COGNITA

Pupil Health & Wellbeing Policy

04/09/2026

England

1 Policy Statement

1.1 The school is committed to the health and wellbeing of all its pupils. We believe that all pupils have the right to feel safe, happy and supported in school. We also believe that pupils have a responsibility to look after their own health and wellbeing. The school will work with pupils, parents and carers to ensure that all pupils have the opportunity to achieve their full potential.

1.2 This policy sets out the school's approach to health and wellbeing. We have a responsibility to promote the health and wellbeing of all pupils. This includes:

- Creating a safe and supportive environment for all pupils
- Providing opportunities for pupils to learn about health and wellbeing
- Identifying pupils with medical conditions and mental health needs
- Ensuring that all staff are aware of the needs for pupils with medical conditions and mental health needs, including access to medication, equipment and facilities
- Communicating with and working in partnership with parents and carers
- Providing training for staff on health and wellbeing
- Liaising with external agencies to provide additional support for pupils with medical conditions and mental health needs

1.3 The school will implement this policy by:

- Developing a whole school approach to health and wellbeing, which includes the needs of pupils with medical conditions and mental health needs
- Promoting healthy lifestyle choices among pupils, including regular physical activity and a balanced diet
- Providing support for pupils with medical conditions, including the provision of medication and individual healthcare plans where necessary
- Providing support for pupils with mental health needs, including the provision of counselling services and access to mental health services
- Promoting the emotional wellbeing of pupils through the provision of a safe and supportive learning environment and pastoral support
- Developing a system for recording and managing the health needs of pupils
- Involving parents/carers in promoting the health and wellbeing of their children

1.4 The school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions and mental health needs who currently attend and to those who may enrol in the future. The school aims to provide all children with medical conditions and mental health needs the same opportunities as others at school. We will help to ensure they can fulfil their academic potential as healthy citizens in the school community.

1.5 Staff understand the medical conditions and mental health needs of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence. All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

1.6 The school understands that certain medical conditions and mental health needs are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. All staff understand the common medical conditions and mental health needs that affect children at this school. Staff receive training on the impact this can have on pupils.

1.7 The pupil health and wellbeing policy is understood and supported by the whole school and local health community.

1.8 We recognise our duties as detailed in Section 100 of the Children and Families Act 2014. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with the duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs Policy.

1.9 The appendix to this policy provides more information on the support that the school can provide for pupils with specific medical conditions. This includes information on:

- Medication
- Equipment
- Facilities
- Training for staff
- Working with parents and carers
- Liaising with external agencies

1.10 This policy applies to all pupils, including those in the Early Years.

Key personnel	
Headteacher	Aidan Sproat-Clements
Health & Wellbeing Coordinator	Tabatha Cockerill (Educational Welfare Officer)
First aid co-ordinator	Joshua Wilkinson
First aiders	PE Staff, Vanessa Waysome (DSL), Ariana Oliver (DDSL)
Staff with specific training to administer specific medication (where required)	Vanessa Waysome (DSL)

2 Roles and Responsibilities

2.1 This school works in partnership with all interested and relevant parties including all school staff, parents, employers, community healthcare professionals, catering staff and pupils to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the pupil health and wellbeing policy at this school. These roles are understood and communicated regularly.

2.2 The Headteacher/Principal will:

- Ensure the Health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils).
- Ensure responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure the pupil health and wellbeing policy and associated risk assessments are inclusive of the needs of pupils with medical conditions and mental health needs.
- Ensure the pupil health and wellbeing policy is effectively monitored and evaluated and regularly updated.
- Provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.
- Ensure the school is inclusive and welcoming and that the pupil health and wellbeing policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support, teaching assistants, school nurses, parents, employers, the school health service, and local emergency care services.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place (noting this is reliant on parents updating information).
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply teachers and new staff know the pupil health and wellbeing policy.

