



Stamford Green Primary School and Nursery

**First aid;
Supporting pupils with medical
conditions in school
and
Children with health needs who
cannot attend school
Policy**

Agreed at (please indicate with a *):

- Full Governing Body Meeting _____*
- Children and Learning Committee Meeting _____
- Resources Committee Meeting _____

Date: 29.11.24

First aid; Supporting pupils with medical conditions in school and Children with health needs who cannot attend school Policy

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First aid, supporting pupils with medical conditions in school and children with health needs who cannot attend school

1. Introduction

- a) Pupils at our school with medical conditions will be properly supported so they have full access to education, including school trips and physical education.

2. Aims and Objectives

- a) This policy aims to ensure that Parents/Carers understand how Stamford Green will support children with medical needs both at school and if they are unable to attend school due to their needs.

3. Supporting Pupils with medical needs

- a) This policy has been developed with reference to the following documents:
 - i. Surrey County Council publication "Supporting children and Young People with Medical Conditions" v4 – available on the Surrey Services for Schools Website.
 - ii. Department of Health document 'Managing Medicines in Schools and Early Years Settings (March 2005) available on the Surrey Services for Schools website.
 - iii. Department of Health publication "Guidance on the use of adrenaline auto-injectors in schools" (September 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
 - iv. Department of Health document "Guidance on the use of emergency salbutamol inhalers in schools" (March 2015). [Guidance on the use of emergency salbutamol inhalers in schools](#)
 - v. Department of Education 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

4. Roles and Responsibilities

- a) Responsibilities of The Headteacher:
 - i. Make sure all staff are aware of this policy and understand their role in its implementation.
 - ii. Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual Health Care Plans (HCPs), including in contingency and emergency situations.
 - iii. Ensure that all staff who need to know are aware of a child's condition.
 - iv. Take overall responsibility for the development of HCPs (See appendix 1).
 - v. Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

b) Responsibilities of The Deputy Headteacher – Inclusion:

- i. Create a Health Care Plan (HCP) for any individual who requires medication held centrally in school.
- ii. Co-ordinate regular checks to ensure that the medication in school is within the use by date.
- iii. Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- iv. Ensure that HCPs are reviewed by parents and the school nurse annually.
- v. The plan will be communicated to all members of the office team and staff working with the child in question.
- vi. As part of the plan, any training needs for staff will be identified and implemented. Training needs will be reviewed at least annually.

c) Responsibilities of staff:

- i. Supporting pupils with medical conditions during school hours is not the sole responsibility of one person.
- ii. 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.
- iii. 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.
- iv. Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- v. Teachers will ensure that any child in their class will be individually identified on any risk assessments for trips and that any medications are considered.
- vi. If medical professional diagnoses a child with an injury which requires a medical aid e.g. cast or crutches, alternative arrangements will be made for break times, lunch for extended services.

d) Responsibilities of Parents/Carers:

- i. Provide the school with sufficient and up-to-date information about their child's medical needs.
- ii. Be involved in the development and review of their child's HCP and may be involved in its drafting.
- iii. Carry out any action they have agreed to as part of the implementation of the HCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

e) Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs if possible and contribute as much as possible to the development of their HCPs.

- f) School Nurses and other healthcare professionals such as GPs and paediatricians, will liaise with the school to notify them of any pupils identified as having a medical condition. They may also provide advice on developing HCPs.

5. Equal Opportunities

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

6. First Aid

- a) This policy has been developed in line with Surrey County Council's 'First Aid in Schools Policy' – available on the Surrey Services for Schools Website.
- b) All children in YR – Y6 who require first aid are sent to the first aid area in the office. YN have their own first aid area in Nursery.
- c) The School Data, Attendance and Welfare Office is responsible for maintaining the first aid area in a clean and tidy manner with easy access to first aid supplies. YN Leaders are responsible for their own first aid areas and supplies.
- d) All staff have had at least basic first aid training and this is updated on a regular three yearly basis wherever possible.
- e) New staff are sent on first aid training as soon as possible.
- f) The following staff will hold a paediatric first aid certificate:
 - a. Extended Services Leader
 - b. School Data, Attendance and Welfare Officer
 - c. Sunrise Leader
 - d. Reception Room Leaders (Sunset)
 - e. Nursery Class Teachers
 - f. One Reception Class Teacher
- g) A paediatric first aider will always be on site or on any visit off site when there are children in the EYFS present.
- h) First aid kits are kept in the school office, the link corridor, the playground shed and PE shed and are regularly checked by the School Data, Attendance and Welfare Officer.
- i) The School Data, Attendance and Welfare Office prepares first aid kits for all school trips off site.
- j) There is a defibrillator in the link corridor and in the school office. Members of the LMT

have been trained in its use. The Premises Team check the status of the defibrillators weekly.

- k) The office staff or a senior member of staff would summon an ambulance if necessary. In the event of the Parent/Carer's absence two members of staff would accompany the child to hospital.

