

Bishop Wilson C. of E. Primary School

Medical Conditions in School

2026



“Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms.”

1 Peter 4:10

Ratified by Governors: March 2026

Policy to be reviewed: March 2027

Medical Conditions Policy 2026

Bishop Wilson C of E Primary School is an inclusive community that welcomes and supports pupils with medical conditions. The school provides all pupils with any medical condition the same opportunities as others at school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

The school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We know how important medication is and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

This policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term conditions and short term medical needs. It meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the statutory guidance on [supporting pupils with medical conditions at school](#) and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

It should be read alongside DfE 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'.

This policy will be reviewed every year and is next due to be reviewed in March 2027.

Concerns and complaints from parents or others should be discussed initially, as appropriate, with the Class Teacher or the Head Teacher. Complaints should follow the process detailed in the complaints policy (available from the Office or on the school's website).

Medical Conditions Policy 2026

Roles and responsibilities

The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to Miss Emma Brown (Deputy Head Teacher and SENCo)

The Head Teacher and SENCo

The Head Teacher and SENCo will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

Staff

Medical Conditions Policy 2026

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

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

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

Parents/carers

Parents/carers will:

- › Provide the school with sufficient and up-to-date information about their child's medical needs
- › Provide evidence of appropriate prescription (by way of label on medicine) where applicable and written permission for medicines to be administered by staff
- › Be involved in the development and review of their child's IHP, and may be involved in its drafting
- › Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Pupils

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

1. Bishop Wilson CE Primary School is an inclusive community that supports and welcomes pupils with medical conditions

- The school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in the school because arrangements for their medical condition have not been made.
- The school will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from the school and the level of that care meets their needs.

Medical Conditions Policy 2026

- Staff understand the medical conditions of pupils at the school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- The school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act (2004) and the Equality Act (2010) relate to children with disability or medical conditions.

2. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

- Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels for example the school website, the school prospectus and stakeholder meetings.

3. All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- The school will, in partnership with parents and health care professionals, give careful consideration to whether an Individual Healthcare Plan (IHP) is appropriate or proportionate. This will be led by the SENCO in consultation with the appropriate healthcare professionals.
- A pupil's Individual Healthcare Plan will explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings and with school staff.

Medical Conditions Policy 2026

4. All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

5. Bishop Wilson CE Primary School has clear guidance on providing care and support and administering medication at school.

- The school understands the importance of medication being taken and care received as detailed in the pupil's IHP or a 'permission to administer medicine' form signed by someone with parental responsibility.
- The school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- The school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
- When administering medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. There will be two members of staff present when medication is being administered. Parents will be informed. The school will not give a pupil under 16 aspirin unless prescribed by a doctor.
- The school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- The school will not require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues (please see intimate care for additional details).
- Parents at Bishop Wilson C of E Primary School understand that they should let the school know immediately if their child's needs change.

Medical Conditions Policy 2026

- If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's managing substance related incidents/behaviour/disciplinary procedures are followed.

6. The school has clear guidance on the storage of medication and equipment at school.

- The school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, if this needs to be locked away it will still be readily available and keys appropriately distributed. Pupils may carry their emergency medication, such as inhalers, with them if they wish/this is appropriate. Emergency medication/equipment is stored in the medical room, additional asthma inhalers will be located in the lower phase kitchen and the DT room in the upper phase..
- Pupils may carry their own medication/equipment if appropriate and consented by parents, or they should know exactly where to access it.
- The school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training and always with a second member of staff to witness and check dosage.
- The school will make sure that all medication is stored safely, and that staff with medical conditions know where they are at all times and have access to them immediately. Auto-adrenaline injectors will be stored in the medical room, inhalers will be kept in a red bag, hanging on the classroom door. This will be taken to PE lessons and out during fire evacuation.
- The school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all long-term medications/equipment at the end of the school term year, and to provide in-date medication when required. It is the responsibility of parents/carers to ensure that medication is in date. When a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.

Medical Conditions Policy 2026

- The school disposes of needles and other sharps by using a sharp box. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of by the parents of the child.

