Wheelers Lane Primary School

Medical Conditions Policy

September 2025

Policy to be reviewed annually

Ratified by the Governing Body on _____

Signature of Chair of Governors _____

Dated: _____

Supporting Children with Medical Conditions Policy

- Administration of medicines
- Allergies
- Asthma
- Defibrillator – AED (Automatic External Defibrillator)
- Diabetes
- Epilepsy
- First Aid
- Individual Health Care Plans

Introduction

Wheelers Lane Primary School is an inclusive community school that aims to support children with medical conditions and aims to provide all children with medical conditions the same opportunity as others at school. Children with medical conditions are encouraged to take control of their condition and the school will support them to do this.

Children with medical conditions will be supported so that they have full access to education, including school trips and physical education.

We believe that medical conditions should not be a barrier to learning. We ensure that staff understand their duty of care to children and young people and in the event of an emergency, know the procedures to follow. Staff have regular training to understand the common medical conditions that affect children in line with health and social care professionals, parents and carers recommendations.

All staff receive regular training for specific needs such as allergic reactions, asthma, and epilepsy. Training specific to managing a child's medical condition will be carried out when any new serious condition is diagnosed, e.g. diabetes management – sufficient staff will be trained to ensure availability of support in case of absence.

Information will be available for supply staff to highlight any child with a specific medical need.
Risk assessments will be carried out prior to school visits and residential visits.
Individual healthcare plans will be created by school nurse

Head Teacher
The Head Teacher has a responsibility to:-

- Ensure that the school is inclusive and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Liaise with interested parties including children, school staff, special educational needs coordinators, pastoral support, welfare officers, teaching assistants, school nurses, parents and governors.
- Ensure that the policy is put into action with good communication of the policy to all.
- Ensure that the information held by the school is accurate and up to date with good information sharing systems in place to use the children's healthcare plans.
- Ensure confidentiality of children's information - in line with GDPR requirements.
- Meet the training and development needs of staff.
- Ensure all staff are aware to the medical needs policy.
- Monitor and review the policy in line with national guidelines.

School staff
All staff have a responsibility to :-

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand and implement the school's medical conditions policy.
- Know which children in their care have a medical condition.
- Understand and implement the child's healthcare plan.
- Enable all children to have immediate access to their emergency medication.
- Maintain effective communication with parents and carers, including informing them if their child has been unwell at school
- Ensure children who carry their medication with them have it when they go on school visits or out of the classroom.
- Be aware of children with medical conditions who may need extra support with their well-being.
- Understand the common medical conditions and the impact they can have on children, adapting learning to suit their needs.
- Ensure all children with medical conditions are included in activities they wish to take part in.
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Only administer prescription medication or undertake a medical procedure if appropriate training has been completed.
- Teachers will be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- Teachers will liaise with parents and carers and other healthcare and educational professionals if a child is falling behind with their work because of their condition.
- Teachers will use opportunities such as PSHE and other areas of the curriculum to raise children's awareness about medical conditions.

First Aider
First Aiders at school have a responsibility to:-

- Give immediate help to casualties with common injuries or illnesses.
- When necessary, ensure that an ambulance or other medical professional is called.

Pupils
The children at our school have the responsibility to:-

- Treat other children with and without a medical condition equally.
- Tell their parents or carers, teacher or nearest staff member if they are not feeling well.
- Let a member of staff know if another child is feeling unwell or are injured.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If appropriate, know how to take their own medication and to take it when they need it.
- Ask for support with their medication if needed.

Parent and Carers
The Parents and Carers of children at our school have the responsibility to:-

- Tell the school if their child has a medical condition.
- Ensure that the school has a complete and up to date healthcare plan.
- Inform the school about the medication their child requires during school hours.
- Inform the school about medication required whilst taking part in visits or other out of school activities.
- Tell the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.

- Where necessary, provide spare medication.
- Ensure that new medication is provided when expiry dates of current medication are near.
- Keep their child at home if they are not well enough to be at school.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professions.

Administering Medicines

Wheelers Lane Primary School will ensure that children with medical conditions receive appropriate care and support at school, in order for them to have full access to education, remain healthy and feel safe. The school is committed to enabling parents and carers to feel confident with the support we provide for their child's medical condition.

All children with medical conditions have access to their medication. All staff understand the importance of medication being taken as prescribed and training is given to staff members who administer medication to children.

