'We can and we will'
GLEBE PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND FIRST AID POLICY

Reviewed: October 2026 by Welfare Assistant and Curriculum and Policy Committee
To be reviewed: October 2027

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Mission Statement:
At Glebe School we believe in an ethos that values the whole child.

We strive to enable all children to achieve their full potential academically, socially and emotionally.

Introduction
Glebe Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees, and to ensure best practice by extending the arrangements as far as is reasonably practicable to.

Responsibility for first aid provision at Glebe is held by the Headteacher who is the responsible manager. The Headteacher then delegates tasks to nominated members of staff.

First aid provision is arranged and managed in accordance with the Children's Services Safety Guidance Procedure SGP 08-07 (First Aid).
All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Aims and Objectives

Our First Aid Policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision for our premises.
- Ensuring that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision.
- Ensuring that there is a sufficient number of trained first aiders on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment.
- Ensuring the above provisions are clear and shared with all who may require them.

Legislation and guidance

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

It is also based on the statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to

be administered to employees, and qualified first aid personnel. http://www.legislation.gov.uk/uksi/1981/917/regulation/3/made

- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees.

  http://www.legislation.gov.uk/uksi/1992/2051/regulation/3/made

- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.

  http://www.legislation.gov.uk/uksi/1999/3242/contents/made

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.

  http://www.legislation.gov.uk/uksi/2013/1471/schedule/1/paragraph/1/made

- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.

  http://www.legislation.gov.uk/uksi/1979/628

First Aid Training

The Head teacher will ensure that the appropriate numbers of qualified first aiders and appointed persons are appointed as identified by the completion of the First Aid Needs Assessment, and that they have the appropriate level of training to meet their statutory obligations.

Qualified First Aid Staff

At Glebe there are a number of qualified first aiders who are as follows:

- Mrs Emma Shelley (Welfare Assistant and Chief First Aider)
- Mrs Suzanne Message (Nursery Nurse)
- Gemma Walters (Nursery Nurse)
- Kathryn Longhurst (LSA)
- Lisa Millington (LSA)
- Alison King (LSA)
- Jan Fitzwater (LSA)
- Lily Duhamel (LSA)
- Boo Cole (Office Staff)
- Amanda Barton (SRP Staff)
- Zara Kesterlian (Nursery Nurse)
- Sarah Flemming (Assistant Site Manager)

- Jayne Dougherty (SMSA)
- Shiwali Mehra (LSA)
- Denise McFadden (Nursery Nurse)
- Sana Bukhari (LSA)
- Djamila Soltani (LSA)
- Emma Joyce (SRP LSA)
- Emma Joyce (SEN LSA)
- Anita Bhardwaj (EYFS)
- Ruth Wands (EYFS)
- Laura Williams (EYFS)
- Tracy Pione (EYFS)
- Fion Berriman (EYFS)
- Laura Fitzwater (EYFS)
- Sharon Newing (EYFS)

We have ensured that there is at least one member of staff trained in first aid, for each year group, to medically supervise off site activities such as school trips. During lesson times, the year group first aider should be the first port of call for the children. In each corridor there will be a sign for the children to show who their first aider is.

Our first aiders hold a qualification in Paediatric First Aid Level 3 or a first aid at work certificate, in line with Ofsted requirements. The staff in reception and nursery are also all Paediatric First Aid Trained so that they can support the children whilst they eat.

They will be responsible for administering first aid, in accordance with their training to those that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (eg. first aid kit inspections).

Roles and Responsibilities

Appointed Persons

At Glebe Primary School Mrs Emma Shelley is the Welfare Assistant.

Where the first aid needs assessment identifies that qualified first aid staff are not necessary, the minimum requirement is to appoint a person (the Appointed Person) to take charge of the first aid arrangements, including looking after equipment and facilities, calling the emergency services when required, acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment and taking charge when someone is injured or falls ill during the short-term, unplanned absence of a qualified first aider. S/he would also have the responsibility to fill in an accident report on the same day, or as soon as is reasonably practicable, after an incident

This would come into action during short trips off school premises that are deemed un-necessary that a qualified fist aider be in attendance.

