Longwill
a primary school for Deaf children

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

AND ALLERGY SAFETY POLICY

JULY 2026

Document control	Current position
School	Longwill School for the Deaf, Bell Hill, Birmingham B31 1LD
Policy owner	Jessica Rosser, Headteacher
Named Allergy Safety Lead	Jessica Rosser, Headteacher
Issue date	July 2026
Status	Headteacher-issued policy for Governing Body ratification
Next review	July 2027, or earlier after a serious incident, near miss, material change or revised guidance
Publication	School website; accessible formats available on request

This policy includes Longwill's dedicated allergy safety policy in Part B.

Contents

Accessible communication is a safety control

For every pupil, the IHP must record how the child communicates pain, distress and changes in symptoms. Staff will use the pupil's preferred language and communication approach, including BSL, sign-supported communication, visual information or an interpreter where needed, without delaying emergency treatment.

Policy statement and quick response

Longwill School for the Deaf will make reasonable, safe and individually appropriate arrangements so that pupils with medical conditions can access education, develop independence and participate fully in school life. A medical condition will not be used to create an avoidable barrier to attendance, learning, physical education, clubs, visits or residential activity.

The Governing Body retains accountability. The Headteacher is responsible for implementation and will ensure that trained staff, equipment, medicines, communication support and contingency arrangements are available. No member of staff is required to provide medical support for which they have not been trained and assessed as competent.

If a pupil may be seriously unwell
Stay with the pupil. Bring emergency medicine and equipment to them. Follow the pupil's IHP or emergency action plan, call 999 promptly and use trained communication support without delaying treatment. Contact parents or carers after emergency services have been called. Never send an unwell pupil to the office alone.

Emergency summary

- Call 999 for a life-threatening emergency or when the pupil's action plan directs it. Give the school address: Longwill School for the Deaf, Bell Hill, Birmingham B31 1LD.
- Send an adult to meet the ambulance and provide the pupil's IHP/action plan, medication record and relevant details.
- Do not move a pupil unless needed for immediate safety. A member of staff will accompany a pupil taken to hospital if a parent or carer has not arrived.
- Record the event, medicine given, times, actions and outcome as soon as possible. Notify the Headteacher and parents or carers, and report or review the incident as required.

PART A — Supporting pupils with medical conditions

Statutory purpose
Part A implements the school's duty under section 100 of the Children and Families Act 2014 and the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

1. Purpose, scope and principles

This policy applies during the school day and to all school-organised activity, including early-years provision, before- and after-school provision, educational visits, residential visits, PE, swimming, transport arrangements within the school's control and emergencies. It covers temporary and long-term conditions, disabilities with healthcare needs, mental-health needs where medical support is required, allergies and recovery after illness or treatment.

Arrangements will be proportionate to the pupil's needs and based on evidence from the pupil, family and relevant health professionals. The school will not wait for a formal diagnosis before putting reasonable interim safety arrangements in place when reliable information indicates a risk.

1.1 Longwill's sign-bilingual context

- The pupil's preferred language and communication method will be recorded in the IHP, including signs or visual descriptions used for symptoms, pain, dizziness, breathing difficulty, low blood sugar and distress.

- Explanations about medicines, procedures and consent will be made accessible through BSL, clear English, visual prompts, demonstration or interpretation as appropriate.
- In an emergency, staff will gain the pupil's visual attention, face the pupil where practicable and explain what is happening, while ensuring that communication support never delays urgent treatment.
- Parents and carers will be offered accessible meetings and information. Health professionals, supply staff, transport staff and visit leaders will receive the communication information they need to act safely.

1.2 Equality, inclusion and children's rights

The policy supports the Equality Act 2010 duty to avoid disability discrimination and make reasonable adjustments. It reflects the best-interests, participation, health, disability, education and non-discrimination principles in Articles 2, 3, 6, 12, 23, 24, 28 and 29 of the United Nations Convention on the Rights of the Child.

