



Medical and First Aid Policy

Medical & First Aid Policy (Including EYFS)

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Reviewed By: A Evans & SLT

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Updates and Amendments to Policy

Date	Section Heading	Update Details	Page N°
Jan 2018	Section 3 Roles & Responsibilities 3.3	Inclusion of staff responsibilities when taking medication.	7
	3.5	Inclusion of how parents are told about keeping the school informed of any new medical conditions or changes to their child's health.	8
Jan 2018	Section 8 First Aid Procedures 8.1	Inclusion of when parents are informed of an accident, first aid attention or medicine administered. Including EYFS children.	14
	8.2	Location of Medical Room included.	15
	8.5	Inclusion of when parents are informed of an accident, injury or illness.	16
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Jan 2018	Section 9 Medical Condition Management	Inclusion of staff responsibilities when taking medication.	18
Jan 2018	Appendix D	First Aid Administered / Accident Form	34
Jan 2018	Appendix E	List of Qualified First Aiders & Paediatric First Aiders	35
Sep 2019	Appendix E	List of Qualified First Aiders & Paediatric First Aiders Updated	35
Jun 2020	Appendix F	First Aid Procedures During the Coronavirus (COVID-19) Pandemic	36
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	8.2	Location of First Aid Kits updated	15
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Apr 2025	Appendix G	Removed	
Apr 2025	Appendix E	Updated First Aid / Accident / Illness Form	35
Apr 2025	Appendix F	List of Qualified First Aiders & Paediatric First Aiders Updated	36

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Section 1

Policy Statement

Contained under the umbrella term “Avalon School”, this policy applies to the whole school, including Nursery and Wrap-Around Care.

Avalon School is dedicated to promoting the well-being of the children.

Avalon School is an inclusive community that welcomes and supports pupils with medical conditions. We aim to provide all pupils with medical conditions the same opportunities as others at school.

We will help to ensure that all children can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

Avalon School ensures all staff understand their duty of care to children and young people in the event of an emergency.

Avalon School train and assist all staff to feel confident in knowing what to do in an emergency.

Avalon School understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. The school understands the importance of sharing pastorally on children in our care and completing the necessary documentation prior to the issue of medicines.

Avalon School understand the importance of medication and care being taken as directed by Healthcare Professional and parents/carers.

All staff understand the medical conditions that affect pupils at Avalon School. Staff receiving training on the impact medical conditions can have on pupils.

The Senior Leadership Team (SLT) are responsible for this Medical & First Aid Policy and its implementation.

Section 2

Policy Framework

The Policy Framework describes the essential criteria for how Avalon School can meet the needs of children and young people with long-term medical conditions.

Avalon School is an inclusive community that supports and welcomes pupils with medical conditions.

Avalon School is welcoming, accessible and supportive of pupils with medical conditions. We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. We aim to include all pupils with medical conditions in all school activities where this is not detrimental to their health and well-being.

Avalon School will listen to the views of the parents/carers and pupils.

Parents/carers of pupils with medical conditions feel secure in the care their child receives at Avalon School.

Pupils with medical conditions are encouraged to take control of their condition, dependent upon their age, and to feel confident in the support they receive from the school to help them do this.

All staff understand the medical conditions of pupils at Avalon School and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency and how to seek help.

Avalon School understands that all children with the same medical condition will not have the same needs and that certain medical conditions can be potentially life-threatening if ill-managed or misunderstood.

Avalon School recognises the guidance in the the DfE (Code of Practice for Schools – Disability Discrimination Act 1995: Part 4) (Disability Rights Commission, 2002), Supporting pupils at school with medical conditions (DfES, 2014) and Guidance on First Aid for Schools: a good practice guide (DfE, 1998), in conjunction with the medically trained staff, and the Headteacher, subject to approval by Governors.

There is no legal requirement for school staff to administer medicines. Staff are expected to do what is reasonable and practical to support the inclusion of all students. The DfE states that the Children and Families Act 2014 places a duty on schools to 'make arrangements to support students at their school with medical conditions'.

Section 3

Key Roles and Responsibilities

Avalon School's Medical & First Aid Policy is drawn up in consultation with a wide arrange of local key stakeholders within both the school and health settings.

Stakeholders include pupils, parents/carers, healthcare professionals, school staff and school governors.

This policy is supported by a clear communication plan for school staff, parents/carers and other key stakeholders to ensure that it is fully implemented. All stakeholders are informed of and reminded about the Medical & First Policy through clear communication channels.

