

Medical Conditions Policy

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Table of Contents

Attendance and Educational Access	3
Responsibilities	3
Parents/Carers	4
Supporting Pupils with Medical Conditions	4
Staff Training	4
Individual Healthcare Plans (IHPs)	5
Emergency Procedures	6
Medication Management	6
Pupils must have immediate access to emergency medication at all times when required.	
Emergency medication must be readily available and must not be locked away where this would delay access.	
	6
Promoting Wellbeing and Inclusion	6
Risk Assessments	6
Raising Concerns and Resolving Disagreements	7
Serious Incidents and Near Misses	7
Continuous Review	7
Unacceptable Practice	7
Management of Medical Conditions – Information Sheets	9
ASTHMA	9
Emergency Inhaler Use:	12
Key Guidelines:	12
EPILEPSY	13
Procedure for an epileptic seizure	13
DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT	16
SICKNESS AND DIARRHOEA	19
Legislative and Regulatory Framework	20

Policy Statement

Heathcote Preparatory School is committed to supporting pupils with medical conditions so that they can access education fully, enjoy school life and achieve their potential.

This policy applies to all pupils aged 2–11 years and reflects the requirements of the Department for Education (DfE) guidance "Supporting Pupils at School with Medical Conditions" and Independent Schools Association (ISA) recommendations.

The school recognises that pupils with medical conditions have the same right to education, participation and achievement as their peers.

The school adopts a whole-school approach to supporting pupils with medical conditions and promoting their wellbeing.

Inclusion

The school recognises that many medical conditions are invisible, fluctuating, episodic or subject to ongoing investigation. Pupils should not be disadvantaged because a diagnosis is pending or because symptoms are not immediately apparent.

The school will work proactively to remove barriers to participation and ensure that pupils with medical conditions can access all aspects of school life, including learning, play, educational visits, residential visits, sports activities, performances and extracurricular opportunities wherever it is safe and reasonable to do so.

Attendance and Educational Access

The school recognises that some pupils with medical conditions may require medical appointments, treatment, periods of recovery or temporary adjustments to their timetable.

Pupils will not be disadvantaged because of authorised medical absence and will not be excluded from attendance rewards solely due to absences directly related to their medical condition or treatment.

Where a pupil is absent for medical reasons, the school will work with parents to support continuity of learning where appropriate.

Responsibilities

This policy is published on the school website and reviewed annually by the Senior Leadership Team and approved by the Management Board.

The Management Board has overall responsibility for ensuring appropriate arrangements are in place for supporting pupils with medical conditions.

Named person responsible for medical conditions: Mrs Amanda Frost

Parents/Carers

Parents/carers are responsible for:

- Providing accurate and up-to-date information about their child's medical condition.
- Supplying medication in its original container with the pharmacy label attached.
- Ensuring medication provided to school is in date.
- Informing the school promptly of any changes to their child's medical needs or treatment.
- Participating in the development and review of Individual Healthcare Plans where required.

Supporting Pupils with Medical Conditions

The school will ensure that pupils with medical conditions are:

- Identified promptly and supported appropriately.
- Fully included in all aspects of school life, including classroom learning, educational visits, residential trips, sporting activities, clubs and extracurricular activities and wraparound care.
- Supported through Individual Healthcare Plans (IHPs) where appropriate.
- Protected from discrimination, bullying or disadvantage arising from their medical condition.
- Provided with reasonable adjustments where a medical condition constitutes a disability under the Equality Act 2010.

Staff Training

The school will ensure that teaching staff, support staff, supply staff and volunteers receive appropriate information and training regarding medical conditions.

Training may include:

- Awareness of specific medical conditions.
- Recognition of symptoms and warning signs.
- Emergency procedures.
- Administration of medication.
- Use of specialist medical equipment.
- Implementation of Individual Healthcare Plans.

Training records will be maintained and reviewed regularly by the school.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans (IHPs) will normally be considered where a pupil has a long-term medical condition, requires ongoing medication, has an emergency healthcare need or where the school and parents agree that additional support is required.

Individual Healthcare Plans will be developed in partnership with parents/carers, the pupil (where appropriate), school staff and healthcare professionals.

Healthcare Plans will be reviewed at least annually and immediately following any significant change in the pupil's condition, treatment or support requirements.