7. Accident and Near Miss Reporting, Recording and Investigation

- a) All accidents, near misses and illnesses are recorded by the School Data, Attendance and Welfare Officer or another member of office staff in the first aid book in the office.
- b) The School Data, Attendance and Welfare Officer is responsible for reporting serious accidents using OSHENS - the SCC on-line accident reporting system. The School Business Leader (SBL) reviews and investigates all OSHENS reported accidents, and reports them and any resulting actions to the Health & Safety Working Party. Any accidents resulting in a child being sent home, requiring medical intervention beyond first aid or where the child is taken to hospital (even after the event) are reported on OSHENS.
- c) If a child in YN requires first aid as a result of an accident or injury, the nursery staff will communicate with Parents / Carers via the Learning Journal or a telephone call as soon as reasonably practicable and after any first aid treatment. A message will be left if there is no reply giving details of the injury and any first aid. If the accident or injury occurs at Extended Services, the staff will tell parents at collection.
- d) If a child in YR requires first aid, as a result of an accident or injury, the office will telephone a Parent / Carer as soon as reasonably practicable, and after any first aid treatment. A message will be left if there is no reply giving details of the injury and any first aid.
- e) For children in Y1 – Y6 we will telephone a parent / carer if a child has sustained a significant injury or has bumped their heads and there is either a visible mark or another cause for concern. The telephone call will be made as soon as practicable and after any first aid treatment. A message will be left if there is no reply giving details of the injury and any first aid.
- f) Children who have bumped their heads and there is either a visible mark or another cause for concern, and the child is not being sent home, will be given a wristband so other adults will know they have bumped their heads.
- g) Staff accidents are recorded in the staff accident book which is kept in the SBL's office. Any accidents resulting in a member of staff being sent home, requiring medical intervention beyond first aid or where the person is taken to hospital (even after the event) are reported on OSHENS. This is done by a member of the School Data, Attendance and Welfare Officer. The Headteacher is responsible for the reporting under RIDDOR when necessary. Queries are directed to the Surrey County Council SRM team at srm.hands@surreycc.gov.uk.

8. Administration of Medicines

- a) In most circumstances the administration of medicines is the responsibility of Parents / Carers and should be administered at home. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- b) Any medicines sent into school must be handed by a Parent / Carer to a member of school staff either in school office or on duty at the school gate – children may not keep medicines in the classroom. This is to ensure that proper supervision is provided.
- c) All medicines supplied from home will be sent home at the end of the course or when they have expired.
- d) Medicines being sent home must either be collected from the school office by a Parent / Carer or from an agreed member of staff. Medicines will not be handed back to pupils.
- e) If children are attending Sunrise or Sunset, staff have access to the medicines in the school office.
- f) No medicines are administered to the children without prior written permission of the Parents/Carers. Parents / Carers are encouraged to give permission using the Google form on the school website. Details are kept in the school office in a folder entitled "Pupils' Health and the Administration of Medicines". Details of medicines administered are also kept here.
- g) Before administering any medicine, staff will check:
 - i) The identity of the child.
 - ii) The written parental consent for administration of the medicine.
 - iii) That written instructions from Parents / Carers match those on the pharmacy dispensed label (or the manufacturer's information in the case of non-prescribed medicines).
 - iv) That the name on the pharmacy dispensed label matches the name of the child.
 - v) Any age restrictions written on the medication are complied with.
 - vi) Any additional cautionary information e.g. an hour before food.
 - vii) The administration record to ensure that it is the correct time and the medicine as not already been administered.
 - viii) That the medicine is not past its expiry date.
 - ix) That all equipment needed to administer the medicine is available.
- h) If the member of staff has any concerns or doubts then the medicine should not be administered and further advice should be sought. A record of actions must be kept.
- i) The medicine must be administered as stated on the pharmacy label and not in another way (e.g. a tablet may not be crushed unless stated on the label).
- j) If for any reason the medicine is not administered at the times stated, the reason for non-administration must be recorded, signed and dated and Parents/Carers must be informed as soon as possible on the same day.
- k) If a child refuses to take medicines, they will not be forced. Parents will be informed as soon as possible on the same day so alternative options can be considered. All actions must be recorded in the first aid folder.