2. Legal framework and related documents

This policy has been prepared with regard to the Children and Families Act 2014, section 100; the Equality Act 2010; the Children's Wellbeing and Schools Act 2026, section 34; the Human Medicines Regulations 2012 as amended; current DfE statutory guidance on medical conditions and allergy safety; current first-aid guidance; the UK GDPR and Data Protection Act 2018; and applicable Early Years Foundation Stage requirements.

It should be read with the school's safeguarding and child-protection policy, first-aid procedures, attendance policy, SEND information report, accessibility plan, educational visits procedures, health and safety policy, intimate-care arrangements, food and catering procedures, data-protection policy, behaviour/anti-bullying policy and emergency/lockdown plans.

> **Clinical boundaries**
> School staff do not diagnose, prescribe or alter a clinical plan. The school's IHP translates current clinical advice into safe school arrangements. Where advice conflicts or is unclear, the designated lead will seek clarification from the parent or carer and the relevant health professional.

3. Roles and responsibilities

Who	Core responsibility
Governing Body	Ensures the section 100 duty is met; approves and monitors this policy; assures resources, training, insurance and safe systems; receives appropriately anonymised assurance on incidents and near misses.
Headteacher / named Allergy Safety Lead	Jessica Rosser has operational oversight; ensures staff understand the policy; coordinates implementation, publication, training and emergency readiness; appoints competent deputies; and reports to governors.
Medical-conditions coordinator / designated staff	Coordinates notifications and individual healthcare plans (IHPs), medication records, expiry checks, staff briefings, transition information and liaison with families and health professionals.
All staff	Know the pupils they support, follow IHPs and emergency plans, complete required training, maintain confidentiality, act promptly in an emergency and report concerns, errors and near misses.

Who	Core responsibility
Parents and carers	Provide timely, accurate information; current medicines, devices and clinical plans; written consent; replacement supplies; and updates when needs or treatment change.
Pupils	Are involved in decisions in a way that matches age, understanding and communication needs; tell an adult when unwell; and manage medicines independently where assessed as appropriate.
Health and local-authority partners	Provide clinical advice, care or action plans and training where relevant; support complex cases, transport and education during health-related absence within their statutory roles.

3.1 Staffing and contingency

The Headteacher will identify sufficient trained staff to provide routine and emergency support, allowing for absence, breaks, trips and staff turnover. Supply and temporary staff will receive a concise, need-to-know briefing before taking responsibility for a pupil. External clubs and contractors must demonstrate arrangements consistent with this policy.

Staff may volunteer to support a pupil and may have duties arising from their role and training. The Headteacher will not ask a staff member to undertake a procedure unless the member of staff has received suitable training, understands the pupil's plan and has been assessed as competent where this is required.

4. Notification and individual healthcare plans

4.1 Notification and transition

Parents or carers must tell the school promptly about a diagnosis, suspected condition, allergy, medicine, device, emergency attendance or material change. Any member of staff receiving information must pass it to the designated lead without delay.

For a new pupil or a new diagnosis, the school will begin planning as soon as information is received. Wherever possible, arrangements will be ready by the start of the relevant term; otherwise they should normally be in place within two weeks. For transition, Longwill will agree information sharing and staff preparation with the previous or next setting, family, health professionals and transport provider as appropriate.

4.2 When an IHP is needed

The Headteacher or designated lead decides whether an IHP is required, in consultation with the parent or carer, pupil and relevant health professional. An IHP will normally be used where a condition is long term, complex, fluctuating, high risk, requires emergency medicine or a procedure, significantly affects attendance or participation, or needs coordinated adjustments. A single short course of medicine may be managed through written consent and the medication record where an IHP would add no benefit.

4.3 Developing and reviewing the plan

1. Gather current information from the family, pupil and relevant health professional, including the latest clinical care or emergency action plan.
2. Meet in an accessible way; identify symptoms, triggers, communication needs, adjustments, medicine/equipment, training, emergency action and participation arrangements.
3. Record who will do what, who may access the plan, consent for information sharing and contingency arrangements. Confirm the plan with all contributors.

4. Brief and train relevant staff before they take responsibility. Put medicine, equipment and records in the agreed accessible locations.
5. Review at least annually and earlier after a change in need, treatment, staffing or risk; a trip or transition; a serious incident or near miss; or a request from the pupil, family, school or health professional.