2.3 All school staff will:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and mental health needs and know what to do in an emergency.
- Understand the school's pupil health and wellbeing policy.
- Know which pupils in their care have a medical condition or mental health need and be familiar with the content of the pupil's Individual Healthcare Plan (IHP) – including emergency action plans and medical risk assessments where required.
- Allow all pupils to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions or mental health needs who may need extra support.
- Understand the common medical conditions and mental health needs and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- Ensure all pupils with medical conditions or mental health needs are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

2.4 All teaching staff will:

- Ensure pupils who have been unwell catch up on missed school work.
- Be aware that medical conditions and mental health needs can affect a pupil's learning and provide extra help when pupils need it.
- Liaise with parents and the School Nurse/First Aid Coordinator.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions and mental health.

2.5 The School Nurse or First Aid Coordinator will:

- Help update the School's pupil health and wellbeing policy.
- Help provide regular training for school staff in managing the most common medical conditions and mental health needs at school.
- Provide information about where the school can access other specialist training.

2.6 First aiders will:

- Ensure immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- Ensure, when necessary, an ambulance or other professional medical help is called.

2.7 Special educational needs coordinators will:

- Ensure that they know which pupils have a medical condition or mental health need and which have special educational needs because of their condition.
- Ensure staff make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

2.8 Pastoral support will:

- Know which pupils have a medical condition or mental health need and which have special educational needs because of their condition.
- Ensure all pupils with medical conditions or mental health needs are not excluded unnecessarily from activities they wish to take part in.

2.9 Pupils will:

- Treat other pupils with and without a medical condition or mental health need equally.
- Tell their parents, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.
- Let any pupil take their medication when they need it, and ensure a member of staff is called.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Ensure a member of staff is called in an emergency situation.

2.10 Parents/carers will:

- Tell the school if their child has a medical condition or mental health need.
- Ensure the school has a complete and up-to-date Pupil Health Record Form for their child on a regular basis and is updated with contact details
- Inform the school about any medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication
- 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.

- Provide the school with appropriate medication labelled with their child's name, in original container and containing the medicine information leaflet.
- Ensure that their child's medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school.
- Ensure their child catches up on any school work they have missed.

3 Communication Plan

3.1 Pupils are informed and reminded about how the policy can support them and their specific need:
- in assemblies;
- in the school newsletter at several intervals in the school year; and
- in personal, social and health education (PSHE) classes.

3.2 Parents are informed and regularly reminded about the pupil health and wellbeing policy:
- at the start of the school year when communication is sent out about Pupil Health Record forms;
- in the school newsletter at several intervals in the school year;
- when their child is enrolled as a new pupil; and
- via the school's website, where it is available all year round.

3.3 School staff are informed and regularly reminded about the pupil health and wellbeing policy:
- via the school VLE;
- at scheduled medical conditions or mental health training;
- through the key principles of the policy being displayed in several prominent staff areas around the school; and
- all supply and temporary staff are informed of the policy and their responsibilities.

4 Review

4.1 In evaluating the policy the school seeks feedback from key stakeholders including pupils, parents/carers (where applicable), school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions and mental health needs are central to the evaluation process. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Head teacher.

5 Individual Healthcare Plans (IHPs)

5.1 All pupils with a medical condition should have an IHP.

5.2 An IHP details exactly what a child needs in school, when they need it and who is going to give it.

5.3 It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

5.4 This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professional, ideally a specialist if the child has one.

5.5 Once completed, a copy of this should be kept in the Medical Folder in/near the Medical/First Aid Room.

5.6 Pupils with an IHP may also require an Emergency Action Plan and a Medical Risk Assessment. Copies of these should also be kept in the Medical Folder and available on Medical Tracker.

6 Emergency Procedures and Training

6.1 All staff including temporary or supply staff at the school are aware of the most common serious medical conditions at the school. Staff at the school understand their duty of care to pupils in the event of an emergency. All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

6.2 If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows. Staff should not take pupils to hospital in their own car.

6.3 The pupils IHP and Emergency Action Plan should inform what help they need in an emergency. The school has procedures in place so that a copy of the pupil's IHP and Emergency Action Plan is sent to the emergency care setting with the pupil. Parental consent will be sought and recorded in the IHP for sharing the IHP and Emergency Action Plan with emergency case settings. All staff who work with groups of pupils at the school receive training and know what to do in an emergency for the pupils in their care with medical conditions. Training is refreshed for all staff at least once a year.

7 Administration of Medication

7.1 **Administration – Emergency Medication**

All pupils at this school with medical conditions have easy access to their emergency medication. All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff to assist in helping them take their medication safely.

