to the School and its expiry date.

13.3 A log is made of any emergency medication administered including the time and date and by whom.

13.4 In the case of an emergency, an incident report form is completed and submitted to the Health and Safety Officer

Monitoring of a Student on an Individual Healthcare Plan (IHCP) including allergies



14.0 IN AN EMERGENCY

14.1 Relevant staff understand what to do in an emergency for the most common serious medical conditions at this School. Several members of staff are trained in First Aid (see list in the Appendix of this Policy), and their qualifications are updated regularly when required.

14.2 In an emergency, School staff are required under common law duty of care to act like any reasonably prudent parent/carer. **This may include administering medication.**

14.3 Lingfield College informs the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help.

14.4 Supply staff are given temporary access to iSAMS on entry to the school and are expected to check on the medical conditions of the students in their care both by checking iSAMS that details all the medical conditions of students in the school.

14.5 Office staff use iSAMS to inform emergency ambulance staff or hospital professionals and to make them aware of the contents of a student's IHP in an emergency

14.6 The Information available in Individual Healthcare Plans is also used to support transitional arrangements to another school and is sent through promptly to the new institution where relevant

14.7 If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives wherever possible. The staff member concerned should inform a member of the senior management team before leaving

14.8 All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and AAIs are held by the student who must take the responsibility to always have it to hand

14.9 Students are encouraged to administer their own emergency medication (e.g., AAIs) where possible and should always carry it with them unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits

14.10 Students are encouraged to keep spare supplies of emergency medication in the Medical Room

14.11 For off-site activities, such as visits, sporting fixtures, overseas trips and other School activities outside normal timetable hours, a risk assessment is undertaken to ensure students needing medication still have access and a staff member is named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need to be made

14.12 Trip organisers are expected to take student's medical, mental and physical health into account when planning trips, and must confirm that they have done soon the trip documentation. They must discuss the individual students' cases with the relevant Head of Year and Deputy Head (Pastoral) before the documentation is finally signed off

14.13 It is important for trip organisers to be able to prove incontrovertible that they have made reasonable efforts to understand the physical and mental problems that their charges may suffer from, and that they are aware of ways in which these students can be supported. They must also be aware of any potential triggers

15.0 UNACCEPTABLE PRACTICE

15.1 Lingfield College staff recognise that the following points constitute poor practice, and details of several of the issues listed below are also in the relevant **Staff Code of Conduct**, together with more guidance on what is expected of a member of staff dealing with a medical problem

- Failure to make themselves fully aware of the medical conditions suffered by some of the students in their care
- 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
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Sending a child to hospital in an ambulance alone
- Bringing nuts or nut related products into school for personal consumption or to distribute as treats or gifts. Lingfield College is a nut free site.

16.0 TRAINED FIRST AIDERS

We have a large number of staff who are trained first aiders across the site. A list is available from the EVC & Facilities Assistant including date of training. All staff are provided with training on how to use an epi pen at the start of the academic year.

17.0 COMPLAINTS

17.1 If parents or students wish to complain about the way in which a student with medical problems is supported, they should so by contacting the relevant Head of Year or the Deputy Head (Pastoral).

17.2 If the matter is not resolved satisfactorily, parents are advised to check the School's Complaints Policy and contact the Headmaster.

18.0 APPENDICES

A. Individual Healthcare Plan Form

B. Parental Agreement for Lingfield College Staff to Administer Medicine Form

C. Anaphylaxis Policy

D. Nut Usage Policy

E. Asthma Policy

F. Diabetes Policy

G. Epilepsy Policy

APPENDIX A

INDIVIDUAL HEALTHCARE PLAN

Child's name				
Form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
Family Contact Information				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Clinic/Hospital Contact				
Name				
Phone no.				
G.P.				
Name				
Phone no.				

