



Supporting Pupils with Medical Conditions Procedure (whole School inc EYFS)]

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Anaphylaxis/Asthma/Diabetes/Epilepsy

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I. Introduction

Woodbridge School welcomes all students who suffer medical conditions or who may develop them. School will encourage and help these children to participate in all aspects of school life. It recognises that these conditions can be serious and realises that immediate access to treatment is vital. It will endeavour to ensure that other students are educated to understand the causes of these conditions so that they can support their friends.

School will do all it can to make sure that the environment is favourable to students with medical conditions. We will work in partnership with parents and staff to ensure the successful implementation of these guidelines.

2. ANAPHYLAXIS - Refer to stand alone Allergy and Anaphylaxis Policy

3. ASTHMA

a) What is asthma?

Asthma is a condition that affects the airways –the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Their airways can react badly when they come in contact with something that irritates the airways (an asthma trigger).

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. All of these reactions cause the airways to become narrower and more irritated leading to the symptoms of asthma.

b) Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded, blue, brown, purple. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most students with asthma will take charge of and use their inhaler from an early age and it is good practice to allow them to carry their inhalers with them at all times, particularly during sport. If a student is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's name.

Students with asthma must have immediate access to their inhalers when they need them.

It would be helpful for parents to provide the School with a spare inhaler for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the student's name and stored in the Medical Centre/Matron's Room. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

From 1st October 2014, the Human Medicines (Amendment no 2) Regulations allowed schools to keep a Salbutamol inhaler for use in emergencies and the inhaler can be used if the student's prescribed inhaler is not available. There are Emergency Asthma Inhaler Kits sited in the Medical Centre/Matron's Room, Senior School Kitchen, Senior School Reception and School Office, Boys' Sports Dept., Girls' Sport Dept and Prep School Office.

Where students are unable to use an inhaler by themselves or where they require additional medication, eg a nebuliser, a Health Care plan must be completed. For students whose asthma is controlled by an inhaler, information regarding this, is kept on their medical form and ISAMS.

Note that it is difficult to "overdose" on the use of an inhaler. If a student tries out another pupil's inhaler there are unlikely to be serious side effects, although clearly students should never take medication which has not been prescribed for their own personal use.

Following discussion with the student and his/her parents/ guardian, individual decisions should be made as to whether to provide basic information on their condition to his/her peer group so that they are made aware of their classmate's needs.

c) Managing students with asthma

- Staff should be aware of those students under their supervision who have asthma.
- Games staff should ensure that all students with asthma have their salbutamol inhaler prior to commencement of a session.
- Staff should ensure that they have some knowledge of what to do if a student has an asthma attack.

Asthma training can be completed online through National College, relevant First Aid courses and the School Nurse/Matron can offer advice.

- If a student feels unwell, the School Nurse/Matron should be contacted for advice.
- A student should always be accompanied to the Medical Centre/Matron's Room if sent by a member of staff.
- School Nurse and Matron, can provide photo report of students with asthma

d) Away trips

- Staff should ensure that all students going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.

Staff supervising the trip must be aware of the student's condition and of any relevant emergency procedures. An emergency inhaler must go out on all School trips with known asthmatic pupils and be the responsibility of the person organising the trip and only to be used for students who have asthma and may have forgotten their own inhaler, or it has broken etc.

Physical activity will benefit students with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all students, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. However, they should not be forced to take part if they feel unwell.

e) Signs and symptoms of asthma:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet/sitting out
- Sometimes younger children express feeling tight in the chest as a tummy ache
- Using reliever inhaler more often than normal

f) Triggers:

- Viral infections (e.g. colds and flu)
- Chalk dust
- House-dust mites
- Cigarette smoke
- Mould and damp
- Pollen and grass cuttings
- Furry and feathery animals
- Stress and emotion
- Scented deodorants and perfumes
- Latex gloves
- Wood dust
- Weather and air quality
- Chemicals and fumes
- Exercise - this is one trigger to manage, rather than avoid.

g) Tutors should follow the guidelines below should a student have an asthma attack.