7.2 **Administration – General**

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at the school. This school understands the importance of medication being taken as prescribed. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Many other members of staff are happy to take on the voluntary role of administering medication. Any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent. Training is given to all staff members who agree to administer medication to pupils and where specific training is needed.

7.3 All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

7.4 In some circumstances medication is only administered by an adult of the same gender as the pupil and preferably witnessed by a second adult.

7.5 Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

7.6 If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

7.7 All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

7.8 If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

8 Use of school supply Adrenaline Auto-Injectors (AAI)

8.1 From 1 October 2017, schools can now purchase spare adrenaline auto-injectors for use on children with serious allergies in emergency situations without prescription, for use in situations where the device is potentially not available, not working or out of date. However this is considered a spare/back up device and not a replacement for a pupil's own AAI(s)The school will follow the guidance issued by the Department of Health dated 15 September 2017.

8.2 A register of pupils who have been prescribed AAI(s) or where a doctor has provided a written Emergency Action Plan plan recommending use of AAI(s) to be used in event of anaphylaxis will be in place at the school.

8.3 Written consent will be sought from the pupil's parent/guardian for the use of spare AAI(s) as part of a pupils Individual healthcare plan and Emergency Action Plan.

8.4 Training for staff on use of the AAI is included in approved first aid training courses as detailed in the First Aid Policy.

8.5 Storage of these auto-injectors will be in line with the Storage of Medication section below.

9 Use of school supply Salbutamol inhalers and spacer devices

9.1 From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

9.2 The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the 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.

9.3 The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty.

9.4 A register of pupils who have been diagnosed with asthma or prescribed a reliever inhaler will be in place at the school.

9.5 Appropriate support and training will be provided for staff in the use of the emergency inhaler in line with the schools Pupil Health and Wellbeing Policy.

10 Overseas Medicines

10.1 Pupils returning from overseas and who bring in medication obtained from another country must be willing to provide, from the prescriber, written details of the name, nature, dose and quantity of drug(s) supplied. These must be written or translated into English, and permission must be sought from the school for the pupil to continue taking them whilst under the care of school. If this is not granted, but the pupil continues to use the medication, parents/carers will be informed and will be expected to assume full responsibility/liability if the pupil continues to take them. Storage, administrating and procedures for such medicines remain the same. Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

11 Storage of Medication

11.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

11.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

11.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

11.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container within a locked cupboard or room and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The Controlled Drug Recording Book must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and be logged in the Controlled Drug Recording Book.

11.5 Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

11.6 We will keep medicines securely locked and only named staff will have access, apart from Adrenaline Auto-injectors, Asthma inhalers and Diabetes hypo kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school. This information will be stored on Medical Tracker.

11.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

12 Record Keeping

12.1 Parents at this school are asked if their child has any health conditions or health issues on the Pupil Health Record Form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on Pupil Health Record Forms.

12.2 IHPs are used to create a centralised register of pupils with health needs. An identified member of staff has responsibility for the register at this school.

12.3 If a pupil has a short-term medical condition that requires medication during school hours, a Permission to Administer Medication form plus explanation is sent to the pupil's parents to complete.

12.4 Parents at this school are regularly reminded to update their child's IHP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Every pupil with an IHP at this school has their plan discussed and reviewed at least once a year.

12.5 Parents and pupils at the school are provided with a copy of the pupil's current agreed IHP and are kept in a secure central location at school. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' IHP/Emergency Action Plan and Medical Risk Assessment. All members of staff who work with groups of pupils have access to the IHPs/Emergency Action Plans and Medical Risk Asessments of pupils in their care. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the IHPs/Emergency Action Plans and Medical Risk Asessments of pupils in their care.

12.6 The school ensures that all staff protect pupil confidentiality and the school seeks permission from parents before sharing any medical information with any other party.

12.7 If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Pupil Health Record Form giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.

12.8 This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Staff understand where to find further information on specific medical conditions within the school.