HEALTH QUESTIONNAIRE

Has your child ever suffered from any of the following conditions? *(tick all that apply)*

- ☐ Diabetes
- ☐ Chest Pains
- ☐ Family History of Heart Disease
- ☐ Muscular/Joint problems
- ☐ Asthma or other Respiratory Problems
- ☐ Migraine/Dizziness
- ☐ Recent Surgeries
- ☐ Any sustained injuries/illnesses
- ☐ Epilepsy
- ☐ Difficulty with any form of physical exercise
- ☐ Currently taking any medication
- ☐ Severe allergic reaction
- ☐ Other

If you ticked any of the above, please give details of the condition below:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. Please add extra information on a separate sheet if necessary

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Specific support for the student's educational, social and emotional needs (*please outline*)

Describe what constitutes an emergency, and the action to take if this occurs

I give consent for Lingfield College staff to administer the following medication in appropriate doses:

Paracetamol ☐

- Prior to administration, a check will always be carried out into the last recorded dose
- Paracetamol cannot be administered if taken within the last **4 hours.**
- Parents will be notified via email that paracetamol has been administered

Parent/Guardian Signature …….. Date ……

APPENDIX B

PARENTAL AGREEMENT FOR LINGFIELD COLLEGE STAFF TO ADMINISTER MEDICINE

Medication cannot be administered without the completion of this form.

Name of child				
Date of birth				
Form				
Medical condition or illness				
Medicine				
Name/type of medicine *(as described on the container)*				
Prescribed over the counter	Yes / No please *circle*			
Expiry date				
Dosage and method				
Timings				
Special precautions/other instructions				
Are there any side effects that the School needs to know about?				
Self-administration	Yes / No please *circle*			
Medication should be refrigerated	Yes / No please *circle*			

Procedures to take in an emergency **NB: Medicines must be in the original container as dispensed by the pharmacy**

Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs Roe (Medical Officer)

The information detailed above is, to the best of my knowledge, accurate at the time of writing and I give consent to School staff administering medicine in accordance with the School policy.

I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature ……. Date ……

APPENDIX C

MEDICAL CONDITIONS: ANAPHYLAXIS (see also the School's Anaphylaxis Policy)

Lingfield College aims to support children with allergies and tries to ensure that they are not disadvantaged in any way whilst at school. Parental support and cooperation is crucial if the School is to achieve this.

DEFINITION OF ANAPHYLAXIS

- Anaphylaxis is a sudden, severe allergic reaction, when the body reacts to a foreign substance, which triggers an exaggerated response from the immune system.
- The reaction can be mild or severe with a slow or fast onset.
- Foreign substances can include foods (e.g. nuts), animal venom (e.g. wasp sting), objects (e.g. latex), drugs (e.g. penicillin)

SIGNS & SYMPTOMS OF ANAPHYLAXIS

- Headache
- Nausea and/or vomiting
- Abdominal cramps
- Itching skin
- Rash and/or hives (weals or blotches) on body
- Flushing of skin
- Pale/grey colour
- Wheezing
- Difficulty in breathing
- Cyanosis (blue around the lips, fingernails)
- Stridor (a high-pitched sound resulting from turbulent air flow in the upper airway. It may be inspiratory, expiratory, or present on both inspiration and expiration. It can be indicative of serious airway obstruction)
- Collapse, unconsciousness, death

The child can have any of these signs and symptoms, in any order. There is no set pattern for any child. Just because the child has experienced certain signs and symptoms before, does not mean that he/she will experience the same signs and symptoms in the future.

PREVENTION AND POINTS TO CONSIDER

- A booklet is given to Catering which details all the students with allergies and their photographs
- All staff read the document "Students with life-threatening conditions" via the Every system at the start of the academic year
- All staff must check their individual class lists for information relating to allergies
- Food & Nutrition staff must be aware of particular ingredients when planning sessions
- Sports and Sports Coaches must also ensure that they read the Whole School Medical Conditions Booklet via the Every System at the start of academic year and each term.
- Science staff must pay attention to particular substances being used for experiments

MEALS & SNACKS

Catering staff are all informed of students with allergies or dietary requirements. Information is sent to them regularly via the Medical Office, along with a photograph of the child. This information is kept readily available so that staff recognise the students.