- l) Nursery follow the same procedure except YN staff administer first aid and medicines in the YN classrooms and there is a separate YN first aid book. Parents / carers are asked to sign the record when the child is collected.
- m) Prescribed medicines must be in date, labelled, provided in the original container as dispensed by the pharmacist and include the child's name, instructions for administration, dosage and storage. The exception to this is insulin which must be in date but may be provided in a pen or pump rather than its original container.
- n) Non-prescribed medicines may be administered if provided by the parent / carer along with written instructions regarding the child's name, instructions for administration, dosage and storage. Details of previous doses will also be obtained to ensure that the recommended dosage is not exceeded. Children will not be given medicines containing aspirin unless prescribed by a doctor.
- o) Parents / Carers must provide any equipment required to administer the medicine – e.g. spoons, oral syringes etc.
- p) Staff will have due regard for the manufacturer's instructions when administering any medicine.
- q) Parental consent for long term medicines will be reviewed at least annually.
- r) Medicines are stored in accordance with the manufacturer's recommendations either:
 - i) in a cupboard or fridge in the welfare area.
 - ii) in a locked box in the fridge in the Faraway Room.
 - iii) in Nursery for YN children (either in the first aid cupboard, the separate fridge or a locked box in the main fridge).
 The fridge temperature is checked weekly by the School Data Attendance and Welfare Officer and is maintained between 2 and 8 degrees C.
- s) Prescribed, controlled medicines are kept in a locked box, non-portable box and only the School Data, Attendance and Welfare Officer, office staff, LMT and Extended Services Leaders (if necessary) have access. A log of the amount held and used is kept in the box and checked at least weekly by the School Data, Attendance and Welfare Officer.
- t) Asthma inhalers and Adrenaline Auto Injectors are kept in the office and their use monitored.
- u) Any medicines required by children leaving school on trips are sent with the trip leader to ensure any group leaders are aware of medicines needed by the children in their group.

9. Medicines Provided by School for use in Emergencies

- a) A small supply of Calpol and Piriton will be kept in the office for use in emergencies only. This medication will only be administered to children for whom we hold written consent. Verbal consent will also always be sought from a Parent / Carer prior to administering this emergency medication.
- b) Two emergency Adrenaline Auto-Injectors are kept in the school office:

- i) One for children under 6 years old (150 microgram dose).
 - ii) One for children 6-12 years old (300 microgram dose).
- c) The Emergency Auto-Injectors will only be used when:
- i) Both medical authorisation and written parental consent have been provided for the spare AAI to be used.
 - ii) This may include children at risk of anaphylaxis who have been provided with a medical plan confirming this but have not been prescribed an AAI.
 - iii) The spare AAI may be used instead of a pupil's own prescribed AAI, if these cannot be administered correctly, without delay (provided consent has been given as above).
 - iv) A list of children for who have permission for the AAI to be used is kept with the device.
- d) An emergency Salbutamol Inhaler is kept in the office for emergency use when a child's own inhaler is unavailable.
- e) The emergency inhaler can only be administered if:
- i) The child has either been diagnosed with asthma and prescribed an inhaler or has been prescribed an inhaler as reliever medication AND
 - ii) Written parental consent for use of the emergency inhaler has been given.
- f) A list of children who have permission for the inhaler to be used is kept with the device along with a spacer.
- g) All expired medicines belonging to the school are disposed of safely.

10. Supporting Pupils with health needs who cannot attend school

- a) Where children are unable to attend school because of their health, the school will refer to Department of Education Guidance
<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
- b) The Local Authority is responsible for arranging suitable full-time education for children who because of illness or other reasons, would not receive suitable education without such provision.
- c) There will however, be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the Local Authority, for example, where the child can still attend school with some support. Where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school, we would not expect the Local Authority to become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.

11. If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

This will involve:

- a) Initial contact being made by the Class teacher to establish the child's individual medical need and potential barriers to attending school.
- b) Arrangements being agreed with the Deputy Headteacher: Inclusion and establish e.g. sending work home (including the provision of virtual learning through school's identified learning programmes), education offsite (including through hospital schools) or additional adult support within school (in line with an individual health care plan as appropriate).
- c) On-going discussions between families, school and health providers to monitor agreed arrangements and identify when/ how pupils can be reintegrated back into school (where appropriate).

12. If the Local Authority makes arrangements

If the school can't make suitable arrangements, Surrey County School will become responsible for arranging suitable education for these children.

- a) Where a pupil has medical needs that prevent them from attending Stamford Green for 15 days or more, school can refer them to the relevant agency for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.
- b) In cases where the local authority makes arrangements, the school will:
 - i. Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil.
 - ii. Share information with the local authority and relevant health services as required.
 - iii. Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully.
- c) When reintegration is anticipated, work with the local authority to:
 - i. Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible.
 - ii. Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from the school).
 - iii. Create individually tailored reintegration plans for each child returning to school.

iv. Consider whether any reasonable adjustments need to be made.

13. Links to other policies

- a) Health and Safety Policy
- b) SEND Policy
- c) Equality Policy
- d) Accessibility Plan



Appendix 1

Health Care Plan

Childs Name:

Date of Birth:

Phone Number:

Doctor's Name:

Doctor's Number:

Medical Diagnosis or Condition:

Immediate Action, if required:

Daily care requirements:

Describe what constitutes an emergency for the child and the action to take if this occurs:

Follow up care:

Agreed:

Year:

Name	Role	Date	Signature
	Deputy Headteacher: Inclusion		
	School Nurse		
	Parent		

Year:

Name	Role	Date	Signature
	Deputy Headteacher: Inclusion		
	School Nurse		
	Parent		