7. The school has clear guidance about record keeping.

- Parents at this school are asked if their child has any medical conditions when they enter school and on an annual basis after this to keep records regularly updated.
- Parents are requested to inform the school immediately if their child develops a medical condition.
- Where appropriate and proportionate, the school uses an IHP (Individual Health Care Plan) to record the support an individual pupil's needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services. Plans will be developed with the pupil's best interests in mind and will set out:
 - What needs to be done
 - When
 - By whom
- The school has a centralised register of IHPs, and the SENCO has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate), parents, specialist nurse (where appropriate) hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- The school makes sure that the pupil's confidentiality is protected. However, parents' requests that wider groups staff know about their child's medical condition will be respected and shared carefully and appropriately.
- The school seeks permission from parents before sharing any medical information with any other party.

Medical Conditions Policy 2026

- The school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff. This is done using Medical Tracker and a notification is sent to parents when the child has had medication.
- The school makes sure that all staff providing support to a pupil have received suitable training and on-going support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence (where appropriate), and the school keeps an up-to-date record of all training undertaken and by whom.

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

- The school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.
- The school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- The school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

Medical Conditions Policy 2026

- The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these (strong parent communication is needed to ensure all needs can be met).
- The school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity (as per their IHP).
- The school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. The school will not penalise pupils for their attendance if their absences relate to their medical condition.
- The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO, who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- The school makes sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

9. The school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks.

- The school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school on their IHP and actively works towards reducing/eliminating these health and safety risks e.g., if a pupil has a severe nut allergy, school may consider asking staff/parents of other children not to bring in peanut butter sandwiches.

Medical Conditions Policy 2026

- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

10 Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- Bishop Wilson C of E Primary School works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Trained designated staff: Staff who are designated to provide medical care for a child will be provided with the appropriate training by health care professionals. They will report back to the SENCO on a regular basis.

All staff (teaching and non-teaching): Are responsible for ensuring that they know the school policy and implement it. They should seek advice or support immediately if they are unsure of the policy or procedure in any instance. No child should ever be excluded from an activity/trip etc. because of a medical condition and a risk assessment should always be completed. Staff have a duty to share or pass on any information they have received from a parent/carer about a child's medical condition.

12 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

Medical Conditions Policy 2026

- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Medical Conditions Policy 2026

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

13. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year or as required.

- In evaluating the policy, the school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the Solihull MBC. The views of pupils with medical conditions are central to the evaluation process.

14. Links to other policies

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

First aid

Health and safety

Safeguarding

Special educational needs information report and policy

Procedure to stop the spread of infectious diseases (appendix 5)

Appendices

Appendix 1: Individual healthcare plan (IHP) template

Appendix 2: Parental agreement for Bishop Wilson C of E Primary School to administer medicine

Appendix 3: Contacting emergency services

Appendix 4: Model letter inviting parents to contribute to individual healthcare plan development

Appendix 5: Procedure to prevent the spread of infection

Appendix 6: Asthma

Appendix 7: AED (Defibrillator)

Appendix 8: Diabetes

Appendix 9: Epilepsy

Appendix 1: Individual healthcare plan (IHP)

Name of school/setting

Bishop Wilson C of E Primary School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

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.

Medical Conditions Policy 2026

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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 pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Medical Conditions Policy 2026

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 2: Parental agreement for Bishop Wilson CE Primary School to administer medicine and record



BISHOP WILSON

BISHOP WILSON CE SCHOOL
CHELMUND'S CROSS
BIRMINGHAM B37 7TR



CONSENT TO ADMINISTER MEDICINES

School staff will not give any medication unless this form is completed and signed.

Dear Head Teacher,

I request and authorise that my child:

Class

Name Date of Birth

Address

Home Phone No

Be given the following *medication/*gives himself/herself (**delete as appropriate*) the following medication:

Name of Medicine

Time of Dose Dose

Start Date Finish Date

Expiry Date

For prescribed medication:

This medication has been prescribed for my child by:

Name of G.P. , whom you may contact for verification. **I have confirmed that it is necessary to give this medication during the school day.**

The medication **must** be in the original container indicating the contents, dosage and the child's full name.

