



Aim High

Never Give Up

Follow Your Dream

Lead By Example

FIRST AID, MEDICATION IN SCHOOL AND SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Ratified By	FGB
Date	26/01/2026
Minute	9
Review Date	Spring 2029
Policy Statement	
What is the policy for?	All staff and member of our community to ensure safe working practices are adhered to
Who has devised and contributed to this policy?	SLT, Governors and Site Staff
How will this policy be communicated?	365
How will this policy be monitored?	SLT, qualified first aiders and Governors
Which other policies are linked to this policy?	All policies that are pertinent to health and safety, including Supporting Children with Medical Conditions

First Aid & Illness

Where there is a possible chance to transmission of viruses, PP equipment is available and should be worn by the adult who is administering any care procedures.

Norwood School has a number of registered First Aiders, an up to date list is circulated throughout school. We have trained 'In the Workplace' first aiders and also 'Paediatric' first aiders.

Employees or any person volunteering to administer first aid will be covered and indemnified under the LA Public Liability Insurance Policy.

Persons administering first aid should wear disposable gloves, if possible, where bodily fluids are involved.

An additional adult in the role of 'witness' should be present if tending to an intimate part of the body.

Children who feel unwell should be escorted to the school office. If an adult escort is not possible a note from the teacher explaining the nature of the child's illness should be sent with the escorting child.

Under *no circumstances* should a child escort be used in the case of an asthma attack, allergic reaction or head injury.

The decision to send an unwell child home will be made by the Head Teacher or Deputy Head Teacher. If neither are available the office staff will make an informed decision, however this must then be communicated to the Head Teacher at all times.

Unwell children must be signed out when collected by a parent/carer.

Children with medical needs must be brought to the attention of the SENCo and teaching staff. All appropriate records and paper work will be completed and stored by the Admin staff.

A record sheet for children with any medication is kept with the medication box on the first aid trolley located in the lockable KS2 art room cupboard. The cupboard must be locked at all times.

Medication requiring refrigeration will be stored in the lockable fridge in the small office.

Medication will be kept according to the information in the child's care plan.

First Aid kits must be taken on all off-site activities. Where possible an emergency first aider will accompany off-site visits.

Location of first aid kits:

7 x Portable First Aid Kits in classrooms

KS2 Art Area

Foundation Classroom

The First aiders are responsible for checking the contents and replenishing school first aid kits and for ordering resources as and when required.

Accident Procedures

During playtimes and lunchtimes injuries that require first aid treatment should be sent, accompanied by another child or adult, to the KS2 Art Area where the first aider is stationed. If the injury is too significant for the child to be moved, the first aider must be called for by the supervising adults.

During lesson times if no first aider is present and the injury cannot be dealt with the child should be sent to the office, accompanied by another child or adult whereupon a first aider will be summoned.

All accidents/injuries must be reported by the first aider in the accident book (carbon copy sheets) which is located in the KS2 Art Area/school office.

- Completed first aid slips must be handed to the collecting adult on the day of the incident and an opportunity to discuss further should be offered.
- Where children have parental permission to walk home, the child should pass the first aid slip on to their parent/carer upon arrival at home.
- Children attending out of school care will have their slips handed to their collecting adult.

All head bumps/injuries must be reported to parent/carers via ~~Groupcall message~~ and first aid slip.

Where deemed necessary, an ambulance must be called and the office are to liaise with parents/carers.

Bumps deemed significant but not worthy of a hospital visit must result in a phone call home for parents/carers to attend on site.

Minor knocks to the head should result in an information text being sent to ensure that parents/carers are aware of the incident. If the child is on the register for Playhouse that day then the office must copy Playhouse into the message.

A brief description of any recorded incident should be recorded on the accident slip for parents/carers and sent home with the child. The first aider will ensure that the slip is given to the child via the class teacher. This will ensure that the adults involved with the child for the rest of the day are aware of the incident and remain vigilant for signs arising from the accident.

It is then the responsibility of the class teacher/lead adult to hand the completed first aid slips to the collecting adult on the day of the incident and an opportunity to discuss further should be offered. Where children have parental permission to walk home, the child should pass the first aid slip on to their parent/carer upon arrival at home. Children attending out of school care will have their slips handed to their collecting adult.

If the injury is in the groin area, processes in line with the Intimate Care Policy should be adhered to and a call home must be made as early as possible to offer the parent/carer an opportunity to visit the school to check the child for themselves.