- Parents and carers are expected to complete a medication administration form prior to any medication being administered by school staff.
- Parents and carers should notify the school immediately if there is any change to the medication or how it is administered.
- A record is kept of all medication administered – date, time, dose and initials of the member of staff on Medical Tracker.
- Asthma medication is always available for the child to access; there is a back-up inhaler in the school office.
- Antibiotic medication is kept in the school office fridge and administered by a member of the office staff.
- Other prescribed medication is kept securely in the school office and is administered by a member of staff.
- When a child requires medication and is due to be away from school participating in an activity, e.g. school educational visit, the teacher has the responsibility for administering the medication. The administration of medicine is addressed as part of the risk assessment for any off site activity.
- If a child refuses their medication or is unable to take it, staff record this and parents and carers are informed as soon as possible.

Storing medicines at school

- All medications are kept in a labelled bag or have prescription label with the child's name on.
- Medication is stored in accordance with instructions, paying particular attention to temperature.
- All controlled drugs are kept in a secure cupboard in the school office.
- At the end of the summer term all medication dates are reviewed and parents or carers informed of expiry dates, in order for replacements to be arranged.
- Children leaving school have their medications returned to their parent or carer on their last day in school.
- It is the parents' or carers' responsibility to ensure that new and in date medication arrives in school on the first day of the new academic year.

It is the policy of the school that staff should not administer medicines unless:-

- Daily medication is required e.g. for ADHD and a doctors letter states it should be within the school day
- Prescribed medicines e.g. antibiotic, antihistamine
- Emergency medication e.g. for an epileptic episode – only by trained members of staff

A school medicines record sheet is completed and signed by the parent or carer indicating permission for administration, the dosage and time. Staff administering the drug must record on Medical tracker to indicate that it has been given.
Antibiotics - The child should not be in school if they are unwell but should be encouraged to return to school whilst finishing off the course of antibiotics.

Allergic reactions (anaphylaxis)

An allergic reaction occurs when the body's immune system reacts abnormally to a trigger.
Avoidance is the key to good management. If the child avoids contact with their trigger they will not have an allergic reaction.

- Parents or carers should remind the child on a regular basis, of the need to refuse any items of food offered to them by other children.
- Parents or carers should provide school with the appropriate medication for the treatment of their child's allergic reaction.
- The school staff should take all reasonable steps to ensure the child does not eat any items of food unless they have been prepared or approved of by the parents or carers.
- All school trips will require planning – school and parents or carers should discuss and agree appropriate plans and procedures to include provision of food and safe handling and storage of medication.
- When lessons involved food tasting, preparation, cookery or experimentation, discussion with parents will take place beforehand to agree ingredients or suitable alternatives.

The school nurse will provide the school with an individual care plan giving full details of what the child is allergic to, how to recognise, treat and manage their allergy.
All staff are aware of which children are at risk of an allergic reaction and what the management is should any reaction occur.

Annual training is given on the recognition and treatment of an allergic reaction.
A list of trained volunteer staff who are prepared to administer the treatment is kept in school.

Symptoms of an allergic reaction usually develop within a few minutes of the child being exposed to an allergen, although occasionally symptoms can develop gradually over a few hours.

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction becoming life threatening.
They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

Most allergic reactions are mild.
In rare cases, coming into contact with an allergen can lead to severe allergic reaction, called anaphylaxis or anaphylactic shock, which can be life threatening.

Common symptoms of an allergic reaction include:

- sneezing and an itchy, runny or blocked nose
- itchy, red, watering eyes
- wheezing, chest tightness, shortness of breath and a cough
- a raised, itchy, red rash
- swollen lips, tongue, eyes or face
- tummy pain, feeling sick, vomiting or diarrhoea
- dry, red and cracked skin

Possible triggers can include:-

- Insect stings – wasp/bee
- Medication – penicillin
- Foods – peanuts, eggs currently 14 common food allergens
- Latex – disposable gloves, balloons
- Chemical – cleaning products

If someone is having a severe allergic reaction, it is vital that they receive an adrenaline injection. If they have their own adrenaline auto-injector (AAI), this must be given as soon as a severe reaction is suspected to be occurring and an ambulance must be called. The adrenaline should be administered first and an ambulance should be called immediately afterwards.