- In the event that my child's adrenaline auto-injector (eg; Epipen, Jext) is not available or unusable, I give permission for a first aider to administer the school's emergency device in response to an allergic reaction. (For children with allergies only.) **Please ensure your child's spare device is left in school at all times.**

Yes/No

Medical Conditions Policy 2026

- In the event that my child's inhaler is not available or unusable, I give permission for a first aider to administer the school's emergency inhaler when required. (Children with asthma only.) **Please ensure your child's spare inhaler is left in school at all times.**

Yes/No

Signed (*Parent/Carer*)

Date

Appendix 3: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number 0121 770 4063 (School) or your mobile if you are using it.
2. your name
3. your location as follows Bishop Wilson C of E Primary School
4. state what the postcode is – B37 7TR
5. provide the exact location of the patient within the school setting *e.g. In class 3B, middle phase/ On the playground near the climbing frame*
6. provide the name of the child and a brief description of their symptoms (Name and age of the child are crucial)
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient (Outside front of school, send member of staff to meet and greet crew)

Appendix 4: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 5: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists, as advised by public health.

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Establishing a daily cleaning routine for:
 - Nappy changing facilities
 - Play areas
 - Toys, activities and equipment

Appendix 6: Asthma

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Staff who have volunteered to assist children with inhalers, will be offered training from the school nurse/other appropriate health professional.

Bishop Wilson C of E Primary School holds salbutamol inhalers for emergency use. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

1. A consent form for staff are assisting pupils with their inhalers from parent/carers should be in place.
2. A register of children in school with asthma is kept. Individual care plans are only in place for pupils have severe asthma which may result in a medical emergency.
3. Inhalers are readily available when children need them. Pupils of year 3 and above are encouraged to carry their own inhalers and a spare inhaler will be kept in the medical room. If the pupil is too young or immature to take responsibility for their inhaler, it is stored in a labelled drawer in the medical room and a spare is requested from parents to be kept in their classroom.
4. Parents/carers are requested to supply a spare inhaler for pupils who carry their own inhalers. This is stored safely in the medical room in case the original inhaler is accidentally left at home or the pupil loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
5. All inhalers should be labelled where possible with the following information:-
 - Pharmacist's original label
 - Child's name and date of birth
 - Name and strength of medication
 - Dose
 - Dispensing date
 - Expiry date

Medical Conditions Policy 2026

6. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name.
7. School staff will take appropriate disciplinary action, in line with the schools Behaviour and Managing Substance Related Incidents policies, if the owner or other pupils misuse inhalers.
8. Parent/carer is responsible for renewing out of date and empty inhalers.
9. Parent/carer should be informed if a pupil is using the inhaler excessively.
10. Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
11. If pupils are going on offsite visits, inhalers MUST still be accessible.
12. School staff have a clear out of any inhalers at least annually. Out of date inhalers, and inhalers no longer needed are returned to parent/carer.
13. Asthma can be triggered by substances found in schools/settings eg, animal fur, glues and chemicals. Care is taken to ensure that any pupil who reacts to these is advised not to have contact with them.

Appendix 7: AED/ Defibrillator

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

Cardiac arrest and heart attacks

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same, and require different interventions. **CPR and/or the use of an AED is not appropriate for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances.** However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately. A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person's life.

Cardiac arrest

Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely. Oxygen will not be able to reach the brain and other vital organs. When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced.

Cardiac arrest can happen at any age and at any time. Possible causes include: • heart and circulatory disease (such as a heart attack or cardiomyopathy) •

- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect)

When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

Heart attack

A heart attack (sometimes referred to as a myocardial infarction), is caused by a clot forming in one of the arteries that supply blood to the heart muscle. This prevents oxygen from getting to a particular region of the heart. As a result, cells in this region start to die. The longer this continues, the more damage is caused to the muscle. This damage is permanent. However, as the heart is still beating, CPR and defibrillation are not appropriate.

Medical Conditions Policy 2026

Not all people experiencing a heart attack will experience pain or discomfort. They will often remain conscious throughout. However, a heart attack is a serious, life-threatening emergency that requires immediate treatment and can trigger a cardiac arrest.

If a person experiences a heart attack, the correct course of action is to call 999 immediately. The person should be made comfortable, ideally seated on the floor supported by a wall or a person knelt behind them, and reassured until the ambulance arrives.

Heart attacks are very rare among children, but the number of incidents in the adult population means that coronary heart disease (the most common cause of heart attacks) is the leading cause of death in the UK.