All first aiders have, as a minimum the Emergency First Aid at Work course. The welfare assistant and other key staff will have Paediatric First Aid training.

At Glebe Primary School we arrange that a qualified first aider accompanies all school trips where possible.

The local authority and governing board
Hillingdon has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.
The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

The headteacher
The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of [appointed persons and/or trained first aid personnel] are present in the school at all times
- If applicable, add: Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary

Staff
School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and/or appointed person(s) in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a [first aider/appointed person] is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs
- The office staff implement systems for obtaining information about a child's needs for medicines and the welfare assistant is responsible for keeping this information up to date. The information put onto SIMs should be put in both the medical conditions and medical notes section.
- Taking the medical bags with them when they leave the classroom. Medical bags should be kept with the class during p.e and computing lessons. At break times they should be hung up on the hooks by the main door.

First Aid Provision

Our First Aid Needs Assessment has identified the following first aid kit requirements.

- A fully stocked unit, situated in the Welfare Room
- A fully stocked box, situated in the Nursery
- A fully stocked box, situated in the Reception (on the wall outside RB)
- A fully stocked box, situated in the KS1 (on the wall between 1M & 1P)
- A fully stocked box, situated in the LKS2 (on the wall between 3F & 4G)
- A fully stocked box, situated in the UKS2 (on the wall between 5F & 5K)
- 2 fully stocked first aid boxes, which are kept in the Welfare Room ready for trips off premises.
- 2 fully stocked emergency boxes, which are kept in the Welfare Room, in case of need.
- 2 fully stocked "Bum Bags" for school trips.
- Kitchen stocked with appropriate "blue" plasters
- Year 3/4 corridor
- The Hub (Formally known as the Unit)
- The Breakfast Club (Formally the old year 6 huts)

The children's medical bags are placed on the back door of their classroom in every room so that everyone knows where to find them. The bags are taken to p.e and when the children leave the classroom.

At break and lunch the bags are hung up inside by the two main double doors.

It is the responsibility of the qualified welfare assistant person to check the contents of all first aid kits after every use and every half term and re-stock as required.
The Hygiene Room is designated as the first aid room for treatment, sickness and the administering of first aid. When the Welfare Assistant needs to leave the Welfare room, if this has been planned advance then it will be arranged by the Welfare Assistant for another first aider to cover. If it is unplanned then a sign will be left on the door directing children as to where they should go.

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

- A school mobile phone
- A portable first aid kit including, at minimum:
    - 6 individually wrapped sterile adhesive dressings
    - 1 large sterile unmedicated dressing
    - 2 triangular bandages – individually wrapped and preferably sterile
    - 2 safety pins
    - Individually wrapped moist cleansing wipes

  - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils

Actions in the case of a head injury:

- If a pupil has bumped their head, they are taken to the Welfare Assistant by an adult (if an adult is unable to escort them the first aider is called to the child) (or First Aider covering) who checks the pupil's whole head for injuries. Don't rely on the child to tell you where it hurts as they may be in shock.

- If an adult witnessed the fall, they put this in writing for it to be uploaded to CPOMS, including what happened and where it happened and details of any injuries.

If there is no apparent injury at the time of the initial medical assessment:

- the child is given a yellow wristband so that all staff can keep a look out for any changes to their behaviour or condition. The time of the incident will be written on the wristband. If the child appears well enough to leave the Welfare Room, Emma will inform the class teacher and they will then inform the first aider for the key stage. There will be regular (hourly) physical check-ups made to the child by one of the first aiders in the Key Stage. If there are any clear physical or behavioural changes to the child, the Welfare Assistant will be contacted immediately. Changes that may be noticed, but are not limited to, include:
  - Tired/rubbing their eyes
  - Not eating
  - Appearing groggy
  - A lump appearing
  - Grumpy
  - Crying or tearful.