Treatment

- Try to ensure that a person suffering an allergic reaction remains as still as possible.
- Preferably they should be lying down. If they are feeling weak, dizzy or appear pale and sweating their legs should be raised.
- When dialling 999, say that the person is suffering from anaphylaxis (anna-fill-axis).
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If adrenaline has been given, make a note of the time this was administered.
- A second dose can be given after five minutes if there has been no improvement.
- If the person's condition deteriorates after making the initial 999 call, a second call to the emergency services should be made to ensure an ambulance has been dispatched.
- Send someone outside to direct the ambulance crew when they arrive.
- Try to ascertain what food or substance may have caused the reaction and ensure the ambulance crew knows this.

There are 3 main types of adrenaline auto-injector, which are used in slightly different ways.
These are:

EpiPen, Jext, Emerade

Instructions are also included on the side of each injector if you forget how to use it.

Positioning and resuscitation

- Someone experiencing anaphylaxis should be placed in a comfortable position, most people should lie flat.
- Pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart.
- People having trouble breathing should sit up to help make breathing easier.
- People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin.
- Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.
- If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed immediately.

Asthma

Wheelers Lane Primary School welcomes children with asthma and understands how to manage their needs.

- The school expects and encourages parents and carers to give appropriate information to school regarding their child's asthma and to provide a prescribed inhaler and, if necessary, spacer device.
- The school recognises that pupils need to have immediate access to their reliever inhaler.
- The school will encourage and help children who have asthma to participate fully in all aspects of school life.

On admission to school

All parents and carers will be asked to complete an admission form giving full details of their child's regular medication for asthma, emergency contact details, family GP and any relevant hospital details.

Every child with an asthma diagnosis must have a blue inhaler available in school plus the spacer if this is normally used.

Storage and disposal of medication

All inhaler devices need to be clearly labelled with the child's name.

Reception and Key Stage 1

- Inhalers will be kept in the classroom under the supervision of the teacher.
- All children should have a spare inhaler which will be kept in the school office.
- Inhalers should be easily accessible to the child.
- Any concerns about the child's technique will be referred to the school nurse.

Key Stage 2

- Children are encouraged to become self managing by the end of Year 6 by carrying their own inhaler and using it when needed. Key Stage 2 children will keep their inhaler in the classroom red box.
- All children should have a spare inhaler which will be kept in the main school office.
- Any concerns about the child's technique will be referred to the school nurse.

An emergency inhaler is kept in a wall mounted inhaler box outside the school office.

Most children will not need their blue reliever inhaler on a daily basis, therefore, if a child experiences symptoms and has to repeat the use of their inhaler within four hours, parents and carers will be informed. Parents and carers will always be informed if their child has an asthma attack.

When children leave the premises for any activity, their reliever inhalers will be taken with them.

Parents and carers must check all relievers and spacer devices regularly, confirming that the inhalers are in date and full of medication. Any out of date or empty inhalers will be returned to the parent or carer for replacement.

Exercise and activity

Children with asthma are expected to take part in PE.
The school will make provision for children who need to use their inhaler before exercising.
Reliever inhalers will be taken to different areas used for PE and will be available at all times.

Asthma attacks

In the event of an asthma attack, school staff will follow the procedure outlined in the asthma attack flow chart (appendix 1). This flow chart is displayed in the staffroom and first aid areas.

Training

Staff will have access to regular training updates so that they can recognise and know how to deal with a child having an asthma attack.

Asthma is a common condition affecting around one in ten children. Various trigger factors make the airways over sensitive and the airways become narrow and inflamed. The most common symptoms are a cough, breathlessness, chest tightness and wheeze or a combination of these.

Not all children will respond to the same triggers, however the most common triggers to affect children at school are:-

- Exercise
- Viral infections
- Sudden changes in temperature
- Pollen and mould spores
- Stress, excitement or distress
- Chemicals – cleaning products and toiletries
- House dust mite or dust
- Fur or feathers
- Smoke

Main treatments

- Reliever inhalers – these are usually blue delivery devices. The drug they contain works almost immediately and are normally effective for up to four hours, however, if a child needs to use their reliever inhaler more often, they should be allowed to do so. Parents and carers will be informed as the child will need a medical review. Reliever inhalers work on the tightness or spasm in the airways that occur during an asthma attack. They relax this tightness, “opening up” the airways allowing the child to breathe more easily.