For off-site visits and fixtures, the organisers of the venue being visited are sent information about dietary requirements ahead of the visit. Guests are asked to advise Lingfield College of particular needs in advance of their arrival.

All students with an allergy (except nut, as we are a nut free school) must present their allergy lanyard before collecting a meal or break time snack.

If they have forgotten this, then there is a box of spare allergy cards in the dining room. This must be put back after use.

TREATS

Parents and staff are asked not to give out treats which may cause allergic reactions, such as chocolate containing nuts.

CREATING AWARENESS AMONG PEERS

The school aims to establish and maintain an environment where children are provided with opportunities to openly discuss situations that affect themselves and their peers, thus promoting understanding and minimising speculation. This may include a talk or workshop given by a medical professional or discussion in PSHE, Form time or particular lessons such as Science or Philosophy & Ethics. Friends of students with anaphylaxis have specific training to show them what the symptoms will be and what they should do in an emergency. This includes training in the use of the AAI but this is a last resort if there are no other adults around.

MEDICATION IN SCHOOL

- Medication details must be kept in the Medical Office and be regularly updated by parents if the medication changes
- Parents must complete a medical consent form (available as Appendix B in this document, or on the Medical tab of Firefly)
- Parents must complete an Allergy Action Plan, which includes a section for them to give permission for the spare generic AAI to be used if the child's AAI cannot be located.
- It is essential to have up to date contact numbers which can be used in an emergency
- All children needing adrenaline injectors are expected to have two on school premises, one to be kept in the Medical Office and one to be kept by the child. These must be clearly labelled with the child's full name and date of birth.
- Each adrenaline injector is for the personal use of the child and will not be available to anyone else. It is the responsibility of the parents to ensure that these are within the expiry date
- Adrenaline injectors must be accessible at all times. They should be stored in a student's blazer pocket in an easily identifiable case so that staff or friends can access the AAI easily in case of emergency
- On approved trips, staff will be provided with a list of students with allergies. However, Sports events which happen on a daily basis it is the responsibility of the Sport Coaches taking the students to be aware of their allergies.
- At the start of each off-site activity, students should be asked if they have their medication. If not, they will not be allowed to go on the trip.
- If a student has an allergic reaction in the Dining Room and the student does not have their AAI with them there is a spare generic AAI kept in the Catering Office that can be used.

MEDICATION ON TRIPS

- All staff involved in approved off-site trips should have a list of students with allergies with them at all times
- Student AAIs s must be taken on the trip: at the start of each trip, students should be asked if they have their adrenaline injectors with them, and this should be checked by the trip leader before departure. If not, the child will not be permitted to go on the trip.

EMERGENCY PROCEDURE FOR ALLERGIC REACTION

- **Contact Ambulance Service on 999**
- **Administer adrenaline and note time**
- A staff member is to stay with child at all times
- Inform parents or named contacts once the ambulance has been called
- One adult to inform Deputy Head (Pastoral) of action taken
- If child shows no sign of recovery, administer a second injection (if available) and note time. Put empty injectors back into emergency box
- Hand over the child's care to Ambulance team/parents on their arrival, and provide them with any used medicines
- Record all medication and times given
- Complete all necessary documentation

Further information:

The Anaphylaxis Campaign

www.anaphylaxis.org.uk

01252 546100

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (If required, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ▾ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

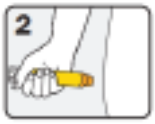
Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

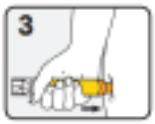
© The British Society for Allergy & Clinical Immunology 9/2018

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer ▾

This is a medical prescription that can only be completed by the child's healthcare professional. It does not be followed without their permission. This prescription provides individual authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline autoinjectors should be carried in hand luggage as per the advice, and NOT in the luggage hold. This action plan and authorisation to be used with emergency medication only prescribed by:

Sign & print name: .....

Hospital/Clinic: .....

..... Date: .....

APPENDIX D

MEDICAL CONDITIONS: NUT USAGE

INTRODUCTION

This policy focuses on the management of nut allergies and should be read in conjunction with the School's First Aid Policy and Catering Department Nut Policy and Nut Usage Guidelines. This Nut Usage Policy forms part of our Medical Conditions Policy.