- Regardless of whether the child has an obvious injury, the Welfare Assistant contacts the parents to report the incident.

- During the call, the Welfare Assistant explains that there were no signs of injury or concussion *at the time* of the initial medical assessment but this may change. Welfare Assistant explains to the parent that the child is wearing an yellow wristband so all staff who know the child well are observing them. With this information, the Welfare Assistant gives the parent the choice of whether to collect their child and observe them at home or if they consent to their child staying in school under staff observation.

- If the pupil stays in school and later develops symptoms of concussion or complains of pain, parents must be called by Welfare Assistant to collect and either take them home for observation or take to A & E.

If there is an obvious injury at the time of the initial medical assessment, the parent is contacted and advised to collect their child and take to A & E.

Supporting Children with Asthma

Introduction

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Glebe Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy.

At Glebe Primary School our dedicated Asthma Champion is the Welfare Assistant.

Legislation

Local authorities, schools and governing bodies are all responsible for the health and safety of pupils in their care.

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards 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.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

This also meets the requirements of:

- The Disability Discrimination Act 1995 (DDA),
- The Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005 and Equality Act (2010). These acts make it unlawful for service providers, including schools, to discriminate against disabled people.

Other relevant legislation includes:

- The Education Act 1996,
- The Care Standards Act 2000,

- The Health and Safety at Work Act etc. 1974,
- The Management of Health and Safety at Work Regulations 1999
- The Medicines Act 1968.

On entry into the Nursery and/or full-time schooling all parents are asked if their child is ever wheezy, or has been identified as suffering with asthma.

Parents are asked to complete a medical information form. This form outlines the condition and if, or when, medication needs to be taken. Copies of the First Aid and Medical Conditions Policy is available on the website and copies can be obtained from the school office on request.

Emergency Asthma Kits

As from October 2014 the Human Medicines (Amendment) (N0.2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

To conform with the above, Glebe Primary School will be asking for written consent from parents for the use of the emergency inhaler. Parents will be notified if they have used them.

The school has four Emergency Asthma Inhaler Kits around school. They are located as follows:

- Welfare Room,
- School Hall,
- Upstairs Landing by ICT suite,
- In the Breakfast/Afterschool hut.

These are checked and recorded quarterly.

Audits are undertaken by the School Nurse attached to Glebe, and support given where required.

We endeavour to have a meeting with all children diagnosed with Asthma once a term to enable children to meet each other and ask questions about what Asthma means to them.

The emergency inhaler/spacer should only be used in an emergency if the child's own inhaler / spacer is not available (expired / empty / lost). The spacer is to be washed in warm soapy water and left to air dry and the inhaler should be wiped clean with an anti bacterial wipe after use.

The inhaler in the Emergency kit can only be used by children whose parents have consented to the usage.

Each pack will contain:

- 2 blue Salbutamol inhalers;

- 2 plastic spacers;
- an emergency asthma plan poster;
- register of consented asthmatic children and an asthma log.

It is the Welfare Assistant's job to ensure the class and emergency boxes are regularly checked and contain all the agreed equipment.

Children who are known to suffer from Asthma are requested to have one blue salbutamol inhaler (reliever inhaler) and one plastic spacer prescribed by their GP in school. This must be in its original box with its prescription label detailing the child's name. It is the parent's responsibility to supply this blue inhaler and spacer to the school. This is kept in the class Asthma Bags. All inhalers will be easily and immediately accessible and never locked away.

Preventers, (brown inhalers) and red inhalers are not permitted under any circumstances unless we are advised by the Asthma Nurses that there has been a change in the recognised way that Asthma is treated in schools.

All children are encouraged and trained in using their inhalers themselves. However, staff have been trained to support and supervise as it is being administered.