An inhaler must never be locked away in a cupboard or in a locked classroom or kept centrally in school unless it is the reserve inhaler

- Preventer inhalers – these are usually brown, orange, cream, purple or red delivery devices. These inhalers need to be used regularly morning and evening. They work by reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number and frequency of the attacks suffered.

Preventer inhalers do not work during an asthma attack. They are rarely needed at school but will be required for residential visits.

The three typical symptoms in an asthma attack are breathlessness, wheezy breathing and cough. Some children may also complain of a tight chest. Because asthma varies from child to child, it is impossible to give rules that suit everyone, however the following guidelines may be helpful.

Mild :- may involve an increase in coughing, slight wheeze but the child has no difficulty in speaking and is not distressed.
Severe :- the child is in distress and anxious, gasping or struggling for breath and is unable to complete a sentence. They may be pale and sweaty and may have blue lips.

Treating an asthma attack

In any attack, the child must have immediate access to their reliever (blue) inhaler. Mild asthma attacks should not interrupt a child’s participation in school activities. As soon as they feel better, they can return to normal school activities.

In the event of an asthma attack

- Stay calm and reassure the child
- Help the child to :-
    - Breathe slowly
    - Sit upright or lean forward
    - Loosen tight clothing

- Help the child to take their reliever (blue) inhaler preferable through a spacer device.
- Repeat reliever inhaler as required until the symptoms stop.
- Stay with the child until the attack has finished.
- If the child requires repeat reliever medication within four hours, allow them to do so but notify parents and carers immediately.

In the event of a severe asthma attack

Always call for an ambulance if any of the following occur:-

- There is no significant improvement in the child's condition 5 – 10 minutes after using their reliever (blue) inhaler.
- The child is distressed and gasping or struggling for breath.
- The child cannot complete a sentence.
- The child is showing signs of fatigue or exhaustion.
- The child is pale, sweaty and may be blue around their lips.
- The child is exhibiting a reduced level of consciousness.
- There are any doubts about the child's condition.

Whilst waiting for an ambulance to arrive

- Stay calm and reassure the child.
- The child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms stop.
- If the child has a spacer device and a reliever inhaler available, give up to ten puffs, one puff every minute (shaking the inhaler between each puff).
- If the child's condition is not improving and the ambulance service has not arrived, this may be repeated.
- Ensure the child's parent or carer is contacted.

Defibrillators - AED *(Automatic External Defibrillator)*

The school has an Automatic External Defibrillator that is located outside the school office. It has been purchased in line with the DFE publication Automatic External Defibrillators, a guide for schools (Feb 2018) which shows that the use of an AED can significantly increase the chances of resuscitation if a person is having a cardiac arrest.

Before an AED is used, the emergency services should be alerted by dialling 999.

The AED will analyse the individual's heart rhythm and apply a shock to restart it, or advise that CPR (cardiopulmonary resuscitation) should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened. These include positioning and attaching the pads, when to start or restart CPR and whether or not a shock is advised.

Training is not required to use this device.

In the event that the AED is used in a resuscitation, the school will ensure that the AED is ready for further use by replacing the pads or other consumables and checking that it is operating correctly without any warning lights.
The information stored on an AED after use can inform further care of the patient, so the school should contact the local ambulance service to arrange for them to download the data. The AED can continue to be used whilst waiting for this to take place.
The DFE guidance states: “AEDs are safe to use for all those involved, and will give a verbal warning instructing the rescuer to stand back when analysing heart rhythm and prior to delivering a controlled electric shock. A rescuer may accidentally be subjected to a defibrillation shock if he or she does not heed this warning, but this is unlikely to cause significant harm.

Standard AEDs are suitable for use on people of all ages, except small children aged under 12 months. For children aged 1–8, it is recommended that AEDs be used in paediatric mode or with paediatric pads. However, adult pads may be used if paediatric pads are not available.
Rescuers are able to use an AED on a pregnant woman in cardiac arrest, as resuscitation of the pregnant mother is the only way to keep her unborn child alive. Early defibrillation can therefore help provide the best chances of survival for both the unborn child and the mother. When calling 999, it is advisable to notify the operator that the casualty is pregnant as this may determine which response crew or vehicle is required.

In the event of a cardiac arrest, an AED is a medical device that can be used to give an electric shock to a person to restore their normal heart rhythm.
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.

Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early 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 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.

The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.
There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest.
They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.