Healthcare Plans will:

- Set out what support is required.
- Explain how support will be provided.
- Identify who is responsible for delivering support.
- Specify when support should be provided.
- Be reviewed at least annually and sooner if the pupil's needs change.

Healthcare Plans Should Include:

- Child's name, date of birth, and current photograph.
- Contact details for parents/carers, including details of who may be contacted where confidentiality considerations apply.
- Details of those who need to be aware of the medical condition and the support required.
- A brief summary of the medical condition, including triggers, signs, symptoms, and treatment.
- Needs arising from the medical condition, including medication (dosage, administration arrangements, details of any side effects, how these can be identified and responded to, storage requirements, etc.), other treatments, access to food and drink where appropriate, dietary requirements, and environmental considerations.
- Information on how the medical condition may impact learning and emotional wellbeing.
- The extent to which the pupil can take responsibility for managing their own health needs, including self-administration of medication and how this will be monitored. Written consent must be provided by a parent/carer or healthcare professional for medication to be administered either by staff or by the pupil. The names of staff trained to administer medication, and arrangements for cover in their absence, should be recorded.
- Details of any specific support, adjustments, or arrangements the school will put in place.
- Arrangements for maintaining educational progress during periods of absence.
- Details of arrangements for educational visits and extra-curricular activities, including any risk assessments where appropriate.
- Clear guidance on actions to be taken in an emergency, including key contacts and contingency arrangements.
- Any care plan, treatment plan, or action plan provided by a healthcare professional must be attached to the Individual Healthcare Plan (IHP).

Emergency Procedures

The school will have clear procedures for responding to medical emergencies.

All staff will know how to access emergency information relating to individual pupils and understand how to obtain immediate assistance.

Where emergency services are required, a member of staff will accompany the pupil and remain with them until a parent/carer arrives where appropriate.

Medication Management

Where appropriate, pupils may carry and self-administer medication under staff supervision. This will only be permitted where the pupil is assessed as competent, parental consent is obtained, healthcare professional advice supports self-administration, and the arrangement is recorded within an Individual Healthcare Plan. Medication will be stored, administered and disposed of safely in accordance with individual healthcare plans and relevant legislation.

Pupils must have immediate access to emergency medication at all times when required. Emergency medication must be readily available and must not be locked away where this would delay access.

Promoting Wellbeing and Inclusion

The school recognises that medical conditions can impact upon emotional wellbeing, friendships, confidence, participation and learning.

The school will:

- Promote positive attitudes towards pupils with medical conditions.
- Prevent stigma, discrimination and bullying.
- Respect the dignity, privacy and human rights of all pupils.
- Recognise that some medical conditions may not be visible and may fluctuate or evolve over time.
- Recognise that some pupils may minimise or hide the impact of their condition.
- Take a whole-school approach so that all staff, including office staff, lunchtime supervisors, wraparound care staff and volunteers, understand their role in supporting pupils.
- Celebrate diversity and foster an inclusive culture.

Risk Assessments

Appropriate risk assessments will be completed for pupils with medical conditions where required.

These may include:

- Educational visits and residential trips.
- Physical education and sporting activities.
- Practical activities.

- Emergency evacuation procedures.
- Any activity where a medical condition may create additional risk.

Raising Concerns and Resolving Disagreements

Parents, carers, pupils and staff may raise concerns regarding support arrangements through the school's usual complaints and safeguarding procedures.

The school will work collaboratively with families, healthcare professionals and other agencies to resolve disagreements promptly and in the best interests of the child.

Serious Incidents and Near Misses

Any serious incident or near miss involving a pupil with a medical condition will be:

- Recorded appropriately.
- Reported to parents/carers.
- Reported to the Management Board where appropriate, whilst maintaining confidentiality.
- Reported through any statutory reporting processes required.
- Reviewed to identify lessons learned and improve future practice.

Continuous Review

The school will regularly monitor and evaluate the effectiveness of its arrangements for supporting pupils with medical conditions and will adapt its practice in light of experience, changing needs and updated guidance.

The Management Board will maintain strategic oversight of this policy and ensure access to appropriate training and relevant information.