- Help the student to take their usual dose of reliever inhaler (usually blue) immediately, preferably through a spacer, and contact the School Nurse/Matron
- Sit the student upright. Get them to take slow steady breaths. Keep calm and reassure them. Loosen clothing around the neck. Offer water to sip. Do not leave them alone.
- Continue to give two puffs of reliever inhaler (one puff at a time) every two minutes, up to ten puffs.
- If the student does not start to feel better after taking the reliever inhaler as above or if you are worried at any time call 999
- If an ambulance does not arrive within **ten** minutes repeat step 3 while you wait.
- Always contact the School Nurse/Matron or via the Prep School Office or Senior School Reception to attend. If the student feels able to attend the Medical Centre/Matron's room, they **must** be accompanied.

On no account, should they be further compromised by climbing stairs. In Prep, Matron will see the student downstairs in the Prep School Office, if an asthma

attack is suspected.

In School Nurse/Matron's absence a First aider must access one of the Emergency Asthma Inhaler Kits, sited around the School.

Emergency asthma inhalers are stored in Prep School Office, Matron's Office and Sports Office First Aid bag.

In Senior School, they are stored in Boys and Girls Sport Offices, Reception, Kitchen, CCF, School House and Medical Centre

Inform parent or guardian of student transfer to hospital, School Nurse/Matron or First Aider present to accompany child if transferred to hospital.

3.1 Parents' Responsibilities

Parents will be asked to ensure that their child always carry their reliever inhalers,

To update School Nurse/Matron annually or sooner on the individual medical form for the student if a Care Plan is required for after discussion with parents and the asthma nurse.

3.2 Student Responsibilities

Senior pupils carry their own reliever inhaler (Usually blue) or for Prep and EYFS, inhalers are kept in orange med pac bags as described on previous page and staff take them out on trips. Some older students have responsibility for their own inhaler. Inhalers should be labelled with the student's name, staff to carry the inhaler and to observe for any changes in the student's breathing, staff have been trained through First Aid courses to recognise these symptoms and when to act on these symptoms.

Avoid triggers that you know will set off your asthma.

Inform your teacher/ School Nurse/Matron if you are feeling an attack coming on.

3.3 Care Plan

An individual Care Plan will be made for each student who has severe asthma. This can be done either by parents filling in the Care Plan provided by specialist asthma nurses or by parents being given a Care Plan to fill in with School Nurse/Matron to discuss what they would like in the Care Plan.

4. DIABETES

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.

There are two main types of diabetes:

Type 1 diabetes- develops if the body is unable to produce any insulin.

Type 2 diabetes – develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance).

Although diabetics cannot be cured, it can be treated very successfully. Early treatment will reduce risk factors of further health problem

Type 1 diabetes:

Insulin

Healthy diet

Physical activity

Self-monitoring

Type 2 diabetes:

Healthy diet

Weight loss, if necessary

Physical activity

Tablets and/or insulin

Self-monitoring where appropriate

Individual diabetic sufferers require varying amounts of insulin and so they need to have their blood sugar monitored at certain times of the day, so it remains as stable as possible. This allows their treatment to be tailored to their individual need; this is usually agreed between the family, the student, and their specialist diabetic nurse as a treatment plan.

If their blood sugar drops too **low**, this can lead to **hypoglycaemia**,

If it goes too **high**, this can lead to hyperglycaemia.

4.1 Information on Diabetes Mellitus – Type 1 Insulin Dependent

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

Therefore, some support may be required.

4.1.1 Causes of Hypoglycaemia (Low)

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

4.1.2 Recognition of Hypoglycaemia

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

4.1.3 Treatment of Hypoglycaemia

- Call for School Nurse/Matron or nearest First Aider.
- Get the student's diabetic emergency snack box from whichever School location and ensure the pupil takes a quick sugar source 1-2 glucose tablets, fruit juice, Jelly Baby.
- Wait 10 minutes, if the student feels better; follow with a carbohydrate snack e.g. cereal bar, toast.
- Retake the student's blood sugar approx., half an hour to make sure it is above 4mmols. Allow the student to resume School activities.
- If the student becomes drowsy and unconscious the situation is now **LIFE THREATENING** If they have glucogel, if not honey or jam and massage that inside their cheek, so it all becomes absorbed. Do not attempt to give a drink or something to eat if the pupil is unconscious. Call 999 / 112
- Place the student in the recovery position and stay with them until the ambulance arrives
- Contact parent/guardian immediately

4.2 Causes of Hyperglycaemia (High)

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

4.2.1 Recognition of Hyperglycaemia

- Warm, dry skin, rapid breathing
- Fruity / sweet breath (typical pear drops smell). Ketone acidosis.
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach ache, nausea, vomiting
- Skin flushing
- Lack of concentration