The inhaler and spacer are kept in the classroom in a draw string bag for the sole use of asthma and anaphylaxis medication. All children who are on the Asthma register know where to find their particular inhaler and have been trained in how to use it. If pupils use their inhaler at school, this must be logged on cpoms by the class teacher or the welfare assistant, depending on when they use it. An alert must be sent to the welfare assistant so that they can record usage separately and share this with the school asthma nurse.

Class teachers are responsible for ensuring that Asthma bags are taken wherever the class goes e.g. the hall for P.E. and out on school trips to enable children have immediate access should they require an inhaler. Each class has asthma bag monitors, which is displayed in the classroom, who will take the asthma bag with them when they leave the classroom. At playtime, and lunchtime these bags will be hung on designated hooks, by the playground, to ensure that they are easily accessible.

The Staff are also aware that only inhalers, spacers, epi-pens and antihistamine are allowed in these bags and know to record any usage as and when it occurs. If there is excessive use of an inhaler, the class teacher will inform the Welfare Assistant. The Welfare Assistant in turn will advise the child's parents accordingly. If any member of staff thinks that an inhaler is being used too often, or is any doubt about the usage of an inhaler, they will ensure that the Welfare Assistant is notified and she will contact the parent to advise them. (It could be that the preventer medication is not working as it should be).

All Asthma bags are checked ½ termly. Letters or texts reminding parents that an inhaler is about to expire are sent out approximately 4 weeks prior to the inhaler going out of date. Out of date inhalers are returned home with a subsequent request for a new one if one hasn't been sent in by this time. **Ultimately it is the parents' responsibility to ensure that all reliever inhalers are in date and are on school premises. It is also parents' responsibility to inform the school of an updates to medication or treatment, including the sharing of Individual Healthcare Plans. The welfare will update records accordingly and inform relevant.**

All inhalers in class have the child's name clearly adhered to them (the actual inhaler and the box), so there is no chance of it being used by the wrong child.
A register is kept of all children with inhalers. An annual audit it taken each September and letters are sent out to all parents of children who are on the Asthma Register to remind them of current inhalers held in school. These letters advise whether action is required or not.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. The Welfare Assistant ensures that class teachers and P.E teachers are aware of children with asthma. All teachers know which children in their class have asthma and all external PE teachers at the school are made aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers and TAs will remind pupils whose asthma is triggered by exercise, to take their inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. As stated before, the class teacher will ensure that the child's medicine bag is brought to the hall or outside depending on where the activity is taking place. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Adults who run sports clubs will be made aware of children with asthma through their register. These children will be highlighted on the register.

Offsite Visits

Children with Asthma going off school premises for any reason must be in a group lead by a member of staff who has had asthma training. The only exception to this rule is if the child's own parent is helping.

Whole School Training
In order to support the management of children's asthma within our school, whole school staff training takes place annually to ensure that ALL staff are aware **of the procedures to follow in the event of a child having a possible asthma attack.** All staff are asked to attend this and a register is kept for a record of who attended.

Asthma Attack

In the case of an asthma attack the teacher should follow the instructions on the asthma attack poster situated in all classrooms and keep the child calm. PLEASE TREAT CHILD WHERE THEY ARE AND SEND FOR HELP IMMEDIATELY.

Asthma Friendly School Status

Our school is currently an Asthma Friendly school as of the 15th May 2024/25. This status is reviewed annually by the School Nursing Team and the following criteria must be met each year for it to be awarded:

*Named Asthma Champion – Emma Shelley
*Named Asthma Lead – Melanie Penney
*Register of all children with Asthma – In first aid folder on staff shared file
*Management plan for children with asthma (Asthma Action plan)
*Asthma Champion links with Community Asthma services & attends Annual workshop
*Clear Asthma policy
*Accessible inhalers
*Annual school staff training (minimum 85% attendance required)
*Display of emergency plan posters
*Emergency inhaler kits
*Annual asthma audit