If the First Aider believes that the injured person requires medical treatment they will consult with the Head Teacher (or nominated deputy) and:

- Arrange for the emergency services (999) to be called if necessary
- Arrange for parent/carers to be informed
- Arrange for the child/adult to be transported to A&E at Peterborough Hospital by, taking another adult as driver if parents/carers are unavailable.
- A Local Authority Health and Safety form should also be completed and a subsequent submission to the online reporting platform.
- **If there is a clearly a need for medical attention, the member of staff must call 999 immediately rather than consult with a member of the Leadership Team. A need for urgent medical attention would include (but not exhaustive) : asthma attack not responding to inhaler, anaphylaxis, head injury showing serious signs (see below) a known child with a known medical condition that is life threatening.**

Signs of a head injury requiring emergency services:

Call 999 or go to A&E (Emergency) if:

- **Loss of Consciousness:** Unresponsive or can't stay awake, even briefly.
- **Seizures (Fits):** Any seizure activity.
- **Severe Headache:** Worsening or severe pain not helped by painkillers.
- **Vomiting:** Repeatedly.
- **Fluid from Ears/Nose:** Clear fluid or blood.
- **Neurological Signs:** Numbness, weakness, balance problems, trouble speaking, understanding, or walking.
- **Vision/Hearing:** New problems with sight or hearing.
- **Skull Injury:** A dent in the head or a wound with something inside.
- **High-Impact Injury:** Hit at speed (car crash, fall from height).

Injury/accident books should be monitored to identify recurring incidents which may be prevented if appropriate action is taken.

All staff will be informed of First Aid arrangements and made aware of this policy as part of their induction.

Risk Assessments

A risk assessment will be put in place for any child carrying any physical injury resulting in changes to usual practice.

Children with broken bones attending school must have a risk assessment completed before returning to school. The risk assessment will be based on the information provided by the parent/carer and be completed by in association with the child's class teacher.

Medication in School

Norwood Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014.

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

Adults who require medication in school take responsibility for this and, other than exceptions such as inhalers and Epi-pens which can be kept on their person, should be stored away from children's access.

1. Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- I. Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
 - II. Providing support, advice /guidance and training to schools and their staff to ensure Education and Healthcare Plans (EHCP) are effectively delivered.
 - III. Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.
- b) The Governing Body of Norwood Primary School is responsible for:
- I. Ensuring arrangements are in place to support pupils with medical conditions.
 - II. Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
 - III. Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
 - IV. Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
 - V. Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
 - VI. Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
 - VII. Ensuring written records are kept of, any and all, medicines administered to pupils.
 - VIII. Ensuring the policy sets out procedures in place for emergency situations.
 - IX. Ensuring the level of insurance in place reflects the level of risk.
 - X. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- c) The Headteacher is responsible for:
- I. Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
 - II. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Norwood Primary School.
 - III. Liaising with healthcare professionals regarding the training required for staff.
 - IV. Identifying staff who need to be aware of a child's medical condition.
 - V. Developing Healthcare Plans (HCPs).
 - VI. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver HCPs in normal, contingency and emergency situations.
 - VII. If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
 - VIII. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
 - IX. Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
 - X. Ensuring confidentiality and data protection.
 - XI. Assigning appropriate accommodation for medical treatment/ care.
 - XII. Considering the purchase of a defibrillator.
 - XIII. Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

d) Staff members are responsible for:

- I. Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
- II. Knowing where controlled drugs are stored and where the key is held.
- III. Taking account of the needs of pupils with medical conditions in lessons.
- IV. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- V. Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- VI. Completing 'Medication Between Settings' form to make it clear that medication has been received by the responsible adult e.g. parent/carer, Playhouse.
- VII. Informing parent/carers of any head injuries sustained during the school day.
- VIII. Copying Playhouse into head injury messages sent to parent/carers regarding children on the Playhouse register for that day.

e) School nurses are responsible for:

- I. Collaborating on developing an HCP in anticipation of a child with a medical condition starting school.
- II. Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- III. Supporting staff to implement an HCP and then participate in regular reviews of the HCP. Giving advice and liaison on training needs.
- IV. Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.
- V. Providing annual training for medical need to all staff including epi-pen training, inhaler training and any other specified required training.

f) Parents and carers are responsible for:

- I. Keeping the school informed about any new medical condition or changes to their child/children's health.
- II. Informing the school of any injury sustained outside of school that may impact on school life – including any head injury, broken bones, fractures etc to allow school to implement a risk assessment.
- III. Participating in the development and regular reviews of their child's HCP.
- IV. Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- V. Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine and medicine packaging.
- VI. Carrying out actions assigned to them in the HCP with particular emphasis on, they or a nominated adult, being contactable at all times.
- VII. For children attending Playhouse, parents/carers need to inform Playhouse to collect the medication and any paperwork from the school office at the end of the school day.

g) Child care providers including Playhouse are responsible for:

- I. Ensuring that school has an up to date list of children attending their setting each day of the school week.

- II. Informing parent/carers of the need to share with Playhouse if their child is on medication that needs collecting from the school office.
- III. Collecting any medication and paperwork for children attending their setting.
- IV. Monitoring pupils for whom a text has been received regarding a head injury occurring during the school day.

h) Pupils are responsible for:

- I. Providing information on how their medical condition affects them.
- II. Contributing to their HCP
- III. Complying with the HCP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents/carers.

2. Training of staff

- a) Newly appointed teachers, and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- b) The clinical lead for each training area/session will be named on each HCP.
- c) No staff member may administer consultant managed medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- d) School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety PCC (Peterborough City Council), and Risk, Insurance & Governance Manager, PCC.