All stakeholders know their roles and responsibilities in maintaining and implementing an effective Medical & First Aid Policy. Avalon School works in partnership will all stakeholders to ensure that the Medical Policy is planned, implemented and maintained successfully.

3.1 The Governing Body

Ensure arrangements are in place to support pupils with medical conditions.

Ensure the policy is developed collaboratively across stakeholders, clearly identifies roles and responsibilities and is implemented effectively.

Ensure that the Medical & First Aid 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.

Ensure the policy covers arrangements for pupils who are competent to manage their own health needs.

Ensure 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.

Ensure 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.

Ensure written records are kept of, any and all, medicines administered to pupils.

Ensure the policy sets out procedures in place for emergency situations.

Ensure the level of insurance in place reflects the level of risk.

Handle complaints regarding this policy as outlined in the school's Complaints Policy.

3.2 The Headteacher

Ensures the policy is developed effectively with key stakeholders and makes staff aware of this policy.

Ensures the effectiveness of the day-to-day implementation and management of the Medical & First Aid Policy.

Liaises with Healthcare Professionals regarding the training required for staff.
Ensure the inhalers, adrenalin pens and blood glucose testers (as appropriate) are kept in the appropriate location.

Identifies staff that need to be aware of a child's medical condition.

Ensures that Individual Healthcare Plans (IHPs) are developed and implemented.

Ensures a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations. Staff have access to information, resources and materials.

If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensures more than one staff member is identified, to cover holidays / absences and emergencies.

Ensures the correct level of insurance is in place for all staff that support pupils in line with this policy.

Ensures confidentiality and data protection.

3.3 The Staff

Take 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.

Know where controlled drugs are stored.

Take account of the needs of pupils with medical conditions in lessons.

Undertake 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.

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, and any staff medication must be securely stored at all times.

3.4 The Healthcare Professionals

Provide support, advice / guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.

Provide support and training to identified members of staff to administer medication when appropriate.

3.5 The Parents/Carers

During the Parents Information Meetings held at the beginning of the Autumn Term, parents are asked of keeping the school informed throughout the year about any new medical condition or changes in their child's health. Parents are asked to review their child's medical information held by the school on an annual basis as part the Safeguarding Booklet send out in the Autumn Term.

Participate in the development and regular review of their child's IHP.

Complete a parental consent form to administer medicine or treatment before bringing medication into school.

Provide the school with the medication their child requires and keep it up to date including collecting leftover medicine.

Carry out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

3.6 The Pupils

Provide information of how their medical condition affects them.

Contribute to their IHP.

Comply with the IHP and self-manage their medication or health needs including carrying medical devices, if judges competent to do so by the Healthcare Professional and agreed by parents.

Section 4 Training of Staff

All staff understand and are trained in what to do in an emergency for children with medical conditions at Avalon School.

All staff including temporary, supply or agency staff will receive training on the Medical & First Aid Policy as part of their induction.

All staff receive training in what to do in an emergency and this is refreshed at least once a year. All staff understand and are trained in the school general emergency procedures.

A child's IHP should explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP with emergency care settings.

If a pupil needs to attend hospital, a member of staff will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. Staff will NOT take pupils to hospital in their own car.

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.

School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

Section 5 Medical Conditions Register

On admission the school requests medical information from the parents/carers which should include any pre-existing conditions.

Parents/carers are encouraged to inform the school of any conditions that develop at any point within the school year.

A medical conditions register should be kept, updated and reviewed on a regular basis by a nominated member of staff. All staff should have an overview of pupils with medical conditions.

Temporary and supply staff should be informed of pupils with medical conditions.

Appropriate Key Stage transition meetings should take place in advance of transferring to enable parents, school, and healthcare professional to prepare IHP and train staff if appropriate.

5.1 Individual Healthcare Plan (IHP)

Parents/carers at the school are asked if their child has any medical conditions on admission to the school.

All children with a medical condition should have an IHP.

An IHP should detail exactly what care a child needs in school, when they need it and who is going to give it.

The IHP should include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

An IHP should be developed in collaboration with the pupil, parents/carers, healthcare professionals, Headteacher, SENCo and staff directly involved in the teaching of the child.

The IHP's should be stored confidentially, but be easily accessible to all relevant staff. NOTE: in the case of conditions with potential life-threatening implications the information should be available clearly accessible to everyone.

The school has a centralised register of IHP's and the Deputy Headteacher has the responsibility of this register.