Further information can be found at:
Asthma UK
18 Mansell Street London
E1 8AA Phone
020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Insulin

Management

Children at Glebe who have Diabetes are encouraged to maintain their own blood sugar levels and thus adjust their insulin levels accordingly, once of an appropriate age. This is done with the Welfare Assistant (School Nurse,) or another member of staff who has completed the 'Diabetes Training for Educational Settings'2025, to begin with, and when both parties are satisfied and confident, the child will manage his/her regime themselves and the relevant class teacher/classroom assistant will oversee. The Welfare Assistant is always on hand should the need arise. As each child's diabetes regime is different, the Welfare Assistant and any other supporting staff will attend specific

training for each child. We aim to have a minimum of 3 staff trained for each child and a maximum of 5.

The child is expected to have their own emergency pack in class, and a back up one in the Welfare Room. This bag will include: a blood testing kit, an emergency supply of insulin with the required needles, fast acting gel, a sugar (drink or tablet form) and biscuits. The back up bag is kept in the Hygiene Room that is accessible for use in an emergency.

Any needles used are either put in the sharps box in school or sent home securely in the child's pack for disposal.

Insulin kept in school is in the form of an auto-inject pen in which full training is given to anyone that may be required to use it.

Where a child is responsible for their own administration of insulin they are overseen by a trained member of staff.
Children who have been fitted with an insulin pump, know there are staff on site if they require help or advice of any form.

We operate an open line of communication with parents where required.
Staff whom have a child in their class who is known to be diabetic are aware of the differences between a Hypo and a Hyper.
If at any time it is believed that the child has not responded within their set protocol, an ambulance will be called and the parents informed.

This policy is reviewed annually, if there are any significant changes to the way Diabetes is treated, and or when we have a new child diagnosed to ensure that we are flexible in order to be supportive to any child with Diabetes.

Further information can be found at:
Diabetes UK Macleod House
10 Parkway London
NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Automated External Defibrillator (AED)

When a person suffers a cardiac arrest, it is essential for effective CPR to be initiated as soon as possible; only dialling 999 should take precedence. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the AED, usually before it delivers a shock. If possible, somebody else should attach the pads to the patient while CPR continues.

AED Pad Placement



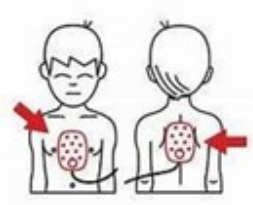
The aim is to place the pads so that the heart is in a direct line between the faces of the two pads.

In infants and small children it is best to apply the pads to the centre of the chest, one on the child's front and one on the child's back, if they cannot be separated adequately in the standard positions shown here.

Adult AED pad placement



Paediatric AED pad placement
(for use on children aged up to 8 years of age, or weighing under 25kg)



An AED will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR.

Some cardiac arrest patients will not present with a shockable rhythm (i.e. one which is suitable for defibrillation), and the AED will not administer a shock. In such cases, it is essential that CPR is maintained until the emergency services arrive.



We have 1 AED in the school, it is located in the welfare room (figure 1). The AED is in an unlocked alarmed cabinet. All first aiders have been trained in how to use these but they also have a voice guide on how to use these which activates as soon as the box is opened. Additionally, there are clear pictures on the AED indicting where to place the pads.

Using the pads provided, the AED machine can be used on children who are aged one year and over, as well as adults. The AED has a switch on the machine for adult or child use (figure 2).

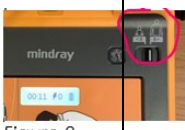


Figure 2



Figure 3

Inside the AED display case is a pocket face mask to use if mouth to mouth is required. This should be placed over the patient's mouth and secured and then there is a hole to blow in to. (Figure 3)

Inside the AED case is a shaving kit for use if the patient has chest hair (figure 4).



Figure 4

The expiry date is 26/06/2030.