Common symptoms of a heart attack include:

- chest pain or tightness, like a belt or band around the chest, and which is not relieved by rest
- pain which may spread to neck, jaw, back and arms
- feeling sick, sweaty, short of breath, lightheaded, dizzy or generally unwell along with discomfort in the chest

Defibrillation and cardiopulmonary resuscitation (CPR)

When a person suffers a cardiac arrest, it is essential for effective CPR to be initiated as soon as possible; only dialling 999 should take precedence. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the AED, usually before it delivers a shock. If possible, somebody else should attach the pads to the patient while CPR continues.

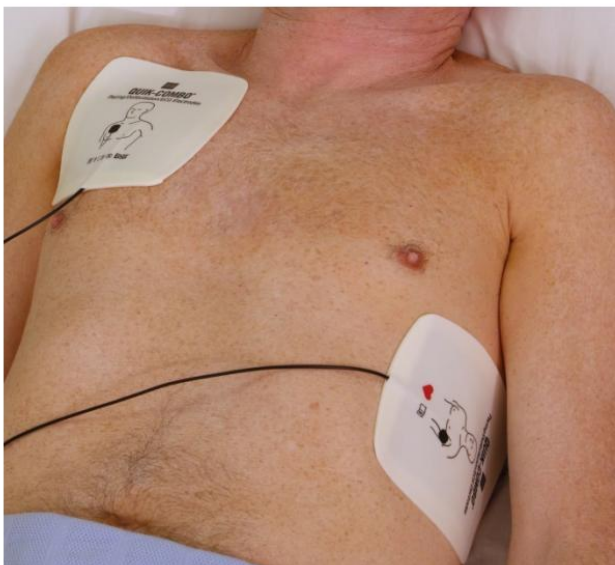


Figure 2: Adult AED pad placement



Figure 3: Paediatric AED pad placement (for use on children aged up to 8 years of age, or weighing under 25 kg)⁶

Reproduced courtesy of the Resuscitation Council (UK)

Medical Conditions Policy 2026

An AED will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR. Some cardiac arrest patients will not present with a shockable rhythm (i.e. one which is suitable for defibrillation), and the AED will not administer a shock. In such cases, it is essential that CPR is maintained until the emergency services arrive.

Appendix 8: Diabetes

Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Treating Diabetes

Children with Type 1 diabetes manage their condition by the following:

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/setting.

Insulin Therapy

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

Insulin pens

The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at all times including on trips.

Medical Conditions Policy 2026

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual health care plan should provide details regarding their insulin requirements.

Insulin pumps

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual health care plan should provide details regarding their insulin therapy requirements.

At Bishop Wilson School, staff working with children with diabetes are trained by the diabetic nurse on how best to manage their diabetes in school. A meeting takes place between the inclusion manager, parent and child to devise an IHP which carefully details the needs of the child and what diabetes looks like for them. Levels are checked regularly and recorded. Glucose intake is adjusted dependent on levels, if blood sugar levels are not secure and school are struggling to balance their levels during the school day, contact will be made with parents. Children will not be stopped from taking part in outdoor activities or trips unless they are not well enough to do so. On a school trip, children will always be accompanied by a trained member of staff, their needs will be addressed on the risk assessment and contact details/ IHPs will be taken.

Appendix 9: Epilepsy

Key elements of support

On average, epilepsy affects one young person in every primary school and five in every secondary school. It is one of the most common long term conditions in childhood.