IHP's will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an Education Health and Care Plan or special needs statement, the IHP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, collaborations between the alternative provider and the school to ensure that the IHP identifies the support the child needs to reintegrate.

Section 6 Common Childhood Diseases and Illnesses

6.1 Exclusion Periods for Common Infections

It is important that Avalon School maintain a healthy environment and limits the spread of illness. The following exclusion periods for the most common childhood illness are listed below:

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from Nursery or School
Athlete's foot	None
Chickenpox	Until all blister have crusted over
Cold sores	None
Hand, foot and mouth	None
Impetigo	Until lesions are crusted and healed or 48 hours after starting antibiotic treatment
Measles	Four days from onset of rash
Molluscum contagiosum	None
Mpox	Until confirmed safe to return by doctor
Ringworm	Exclusion not usually required.
Roseola	None
Rubella (German measles)	Four days from onset of rash
Scabies	Child can return after first treatment
Scarlet fever	Child can return 24 hours after starting appropriate antibiotic treatment
Slapped cheek	None once rash has developed
Shingles	Excluded only if rash is weeping and cannot be covered.
Warts and verrucae	None. Verrucae should be covered for PE

Diarrhoea and vomiting

Infection or complaint	Recommended period to be kept away from Nursery or School
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting
E-Coli / Typhoid / Shigella	Child should be excluded for 48 hours from last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting
Cryptosporidiosis	48 hours from last episode of diarrhoea or vomiting

Respiratory infections

Infection or complaint	Recommended period to be kept away from Nursery or School
Flu	Until recovered
Respiratory Infections including Coronavirus	Until no temperature and recovered Coronavirus – 3 days from positive test
Tuberculosis	Always consult GP
Whooping cough	2 days from starting antibiotic treatment, or 14 days from onset of illness if no antibiotic treatment

Other infections

Infection or complaint	Recommended period to be kept away from Nursery or School
Conjunctivitis	None
Diphtheria	Exclusion is essential. Consult GP
Glandular fever	None
Head lice	None
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)
Hepatitis B or C	None
Meningococcal meningitis / septicaemia	Until recovered
Meningitis due to other bacteria	Until recovered
Meningitis viral	None
MRSA	None
Mumps	Exclude child for five days after onset of swelling
Threadworm	None
Tonsillitis	None

6.2 Procedure for a Child who is Unwell in School

If a child becomes unwell during the day, the following procedure should be applied.

- Initially the child should be assessed by their form tutor or subject teacher. Teachers should ensure that they have undertaken the following checks:
 - The child has had some fresh air, a drink of water and been to the toilet.
- If the child is still unwell then a note should be sent with the child to the school office, where a first aider will make an assessment.
- A member of Senior Leadership Team will ultimately decide whether the child's parents/carers should be contacted. Wherever possible children should remain in school.
- If the child is deemed not well enough to stay in school, SLT must always be consulted prior to contacting parents/carers .

- If symptoms persist or the child's condition does not improve, parents/carers should be contacted.
- If the child has vomited or has diarrhoea, the parents/carers should be contacted and collected as soon as possible.
- Cuts and bruises will be attended to by the first aider.
- Any condition requiring an ambulance should be referred to the first aider in the school office and a member of the Senior Leadership Team as soon as possible.
- Staff should ensure that a pupil who goes home ill must be signed out at the school office.

6.3 Child Returning to School After a Period of Hospitalisation

Where a child is returning to school following a period of hospital education or alternative provision, Avalon School will work with the healthcare professionals and parents to ensure that the child receives the support they need to reintegrate effectively.

Avalon School will work in partnership with all relevant parties including, the pupil, parents, school's governing body, all school staff and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to ensure that they are accessible to all pupils, including after school clubs and team sports.

The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity and any potential triggers for a child's medical condition.

The staff will ensure that appropriate medication / equipment / food are available during physical activity.

Avalon School will ensure that children with medical conditions can participate fully in all aspects of the curriculum and is given the same opportunities as any other child. Appropriate adjustments and extra support are provided as required.

All staff and pupils know what to do in an emergency.

Avalon School ensures a risk assessment is carried out prior to the pupil returning to school.

Section 7

Medicines and Storage of Medicines

If a pupil misuses their medication or anyone else's their parents are informed immediately and the school's behaviour policy and disciplinary procedures are followed.

7.1 Record Keeping

Avalon School has clear guidance about keeping records.

Parents/Carers at the school are asked if their child has any medical conditions on admission to the school. If an IHP is required see Section 5.1 above for further guidance.