Unacceptable Practice

The school will not:

- Prevent pupils from accessing medication in accordance with their Individual Healthcare Plan.
- Assume that all pupils with the same condition require identical support.
- Assume older pupils do not require support because they take greater responsibility for managing their condition.
- Ignore the views of pupils, parents/carers or healthcare professionals.
- Ignore medical evidence or professional advice.
- Assume a pupil does not have a medical condition because a formal diagnosis is still being investigated.
- Request unnecessary additional medical evidence.
- Discriminate against pupils by sending them home unnecessarily or preventing participation in normal school activities.
- Send an unwell pupil to the school office or medical room unaccompanied in an emergency.

- Penalise pupils for medical appointments or medically related absences, including exclusion from attendance rewards.
- Set lower attendance ambitions without appropriate review and support.
- Prevent pupils from drinking, eating or accessing toilet facilities when required to manage their condition.
- Prevent pupils from resting or adapting activities where symptoms such as fatigue or chronic pain require this.
- Require parents/carers to attend school routinely to administer medication or provide personal care.
- Prevent participation in trips, visits or other activities by requiring parents/carers to accompany pupils as a condition of attendance.

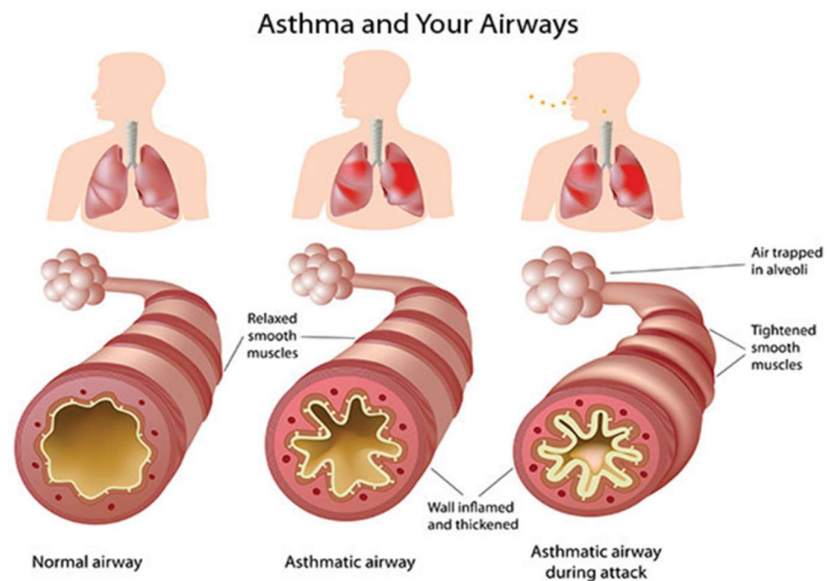
Management of Medical Conditions – Information Sheets

ASTHMA

What is asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest.

Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if you feel well, to lower the risk of symptoms and asthma attacks.



What triggers asthma symptoms?

There are lots of things that can make asthma worse, but not everyone will be affected by the same things. Things that set off asthma symptoms are called triggers. Common triggers in children include colds and viruses, pets, pollen, mould, pollution, house dust mites or emotional stress.

We work closely with children, parents/carers and health professionals to ensure we have robust procedures in place to support asthma management.

This policy reflects the requirements of key legislation and in particular two key documents:

1. Supporting pupils at school with medical conditions (2014).
2. Department of Health and Social Care guidance on emergency salbutamol inhalers in schools.

To enable us to effectively manage children with asthma we will:

- Have an up to date asthma policy that is self-audited regularly.
- Have two designated asthma leads – Mrs Amanda Frost & Mrs Kelly Collins
- Maintain a register of children with asthma which will be updated regularly and shared with staff.
- Ensure that children with asthma have easy access to their inhalers and spacers. (These will be kept within easy reach of the child.)
- Record when a child has used their inhaler on the inhaler administration record form. The parent will be notified at the end of the day and a signature will be required.

All students diagnosed with asthma or that have been prescribed an inhaler are required to have an individual Asthma Action Plan provided by their doctor or specialist healthcare professional. This plan must be shared with school staff and copies will be kept with the child's inhaler as well as on the Heathcote Hub.

Asthma Attacks

We are prepared to deal with asthma attacks should they occur.

All Heathcote staff have completed comprehensive whole-school training on asthma, including recognising signs and symptoms and responding effectively in an emergency, as part of our medicines management program.