2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only 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.

3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.

4. Early post-resuscitation care – to stabilise the patient. Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life.

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.

After an incident

Assisting an individual who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer need support after an incident, they can seek help from their GP and talk to someone in school.

Schools should also be aware that where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reporting requirements will differ according to whether the individual suffering the cardiac arrest is an employee (e.g. a teacher or member of support staff) or a non-employee (e.g. a pupil, parent or visitor). Further information can be found in the Health and Safety Executive guidance on incident reporting in schools

Diabetes

Type 1 and **Type 2**.
Most children in school will have Type 1 diabetes, which is a serious, lifelong condition where your blood glucose level is too high because your body cannot make a hormone called insulin.

How can diabetes affect a student's learning?

Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it's not managed.
It is really important that a child is supported at school so they can manage their diabetes and get the most out of being at school.
Some children with diabetes will have more absences than other students. This will not be the case for every child with diabetes, but if they do take time off for hospital appointments or feeling unwell because of diabetes, it is important they do not get penalised for this where possible.
It is the parent's or carer's responsibility to tell you that their child has diabetes as soon as possible.

An Individual Health Care Plan should be written to ensure that a child's diabetes in managed properly during school time. Together, the parents or carers and Diabetes Specialist Nurse will complete a Care Plan that sets out what support the child will need in school. This will then be circulated to all relevant members of staff. This will be updated annually by the parent or carer and agreed by the Diabetes Team and the school.

You should feel happy and confident that your communication with the child, their parents or carers and diabetes team is constructive and regular.

Training and support

At least two members of staff in school are fully trained to support a child and their diabetes. It is important that all members of staff have a general awareness training too, the specialist nurse should do this training.

What is Diabetes?

Type 1 diabetes is a condition resulting from destruction of the insulin-producing cells of the pancreas in children and young adults. Insulin is a hormone which helps the body to use glucose contained in foods. Without insulin, the glucose from the food cannot be used and the level will rise in the bloodstream. This causes tiredness, weight loss, excessive thirst and frequency of passing urine.

How is it managed?

Although diabetes cannot be cured, it can be treated effectively. The aim of treatment is to keep the blood glucose levels close to normal range (4-7 mmol/l).
This involves:

- Usually at least 4 injections of insulin a day or the use of an insulin pump.
- Regular meals containing carbohydrate and possibly snacks in between.
- Finger prick or sensor device to carry out blood checks before each meal and at any other time when necessary.

Good blood glucose control will reduce the risk of later complications and will reduce the risk of the child's condition affecting their learning.

Care required within schools and early years setting

Schools are not required to do anything over and above care that is generally provided in the home. Support will always be provided by parents or carers and by the Diabetes Team. Problems can occur if blood glucose levels are not kept within target levels and it is therefore essential that all school staff have an awareness of this medical condition and the child's needs during the school day. In addition, 2-4 volunteers will be trained in the specifics of the care, including blood glucose checking and giving insulin.

Blood glucose checking

Regular finger-prick blood glucose checking is essential to monitor the effectiveness of diabetes management. If blood glucose levels are too high or low this can cause short-term and long-term problems including affecting eyes and kidneys. Children and young people generally have their

blood glucose levels checked before a morning snack, before lunch, before and after sport and sometimes before leaving school to go home. This is done using a finger prick device (with a self contained drum of lancets). These devices are intended for self monitoring on an individual person only. The results need to be acted upon if outside the target range (either less than 4mmols/l or greater than 14 mmols/l). Details for the individual can be found in the child's Care Plan.

Some young people using insulin pump therapy also use continuous glucose monitoring. These devices will show current glucose levels and will alarm when glucose levels are outside of range. Training will be provided on the use of these devices where required.

Insulin needs to be given with all food, snacks and carbohydrate containing drinks unless the food or drink is given as treatment for a low blood glucose level or is used to prevent hypoglycaemia when undertaking exercise. Insulin doses are best given before meals, but younger children who do not always finish their lunch can have their insulin after their meal. Arrangements for administering insulin will be detailed in the child's Care Plan.

Activity and exercise within the school environment

It is important that children with diabetes participate in physical activity, for their long-term health. Activity may affect blood glucose levels, depending on the intensity, duration and how close the activity is to insulin dosages. Details of how to manage the blood glucose checking, food and insulin doses will be given in the child's Care Plan.