The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

The school ensures that appropriate staff members are trained in the administering of medication

7.2 Storage of Medicines

All medicines received into school are kept in a locked medical cupboard in the medical room or in the school office fridge.

The school will store medication that is in date and labelled in its original containers.

Medication is expiry date checked when it is received, and parents/carers are informed on their child joining the school that any medicines brought in must be prescribed by a GP, Dentist or Pharmacist, in their original container, and clearly labelled.

Short term medication should be returned at the end of the school day from the school office directly to the parent/carer. Medicines are not given directly to the child to take home.

Long term medication should be collected by the parents/carers at the end of the school term, and provide new and in-date medication at the start of each term.

7.3 Administering Medication

Avalon School has clear guidance on providing care and support and administering medication at school.

The school understands the importance of medication being taken and care received as detailed in the child's IHP.

The school will ensure that there are more than one member of staff who have been trained to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of trained staff to cover any absences. The governor body has made sure that appropriate levels of insurance and liability cover are in place.

The school will not give medication (prescription or non-prescription) to a child without a parent's written consent except in exceptional circumstances.

When administering medication, eg pain relief, staff will check the maximum dosage and when the dose was previous given.

Avalon School will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight residentials.

Parents/carers are aware that they should inform the school immediately if their child's needs change.

Medication given is recorded on consent form for the administering of medication.

Non prescribed medicines and over the counter medications (e.g. Calpol / Piriton) are consented by parents/carers as and when required either in writing using the consent form for the administering of medication or via verbal consent. Medicines will only be administered as per the instructions on the bottle.

Parents/carers are contacted directly prior to administration if written consent has not been acquired.

The administration of medicines is carried out by the designated first aiders within the school office between the hours of 8.00am and 4.00pm.

Before administering medication the designated first aider must consider:

- Does the pupil have any allergies
- Has any other medication already been administered that day
- If so, what was it and what time was it given
- Can you therefore give any further medication
- Check the time difference between doses – 8hourly/ 4 hourly
- Check medication name and expiry date before dispensing
- Check pupils full name
- Check the dose, and write in value of dose in ml.
- Check the route of administration eg oral, topical
- Ensure you sign/initial for all medications given
- Write date and time medication given
- Ensure all medications are locked away
- Any medication you are unsure of please read the advice leaflet for contraindications and side effects
- Do not give a medication unless you have contacted a parent/carer and you are happy to take responsibility for your actions

Following the administering of medicines, the first aider will complete a Medicine Administered form (see Appendix C) which is to be emailed to the parent/carer that day or as soon as practicably possible. A copy is to be kept in the child's file. The first aider will also complete the Medicine Administered Log (see Appendix D)

Section 8

First Aid Procedures

Avalon School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors.

8.1 First Aid Standards

We confirm our adherence to the following standards at all times:

To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school visits.

To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.

To have a minimum of 2 trained First Aiders on site at any one time, including a person with a paediatric first aid qualification whenever EYFS pupils are present. Such people will be able to responsibly deliver or organise emergency treatment.

To ensure that a trained first aider accompanies every off-site visit and activity. In visits involving EYFS pupils, such a person will have a current paediatric first aid qualification.

To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013).

To provide accessible first aid kits at various locations on site (see 8.2), along with a portable kit for trips, excursions and sport.

To record and make arrangements for pupils and staff with specific medical conditions.

To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.

To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.

To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.

To communicate clearly both verbally and in writing to parents/carers if a child has sustained a bump to the head at school, however minor on the same day as soon as possible.

To communicate in writing to parents/carers in relation to every instance of accident or first aid (see Appendix E First Aid Administered / Accident Form) or the administration of medicine (see Appendix C for Medicine Administered Form) for all pupils including the EYFS on the same day or as soon as practicable.

8.2 Practical Arrangements – Location of First Aid Facilities

The Medical Room is located on the ground floor in the office block opposite the main school office for first aid treatment and for pupils or staff to rest/recover if feeling unwell.

This includes; first aid supplies, a water supply and sink, an adjacent bathroom and hygiene supplies such as gloves, aprons and paper towels etc.

First aid kits are located:

- Medical Room.
- Classrooms
- Kitchen.

A first aid kit must be obtained from the school office for all school sports events or educational visits.

8.3 Responsibilities of the Designated First Aiders

Provide appropriate care for pupils or staff who are ill or sustain an injury

Record all accidents on an accident/first aid form and then in the main accident log book. Child log book located in the school office and staff log book located in the medical room cupboard.