> **Pupil voice**
> The pupil will be involved at a level appropriate to age, understanding and communication. Staff will not assume that a Deaf pupil cannot describe symptoms or make choices; they will provide the language and visual access needed for meaningful participation.

5. Medicines and medical devices

5.1 Consent and acceptance

- Medicine will be administered only when failure to do so would be detrimental to the pupil's health or attendance, and only with written parental consent, except where emergency law and current guidance permit trained staff to act in the pupil's best interests.
- Prescription medicines must be in date, labelled and supplied in the original dispensed container with the prescriber's instructions. The recognised exception is insulin supplied in an insulin pen or pump, which must be in date and appropriately labelled.
- Non-prescription medicine will be accepted only when necessary, with advance written consent, in original packaging and with clear dose and timing instructions. Staff will check the label, last dose, maximum daily dose and known allergies or adverse reactions. The school will seek clinical advice where suitability is unclear.
- Aspirin, or a medicine containing aspirin, will not be given to a pupil under 16 unless prescribed by a doctor.
- The school will not use a blanket rule that a medicine such as ibuprofen is unsuitable for every pupil with asthma. Staff will follow the individual plan, label, prescriber or pharmacist advice and known allergy/adverse-reaction information.
- Parents or carers are responsible for supplying required medicines and devices and replacing them before expiry. The school will maintain a checking and reminder system, but a pupil will not be blamed or excluded because an adult supply arrangement has failed; an immediate risk assessment and safe contingency will be agreed.

5.2 Administration

Before giving medicine, trained staff will confirm the correct pupil, medicine, dose, route, time, instructions, consent and expiry date; check when the previous dose was given; and record the administration promptly. Where practicable, a second trained person will check high-risk medicines in line with the IHP or local procedure.

If a pupil refuses, staff will not force them. They will follow the IHP, explain accessibly, inform the parent or carer and seek clinical or emergency advice if the refusal creates an immediate risk. Errors, omissions and near misses must be reported immediately to the Headteacher, parents or carers and relevant health professionals; urgent clinical advice or 999 will be sought where indicated.

5.3 Self-management and access

Pupils who are competent to do so will be supported to carry and manage their own medicine or device, with arrangements recorded in the IHP. Emergency medicines must be quickly available. A prescribed inhaler or

adrenaline auto-injector (AAI) will not be locked away or kept in a location that creates delay. A spare supply may be held securely in the agreed accessible location.

5.4 Storage, controlled drugs and disposal

- Medicines will be stored according to product instructions, protected from unauthorised access, excessive heat or cold, and kept separate from staff medication and general first-aid stock. Refrigerated medicine will be in a clearly labelled, suitable container with controlled access.
- A controlled drug will be stored in a non-portable locked container, with access limited to named staff, while remaining readily available when needed. The school will keep an auditable record of receipt, quantity, administration and return.
- Unused or expired medicine will be returned to the parent or carer for safe disposal. Sharps will be placed immediately in an approved sharps container and disposed of through the agreed clinical-waste route.
- The school will not dispose of medicine in domestic waste or down a sink or toilet.

5.5 Records

The school will keep written records of all medicines administered, including date, time, dose, route, staff member and any refusal, omission, error or reaction. Records will be retained securely in line with the school's retention schedule and made available to parents or carers and professionals with a lawful need to know.

6. Training, competency and insurance

Training will be matched to the pupil, procedure and current clinical plan. It may include condition awareness, recognition of deterioration, BSL/visual communication for symptoms, medicine administration, emergency devices, infection prevention, record keeping and the pupil's emotional needs. Training will be refreshed when guidance, the device, the plan or staff competence changes.

A first-aid certificate alone does not establish competence for a medical procedure. A relevant healthcare professional should provide or confirm training and competence for technical or clinically delegated procedures. The designated lead will record the trainer, content, date, attendees, competence assessment and refresher date.

The Governing Body will ensure that appropriate insurance and indemnity arrangements are in place and that staff are informed of their cover when acting within this policy, their training and the pupil's plan.