Supporting Pupils with Medical Conditions

Supporting pupils with medical conditions 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. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach and act accordingly e.g informing the welfare assistant if a child with diabetes will be eating something different that day or check produce that is brought in for the 14 known allergens. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents/carers 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.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them- depending on their age or their special need. 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.

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 nurses and notify them of any pupils identified as having a medical condition.

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/carers and any relevant healthcare professionals will be consulted.

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.

Medicines Within School

THERE IS NO LEGAL REQUIREMENT FOR ANY MEMBER OF STAFF TO ADMINISTER MEDICATION IN SCHOOL. THIS IS DONE ON A VOLUNTARY BASIS IN ACCORDANCE WITH BOROUGH POLICY.

If medication is required to be given by school staff, the following considerations are followed:

- All medication should be prescribed by a doctor, and presented to school with the child's name and date on the prescription label. A letter of authority from the parent/carer should accompany this medicine clearly giving instruction as to how the medication should be administered. The parent should also indicate if there could be any side effects in giving the medication.

- There are a few exceptions where non-prescribed medication is permitted, and in the cases where we would accept non-prescribed medication, a signed letter from the parent/carer giving precise instruction, including why the child needs it, is mandatory.

- **It is the parent's responsibility to deliver and collect the medication from the school office/ welfare room. (The parent/carer must come into the main reception to deliver and collect medication and not send it in with a child).**

- The school will endeavour to administer medication as requested, but cannot be held responsible for missed doses.

- In the cases of life long and/or long-term conditions, expiry dates on medication should be diarised by the parent/carer for replacement. The school will endeavour to contact parents/carers when medication is near to expiry date, but the ultimate responsibility is

with the parent/carer. The school cannot be held responsible for out of date medication.

- Children who are on the Medication Register (e.g. Asthma, auto- insulin injector), who do not have the correct medication in school, will not be allowed off school premises. This would include swimming and school trips. In the case of school trips where a voluntary contribution has been made, no refund will be available.

- Any medication brought into school will be stored according to requirements.

- Inhalers are kept in drawstring bags in classrooms.

- Medication used for severe allergy re-action is kept both in class and the Hygiene Room.

- Medicine that requires to be kept cool, will be kept in the fridge.

- All other medication will be kept in a lockable cupboard in the Hygiene Room. As a rule, sun screen is not permitted in school, and we encourage parents/carers to administer such before the start of the school day. In extreme circumstances we would adopt the "prescribed medication policy".

- Pupils 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 /carers 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. There should be two given to the school- both 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.

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

  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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other 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.

Non-Prescribed Medication

At the time of policy writing the following non-prescribed medication may be considered:
Anti-histamine (e.g. Piriton)
Pain Control (e.g. Calpol, Nurofen)
Eye drops (For hayfever)
Written consent must be obtained from the parent or carer before this medication can be administered. This medication is only given under extreme circumstances and only for the duration of the condition.

Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the school nurse (Emma Shelley). 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/carers 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/carers 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 board, the headteacher and the school nurse, 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, travel time between lessons;
- 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;
- 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/carers 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.

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/carers;
- 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;
- Sending an ill child to the school office or medical room unaccompanied or with someone unsuitable;
- Being unaware of children in the class who have life-affecting or life-threatening conditions and the actions required to either prevent potential illnesses or to respond to critical situations;
- 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;
- Not checking labels of food, drinks etc that are being provided for the class for nuts (we are a nut free school) nor the allergens that a child within the class specifically has;
- Require parents/carers, 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/carer 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/carers to accompany their child;
- Administer, or ask pupils to administer, medicine in school toilets.

EYFS settings: 5.1 Obtaining information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 10 of this policy).

We will:

- For all new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new pupil moves to the school, we send out the forms beforehand and make all possible arrangements to receive these back before the children start. If this is not possible, we will collect the information on their first day.
- If a child needs new medicine to administered during the school day, parents must complete the 'request to administer medicine form' beforehand and hand the form and medicine to the school office.