In the event of any injury to the head, however minor, ensure that a telephone call to the parents/carers is carried out in addition to an accident form is sent home to parents/carers. This is documented on the accident form and in the accident book.

In the event of any accident or administration of first aid involving a pupil in EYFS, ensure that this is documented by the paediatric trained first aider and parents/carers sign on collection of the child.

Consult a member of SLT prior to contacting parents/carers when making arrangements with parents/carers to collect children and take them home if they are deemed too unwell to continue the school day.

Inform the designated first aider in the school office of all incidents where first aid has been administered, if a child is involved in an accident and it is necessary for them to go to A&E, the Headteacher should be notified.

8.4 Responsibilities of the School

Ensure that all staff and pupils are familiar with the school's first aid and medical procedures.

Ensure that all staff are familiar with IHP for pupils with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).

Ensure that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.

Monitor and re-stock supplies and ensure that first aid kits are replenished.

Ensure that the school has an adequate number of appropriately trained First Aiders.

Co-ordinate First Aiders and arrange for training to be renewed as necessary.

Maintain adequate facilities.

Ensure that correct provision is made for pupils with special medical requirements both in school and on off- site visits.

On a regular basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee

Fulfil the school's commitment to report to RIDDOR, as described below

Liaise with PE staff and managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.

Contact emergency medical services as required.

Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies.

8.5 In the Case of an Accident, Injury or Illness

A member of staff or pupil witnessing an accident, injury or illness should immediately contact the designated first aider in the school office.

Any pupil or member of staff sustaining an injury whilst at school should be seen by the designated first aider who will provide immediate first aid and summon additional help as needed.

The pupil or member of staff should not be left unattended.

The first aider will organise an injured pupil's transfer to the medical room if possible and appropriate and to hospital in the case of an emergency.

Parents/carers should be informed as necessary by telephone by the designed first aider or the school office on the same day or as soon as practicably possible.

This will be followed up in writing and a record kept at school. A record of all accidents and injuries is maintained in the accident book.

8.6 Contacting Parents/Carers

Parents/Carers should be informed by telephone on the same day or as soon as practicably possible after an emergency or following a **serious/significant** injury including:

- Head injury of any description
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- Emergency management of Haemophilia crisis is required

8.7 Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent/carer arrives. Staff member will be provided with child's details for admission to A&E department.

All cases of a pupil becoming unconsciousness (not including a faint), following suspected anaphylaxis or the administration of an Epi-pen, must be taken to hospital.

8.8 Accident Reporting

The accident book must be completed for any accident or injury occurring at school, at the local sports facilities, or on a school trip. This includes any accident involving staff or visitors. The accident book will be monitored by the Headteacher as certain injuries, as appropriate require reporting (RIDDOR requirements).

8.9 First Aid Equipment and Materials

The School Office for stocking and checking the first aid kits. Staff are asked to notify the School Office when supplies have been used in order that they can be restocked. The first aid boxes contain (based on HSE guidance):

- A first aid guidance card.
- Individually wrapped sterile plaster (assorted sizes) / hypo-allergenic plasters
- Sterile eye pads
- Individually wrapped sterile triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Large sterile individually wrapped un-medicated wound dressings
- Medium-sized sterile individually wrapped un-medicated wound dressings
- Adhesive tape
- Disposable gloves

8.10 Dealing with Bodily Fluids

(Includes EYFS Nappy changing)

In order to maintain protection from disease, all bodily fluids should be considered infected.

To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of bodily fluids (including the following) must be cleaned up immediately.
 - Blood, Faeces, Urine, Nasal discharge, Eye discharge, Saliva, Vomit.
- The process of the cleaning up bodily fluids is as follows:
 - Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution
 - Never use a mop for cleaning up blood and bodily fluid spillages
 - All contaminated material should be disposed of in a clinical waste bag then placed in the sanitary waste bin in the visitors toilet, for incineration.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with water.

8.11 First Aid for School Trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric certificate for trips involving EYFS pupils) and undertakes a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance.

A First Aid kit for school trips must be collected from the school office. This must be returned to the school office for replenishing on return. Any accidents/injuries must be reported to the school office and to parents/carers and documented in the accident book in accordance with this policy.

Medical information and emergency contact details must be collected from the school office. These must be returned to the school office for shredding on return.

RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Section 9 Medical Condition Management

A list is available in from the school office of all children who have a serious allergy or medical condition.