7. Emergencies, first aid and incident records

7.1 Emergency planning

Each relevant IHP will define an emergency, symptoms, immediate action, medicine/equipment, when to call 999, communication needs and who must be contacted. Emergency instructions must be clear, current and available to the staff responsible for the pupil, including on visits. The school's arrangements will account for pupils who may not hear an alarm, spoken instruction or approaching responder.

7.2 First aid

The school will maintain a first-aid needs assessment and provide adequate equipment, facilities and trained personnel on and off site. Early-years provision will meet applicable paediatric first-aid requirements. First-aid certificates will be kept current and annual refreshers encouraged. First aid does not replace the individual medical training required by an IHP.

7.3 Head injuries and sudden illness

Any significant head injury, loss of consciousness, seizure, breathing problem, severe allergic reaction, prolonged low blood sugar, chest pain, uncontrolled bleeding or unexplained deterioration will be treated as potentially serious. Staff will follow first-aid training and the pupil's plan, obtain urgent clinical help and contact the family. A pupil who is unwell will be supervised and will not be sent to seek help alone.

7.4 Recording, reporting and learning

First aid, accidents, medication events, medical emergencies and near misses will be recorded promptly. The Headteacher will decide whether reporting is required under safeguarding procedures, RIDDOR, food-safety arrangements, local-authority requirements or to the relevant health professional. Serious incidents and significant near misses will be reviewed without blame to identify lessons, revise risk controls and provide governing-body assurance.

8. Learning, attendance, trips, sport and transport

8.1 Curriculum and attendance

Teachers will make reasonable adjustments and provide access to missed learning without penalising a pupil for absence related to their medical condition. Medical evidence will not be demanded where it is not necessary or proportionate. The school will work with the family on reintegration after significant absence and maintain suitable contact and education while the pupil is at home or in hospital.

Where it becomes clear that a pupil is likely to be unable to attend school for 15 school days or more, consecutively or cumulatively, the school will liaise early with Birmingham City Council so that its duty to arrange suitable education can be considered. Digital access may support continuity but should not be the sole provision where a fuller suitable offer is possible.

8.2 Trips, sport and enrichment

Pupils will not be excluded from trips, PE, swimming, clubs or residential activity solely because of a medical condition. The visit or activity risk assessment will identify trained staffing, medicine and equipment, storage and rapid access, emergency communication, food arrangements, travel time, nearest appropriate healthcare and contingency plans. A parent or carer will not normally be required to attend or administer medicine as a condition of the pupil taking part.

8.3 Transport

Where school or local-authority transport is used, the school will share necessary emergency and communication information lawfully with the transport provider and clarify responsibility for medicine, equipment and action during the journey. Any transport healthcare plan must be consistent with the pupil's IHP and current clinical advice.

9. Information sharing, dignity and complaints

9.1 Confidentiality and information sharing

Health information is special-category personal data. It will be accurate, relevant, securely held and shared only with people who need it to keep the pupil safe or provide education. The school will explain what is shared and why, obtain consent where required and record any lawful information sharing without consent. Emergency information will remain accessible to authorised staff.

9.2 Dignity, wellbeing and unacceptable practice

Support will protect privacy, dignity, Deaf identity, emotional wellbeing and independence. Pupils will not be isolated or stigmatised because of medicine, food allergy, a medical device or a need for rest, snacks, water, toilets or treatment. Allergy- or condition-related bullying will be addressed under the behaviour and anti-bullying policy.

It is unacceptable to prevent access to medicine; ignore a pupil's or clinician's view; assume every pupil with the same condition has the same needs; send an ill pupil to seek help alone; repeatedly send a pupil home without considering support; penalise medical absence; prevent necessary food, drink, toilet or activity breaks; require a parent to attend or provide routine support; or create avoidable barriers to education, sport, trips or clubs.

9.3 Concerns and complaints

A parent, carer or pupil should raise an immediate safety concern with the Headteacher or designated lead. Formal concerns may be made through the school's complaints procedure. A safeguarding concern will be handled under safeguarding procedures. Families may also seek independent advice or use statutory routes available under education, equality, health or data-protection law.