Basic requirements of the School

All children with diabetes regardless of their age need help and support with their diabetes in school, from all staff who come into contact with the child. All staff will also need to understand how to recognise and treat a low blood glucose level.

Training of Nominated School staff in specific support

Particular help is required at meal times and other blood checking times from volunteers who will be specifically trained.
Depending upon the child's age this will involve :-

- Supervise or perform blood glucose checking and recording of results.
- Supervise or perform insulin injections or supervising a dose using an insulin pump.

All volunteers will be fully trained by the Diabetes Specialist Nurse and it is only when the parent or carer, Specialist Nurse and the volunteer are happy that they are able to perform these tasks on their own, that this will be requested of them. Annual updates of training will be offered to all volunteers by the Diabetes Specialist Nursing team.

Children and young people should be supported to manage their own diabetes at school with parent or carer consent, appropriate for the child's developmental stage and his or her experience with diabetes. The extent of the child's ability to participate in diabetes care should be risk assessed and agreed upon by the school personnel, the parent or carer, and the Diabetes Specialist Nurse. The ages at which children are able to perform self-care tasks are very individual; a child's capabilities and willingness to provide self-care should be acknowledged in the their Care Plan. During the second term of Year 6 the child should be allowed to undertake their diabetes care without supervision, provided this has been agreed by parents or carers, diabetes nurse specialist and school.

Epilepsy

As one of the most common neurological conditions in the UK, epilepsy affects around 42,000 children within schools; it is the school's responsibility to ensure that these children are supported and all staff are aware of their responsibilities in relation to helping children manage their condition.

What is epilepsy and what does it look like

- Epilepsy is a descriptive term not a specific illness or disease it is a neurological condition causing seizures, which are commonly known as fits, and temporary disruption to the way in which the brain normally works.
- There are many different types of seizures which can be classed by which parts of the brain the epileptic activity occurs in.
- Seizures commonly last between a few seconds and several minutes – afterwards, the body will usually return to normal.

Classifications of seizures

- The type of seizure is an indication of where in the brain the seizure activity begins.
- Seizures present in different ways. It is therefore important to obtain as much information as possible from parents or carers as to what their seizure looks like and how quickly the child recovers.
- An individual care plan for each child, developed in partnership with the parents or carers, school nurse, school, and specialist nurse where appropriate, is essential.

Tonic-clonic seizure –
These are the most widely recognised type of seizure. A child experiencing this type of seizure will lose consciousness and fall to the ground – their body will be stiff and limbs will jerk. After the seizure, their consciousness will return, but they may show signs of confusion and tiredness. They may have soiled themselves during the seizure. Children will need a rest following this type of seizure, and may need to go home.

Absence seizures –
These seizures are most common in children between the ages of 6 and 12. During this seizure, the child will briefly lose consciousness, but will not lose muscle tone or collapse – they may appear to be daydreaming or distracted for a few seconds. Absence seizures commonly cause children to become confused about what is happening around them and can impact on their learning.

Focal (partial) seizures –
These seizures can often be difficult to recognise – the child's consciousness may be affected and they may not be sure of what is happening around them. They may repeat actions such as swallowing, scratching or looking for something and can often be interpreted as episodes of bad behaviour rather than a seizure. It is important to assist the child in these situations and reassure them.

Myoclonic seizures –
These seizures can affect the whole body, but are usually restricted to one or both arms, and sometimes the head. During these seizures, the child may experience a single jerk, or continuous jerking for a period of time. As these mostly occur in the morning, staff should be aware that a child may be tired or have lack of concentration when beginning the school day.

Atonic seizures –
These cause a child to loose muscle tone and fall to the ground without warning, often resulting in injuries to the face and head. Children who experience these seizures need to wear protective headgear to avoid injuries.
Staff need to understand the triggers which can make a seizure more likely to occur, this can include:-

- Excitement or anxiety when first starting school
- Flashing or flickering light for those with photosensitive epilepsy
- Stress or lack of sleep

Learning and behaviour

- Epilepsy often has an effect on a child's learning and behaviour, such as tiredness and lack of concentration; the school will aim to make reasonable adjustments and offer additional support.
- The SENCO will request an EHCP needs assessment for the child to decide whether they require additional support.
- The school understands that children with epilepsy may require additional support for tests, such as applying for extra time. The school will also consult relevant medical professionals to determine which support is most appropriate for the child during examinations.