- Confusion
- Drowsiness that could lead to unconsciousness

4.2.2 Treatment of Hyperglycaemia

- Call and send for help for School Nurse/Matron
- If School Nurse/Matron is not available call for a First Aider – via Prep School Office or Senior School Reception
- Allow the student to administer the extra insulin required. Calculated by their own monitor.
- Encourage the student to drink water or sugar-free drinks
- Recheck their blood sugar after about half an hour and if coming down slowly and below 15mmols then the pupil can resume School activities
- If they become drowsy and unconscious, then situation is now **LIFE THREATENING** Call 999 / 112
- Place them in the recovery position and stay with them until ambulance arrives
- Contact parent/guardian immediately

Please contact the School Nurse/Matron for further advice, help, and support and for further information.

The School Nurse/Matron can liaise closely with the student's diabetic nurse at hospital.

The School Nurse/Matron is responsible for ensuring each student with diabetes, brings into School their own emergency resource pack.

4.3 Managing the Condition in School

The School's Responsibilities

- Arrange an appointment with the parents and student at the earliest opportunity.
- Agree with student and the parent about informing subject teachers, games staff, catering staff, support staff, and others on a need-to-know basis.
- They are also advised to carry their own resource kits at all times.
- Special consideration should be paid when planning trips, there is no reason why a student with diabetes should not participate.
- Staff should be made aware of the condition
- Mealtimes need to be considered
- Activities need to be considered
- School Nurse/ Matron can provide photo report of students with diabetes.

Lack of sleep when travelling on an overnight coach should be taken into account

Provision should be made in case of delays in travel arrangements

Individual Care Plans should always accompany the student

If any medical equipment has been lost or left behind, the paediatric department at the nearest hospital should be able to help. This should be a priority before continuing the journey.

- Provide a private place to perform blood sugar testing and insulin injections/screens. Not to be done in toilets.
- Ensure the student tests their blood sugar each lunchtime or whenever they feel necessary to, whilst in School
- Communicate with parents when further supplies of any equipment are required
- Be aware of the correct procedure for treating a low blood sugar level (hypo)
- Ensure that all necessary equipment is taken on School trips – Hypo. box etc
- Ensure you have emergency contact details for parents
- Ensure insulin, sharps boxes and equipment are stored in a secure safe place and easy to access. Use of a fridge for safe storage of any insulin not currently being used
- Undertake annual update of care of pupils with diabetes in School.
- Be aware of patients who are detained in class for any reason

4.3.1 Parents' Responsibilities

- Ensure that your child carries insulin, snacks and a glucometer
- Provide School with all the necessary equipment and check to ensure appropriate stocks are maintained
- Change the insulin cartridge in the pen device every 30 days or when the amount of insulin in the cartridge has reached the indicator line whichever is the earliest and that their insulin is in date
- Provide up to date contact details for emergency use
- Ensure that you tell the School Nurse/Matron of any changes to their medication or regime.

4.3.2 Student Responsibility

- Meals or snacks should not be delayed.
- Inform a teacher as soon as you start to feel unwell
- If unwell, and you are hypoglycaemic a glucose tablet must be taken and a snack from their resource box ask for School Nurse/Matron to be informed to give further medical care if required.
- You decide which pupils and friends need to know about your diabetes

5. EPILEPSY

Epilepsy is a tendency to have seizures. Seizures come from the temporary disruption of the electrical activity in the brain. What happens during a seizure will depend on where in the brain the epileptic activity begins, and how widely and rapidly it spreads. About one person in 20 will have a single seizure at some point in their life, but in most cases, this will not lead to a diagnosis of epilepsy. Sometimes the cause of a person's epilepsy can be identified, such as a severe head injury or infection of the brain. For about 60per cent of people, no cause is known.

5.1 Tonic Clonic Seizure (Convulsion)

This is the most widely recognised seizure. The student loses consciousness and generally falls to the ground. They may briefly stop breathing and become blue around the mouth. The limbs become rigid (tonic phase) and then rhythmically jerk (clonic phase). There may be incontinence of bladder and/ or bowel. When the seizure is over, the student may need to sleep for several hours recover, although some people recover quickly. When they wake, they may be confused and complain of a headache.

5.2 Tonic Seizure

Tonic seizures are more common in childhood but are considered relatively uncommon. In a tonic seizure the muscles stiffen and, if standing up, the person will fall heavily to the floor, usually backwards. The muscles (including those in the chest, arms and legs) contract and the back arches, but there is no jerking. The person is unconscious during the seizure. Once the seizure has stopped the person regains consciousness and the muscles regain their normal tone.