PART B — Longwill's dedicated allergy safety policy

Status of Part B
This is Longwill School for the Deaf's dedicated allergy safety policy for the purposes of section 34 of the Children's Wellbeing and Schools Act 2026 and the Department for Education's statutory Allergy safety in schools guidance published on 6 July 2026. It applies alongside Part A and takes priority where it provides the more specific allergy control.

10. Leadership, identification and planning

Jessica Rosser, Headteacher, is the named Allergy Safety Lead. She may delegate tasks, but retains oversight of implementation, annual review, publication, training, equipment, incident learning and governing-body reporting. The school will maintain a competent deputy arrangement so that allergy safety does not depend on one person.

10.1 Identifying pupils with allergy

- Admission and annual update forms will ask about diagnosed and suspected allergies, previous reactions, asthma, prescribed AAIs or inhalers and current clinical plans.
- Information from families, pupils, previous settings, clinicians, catering and school staff will be passed promptly to the Allergy Safety Lead and checked for accuracy.
- A pupil with a suspected allergy will not be dismissed because diagnosis is pending. The school will agree reasonable interim precautions with the family and seek appropriate clinical advice.
- Photographs or identifiers will be used only where necessary, proportionate, secure and agreed. Staff will never rely on a photograph alone to identify the correct pupil or medicine.

10.2 IHP and clinical allergy action plan

Every pupil at risk of a serious allergic reaction will have an IHP that refers to the latest clinician-endorsed allergy action plan. The clinical plan will describe symptoms and treatment; the school IHP will add school-specific arrangements such as communication, locations, trained staff, food controls, trips, emotional support and information sharing. The school will avoid copying clinical instructions in a way that could introduce error.

The plan will be available to the staff who need it, including catering, supply, temporary, transport and visit staff as appropriate. It will be reviewed at least annually and immediately after a reaction, near miss, change in prescription, device or dose, or relevant change in school arrangements.

11. Reducing exposure and managing food

The school will take a whole-school, risk-based approach. No environment can be guaranteed completely allergen free, so controls will combine accurate information, age-appropriate pupil education, supervision, cleaning, handwashing, food management, emergency readiness and rapid access to medicines. A generic 'nut-free' label will not replace an individual risk assessment.

11.1 Food and catering

- The Allergy Safety Lead, catering lead and family will agree a documented method for identifying the pupil, authorised meals and ingredient changes. Catering staff will comply with food-allergen information law and prevent avoidable cross-contact.
- Menus, recipes, labels and substitutions will be checked. Where safe provision cannot be confirmed, an alternative will be agreed before service; staff will not guess whether a food is safe.
- Food brought from home, birthdays, celebrations, breakfast/after-school clubs and fundraising will be covered by clear arrangements communicated to families. Food will not be shared unless the responsible adult has confirmed it is safe for the pupil.
- Staff will supervise eating according to need, support handwashing with soap and water, clean surfaces and utensils appropriately, and avoid segregating a pupil unless this is an agreed, proportionate and least-restrictive safety measure.

11.2 Wider curriculum and site controls

Risk assessments will consider allergens in cooking, food technology, art and craft materials, science activities, sensory play, gardening, animals, cleaning products, medicines and staff or visitor food. The school will substitute or control materials where reasonably practicable and brief visitors, clubs and contractors when their activity creates a relevant risk.

Pupils will be taught in an accessible, non-frightening way not to share food, medicines or drinking containers; how to seek help; and how to include classmates with allergy. A pupil's medical information will not be used publicly as a substitute for proper supervision and systems.

12. Prescribed and spare emergency medicines

12.1 Prescribed AAIs and inhalers

Prescribed AAIs and inhalers must be available to the pupil without delay and taken to every off-site activity. The pupil's own device will be used first where it is available and suitable. Devices will be stored at room temperature, protected from damage, clearly identifiable and accessible to trained staff; they will not be locked in a restricted office or placed where access depends on one person.

12.2 School spare AAIs and inhalers

The school will maintain spare AAIs and salbutamol inhalers in accordance with current regulations and statutory guidance. For the primary and special-school age range, the AAI stock will include a pair appropriate for younger pupils and a pair appropriate for older pupils, with dose and device selection kept under review against current national guidance and the pupils on roll.