The School aims to practise a nut free policy although we recognise that this cannot be guaranteed. This policy serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive. The School aims to protect children who have allergies to nuts yet also help them to take responsibility as they grow up to identify what foods they can eat and to be aware of where they may be put at risk. Every year, our new staff intake is made aware that we do not allow nuts or nut products within our School for snacks, party cakes or seasonal treats.

STAFF

The onus falls on all staff to read and follow this policy both in School and when out on trips and outings and to be aware of which children are allergic to nuts. Staff and volunteers must ensure they do not bring in or consume nut products within school and ensure they follow good hand-washing practice.

Caution must be taken at certain times of year such as Easter and Christmas. If Staff distribute confectionary care must be taken to ensure that no nuts are included in the product. Fruit sweets such as Haribo are a better alternative. Particular products and brands that are a cause for concern are: - Celebrations, Roses, Heroes and Quality Street.

All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product must not be used in School without supervision of staff and supervised hand washing:

- Not suitable for nut allergy suffers
- This product contains nuts
- This product may contain traces of nuts

Each year there is an opportunity for staff to receive training in using AAIs and there are staff trained in the administration of these in every Key Stage, including the Foundation Stage.

PARENTS

Must notify staff of any known or suspected allergy to nuts and provide all needed information detailed on their child's individual Healthcare Plan, which is sent to from Admissions when joining or Allergy Action Plan which is done yearly.

Parents must not bring in any food or treats (such as for birthdays) unless they have checked the ingredients carefully, likewise for snack choices. Homemade snack or party food contributions must have a label detailing all ingredients present and the kitchen environment where the food was prepared must be nut free. If parents are unsure about a selection, they should speak to a staff member before bringing in the food item into School.

Packaging must be checked for phrases on packaging including the following:

- Not suitable for nut allergy sufferers
- This product contains nuts
- This product may contain traces of nuts.

This would indicate that this product is unsuitable for consumption at school.

CATERING DEPARTMENT

The School's catering department, Holroyd Howe, emphasises the avoidance of nuts (tree nuts, peanuts and pine nuts) and nut related products, recognising the potentially severe allergic reaction that may result for some people. They have their own Nut Policy and Nut Usage Guidelines, and all catering staff receive training in these. Within the catering facilities at the School, staff take precautions to minimise the risk of anaphylaxis and other allergenic reactions

occurring: The School will never knowingly use any nuts but cannot guarantee that dishes are nut free as they may contain traces of nuts/nut derivatives due to the precautionary allergy statements such as "may contain" which are used by supplier.

The risk of claiming to be nut free may mean that students with allergies might be led into a false sense of security. There is a strong case to be argued that children with food allergies will develop a better awareness and understanding of how to manage their allergies if they grow up in an environment where allergens may be present but, as are monitored and restricted as much as is reasonably possible.

Students who are known to have food allergies (e.g. nuts, egg, milk, gluten, fish, molluscs, crustaceans) are introduced to key members of the catering team, during induction day and are encouraged to seek guidance from catering staff on a daily basis, if necessary, on what they can have, from the lunch menu.

Students at risk of anaphylaxis have a laminated card which they show the catering team to ensure they are aware of allergies or preferences.

Allergic reactions can also be triggered by touching surfaces – such as computer or piano keyboards which may have been inadvertently contaminated. The success of minimising anaphylaxis risk and all other allergenic reactions requires the cooperation of students, staff and parents.

APPENDIX E

MEDICAL CONDITIONS: ASTHMA

Lingfield College aims to support children who have asthma and try to ensure that they are not disadvantaged in any way whilst at School. The support and cooperation of the parents is crucial to achieving this aim. The School also aims to encourage students' independence, self-confidence and responsibility in dealing with their condition.

Medication details must be kept in the Medical Office and be regularly updated by parents if the medication dosage or frequency is changed. Parents must complete a medical consent form, available as Appendix B of this policy and this form is available on Firefly under the 'Medical' tab.

