Ashford CE Primary School

Supporting Pupils with Medical Conditions and First Aid Policy

Updated Policy: June 2026 Signed: L Bowman

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Supporting Pupils with Medical Conditions and First Aid Policy

Our School Vision

We are a caring Christian community where everyone adopts an "I can" attitude; everyone feels valued, safe and loved by God. We celebrate our God-given individuality, achievements and talents and we aspire, with God's help, to become the best that we can be. We believe that each one of us has the ability to achieve our highest potential, living and learning in the fullness of God.

I can do all things through Christ who gives me strength.

Philippians 4v13

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1. Aims

This policy aims to ensure that:

- Ensure the health & safety of all staff, pupils and visitors
- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

- Provide a framework for responding to an incident and recording/reporting outcomes

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

3.1 The Governing Body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that an appropriate number of first aid personnel are present in school at all times and that first aid is included in the risk assessment for off site visits

- Ensure that all staff are aware of first aid procedures
- Ensure that incidents are reported in line with requirements of the LA and HSE
- Ensure an adequate number of trained First Aiders to ensure cover across the school
- Ensure that there is always a Paediatric First Aid trained member of staff in EYFS and is directly involved and watching children in EYFS whilst they are eating.

3.3 Staff

Supporting pupils with medical conditions or first aid during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so, they need to ensure that pupils receive appropriate care and attention. This includes the administration of medicines.

All Teaching & Learning Assistants will be trained in first aid procedures. This includes paediatric first aid as well as first aid for schools. Training is updated at least every three years. However, additional training will be provided to meet the needs of specific children or situations. A log of training will be maintained as part of the safeguarding records.

Those staff who take on the responsibility to support pupils with medical conditions and first aid will receive sufficient and suitable training and will achieve the necessary level of competency before doing so. Updates will be provided to refresh training prior to the next full training for the whole school. Risk Assessments will be undertaken to ensure adequate trained staff are available on site.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Ensure that the school has a minimum of two emergency contact numbers of parents/carers
- Ensure that any medication is provided to the school, take responsibility for keeping a note of expiry dates and ensuring the school receives new supplies

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School Nurses and Other Healthcare Professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

4. First Aid Procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the Headteacher/SLT member judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider or member of staff waiting with the child will recommend next steps to the parents
- If emergency services are called, a member of the SLT or office team will contact parents immediately
- The first aider/relevant member of staff involved will complete an accident report form on the same day, or as soon as is reasonably practical, after an incident resulting in an injury. For minor injuries this will be recorded in the medical record book in the medical room. For more serious injuries requiring medical attention a report will be made on the Surrey OSHENS system. Minor injuries requiring first aid during off-site activities will be reported to school on return and recording in the medical log or on OSHENS, if considered appropriate by the Headteacher. Staff will ensure that the parent is made aware of any first aid provided.
- First Aid will be carried out in line with the training given and this training forms the procedures for the school.

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils (red bag information and any medication belonging to the pupil).
- Parents' contact details where appropriate or contact details of the school office or Headteacher

Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises.

For EYFS visits: There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one first aider on school trips and visits.

4.3 First aid and accident record book

- An accident form will be completed by the relevant member of staff on the same day, or as soon as possible, after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident. A report on the SCC OSHENS system will be made for any significant injury or where further medical attention was recommended. This covers the requirements for reporting for the HSE/Riddor.
- The Headteacher will undertake any further reporting as necessary
- A copy of the accident report form will also be added to the pupil's educational file
- Records held in the first aid and accident book will be retained by the school in line with the school records retention procedures.

5. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

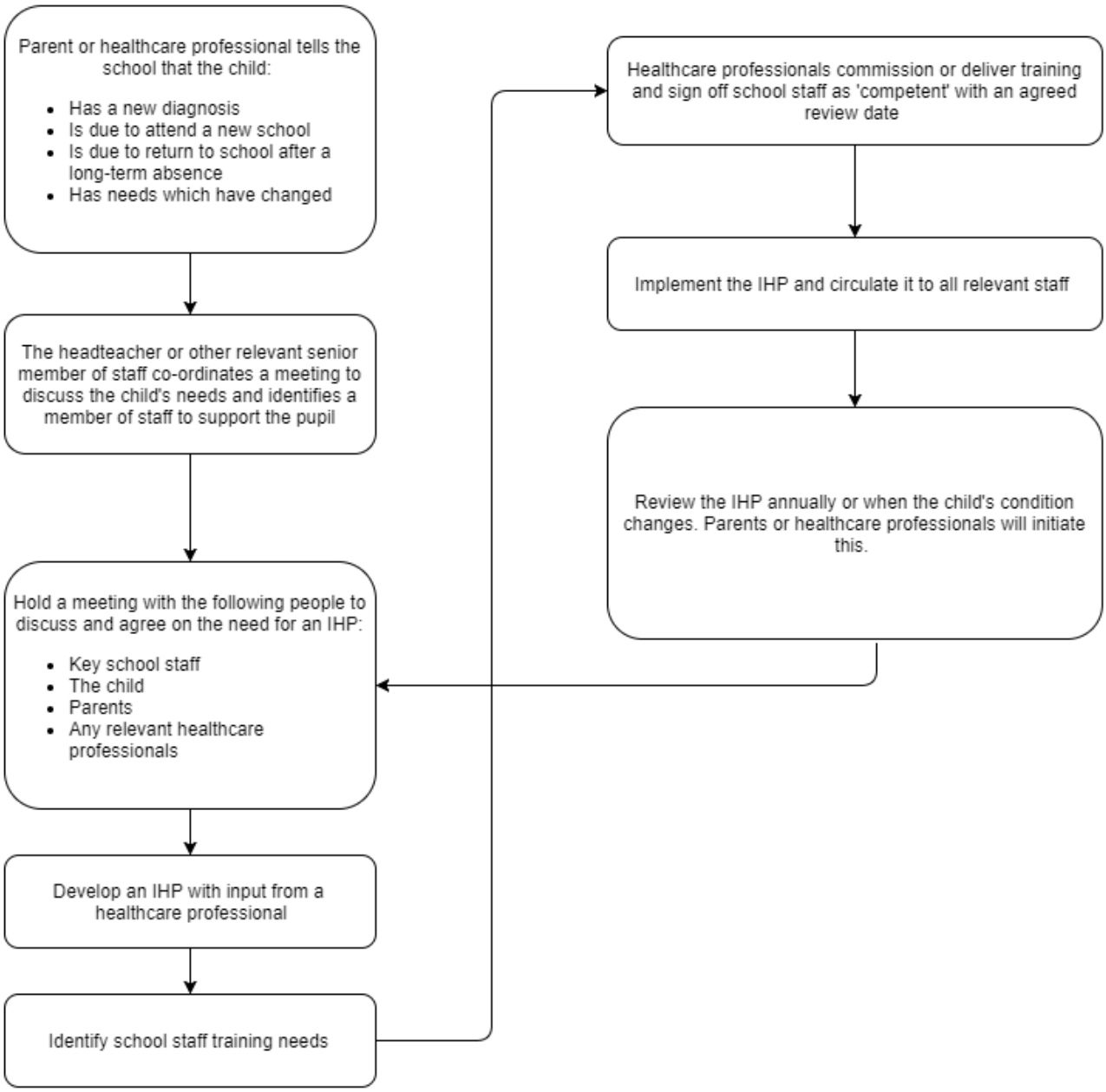
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

6. Being Notified That A Child Has A Medical Condition

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 IHP.

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.



7. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCO/Inclusion Leader.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

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.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

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 body and the Headteacher/SENDCO Inclusion Leader, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- 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.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete assessments, use of rest periods or additional support in catching up with lessons, counselling/ELSA sessions
- 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
- 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
- Who in the school needs to be aware of the pupil's condition and the support required
- 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
- 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
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- The IHP should also contain information about when it is appropriate for a parent to be contacted should the pupil be at risk from highly contagious, airborne or contact infections such as when a pupil in the same class has been diagnosis with chicken pox, measles, etc. The school will work with the parents to limit contact for the pupil and be supportive of any decision the parent makes to reduce the potential impact to their child and their condition. This is particularly relevant to where a pupil is undergoing or about to undergo treatment and the immune system is significantly compromised.