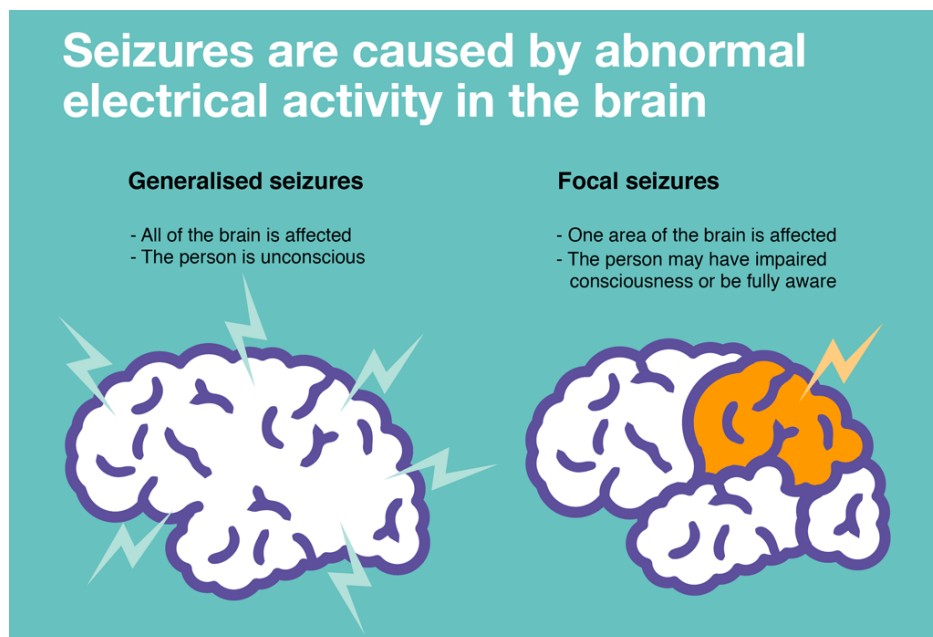
Epilepsy can have a significant impact on a young person, even if seizures are controlled.

Schools should have arrangements in place to ensure that young people with epilepsy are safe and included in all aspects of school life.

Epilepsy is a neurological condition that disrupts the normal electrical activity our brains use to communicate with the rest of the body. This disruption causes seizures.

There are over 40 different types of seizure and every young person's epilepsy is unique to them. In order to be diagnosed with epilepsy, a young person must have had at least two seizures.

In most cases, epilepsy is well managed and seizures are controlled, but it is a very serious condition and can be life-threatening.



<https://www.youngepilepsy.org.uk/guide-for-schools/epileptic-seizures/seizure-types/>

There is often no apparent reason why a seizure occurs at one time and not another. However, some people find that certain triggers make a seizure more likely. These triggers are not the cause of epilepsy, but they may trigger a seizure on some occasions.

Commonly reported triggers include:

- Overtiredness
- Dehydration

Medical Conditions Policy 2026

- Fluctuating blood glucose levels
- Illness or fever
- Stress and anxiety
- Overexcitement
- Changes in medication or missed doses
- Hormonal changes during puberty for both boys and girls, including menstruation
- Flashing or flickering lights
- Alcohol or recreational drugs

Knowing what triggers a seizure can make it easier to predict and hopefully prevent them.

These triggers need to be taken into account when planning activities. If a young person is more likely to have seizures when they are tired, it may be possible to arrange for them to start school later on some days, particularly if they have had seizures overnight. Regular sleep patterns are important so this needs to be taken into consideration when planning residential trips for example. Encouraging young people to eat healthy snacks during break times will keep blood sugar levels balanced. If stress is a significant trigger of seizures then teaching stress management and relaxation skills may be beneficial.

Photosensitive epilepsy

Only about 5% of young people with epilepsy are sensitive to flashing or flickering lights, geometric shapes or patterns. A flicker rate of between 3 and 60 times a second (3-60Hz) is the frequency most likely to cause problems.

Computer screens (including hand held devices) and interactive whiteboards are unlikely to trigger seizures. However, light reflecting on them or images shown on them may be an issue if they are flashing at the rate known to trigger seizures. Other triggers, commonly associated with photosensitive epilepsy include sunlight reflecting on water or passing through blinds, railings or a row of trees.

As with all types of epilepsy, each young person will be affected differently and all relevant information should be recorded on their Individual Healthcare Plan.

What to do if a seizure happens:

The type of epilepsy and seizures that a young person has should be recorded in their Individual Healthcare Plan (IHP). Alongside their ongoing support arrangements, there should be clear instructions of what to do should they have a seizure, as well as an emergency protocol.

All staff should be epilepsy aware and, where appropriate, trained to know exactly what to do if a young person has a seizure. Seizures can be difficult to spot, with absence seizures often being mistaken for daydreaming and focal seizures taken for difficult or unusual behaviour. Even some generalised seizures may be put down to clumsiness or falls.

A good seizure description can help everyone to recognise what happens to that young person and is more useful than just the name of the seizure type(s). Once a good seizure description has been established and recorded in the IHP, school staff will be more aware of what to look out for. If the young person has more than one type of seizure, different medical management may be needed, so they should all be recorded in the IHP.