They must also complete the School Asthma Card. This will be kept in the child's medical file. It is essential that the School has up-to-date contact numbers which can be used in an emergency. For any child that has severe asthma (has been in hospital due to an asthma attack or takes long term oral steroids), the parent must provide us with the child's Asthma Action Plan that has been written by the GP or an asthma nurse. The Medical Officer will check with the parents every year as to whether the Card or the Action Plan need to be updated.

We have a spare emergency Ventolin inhaler that is kept in the Medical Office. Parents must give consent for this to be used by completing and signing the relevant section on the School Asthma Card.

INHALERS

Inhalers must always be accessible. Normally children keep their inhalers themselves in their school bags, and parents should ensure that a spare inhaler is kept in the Medical Office.

Each inhaler held in the Medical Office is for the personal use of the child and will not be available to anyone else. It is the responsibility of the parents to make sure that the dosage is correct, that there is sufficient medication in the inhaler and that they are not being used beyond their expiry date.

A spare generic reliever inhaler is kept in the Medical Office for emergencies, but parents must give permission for this to be used on their child's Asthma Card.

Parents are responsible for keeping the School informed of any problems, concerns or changes to their child's medication. Inhalers which use powder capsules should be taken home periodically and washed. Each inhaler is checked throughout the School year and parents contacted if expired. Each inhaler is to be taken home at the end of the Summer Term.

Children who suffer from exercise-induced asthma must use their inhaler before they start exercise. If a child becomes wheezy during exercise, they will be able to take their reliever and rest until they feel better. If they attend the office to use the inhaler, then it is recorded.

All teachers on off-site activities should have a list of the asthmatic students in their care. This information is also available on iSAMS and is frequently updated.

OFF-SITE VISITS

All teachers on off-site activities should have a list of the asthmatic students in their care. This information is available on iSAMS and is frequently updated

Inhalers must be taken on the trip: at the start of each trip, students should be asked if they have their inhaler with them, and this should be checked by the trip leader before departure. If not, the child must go to the Medical Office to collect the spare, if held

All medication will be kept in a pre-agreed place depending on the age and maturity of the child involved – perhaps with the First Aid bag on the side of the pitch where the child is playing sport at a fixture, with the First Aider when on a trip (provided they remain close to the relevant student) or in the student's pocket

Further Information

Asthma UK

www.asthma.org.uk 0300 222 5800

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30–60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(Monday-Friday, 9am-5pm)
www.asthma.org.uk

The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 05836514 (England and Wales). VAT number 648 8121 18. Registered charity numbers 802364 and SC039322
Your gift will help Asthma UK fund vital research projects and provide people with asthma with the support they need. © Asthma UK. Last reviewed and updated 2020; next review 2023.

APPENDIX F

MEDICAL CONDITIONS: DIABETES

INTRODUCTION

Lingfield College recognises the importance of supporting children with diabetes. Its aim is to create an environment which is conducive to supporting those students affected in managing their condition safely without drawing unwelcome attention.

ACCESSIBILITY

Diabetes Type 1 and Type 2, depending on the impact on the individual, is considered a disability under the Disability Discrimination Act (DDA). The school will see that reasonable adjustments are made to ensure that students affected have full access to the curriculum and the college community. Refer also to the School's **Disability Policy**

OBJECTIVE

This policy has been created to offer a clear outline as to how the school supports students affected by diabetes at Lingfield and what happens in the event of an emergency. The school aims to ensure that all students are fully included in all aspects of school life.

DEFINITION

Diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body cannot use it properly. When the hormone insulin is not present in the body, or does not function properly, glucose builds up in the sufferer's system.

There are two main types of diabetes: Type 1 and Type 2. Type 1 diabetes develops if the body is unable to produce any insulin and most students with diabetes will have Type 1. Type 2 does not typically appear before the age of 40.

Type 1 diabetes was included in the Equality Act in 2010. This means that Type 1 diabetes is described as a disability. Although many people with Type 1 wouldn't consider themselves disabled, it does mean that they are protected from discrimination at work or school because of their diabetes. Therefore, they will be included on the school register and will be evaluated for access arrangements as needed. All Type 1 students will also have a separate care plan.