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- appears exhausted;
- has a blue/white tinge around lips;
- is going blue;
- has collapsed.

In the event of an asthma attack:

- Send for a first aider/notify the school office 01245 223 131
- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child’s own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Shake the inhaler and remove the cap.
- Place the mask securely over the nose and mouth ensuring a good seal.
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths).
- If there is no improvement, repeat these steps 5 to 7 above up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

Essex Partnership University

NHS Foundation Trust



How to manage an asthma attack in children

<p>T</p> <p>Think</p> <p>?</p> <p>Any of these signs:</p> <ul style="list-style-type: none"> • Coughing • Wheezing • Hard to breathe • Tight chest • Cannot walk • Cannot talk <p>Are they having an asthma attack?</p> <p>Remember: stay with the child at all times</p>	<p>I</p> <p>Intervene</p> <p>+</p> <ul style="list-style-type: none"> • Keep calm • Reassure child • Sit them up and slightly forward • Ask someone to get blue inhaler and spacer • Administer inhaler (see blue box) • Note time of using inhaler 	<p>M</p> <p>Medicine</p>  <ul style="list-style-type: none"> • Use blue inhaler • Shake inhaler • Place in spacer • Spray one puff • Take five breaths • Repeat the above up to 10 times if needed • If no improvement, it is safe to repeat the above 10 more times 	<p>E</p> <p>Emergency</p> <p>999</p> <ul style="list-style-type: none"> • If no improvement, or if you are worried or unsure, call 999 • If ambulance takes longer than 15 mins, repeat Medicine steps • Note time of calling 999 <p>Postcode <input type="text"/></p> <p>Has child taken their inhaler? </p>
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When asthma strikes, it’s TIME to act

Emergency Inhaler Use:

We are committed to supporting children with asthma and will provide access to a school emergency inhaler for use in urgent situations for young children who experience breathing difficulties while at school.

Key Guidelines:

Availability of Emergency Inhalers

The school will keep at least 3 emergency salbutamol inhalers and compatible spacers in a safe, easily accessible location. They will be clearly labelled and regularly checked for expiry.

Eligibility for Use

The emergency inhalers can only be used for a child:

- Who has been diagnosed with asthma or has prescribed reliever medication.
- Whose parent or carer has provided signed consent for the use of the emergency inhaler.

Use in Emergencies

- If a child shows signs of an asthma attack and their own inhaler is not available or not working, trained staff may use the school's emergency inhaler.
- A spacer will always be used to help ensure proper delivery of the medicine.
- Staff will remain with the child and follow emergency procedures, including calling 999 if there is no improvement.

Informing Parents/Carers

Whenever the emergency inhaler is used, it will be recorded on the inhaler administration record form. The parent will be notified at the end of the day and a signature will be required.

Policy Review

We will ensure that emergency salbutamol inhaler packs are readily available and regularly checked to ensure they are in-date. These inhalers may only be used for children who have a formal asthma diagnosis, have been prescribed reliever medication and for whom written parental consent to use the emergency inhaler has been provided.

EPILEPSY

Epilepsy is a tendency to brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder. However, its cause – especially in the young – may have no precise medical explanation.

Tonic-Clonic Seizures (formerly known as grand mal seizures)

The person may make a strange cry and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear around the mouth and the person may be incontinent.

Complex and partial seizures (temporal lobe seizures)

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The person appears conscious, but may be unable to speak or respond during this form of seizure. Ensure safety of the person – gently guide away from dangers and speak calmly to the person and stay until they recover.

Absence (petit mal)

This can easily pass unnoticed. The person may appear to daydream or stare blankly. There are very few signs, if any, of an ‘absence / petit mal’ seizure. This can lead to serious learning problems as the seizures may be frequent and the person does not receive any visual or aural messages during those few seconds. Therefore, it is so important to be understanding, note any petit mals and inform parents.

Staff can play an important role in the recognition of epilepsy and in the recognition of changing patterns or an increased rate of seizures.