5.3 Myoclonic Seizures

During myoclonic seizures, a burst of electrical activity in the muscle control area of the brain cause a sudden jerk of the muscles in the arms, legs, neck or body. Seizures often happen just after waking, or when the person is tired before going to bed. There is a very short period of loss of consciousness, but it's not noticeable because it is so short. Myoclonic seizures usually involve both sides of the body at the same time, and the person may fall over. Myoclonic seizures occur in a variety of epileptic syndromes, such as juvenile myoclonic epilepsy syndrome.

5.4 Absence

This can easily pass unnoticed. The child may appear to daydream or stare blankly.

There are very few signs that a child is in seizure.

These types of episodes if frequent, can lead to serious learning difficulties as the child will not be receiving any visual or aural messages during those few seconds. Therefore, it is important to be understanding, note any probable episodes, check with the child that they have understood the lesson, and inform parents.

Teachers can play an important role in recognising a seizure, recording changes in behavioural patterns and frequency.

5.5 Atonic Seizure

In atonic seizures all muscle tone is lost, and the person will drop to the ground. However, they quickly become conscious and alert again after the seizure. Loss of consciousness is often brief, and recovery is usual quick, although the person is a risk of injury, especially head and facial injuries.

Children who also have other seizure types, such as tonic or myoclonic seizures may also have atonic seizures.

Often referred to as 'drop attacks', or atonic seizures, this type of seizure may be hard to recognise if the child is sitting or lying down, because he will not fall. In babies, atonic seizures most often appear as a head drop.

5.6 Management of the Condition in School

The School recognises that epilepsy is a condition which affects very few in School. The School welcomes all students with epilepsy and they will be able to achieve their full potential in all aspects of School life.

All relevant staff will be given training on epilepsy management and will be expected to update this annually.

5.6.1 The School's Responsibilities

- Staff should have a clear understanding of the condition and what to do in the event of a seizure.
- Training on individual Health Care Plan, is given to teachers who have a student under their care.
- Staff are informed of the students at School who have epilepsy.
- Pupils will be encouraged to understand the condition so that they can support their fellow pupils. The School works in partnership with specialist teams and parents to provide a continuation of care for those pupils who have epilepsy.

5.6.2 Procedure for an Epileptic Seizure

- KEEP CALM
- Ask the other students to leave the room and ask a responsible pupil to get the School Nurse /Matron.
- Note the time of the seizure.
- Inform the parents and arrange for collection
- Protect them from harm. Only move them if in immediate danger. If possible move objects that may cause injury away from the immediate area.
- As soon as possible try to place them on his/her side - this does not have to be the recovery position but just so that the tongue can fall forward and excessive saliva can drain out of the mouth.
- Support the head and stay with them until completely recovered.
- Talk quietly to them and reassure, but do not try to restrain any convulsive movements.
- DO NOT put anything into the mouth or offer drinks until fully recovered.
- Remove to the Medical Centre/Matron's Room when safe to do so.
- The School Nurse/Matron/ First Aider should then make a full assessment of the seizure and note any injuries that may have been sustained
- Allow them to rest and sleep following the seizure as this may be the first in a cluster of seizures. Ensure they remain on their side.
- If the fit lasts any longer than 5 minutes, call an ambulance immediately. It is very important they are assessed at the hospital and the sooner this happens, the better.

- If the ambulance is summoned, then report the seizure in as much detail as you can especially how long it has lasted.
- A member of staff needs to accompany them to hospital and stay with them until the parent(s) arrive.
- Notify School Nurse/ Matron of diagnosis as soon as it is made.
- Share the individualised Care Plan with the School Nurse /Matron once it has been agreed with their epilepsy specialist nurse and update as needed.

5.6.3 Student Responsibilities

- All students diagnosed with epilepsy will have an individual Health Care Plan and to share this with School Nurse/Matron or one can be written up by parents
- Inform staff if they feel a seizure coming on, sometimes they may have an aura so help can be summoned.

6. Compliance and Monitoring arrangements

This procedure policy will be subject to a thorough review process including consideration at the Health & Safety and Compliance & Risk committees *on* an annual basis. This will ensure that practice across the whole school is in line with this policy, the Complaints procedure and with current guidance and legislation.