GUIDELINES FOR IMPLEMENTATION

MEDICATION

- Students will normally carry an insulin pen to help manage their condition.
- Spare medication must be refrigerated and can be used for up to a month after removing it from the fridge; It must be discarded thereafter
- In school the student will carry their own medication, ensuring it is readily available at all times. Further medication can be held by the Medical Office.
- Parents are responsible for ensuring that medication to be held by the Medical Office is clearly labelled with the student's name, expiry date and dosage.

MEALS AND SNACKS

Students with Type 1 diabetes need to eat at regular intervals. A missed meal or snack could lead to hypoglycaemia, which is the body's reaction to blood glucose level becoming too low.

At Lingfield the student is responsible for knowing the times they need to eat and for ensuring they keep to those times. The school will support them fully in this by the following:

- If necessary, students are able to jump to the front of the queue at lunchtime.

- Students are free to eat a snack whenever it is deemed necessary, although they are encouraged to do this at break times to minimise fuss
- If a snack is required but the student does not have one, he/she is free to visit the Medical Office at any time where they will be provided with something to eat, such as a biscuit or some orange or apple juice

EXERCISE AND PHYSICAL ACTIVITY

Students affected by diabetes should be able to enjoy normal physical activities and it will not prevent them from being encouraged to participate or be chosen for sports teams. It is recognised, however, that students with diabetes need to prepare carefully for all forms of physical activity.

The student will therefore

- Be given time to check their glucose levels
- If necessary, be given time to perform a test for ketones (the by-product of the body burning fat for energy) without fuss or drawing unnecessary attention
- Be given time for their insulin to take effect and blood glucose levels come down before taking part in physical activity
- Be responsible for ensuring that they have eaten enough before starting an activity
- Be given access to food or drink as necessary during or after strenuous or prolonged exercise

If a student is not confident about participating in physical activity, the school will discuss the situation with the student's parents to ascertain if such an activity is suitable.

CREATING AWARENESS AMONGST PEERS

The school aims to establish and maintain an environment where children are provided with forums to openly discuss situations that affect their fellow students, thus promoting understanding and minimising speculation. This may include a talk by a medical professional, or discussion in PSHE, Form Time or Science lessons.

STAFF TRAINING AND COMMUNICATION OF THE POLICY

- Staff are kept up to date with details of students affected by diabetes during the INSET training at the start of the academic year
- Details on what to do in an emergency are displayed in prominent places, such as Staff Room, Medical Room, and the Sports Office.

IN CASE OF AN EMERGENCY

Staff are made aware of symptoms to watch out for relating to students with diabetes. There are three main complications that can occur:

- **Hypoglycaemia** (lack of glucose in the bloodstream): symptoms include clumsiness, difficulty talking, confusion, loss of consciousness, seizures; the student may feel hungry, sweaty, shaky, and weak. Symptoms typically come on quickly
- **Hyperglycaemia** (an excess of glucose in the bloodstream): symptoms of chronic hyperglycaemia can include kidney damage, neurological damage, problems with the retina, hands and feet; the student may feel hungry, very thirsty, frequent thirst, blurred vision, weight loss, needing to urinate frequently, dry mouth, dry or itchy skin
- **Ketoacidosis** (result of hyperglycaemia being left untreated): symptoms include excessive thirst, frequent urination, nausea & vomiting, abdominal pain, weakness or fatigue, shortness of breath, 'fruity'-scented breath, confusion

If Ketoacidosis is suspected, the member of staff present will immediately contact the emergency services and the child's parents, via the Medical Office.

If Ketoacidosis is not suspected, but there is a concern about the child, the member of staff will immediately ensure that the student is taken to the Medical Office for assessment. If applicable, a sugary, quick–acting carbohydrate or a drink such as fruit juice will be given to the child. The student will remain in the Office or sick room to be monitored. If there is any doubt, at any time, staff will contact the emergency services and parents.