Procedure for an epileptic seizure

Total seizure (total clonic)

- KEEP CALM – pupils will tend to follow your example! Let the seizure follow its own course. It cannot be stopped or altered.
- Ask the other pupils to leave the room and ask a responsible pupil to fetch another adult.
- Call for help from the School Office **01245 223131**
- If help is not available from the Office is not available call/send for a first aider
- **Note the time.**
- Refer to the pupil’s Care Plan which can be accessed from the Heathcote Hub.
- If the pupil has emergency medication, ask a member of staff to get the pupil’s emergency pack from their classroom if it is not with the pupil.
- Administer the prescribed medication as per instruction – kept with the emergency medication – according to the pupil’s Individual Health Care Plan.

- Protect the pupil from harm. Only move the pupil during seizure if you have to for their protection. If possible, move any objects that may hurt them, rather than move them from dangerous objects.
- As soon as possible (normally post-seizure) place the pupil on their side – this does not have to be true recovery position – just so that the tongue falls forward so that any saliva can drain out of the mouth easily.
- Put something under their head to protect them from facial abrasions if at all possible.
- Try not to leave the pupil alone if at all possible. If you need to leave the pupil make sure there is something behind their back to try to maintain a sideways position.
- Talk quietly to the pupil to reassure them but do not try to restrain any convulsive movements.
- Do not place anything in their mouth.
- Minimise any embarrassment as during the fit the pupil may be incontinent – cover with a blanket to keep warm.
- Once recovered, move them to the Medical Room. If possible, ask other pupils to leave the Medical Room. Allow the pupil to sleep on their side. Do not leave them alone as the seizure may be the first of a cluster – leave with a First Aider.

- Call the pupil’s parent / guardian and request the pupil be collected from school so that they can sleep as long as needed. If the seizure occurs in the morning, they may even be able to return in the afternoon. This is a very individual decision and will be left to the parent to decide.
- **If the seizure lasts five minutes or longer call an ambulance immediately.** If a seizure lasts that long, it is likely to last longer. It is very important that the pupil goes to hospital and gets the proper treatment within one hour of the beginning of the seizure. If you are concerned or the pupil has received injury e.g. due to a fall, call an ambulance. We are advised it is better not to call an ambulance if the seizure lasts less than five minutes as they are better off left in peace and quiet.
 - When the ambulance arrives, report to the paramedic details of the seizure – especially how long it has lasted. If the parent arrives, report the details of the seizure to them.
 - An appropriate member of staff must accompany the pupil in the ambulance and stay with them until the parents arrive.

Ensure any pupils who were present at the time of the seizure have a chance to talk it over with their class teacher or key person (in EYFS).

Please contact the Appointed Person for First Aid for help and support and for further information or training in the administration of emergency epileptic medication.

In developing these procedures, Heathcote Preparatory School has regard to the guidance of Epilepsy Action. The school recognises its responsibility in dealing with pupils appropriately.

- Heathcote Preparatory School understands the importance of ensuring the pupils feel safe and secure.
- Heathcote Preparatory School recognises that epilepsy is a common condition affecting many pupils and welcomes pupils with epilepsy.

- Heathcote Preparatory School encourages, helps and supports pupils with epilepsy to achieve their potential and to participate fully in aspects of School life.
- Pupils with epilepsy will have an Individual Health Care Plan.
- All Heathcote Preparatory School staff , through reading of this document, should have a clear understanding of the condition epilepsy and what to do in the event of a pupil having an epileptic seizure.
- Some pupils may have emergency medication – but if it is NOT carried by pupils it is vital that all staff know where this is kept.
- The Headteacher ensures training for all staff on the use of epileptic emergency medication.
- Heathcote Preparatory School advises pupils with epilepsy to provide spare clothing to be kept in school especially underwear and socks.
- All staff, teaching and non-teaching will be informed of pupils with epilepsy in the staffroom.

Heathcote Preparatory School is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

DIABETES MELLITUS: TYPE 1 INSULIN DEPENDENT

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections. Heathcote school allows the use of devices (Dexcom) to support monitoring and treatment. Children can have emotional, eating, behavioural and confidence difficulties as a result of their condition. Therefore, much support is required.