We ask that parents/carers proactively inform us by either phone call to the school 01895462385 or an email to office@glebeprimary.org if their child's medical needs change during the school year.

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/carer arrives, or accompany the pupil to hospital by ambulance.

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. 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.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents/carers will be informed if their pupil has been unwell at school, has received a head bump or a concerning injury.

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

We take the health and well-being of your child seriously. **Any abuse of this policy will result in the school refusing to administer medication, and the parent having to come in to administer the medication to their child at the correct time.**

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training.
Following their assessment of the injured person, they are to administer appropriate first aid and make a well balance judgement, in consultation with either the Head Teacher or one of the Deputy Head Teachers, as to whether there is a requirement to call an ambulance.

If the emergency involves a tooth being knocked out (avulsion) as a result of an accident (and it wasn't wobbly before) then the procedure is as follows:

If the tooth is a milk tooth:

- Locate the tooth
- Place the tooth in milk and cover
- Contact the parent and direct them to their dentist

If the tooth is an adult tooth:

- Locate the tooth
- Place the tooth in milk and cover
- It is advisable to call an ambulance (because of the risk of concussion)
- Contact the parent
- If you know there is going to be a delay in the ambulance arriving, advise the parent and they can make the decision as to whether to collect and take the child themselves.
- Direct parents/ambulance to emergency dental department at Northwick Park Hospital.

The first aider/appointed person are to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury, including adult tooth avulsion.
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- In the event of having to use an Epi-Pen
- Where Asthma medication is "not working"
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify the parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- it is a serious bump to the head
- requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available in order of preference and to leave a message should the parents not be contactable. In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parent periodically through out the day. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).
In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Records

All records are now recorded electronically in the Hygiene Room.

- All accidents requiring first aid treatment are to be recorded with (at least) the following information:
- Name of injured person
- Name of the qualified first aider/appointed person
- Date and time of the accident
- Type of accident (e.g. bump on head etc)
- Treatment provided and action taken
- Reporting to the Borough using the online reporting system for major accidents and incidents.

A senior member of staff is advised of any incident deemed NOT an accident along with accidents of the same nature that occur regularly.

This policy is written in line with the borough policies on all accidents, incidents and emergencies within the school premises.

Reporting to the HSE

The Welfare Assistant will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
The Welfare Assistant will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below.
Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences
These include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Welfare Assistant will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

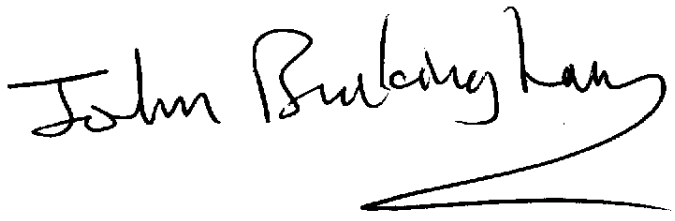
- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:
How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

Reviewed: October 2026
To be reviewed: October 2027



Appendix 1

Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, or send in a letter of authority and the headteacher has agreed that staff can administer the medication.

Child's name:.....Class.....

Condition of illness:.....

Name/type of medication:.....

Time(s) to be administered:.....
(Please note that we have to follow the prescription label, so in most cases only ONE dose will be given during school hours)
For how long is the medication to be continued?.....

Please give any other information that the school needs to know (for example, possible side effects):.....

Does this medication need to be taken home each evening?.....If not , how long is it to be kept in school.....

I understand that I must deliver the medicine personally to the school office and collect it from there at the end of the day. (Even if my child attends an after school club).

Children attending an after school club can collect it from them. Medicines will NOT be handed to the child or put in their book bags.
I accept that this is a service which the school is not obliged to undertake and that the privilege can be withdrawn at any time.

Signature:.....Date.....

Relationship to pupil:.....

Relationship to pupil:.....