This information is useful for lesson planning and for risk assessments prior to a school trip.

Please return emergency boxes on completion of the trip.

If staff become aware of any condition not on these lists, please inform the School Office.

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, and any staff medication must be securely stored at all times.

Guidance to staff on particular medical conditions

9.1 Mild Allergic Reactions

Symptoms and treatment of a mild allergic reaction:

- Rash

- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents/carers.

Following consent from the parent/carers, administer the prescribed dose of antihistamine to a child who displays these mild symptoms only.

Make a note of the type of medication, dose given, date, and time the medication was administered.

Complete and sign the appropriate medication forms, as detailed in the policy.

Observe the child closely for 30 minutes to ensure symptoms subside.

9.2 Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken:

1. Send someone to call for a paramedic ambulance and inform parents/carers. Arrange to meet parents/carers at the hospital.
2. Send for the named emergency box.
3. Reassure the child help is on the way.
4. Remove the Epi-pen from the carton and follow instruction on Epi-pen.
5. Place Epi-pen at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the child has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the child.

- Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks, and the medication replaced when the pupil returns to school.(If the child is not breathing, CPR should be started immediately).

Epi-pen treatment must only be undertaken by staff who have received specific training.

9.3 Asthma and Inhalers

The school recognises that asthma is a serious but controllable condition and the school welcomes any children with asthma.

The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities.

Taking part in PE is an important part of school life for all children, and children with asthma are encouraged to participate fully in all PE lessons.

Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions available from the School Office.

The school has a smoke free policy.

A list of children who have been diagnosed with asthma, and whose parents/carers have given permission for emergency treatment if required, is available at the School Office and EYFS office.

Children with asthma need immediate access to their reliever inhaler. Younger pupils may require assistance to administer their inhaler.

It is the parents'/carers' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the school office or EYFS room, as appropriate, not locked away and always accessible.

It is the parents'/carers' responsibility to provide a new inhaler when out of date.

All staff should be aware of a child's trigger factors and try to avoid any situation that may cause a child to have an asthma attack.

Children must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Trigger factors:

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Recognising an asthma attack:

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the child.
3. Encourage the child to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the child can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents/carers and give another dose of their inhaler.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the child takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany the child to hospital and await the arrival of a parent/carer.

9.4 Diabetes

Children with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary.

Staff must be made aware of any child with diabetes attending school.

If a child with Diabetes complains of feeling unwell, they must not be left unattended in any circumstances, and should always be escorted to the medical room.

Signs and symptoms of low blood sugar (**hypoglycaemic attack**):

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress.

The child should test his/her blood glucose levels with their meter.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger

- Dizzy

Action to be taken:

1. Follow the guidance provided in the care plan agreed by parents/carers and Diabetic Nurse Specialist.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (child should always have their glucose supplies with them.) Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 15 minutes by a biscuit.
4. Do not send the child out of your care for treatment alone.
5. Allow the child to have access to regular snacks.
6. Inform parents/carers.

Action to take if the pupil becomes unconscious:

1. Place child in the recovery position and seek the help of the designated first aider.
2. Do not attempt to give glucose via mouth as child may choke.
3. Telephone 999.
4. Inform parents/carers.
5. Accompany child to hospital and await the arrival of a parent/carer.

Signs and symptoms of high blood sugar (**hyperglycaemic attack**):

This can develop much more slowly than hypoglycaemia but can be more serious if left untreated.

It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken:

1. Inform the designated first aider
2. Inform parents/carers.
3. Child to test blood.
4. Call 999
5. Accompany child to hospital and await the arrival of a parent/carer.

9.5 Epilepsy

A pupil diagnosed with epilepsy will have an emergency care plan

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

Action to be taken

- 1) Send for an ambulance;
 - a) if this is a pupil's first seizure,
 - b) if a pupil known to have epilepsy has a seizure lasting for more than five minutes or if an injury occurs.
- 2) Seek the help of the designated first aider.
- 3) Help the child to the floor.
- 4) Do not try to stop seizure, time the event.
- 5) Do not put anything into the mouth of the child
- 6) Move any other children away and maintain child's dignity.
- 7) Protect the child from any danger.
- 8) As the seizure subsides, gently place them in the recovery position to maintain the airway.
- 9) Allow child to rest as necessary.
- 10) Inform parents/carers.
- 11) Call 999 if you are concerned.
- 12) Describe the event and its duration to the paramedic team on arrival.
- 13) Reassure other children and staff
- 14) Accompany child to hospital and await the arrival of a parent/carers

9.6 Child Using Crutches or has Limited Mobility

Parents/carers must inform the school of the nature of injury and the anticipated duration of immobility.