12.9 This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had or are required to sign an attendance record. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

12.10 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

13 Residential Trips

13.1 Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

13.2 All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's IHP, Emergency Action Plan and Medical Risk Assessment.

13.3 All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

13.4 The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

14 Whole School Environment Inclusive and Favourable to Pupils with Medical Conditions and Mental Health Needs

14.1 The school is committed to providing a physical environment that is accessible to pupils with medical conditions and mental health needs. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible. The school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

14.2 The school ensures the needs of pupils with medical conditions and mental health needs are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

14.3 All staff at the school are aware of the potential social problems that pupils with medical conditions and/or mental health needs may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions and mental health needs amongst pupils and to help create a positive social environment.

14.4 The school understands the importance of all pupils taking part in sports, games and activities. The school ensures all those who teach PE and games make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

14.5 The school ensures all those who teach PE and games understand that pupils should not be forced to take part in an activity if they feel unwell. All those who teach PE and games are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities. The school ensures all those who teach PE and games are aware of the potential triggers for pupils' medical conditions or mental health when exercising and how to minimise these triggers.

14.6 The school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed. The school ensures all pupils with medical conditions and mental health needs are actively encouraged to take part in out-of-school clubs and team sports.

14.7 The school ensures that pupils with medical conditions and mental health needs can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all staff at the school understand that this may be due to their medical condition or mental health.

14.8 Staff at the school are aware of the potential for pupils with medical conditions and mental health needs to have special educational needs (SEN). Pupils with medical conditions or mental health needs who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and first aid coordinator to ensure the effect of the pupil's condition on their schoolwork is properly considered.

14.9 Pupils at the school learn about what to do in the event of a medical emergency.

14.10 Risk assessments are carried out by the school prior to any out-of-school visit where medical conditions and mental health needs are considered during this process. Factors the school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. The school considers additional medication and facilities that are normally available at school.

15 Common Triggers

15.1 The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. School staff have been given training on medical conditions and mental health needs. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions and mental health needs.

15.2 The school has a list of common triggers for the common medical conditions at this school. The school has written a Trigger Reduction Schedule and is actively working towards reducing or eliminating these health and safety risks. Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

15.3 The school uses the IHPs to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

15.4 Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with health needs.

15.5 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

Appendices

Policy Statement on Anaphylaxis

The school recognises that anaphylaxis is a potentially life-threatening condition affecting some school children and positively welcomes pupils with anaphylaxis.

What is Anaphylaxis?
Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something they are allergic to (known as an allergen). Reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later. Anaphylaxis is potentially life-threatening and always requires an immediate emergency response.
The common causes of anaphylaxis include foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit, although many other foods have also been known to trigger anaphylaxis. Some people can react to tiny amounts of food, although this rarely causes a very severe reaction. Non-food causes include wasp or bee stings, natural latex (rubber), and certain drugs such as penicillin. In some people exercise can trigger a severe reaction – either on its own or in combination with other factors such as food or drugs (for example, aspirin).

Medication
All pupils with anaphylaxis should always carry their emergency medication (adrenaline auto-injectors x2) with them or know where to access medication in an emergency.
The Human Medicines (Amendment) Regulations 2017 now allows schools to obtain, without a prescription, "spare" AAI devices for use in emergencies**,** if they so wish. "Spare" AAIs are in addition to any AAI devices a pupil might be prescribed and bring to school. The "spare" AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

School considerations
The school uses a Trigger Reduction Schedule to reduce the likelihood of a pupil coming into contact with an allergen that they are allergic to. This includes being a nut aware school.

Policy Statement on Asthma

The school recognises that asthma is an important condition affecting many school children and positively welcomes pupils with asthma.

What is Asthma?
Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. The symptoms include coughing, wheezing, chest tightness and shortness of breath though not all children with have all of these symptoms. The airways can also become red and inflamed. Asthma is made worse by exposure to asthma triggers such as cold, exercise and environmental triggers such as pollen and mould.

Asthma varies in severity. Some children will experience an occasional cough or wheeze whereas for others the symptoms will be more severe. Avoiding known triggers where practicable and taking the correct medication can often control asthma effectively. However, some children with asthma will need to take time off school or have disturbed sleep as a result of their asthma symptoms.