Hypoglycaemia – low blood sugar Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

- Inadequate amounts of food ingested – missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitations, tremors
- Strange behaviours or actions
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia – Follow child's Individual Healthcare Plan

- Call for help from the School Office **01245 223131**
- If help is not available from the Office is not available call/send for a first aider
- Ask a member of staff to get the pupil's emergency box from the classroom and emergency medication from the fridge near the School Office
- Ensure the pupil eats a quick sugar source e.g. three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version)
- In the classroom each child has their 'diabetic snack box'
- Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g. cereal bar, toast
- Once recovered allow the pupil to resume school activities
- Used equipment will be disposed of appropriately.
- **If the pupil becomes drowsy and unconscious then the situation is now LIFE-THREATENING – CALL AN AMBULANCE**
 - Place the pupil in the recovery position and stay with the pupil until the ambulance arrives
 - Contact the parent / guardian immediately

Causes of Hyperglycaemia

- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin, rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness

Treatment of Hyperglycaemia – Follow child’s Individual Healthcare Plan

- Call for help from the School Office **01245 223131**
- If help is not available from the Office is not available call/send for a first aider
- Ask a member of staff to get the pupil’s emergency box from the classroom
- Encourage the pupil to drink water or sugar-free drinks
- A trained member of staff will administer the extra insulin required
- Permit the pupil to rest before resuming school activities if able
- Contact parent / guardian
- Used equipment will be disposed of appropriately

In developing these procedures, the school has regard to guidance from Diabetes UK, NHS guidance and relevant healthcare professionals. The school recognises its responsibility in dealing with pupils appropriately.

- Heathcote Preparatory School understands the importance of ensuring the pupils feel safe and secure.
- Heathcote Preparatory School recognises that diabetes is a widespread condition affecting pupils and welcomes pupils with diabetes.
- All pupils with diabetes will have an Individual Health Care Plan.
- Heathcote Preparatory School encourages, helps and supports pupils with diabetes to achieve their potential and to participate fully in aspects of School life.
- All Heathcote Preparatory School staff will have a clear understanding, through reading this document and other relevant training of what it means to be a diabetic and what to do in

the event of a pupil having a hypoglycaemic or hyperglycaemic episode and what to do in an emergency.

- **All staff must understand that immediate access to insulin or diabetic snacks is vital. Emergency Medication (GlucaGen Hypokit) is stored in the Medication Fridge in the school kitchen.**
- Pupils' emergency packs are kept out of reach in the child's classroom and will 'travel' with them
- All staff, teaching and non-teaching will be informed of pupils with diabetes in staff meetings, information can be found on the pupil's file on Heathcote Hub and a hard copy filed discreetly in the staffroom
- The school will also inform catering staff of pupils with diabetes in case these pupils have no snacks with them and urgently need something to eat.

Heathcote Preparatory School is committed to working in partnership with all parties to ensure the procedures are adhered to and communicated effectively.

Diabetes Trained Staff
Mrs Kelly Collins
Mrs Amanda Frost
Mrs Samantha Scott
Mrs Diane White
Mrs Lydia Moule
Mr Julien Pennycook
Mr Liam Daniels
Mrs Carole O'Brien
Mrs Tessa Perrett
Mrs Jenny Plumb
Mrs Georgie Deed
Miss Molly Mackenzie

SICKNESS AND DIARRHOEA

Procedures

In developing these procedures, Heathcote Preparatory School has regard to the advice and guidance of the Infection Control Nurses Association. The school recognises its responsibility in dealing with pupils appropriately.

In order to minimise the spread of a gastro-intestinal infection in the school environment we ask that parents adhere to the following guidelines:

- If your child has been unwell at home with sickness and/or diarrhoea please keep your child off school for minimum of **48 hours** following the last episode of illness.
- If your child is sick and/or has diarrhoea at school we will contact you to collect your child as soon as possible. Your child should then remain off school for a minimum **48 hour** period following the last episode of illness.
- When your child returns to school, we do ask that they are well enough to be eating their normal diet. We ask that you keep us informed about how your child is and whether you have had to seek medical advice for the episode.

Legislative and Regulatory Framework

This policy has regard to the following legislation and guidance, as amended:

- Education (Independent School Standards) Regulations 2014
- Early Years Foundation Stage (EYFS) Statutory Framework
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Medicines Act 1968
- Misuse of Drugs Act 1971
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Department for Education guidance: Supporting Pupils at School with Medical Conditions (2015)
- Keeping Children Safe in Education (DfE)
- Relevant NHS and UK public health guidance relating to the management of medical conditions in schools