A risk assessment and Personal Emergency Evacuation Plan should be completed in the event of fire.

The form teacher will arrange for a 'class partner' to carry books, open doors etc.

Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the child's needs.

Arrangements will be made for the child to arrive/leave lessons early to allow for a safe transfer around school.

Parents/carers must inform the school of any particular difficulties.

Section 10 Emergencies

Medical emergencies will be dealt with in accordance with this policy which will be communicated to all staff so they are aware of signs and symptoms.

Children will be informed in general terms of what to do in an emergency such as telling a member of staff.

If a child needs to be taken to hospital, a member of senior leadership team will remain with the child until their parents/carers arrive.

Section 11 Day Trips, Residential and Sporting Activities

See First Aid for School Trips, Section 8.11 above.

Unambiguous arrangements should be made and be flexible enough to ensure children with medical conditions can participate in school trips, residential stays, sporting activities and are not prevented from doing so unless a clinician states it is not possible.

To comply with best practice risk assessments should be undertaken, in line with HSE guidance for school trips, in order to plan including children with medical conditions.

Consultation with parents/carers, healthcare professionals etc on trips and visits will be separate to the normal day-to-day IHP requirements for the school day.

Section 12 Avoiding Unacceptable Practice

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

The following behaviour is unacceptable at Avalon School:

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

Section 13 Insurance

Staff who undertake the responsibilities within this policy will be assured by the Headteacher and Chair of Governors that they are covered by the school's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Headteacher.

Section 14 Complaints

All complaints should be raised with the school in the first instance.

The details of how to make a formal complaint can be found in the school complaints policy.

Section 15 Definitions and Glossary

Parent(s)/Carer(s) – is a wide reference not only to the child's birth parents but to adoptive, step and foster parents, or other person who have parental responsibility for, or who have care of a child at Avalon School.

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 requiring special adjustments for the school day, either on-going or intermittently. This includes, a chronic or sort-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.

Medication – is any prescribed or over the counter treatment.

Prescription medication – is any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

A staff member is any member of staff employed at Avalon School.

IHP – Individual Healthcare Plan

Section 16 Reviewer and Governing Body Sign-Off

This policy will be given to all staff members who must read.

J Callaway, Headteacher

C Kidd, Chair of Governors

Appendix A – Individual Healthcare Plan



Child's Personal Information

Child's Details

Name	
Date of Birth	
Address	
Medical Condition	Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.
Allergies	
Date	
Document to be updated:	

Family Contact Information

Name	
Relationship	
Home Tel:	
Mobile Tel:	
Work Tel:	
Email:	

Name	
Relationship	
Home Tel:	
Mobile Tel:	
Work Tel:	
Email:	

Name	
Relationship	
Home Tel:	
Mobile Tel:	
Work Tel:	
Email:	

Essential Information Concerning This Child's Personal Health Needs

	Name	Contact Details
Specialist Nurse (if applicable)		
Key Worker		

Consultant Paediatrician (if applicable)		
Link person in education		
Class Teacher		
Health visitor / School Nurse		
School SENCo		
Other relevant teaching staff		
Other relevant non-teaching staff		
Headteacher		
Person with overall responsibility for implementing plan		
Any provider of alternative provision		

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

Medical Condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored _____

Routine Monitoring (If Applicable)

Some medical conditions will require monitoring to help manage the child's condition.

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

Emergency Situations

An emergency situation occurs whenever a child needs urgent treatment to deal with their condition.

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 tests or rest) that are required?	

Impact on Child's Learning

How does the child's medical condition effect learning? le memory, processing, speed, co-ordination etc	
Does the child require any further assessment of their learning?	

Impact on Child's Learning and Care at Meal Times

	Time	Notes
Arrive at school		
Morning break		
Lunch		
School finish		
After School Club		

Other		
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Care at Meal Times

What care is needed?	
When should this care be provided?	
How is it given?	
If medication, how much is needed?	
Any other special care requirements?	

Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

Trips and Activities Away From School

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child on the trip?	

School Environment

Can the school environment affect the	
--	--

child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

Educational, Social and Emotional Needs

Is the child likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does the child require extra time for keeping up with work?	
Does this child require any additional support in lessons? Is so what?	
Is there a situation where the child will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a "buddy" eg: help to carry bags to and from lessons?	