Medication
Most children with asthma are prescribed the two main types of asthma inhaler: reliever inhalers such as salbutamol help to relieve symptoms when they happen; preventer inhalers help to protect the airways and reduce the chance of getting asthma symptoms. Children will commonly use their inhaler with a device called a spacer.
All pupils with asthma should carry their reliever inhaler with them at all times or know where to access medication in an emergency.
From 1 October 2014 UK schools have been allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

School considerations

Taking part in sports, games and activities is an essential part of school life for all pupils. Pupils with asthma are encouraged to participate fully in all PE lessons. There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma.

Policy Statement on Type 1 Diabetes

The school recognises that diabetes is an important condition affecting some school children and positively welcomes pupils with type 1 diabetes.

What is type 1 diabetes?
Type 1 diabetes is a serious, lifelong condition where your blood glucose level is too high because your body cannot make a hormone called Insulin. When you have Type 1 diabetes, your body attacks the cells in your pancreas that make insulin, so you cannot produce any insulin at all. And we all need insulin to live. It does an essential job. It allows the glucose in our blood to enter our cells and fuel our bodies.
When you have Type 1 diabetes, your body still breaks down the carbohydrate from food and drink and turns it into glucose (sugar). But when the glucose enters your bloodstream, there is no insulin to allow it into your body's cells. More and more glucose then builds up in your bloodstream.

Medication
If you have Type 1 diabetes, you need to use insulin to treat your diabetes. You can take the insulin by injection and you would usually inject insulin four (or more) times a day with an insulin pen. Some children use an insulin pump rather than an insulin pen. The pump gives doses of rapid-acting insulin throughout the day and night. You can also change the dose to provide more insulin if they have something to eat or if their blood sugar level rises too high.

School considerations
Diabetes can affect a child’s learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it is not managed. Some children with diabetes will have more absences than other students and this will include time off for essential hospital appointments or feeling unwell because of their diabetes.

Policy Statement on Epilepsy

The school recognises that epilepsy is an important condition affecting some school children.

What is Epilepsy?
Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they have a tendency to have epileptic seizures.
Electrical activity is happening in our brain all the time, as the cells in the brain send messages to each other. A seizure happens when there is a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way the brain normally works, so the brain's messages become mixed up. The result is an epileptic seizure.
There are many different types of seizure. What happens to someone during a seizure depends on which part of their brain is affected, and how far the seizure activity spreads.

Medication
Epilepsy is usually treated with epilepsy medicines. They don't cure the epilepsy, but try and stop the seizures happening. They do this by changing the levels of chemicals in the brain that control electrical activity.
Emergency medication may also be required for seizures lasting more than 5 minutes and this should be available in school.

School considerations
Epilepsy is a varied condition. Different children will have very different experiences of how epilepsy affects them, and the impact it has on their school life. Many children, especially once their epilepsy is controlled by medicine, are unlikely to need any extra support. But some children will continue to have seizures and need medical or other support.

Some children with epilepsy have no major problems with their learning or behaviour. Other children with epilepsy (for example, those with some epilepsy syndromes) are severely affected by their condition, and may have significant problems with learning, language or behaviour throughout their

lives. These children need extra support. This is so that they can be fully included in the school day and reach their full potential.

Overall, children with epilepsy are at greater risk of learning and behaviour difficulties than children without epilepsy. These difficulties also affect children without identified special educational needs. It is important to think about the whole child and consider all aspects of their life that might be affected by living with epilepsy.

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your Telephone number
2. Give your location as follows:
   (Enter full School address including postcode)
3. Give your full name
4. Give the name of the person needing help, their age and their Date of Birth (if available)
5. Give a brief description of the person's symptoms (and any known medical condition)
6. Inform ambulance crew of the best entrance and state that the crew will be met at this entrance and taken to the person needing help
7. Do not hang up until the information has been repeated back to you

Speak clearly and slowly

Ownership and consultation	
Document sponsor (role)	Director of Education
Document author (name)	Consultant Nurse - Europe
Consultation	Regional Safeguarding Lead – Europe Health & Safety Manager – Europe Educational Advisers - UK

Document application and publication	
England	Yes
Wales	Yes
Spain	No
Switzerland	No
Italy	No

Version control	
Implementation date	June 2025
Review date	June 2027

Related documentation	
Related documentation	H&S Policy First Aid Policy Special Educational Needs and Disability Keeping Children Safe in Education Data Protection Policy Trigger Reduction Schedule