ROLES, RESPONSIBILITIES AND REVIEW

The headmaster, in conjunction with the Pastoral Deputy Head is responsible for the implementation and monitoring of the policy. All staff are responsible for ensuring the policy and procedures are followed.

Parents are responsible for keeping the school informed of medical conditions that affect their child and for supplying medication where applicable.

Students are encouraged to take responsibility for their condition.

Further information

Diabetes UK

www.diabetes.org.uk Helpline: 0345 123 2399

APPENDIX G

MEDICAL CONDITIONS: EPILEPSY

INTRODUCTION

Lingfield College recognises the importance of supporting children with medical conditions such as epilepsy. The School is committed to creating an environment which is conducive to supporting those students affected, in managing their condition safely.

OBJECTIVE

This policy has been created to offer a clear outline of the way in which Lingfield College supports students affected by epilepsy at School and what happens in the event of an emergency. The school's aim is to ensure that all students are fully included in all aspects of daily school life.

DEFINITION

Epilepsy is a condition that causes sufferers to have seizures / fits. A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types.

GUIDELINES FOR IMPLEMENTATION

MEDICATION

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Generally, medication can be taken outside of school hours; however, there may be some side effects. Staff are made aware of possible side effects such as drowsiness and poor memory via information available in the staff room.

Medication is held in the Medical Office. Parents are responsible for ensuring that medication to be held by the Medical Office is clearly labelled with the student's name, expiry date and dosage.

MANAGING THE CONDITION

Epilepsy is different for each individual and Lingfield College will work closely with the student and his/her parents to ensure that it is aware of information such as:

- The type of seizure the student is likely to have
- What represents a medical emergency for that student, and what to do in such an emergency, including when and how to give emergency medicines
- Details of additional educational needs if any
- Adjustments required to facilitate the student's access to regular activities
- Any further information that will aid the student's best possible care

ACCESSIBILITY

Epilepsy is considered a disability under the Disability Discrimination Act (DDA). The School will see that reasonable adjustments are made to ensure that students affected have full access to the curriculum and the college community. Refer also to the School's **Disability Policy**.

EXERCISE AND PHYSICAL ACTIVITY

For most students with epilepsy, exercise can be a real benefit. A very small number of people with epilepsy, however, find that exercise increases their likelihood of having a seizure. The School will liaise with parents to ascertain what is appropriate and to ensure students can be fully included in school activities.

CREATING AWARENESS AMONGST PEERS

The school aims to establish and maintain an environment where children are provided with forums to openly discuss situations that affect their fellow students thus promoting understanding and minimising speculation. This may include discussions in form time, PSHE or Science lessons, or a talk by a medical professional.

STAFF TRAINING AND COMMUNICATION OF THE POLICY

This Medical Conditions Policy is available on our website. Details on what to do in an emergency are displayed in prominent places, such as the Staff Room noticeboard

- Information about epilepsy is displayed in the Staff Room, including how to deal with an emergency and the common triggers.
- Staff are kept up to date with details of students affected by epilepsy in staff meetings

IN CASE OF EMERGENCY

If a child experiences a seizure, a first aider will be called upon immediately. The first aider will follow any instructions given by the child's parents in event of a seizure if known. Otherwise, the first aider (or teacher responsible until the first aider arrives) will:

- Contact emergency services on 999 or ensure that a colleague does so
- Contact parents
- Protect the person from injury by removing any harmful objects nearby
- Cushion the child's head
- Once the seizure has finished, gently place the student in the recovery position to aid breathing
- Keep calm and reassure the student, staying with them until recovery is complete

ROLES AND RESPONSIBILITIES

- The Headmaster, in conjunction with the Pastoral Deputy Head, is responsible for the implementation and monitoring of the policy
- All staff are responsible for ensuring the policy and procedures are followed
- Parents are responsible for keeping the School informed of medical conditions that affect their child and for supplying medication where applicable
- Students are encouraged to take responsibility for their condition and to avoid situations that trigger an attack wherever possible

<u>Further information:</u>

Epilepsy Society

www.epilepsysociety.org.uk

Helpline: 01494 601 400