- Spare emergency devices will be stored in clearly signed, unlocked and readily accessible locations so that they can normally reach any pupil within five minutes. Locations will be recorded on the emergency-equipment map and included in staff induction.
- AAIs will be held and transported in pairs. The school will check stock, tamper seals, clarity of solution where visible and expiry dates at least termly and before visits, and will replace stock promptly after use, expiry, damage or recall.
- A spare AAI may be administered to a pupil known to be at risk of anaphylaxis when parental consent and medical authorisation required by current law/guidance are in place and the pupil's own device is unavailable, unsuitable or misfires. In an unexpected life-threatening emergency, staff will call 999 and follow the call handler's instructions and current law.
- A spare salbutamol inhaler may be used only in accordance with current statutory arrangements, written consent and the pupil's asthma plan. It is not a substitute for the pupil's own labelled inhaler.

13. Allergy training and emergency response

13.1 Training

All pupil-facing staff will receive allergy awareness and emergency-response training at induction and at least annually. This includes teachers, teaching assistants, early-years staff, office and premises staff with pupil contact, temporary, supply and agency staff, regular volunteers, catering staff, club staff and relevant visit leaders. Training will cover prevention, symptom recognition, calling 999, positioning, use of the AAI devices held by the school, communication with a Deaf child and reporting.

Staff with direct responsibility for a pupil will also receive pupil-specific briefing and practical device training. Training records and competence checks will be maintained. Practice drills should test that medicine can reach the pupil quickly and that communication, ambulance access and staff roles are understood.

13.2 Suspected anaphylaxis

> **Anaphylaxis is an emergency**
> If anaphylaxis is suspected: stay with the pupil; bring the AAI and emergency kit to them; give adrenaline without delay in line with training and the clinical action plan; call 999 and state 'anaphylaxis'; keep the pupil appropriately positioned and monitored; and contact the family after emergency services. Do not make the pupil walk to the office.

- Use the pupil's prescribed AAI first if immediately available and suitable. Use the authorised school spare if the prescribed device is unavailable, unsuitable or misfires.
- If there is no improvement after five minutes, give a further dose of adrenaline using a second device in line with training, the action plan and emergency-service advice.
- If asthma and anaphylaxis symptoms occur together, treat anaphylaxis first. Follow the pupil's action plan and 999 instructions.
- A pupil treated for suspected anaphylaxis must be assessed by emergency services and transferred to hospital; apparent recovery does not remove the need for medical observation.

14. Trips, incidents, wellbeing and review

14.1 Trips and activities

The visit leader will review allergy controls early, including food providers, travel, accommodation, remote locations, trained staff, communication, prescribed and spare devices, temperature/storage, emergency-

service access and a second device after a first dose. The pupil will not be excluded or required to have a parent attend where reasonable school arrangements can make participation safe.

14.2 Reactions, near misses and learning

Every allergic reaction, use of an AAI, medication error and significant near miss will be recorded and reported promptly to the family and Allergy Safety Lead. The Headteacher will notify governors at an appropriate level, seek clinical or regulatory advice where required and lead a no-blame review of causes, response times, communication, food controls, equipment and training. The IHP, risk assessment and this policy will be updated where learning identifies a need.

14.3 Wellbeing, bullying and pupil voice

Pupils with allergy will be supported to develop safe independence without being frightened, blamed or unnecessarily separated. Staff will address teasing, coercion, deliberate allergen exposure and exclusion as serious behaviour and safeguarding concerns. The pupil's views about meals, trips, privacy and emergency practice will be sought accessibly and reflected in planning.

14.4 Communication, publication and review

Part B will be published on the school website and available in accessible formats. Key arrangements will be communicated to staff, pupils, families, caterers, visitors and contractors proportionately. The Allergy Safety Lead will review the policy at least annually and earlier after a serious incident or near miss, statutory or clinical change, new device, change to catering or premises, or significant change in the pupils on roll.