3. Medical conditions register /list

- a) Schools admissions forms should request information on pre-existing medical conditions. *Exemplar of Equalities admission form here*. Parents/carers must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- b) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access. This is found via the reports function in our MIS system.
- c) Supply staff and support staff should similarly have access on a need to know basis. Parents/carers should be assured data sharing principles are adhered to.
- d) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents/carers, school and health professionals to prepare IHP and train staff if appropriate.

4. Healthcare Plans (HCPs)

- a) Where necessary (Headteachers will make the final decision) an Healthcare Plan will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SEND-Co) and medical professionals.
- b) HCP will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying HCP as visitors /parent helpers etc. may enter. If consent is sought from parents/carers a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. *However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.*
- c) HCP will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

- d) Where a pupil has an Education, Health and Care plan or special needs statement, the HCP will be linked to it or become part of it.
- e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the HCP identifies the support the child needs to reintegrate.

5. Being notified that a child has a medical condition

- a) When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an HCP.
- b) The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. See Appendix 1.

6. Individual Health Care Plans

- a) The headteacher has overall responsibility for the development of HCPs for pupils with medical conditions.
- b) Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- c) Plans will be developed with the pupil's best interests in mind and will set out:
 - I. What needs to be done
 - II. When
 - III. By whom
- d) Not all pupils with a medical condition will require an HCP. It will be agreed with a healthcare professional and the parents when an HCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.
- e) Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- f) HCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the HCP.
- g) The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Headteacher will consider the following when deciding what information to record on HCPs:
 - I. The medical condition, its triggers, signs, symptoms and treatments
 - II. The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
 - III. Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
 - IV. The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
 - V. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
 - VI. Who in the school needs to be aware of the pupil's condition and the support required
 - VII. Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

- VIII. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- IX. Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- X. What to do in an emergency, including who to contact, and contingency arrangements

7. Transport arrangements

- a) Where a pupil with an HCP is allocated school transport the school should invite a member of PCC Transport team who will arrange for the driver or escort to participate in the HCP meeting. A copy of the HCP will be copied to the Transport team and kept on the pupil record. The HCP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- b) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- c) When prescribed controlled drugs need to be sent in to school, parents/carers will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- d) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

8. Compulsory school age children and long term illness

- a) School will actively engage with relevant bodies to support children who are absent from school for sustained periods due to illness.

9. Medicines

- a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- b) If this is not possible (e.g. prescription stating 4 doses per day or 3 dosed spaced equally), prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- c) No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- d) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents/carers while respecting their right to confidentiality.
- e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- f) Medicines MUST be in date, fully labelled including date and child's name, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- g) Other than emergency medication such as inhalers, epi pens and adrenalin injections, a maximum of four weeks' supply of the medication may be provided to the school at one time.
- h) Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- i) Medications will be stored in the small office.

- j) Any medications left over at the end of the course will be returned to the child's parents/carers.
- k) Written records will be kept of any medication administered to children.
- l) Pupils will never be prevented from accessing their medication, however the child must be supervised at all times.
- m) Emergency salbutamol inhaler kits may be kept voluntarily by school and are located in the school office.
- n) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room/first aid area.
- o) Norwood Primary School cannot be held responsible for side effects that occur when medication is taken correctly and will inform parents/carers immediately should they occur.
- p) Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the HCP which will include informing parents/carers.

10. Emergencies

- a) For children with potentially life threatening illnesses, their IHP will detail signs and symptoms that constitute an emergency and the procedures for progressing to contact with emergency services.
- b) For circumstances where an emergency is identified outside of a known illness, the following procedure, in part d), will also apply.
- c) Staff identifying the emergency will remain with the child and call for support using a walkie talkie or by sending an additional member of staff to inform office staff and SLT immediately.
- d) SLT will make the following arrangements:
 - a. One staff member to make a call to the emergency services,
 - b. One staff member to inform parents/carers,
 - c. One staff member to stand outside the school building to direct the ambulance to the nearest entrance – Gunthorpe Road or Coniston Road,
 - d. Staff members to relocate other children not impacted by the emergency
 - e. If the emergency services have shared that they will take longer than staff feel is safe, and parents/carers have not arrived, two staff members to transport the child to the nearest hospital emergency department.
- e) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- f) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents/carers arrive.
- g) Once the emergency has been taken over by an external medical team, staff involved to be supported with recording the incident, managing emotions and talking through the situation to support with trauma. Staff to be directed to the Employee Support Service for further support, as required.

11. Day trips, residential visits and sporting activities

- a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- b) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents/carers, healthcare professionals etc. on trips and visits will be separate to the normal day to day HCP requirements for the school day.

12. Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in Norwood Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school
- e) Sending the pupil to the first aid area or school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents/carers feel obliged or forcing parents/carers to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

13. Insurance

- a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

14. Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

15. Definitions

- a) 'Parent(s)' is a wide reference not only to a pupil's birth parents/carers but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery.
Being 'unwell' and common childhood diseases are not covered.
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- e) A 'staff member' is defined as any member of staff employed at Norwood Primary School.

Appendix 1: Being notified a child has a medical condition