Staff Training

Governing bodies are responsible for making sure staff have received appropriate training to look after a child. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed?	

Please sign and date	
-----------------------------	--

Please use this section for any additional information for this child.

	Name	Signature	Date
Parent/Carer			
Healthcare Professional			
School Representative			

Appendix B – Consent Form for the Administering of Medicine



RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child: _____ Year group: _____

Name of medicine: _____

Strength of medicine: _____ Quantity received: _____

Date medicine provided by parent: _____ Expiry date: _____

Dose required: _____ Time dose to be given: _____

Start date: _____ End date: _____

Signature of parent: _____ Dated: _____

RECORD OF MEDICINE ADMINISTERED

Date	/ /	/ /	/ /
Time Given			
Dose Given			
Staff Name & Signed:			
Medicine Form completed:			
Date	/ /	/ /	/ /
Time Given			
Dose Given			
Staff Name & Signed:			
Medicine Form completed:			
Date	/ /	/ /	/ /
Time Given			
Dose Given			
Staff Name & Signed:			
Medicine Form completed:			

Appendix C – Medicine Administered



**Avalon School
Medicine Administered**

Child's Name: _____ Year Group: _____

Reason for giving medicine: _____

Authorised by: _____

Name of medicine: _____

Date: _____ Time: _____ Dose: _____

Staff's Name: _____ Staff Signed: _____

To be given to the parent/carer of the above named child at the end of the school day

Original – parent/carer / Copy – child's file

Appendix D – Medicine Administered Log



ADMINISTRATION OF MEDICINE RECORD LOG



Date	Pupil Name	Year	Name of Medicine	Amount Given	Time Given	Reason	Parental Permission	Staff Administered

Appendix E – First Aid Administered / Accident Form



**Avalon School
First Aid / Accident / Illness
Report Form**



Date:		Time:		Report No:	
Child's Name:				Class:	

Incident Location in School: _____

Incident Details: _____

Bump / Bruise	<input checked="" type="checkbox"/>	If appropriate indicate on body map	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>FRONT</p> </div> <div style="text-align: center;"> <p>BACK</p> </div> </div>
Cut / Graze	<input checked="" type="checkbox"/>		
Head Injury	<input checked="" type="checkbox"/>		
Nosebleed	<input checked="" type="checkbox"/>		
Vomiting / Nausea	<input checked="" type="checkbox"/>		
Headache / High Temperature	<input checked="" type="checkbox"/>		
Asthma	<input checked="" type="checkbox"/>		
Allergy	<input checked="" type="checkbox"/>		

Treatment Administered: _____

Parent / Carer contacted	<input checked="" type="checkbox"/>
Unable to make contact with Parent / Carers	<input checked="" type="checkbox"/>
Following first aid the child was well enough to remain in school	<input checked="" type="checkbox"/>
The child was collected from school	<input checked="" type="checkbox"/>
The school is of the opinion that your child should consult a medical professional	<input checked="" type="checkbox"/>
A copy of this form has been emailed/given to the child's Parent / Carer	<input checked="" type="checkbox"/>

First Aider Name:		Signed:		Date:	
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Headteacher to complete this section only if the incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

How was this incident reported? _____

Headteacher:	J Callaway	Signed:		Date:	
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IMPORTANT Should you child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital

Appendix F – List of Qualified First Aiders & Paediatric First Aiders

FIRST AIDERS	
Mr Ashton	Juniors
Mrs Creedon	Juniors
Mrs Cody	Juniors
Mrs Evans	Office
Mrs Fleming	Juniors
Mrs Kililiku	Juniors
Mrs Parkins	Infants
Ms Sharman	Office
Mr Spence	Site
Mrs Waite	Office

PAEDIATRIC FIRST AIDERS	
Mrs Ashton	Juniors
Miss Bennett	Infants & Wraparound
Miss Cook	Infants
Mrs Daniel	Infants
Mrs Laverton	Juniors
Miss McCaughley	Juniors & Wraparound
Miss Varey	Infants & Before School
Sharon Franco	Welfare & After School
Angela Gardner	Welfare & After School
Claire Johnson	Welfare & After School
Julie Bache	Nursery
Jackie Duffy	Nursery
Mandy Elliott	Nursery
Lucy Hunt	Nursery
Helen Malloy	Nursery
Ruth Moody	Nursery
Alison Prandle	Nursery
Jo Rice	Nursery