Day trips, residential visits and sporting activities

- The school believes that every child with epilepsy should be able to participate fully in all curriculum activities, including day trips, residential visits and other sporting activities.
- Children with epilepsy will be supported to participate in these events – any pre-determined adjustments required will be detailed on the child's care plan.
- Prior to any activity taking place, the school will conduct a risk assessment to identify if any further reasonable adjustments are required to enable children with epilepsy to participate. In addition to this risk assessment, advice is sought from parents or carers and relevant medical professionals.

Emergency procedures

All staff will be able to recognise what is happening and will respond promptly by:-

- Calling the emergency services or
- Arrange for the designated member of staff to provide emergency medication to the pupil child or
- Arranging appropriate first aid if the child has been injured.

An ambulance will always be called in the following instances:-

- The seizure continues for longer than usual for that specific child, or more than five minutes for any child.
- One seizure follows another without the child regaining consciousness in between.
- The child is injured following a seizure.
- The child has difficulty breathing.
- Staff believe the child needs urgent medical attention.

If a child needs to be taken to hospital, a member of staff will contact their parent or carer immediately and will wait with the child until their parent or carer arrives – if necessary, the staff member will accompany the child to the hospital.

If a child experiences a seizure that does not require emergency medical attention, parents or carers will be contacted.

All children are informed in general terms of how to respond in an emergency i.e. by informing a member of staff.

First Aid

Wheelers Lane Primary is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting employees, children and visitors. The school will take every reasonable precaution to ensure the safety and well-being of all staff and children. The school will ensure compliance with relevant legislation with regard to the provision of first aid for all employees

and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may be affected by the activities at school.

First aid needs assessments will determine the first aid provision requirements for this school:

- Ensuring that there the required number of trained first aid staff on duty and available for the numbers and risks on the premises.
- Ensuring that there are accessible, suitable and sufficient facilities and supplies available to administer first aid.
- Anyone on the school premises is expected to take reasonable care for their own and others' safety.
- First aid boxes are checked termly by lunchtime supervisors or office staff and are restocked as required – as soon as possible after use.
- First aid supplies are located on the playground medical room and the medical area at the end of Year 1 and 2 corridor. Additional supplies are located outside the office.

First Aiders

- The main duties of the first aiders are to give immediate first aid to children, staff or visitors and to ensure that an ambulance or other professional medical help is called when necessary.
- First aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the Head Teacher.
- The current appointed person is Mrs Anne Bates – Senior Office Manager.

Emergency procedure in the event of an accident, illness or injury

- If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance or calling for a first aider.
- If called, a first aider will assess the situation and take charge of first aid administration.
- In the event that the first aider does not consider that he or she can adequately deal with the presenting condition by the administration of first aid, then he or she should arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury, one or more of the following actions will be taken:-

- Administer emergency help and first aid – preserve life, prevent the injury from becoming worse, promote recovery.
- Call an ambulance; move the person to medical help – if safe to do so.
- Ensure that the scene of the accident is made safe to ensure no further accidents occur.
- Ensure that any children who may have witnessed the accident or its aftermath and who may be worried or traumatised are taken away from the accident scene and are comforted. Younger or more vulnerable children may need parental support and should be called immediately.

Reporting to parents

- In the event of an incident or injury to a child, at least one of the child's parents or carers must be informed as soon as possible - this will usually be by an email from Medical Tracker.
- Parents or carers must be informed by email using Medical Tracker and for any injury to the head, minor or major an additional phone call will be made to parents.
- All contact details are kept on SIMS and paper copies are also held in the school office.

Visits and events off site

Before undertaking any off site events, the teacher organising the trip or event should risk assess the level of first aid provision required for the event and people involved. This will reviewed by the Head Teacher and Lee Wright - Assistant Head Teacher before the event takes place.

Individual Healthcare Plans (IHP)

IHPs are to effectively support children with medical conditions in accessing the curriculum and wider school life.

- The school will work alongside parents or carers and other health professionals to create an IHC plan – this will be reviewed in order to ensure the management remains current.
- Parents or carers are responsible for ensuring the information contained is accurate and up to date.
- The information contained on the individual healthcare plan is shared with appropriate and relevant members of staff – ensuring confidentiality is maintained.
- The healthcare plan information is shared with emergency professionals if required.