A template example is attached as Appendix 2.

8. Managing Medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the medical room and the red medical bags clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

8.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

School held "spare" emergency AAI(s) and Inhalers

The school has spare adrenaline auto-injectors AAI(s) and inhalers for those pupils who we already have authorisation to administer their own prescribed medication to. This is in line with the Department of Health guidance.

Spare inhalers and (AAI(s) are seen as back up devices and not a replacement for a pupil's own.

The school will

- Store the spare AAIs and inhalers in specially labelled and security bound boxes on the medical room wall which are checked monthly for condition and expiry. Each box will have a register of pupils who may use the devices contained within the box.
- Have a written plan recommending AAI(s) to be used in the event of anaphylaxis or the inhaler's requirement.
- Have a written consent from the pupil's parent/legal guardian for use of the spare AAI(s) or inhaler, as part of a pupil's individual healthcare plan.
- Have ensured that any spare AAI or inhaler is used only by pupils where both medical authorisation and written parental consent have been provided.
- Have provided appropriate support and training for staff in the use of the AAI and inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- Keep a record of use of any AAI(s) and inhalers, as required by *Supporting Pupils* and informing parents or carers that their pupil has been administered an AAI or inhaler and whether this was the school's spare or the pupil's own device.
- Destroy expired devices appropriately and send used spare AAIs with the child to hospital in case of need for inspection.

Guidance on the use of adrenaline auto-injectors in schools

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Guidance for schools in England on using emergency inhalers.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

8.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Most medicines (inhalers, AAIs etc.) will be kept in the child's classroom in the red medical bag and carried with the class, for ease of access during outside activities. Medicines needing refrigeration will be placed in a lockable box stored in the fruit fridge. If this medicine is required on a trip it will be packed into a cooler bag with ice block.

Older pupils will be allowed to administer their own medicines and relevant devices wherever possible, with the support of a member of staff who will sign the record. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

8.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

9. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

Defibrillator

Any member of staff who has completed the online training may use the school defibrillator if required (those who have not completed the training are able to use the device if they feel confident as it directs actions and will only administer a shock if it detects the need from the casualty). The defibrillator will be checked regularly for condition and expiry of pads. If the defibrillator is used an ambulance MUST have been called simultaneously.

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher/SENDCO Inclusion leader. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record Keeping

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and Indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are available from the school business office.

13. Complaints

Parents with a complaint about their child's medical condition or first aid treatment should discuss these directly with the Headteacher/SENDCO Inclusion Leader in the first instance. If the Head of School/Inclusion Leader cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring Arrangements

This policy will be reviewed and approved by the governing body every 2 years.

15. Links To Other Policies

This policy links to the following policies:

- Accessibility Plan
- Complaints Policy and Procedure
- Equality Policy
- Health and Safety Policy
- Safeguarding Children Policy
- Special Educational Needs Information Report and Policy
- Trips & Visits Policy
- Allergy Policy

Appendix 1

First Aid during a Pandemic

(Guidance taken from HSE website.) This guidance would be reviewed should a further pandemic occur but gives general guidance for dealing with instances of first aid where contact may result in a risk to the first aider.

Guidance for First Aiders

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any pandemic symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Use the following PPE available in the medical/isolation room:
    - a fluid-repellent surgical mask
    - disposable gloves
    - eye protection
    - apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – **do not do rescue breaths**

Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any pandemic symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

Appendix 2 - Care Plan

Parental contact

Child's name	
Date of birth	
Year group	
Address	
Medical conditions	
Date to be updated	
Name	
Relationship	
Home phone	
Mobile phone	
Work phone	
Email	

Other professionals (where applicable)

Specialist nurse	
Key worker	
Consultant paediatrician	
GP	
Class teacher	
Headteacher/ SENDCO	
Other	

This child has the following medical condition(s) requiring the following treatment

Medical condition	
Drug Dose	
When/ how is it administered?	

Any medication will be stored…	

Routine monitoring (where applicable)

What monitoring is required?	
When does it need to be done? When does it need to be done?	
How is it done?	
Is there a target? If so what is the target?	

In an Emergency

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg rest) that are required?	

Other requirements