Appendix A — Condition-specific operational principles

> **Use current individual plans**
> The summaries below support staff awareness; they do not replace the pupil's IHP, clinical care/action plan, training or emergency-service advice. Staff must not improvise a diagnosis or dose.

Asthma

The pupil's reliever inhaler and spacer must be immediately accessible and accompany them off site. Staff will recognise the pupil's early signs, follow the asthma plan and summon emergency help for severe breathing difficulty, exhaustion, poor response to reliever treatment, blue/grey colour or reduced consciousness. A school spare inhaler may be used only under the applicable statutory protocol and consent.

Allergy and anaphylaxis

Follow Part B and the pupil's current allergy action plan. Bring the AAI to the pupil, give adrenaline promptly for suspected anaphylaxis, call 999 and use a second device after five minutes if there is no improvement, in line with training and advice. Never delay adrenaline while waiting for a parent or certainty about the allergen.

Diabetes

Provide the agreed access to glucose monitoring, insulin, food, water, toilets and rest. Follow the diabetes plan for high or low blood glucose, devices, meals, exercise and emergency glucagon where prescribed. A pupil with suspected hypoglycaemia must not be left alone or sent elsewhere for treatment.

Epilepsy and seizures

Protect the pupil from injury, time the seizure, do not restrain them and do not put anything in their mouth. Follow the seizure plan and administer prescribed rescue medicine only if trained and authorised. Call 999

when the plan directs, when a seizure is prolonged or repeated, when breathing or recovery is abnormal, or for injury or a first known seizure.

Head injury

Follow first-aid training and seek urgent advice for loss of consciousness, repeated vomiting, seizure, worsening headache, confusion, unusual behaviour, weakness, fluid from the ears or nose, significant mechanism of injury or any deterioration. Observe and communicate accessibly; record the injury and provide the family with clear monitoring and escalation information.

Other or complex conditions

For tracheostomy, enteral feeding, oxygen, suction, adrenal insufficiency, cardiac conditions, continence, mobility, mental-health crisis or any other complex need, the school will use an individual plan, trained staff, agreed infection-control measures, safe equipment and explicit emergency and contingency arrangements.

Appendix B — Individual healthcare plan checklist

- Pupil details, photograph only where necessary, diagnosis/working diagnosis, strengths and the pupil's own understanding.
- Preferred language and communication method; how the pupil expresses symptoms, pain, fear and consent; accessible emergency explanations.
- Symptoms, triggers, early warning signs, impact on learning/attendance and required reasonable adjustments.
- Medicine/device: name, dose, route, timing, storage, access, expiry, self-management, consent and record arrangements.
- Routine procedures, food/drink/toilet/rest needs, infection-control requirements and staff competency/training.
- Emergency definition, immediate actions, 999 threshold, positioning, medicine/equipment, second-dose instructions where clinically authorised, and family contacts.
- Named staff and deputies; supply/temporary staff briefing; trips, PE, clubs, transport and absence/reintegration arrangements.
- Latest clinical care/action plan, professionals involved, lawful information sharing, confidentiality and review triggers/date.

Appendix C — Official sources and review record

- DfE: Supporting pupils at school with medical conditions
- DfE: Allergy safety in schools — statutory guidance and policy template, 6 July 2026
- Children's Wellbeing and Schools Act 2026, section 34
- DfE: First aid in schools, early years and further education
- DfE: Arranging education for children who cannot attend school because of health needs

Review record

This policy replaces the May 2022 Medical Needs in School Policy. The July 2026 revision updates terminology and medication safeguards, removes unsafe blanket statements and parent-liability wording, strengthens accessible communication and individual planning, and adds the dedicated statutory allergy-safety arrangements introduced in July 2026.

The Governing Body should record its ratification date and minute reference. The named lead will verify staff training, the emergency-equipment map, medicine/device stock and expiry controls before publication and at least termly thereafter.

Headteacher sign-off

Headteacher sign-off	Signed policy statement
	**Jessica Rosser** Headteacher Signed: July 2026 *This policy is issued by the Headteacher and will be presented to the Governing Body for ratification. The approval date and minute reference will be recorded in the governing-body minutes.*