ABBEYS PRIMARY SCHOOL



Aim, Aspire, Achieve @ Abbeys

Abbeys Primary School
Melrose Avenue
Bletchley
Milton Keynes
(01908) 375230

Website: www.abbeysprimary.org
Email: office@abbeysprimary.org

Medical policy

Date of policy: September 2026
Review Date: September 2027

This policy will be reviewed every year, or sooner if there are significant changes to legislation, statutory guidance, school procedures or following a serious incident or near miss. The policy will be reviewed by the designated member of the senior leadership team and approved by the governing board.

This medical policy contains four sections:

1) supporting children with medical conditions (Pages 4 – 10)
2) First Aid (Pages 11-16)
3) Intimate care (17- 18)
4) Allergy safety (19-29)

All four sections should be read together as combined they make up the school's medical policy.

1. Aims

This policy aims to:

Promote the health, safety, dignity and wellbeing of all pupils, staff and visitors by providing clear arrangements for managing medical needs, first aid, intimate care and allergies within school.

Ensure pupils with medical conditions, allergies or intimate care needs are appropriately supported so that they can access education, activities, trips, sport and all aspects of school life as fully as possible and are not disadvantaged or discriminated against because of their needs.

Provide clear and consistent procedures for responding to illness, injury, medical needs, intimate care requirements and allergic reactions, including emergency situations.

Ensure staff understand their roles and responsibilities and have access to appropriate information, training and support to respond confidently and safely to pupils' individual needs.

Ensure appropriate individual arrangements are identified and maintained, including Individual Healthcare Plans, allergy action plans, intimate care plans and risk assessments where required, in partnership with pupils, parents/carers and relevant healthcare professionals.

Reduce and manage risks associated with medical conditions, allergies, first aid and intimate care through appropriate planning, prevention, risk assessment and emergency procedures.

Protect pupils' dignity, privacy, rights and confidentiality, ensuring that personal and medical information is handled appropriately and that intimate care is carried out respectfully and safely.

Promote inclusion and equality, recognising that pupils may require different levels or types of support to enable them to participate safely and successfully in school life.

Ensure appropriate recording, reporting and review of medical incidents, first aid, allergic reactions, near misses and other relevant events, so that learning can be identified and arrangements improved where necessary.

Work collaboratively with parents/carers and relevant professionals to ensure that pupils' medical and personal care needs are understood, communicated and appropriately supported.

Promote awareness and understanding across the school community, including age-appropriate awareness of allergies, medical needs and how to seek adult help in an emergency.

2. Legislation and statutory responsibilities

2. Legislation and Guidance

This policy is based on the following legislation, statutory guidance and professional guidance:

Medical conditions and pupils' health

Children and Families Act 2014, particularly Section 100, which places a duty on governing boards to make arrangements to support pupils with medical conditions.

Department for Education (DfE) statutory guidance, Supporting pupils at school with medical conditions.

School Premises (England) Regulations 2012, including requirements relating to suitable facilities for the medical and therapy needs of pupils.

First aid and health and safety

Early Years Foundation Stage (EYFS) Statutory Framework, including requirements relating to paediatric first aid.

Department for Education guidance on first aid in schools and health and safety in schools.

Health and Safety (First-Aid) Regulations 1981.

Management of Health and Safety at Work Regulations 1992.

Management of Health and Safety at Work Regulations 1999.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

Social Security (Claims and Payments) Regulations 1979 in relation to the retention of accident records.

Relevant guidance issued by the Health and Safety Executive (HSE).

Intimate care and safeguarding

Keeping Children Safe in Education (KCSIE), including requirements relating to safeguarding children and responding appropriately to concerns about children's welfare.

Equality Act 2010, including the requirement not to discriminate against pupils because of disability or other protected characteristics.

Allergy safety

Department for Education statutory guidance, Allergy safety in schools.

Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools.

Food Information Regulations 2014.

Food Information (Amendment) (England) Regulations 2019.

Data protection and information sharing

UK General Data Protection Regulation (UK GDPR) and relevant data protection legislation in relation to the handling, storage and sharing of pupils' medical and personal information.

The school will have regard to any updated legislation, statutory guidance and professional guidance relevant to medical conditions, first aid, intimate care, allergies, safeguarding and health and safety. This policy will be reviewed and amended where necessary to reflect changes in statutory requirements or guidance.

Section 1 – Supporting pupils with medical conditions

3. Roles and responsibilities

3.1 The governing board

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

3.2 The headteacher

The headteacher will:

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

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

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, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. 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.

5. 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.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Claire Louis-White (Inclusion Lead)

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 no 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 education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an 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 and inclusion lead, 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/carer or 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

7. Managing medicines

Parental Request to Administer Medication forms are kept in the main school office.

Stages of procedure:

- The relevant form is completed by the parent/carer requesting medication to be administered.
- The form is then passed to the Designated Safeguarding Lead (Headteacher, or a Deputy DSL in the absence of the Headteacher) for counter-signature. The form is now 'live'.

- Information from the form is then recorded on the whiteboard in the main office (on the front of the medicine fridge):
    - Child's name
    - Medication and dosage
    - Time for medication to be administered

  This information remains on the whiteboard whilst the medication request remains 'live'. The form is placed in the master file for completion each time medication is given and a copy is kept with the medication.
- BEFORE MEDICATION IS ADMINISTERED, the following checks must be confirmed by the administering adult:
    - Right child
    - Right medication (this includes checking the correct medication and dosage)
    - Right time
- The medication can then be administered, and the remaining details on the form completed, before returning the form to the master file.

Medication Error Procedure

In the event of any error in the administration of medication in school, the following procedure must be followed:

- The Designated Safeguarding Lead (Headteacher, or a Deputy DSL in the absence of the Headteacher) must be informed as a matter of urgency. This enables any actions to be taken quickly and accurately for the safety of the child.
- A Medication Error Incident Form must be completed by the adult reporting the error.

All staff responsible for the administering of medication in school have a duty and obligation to follow this guidance. Failure to report an error in medication can result in disciplinary action as a breach of the school's Code of Conduct.

Ad hoc administration of Calpol during the school day

Administration of Non-Prescription Medication

On some occasions, a pupil may feel unwell while at school and report symptoms such as a headache, sore throat or stomach pain. Where appropriate, symptoms may be managed with an over-the-counter medicine such as Calpol (paracetamol), provided that the school has the appropriate parental consent in place.

Parents/carers will be asked to provide written consent for the school to administer Calpol when required. The school will follow the dosage and age-related instructions provided on the medication packaging and will not exceed the recommended dose.

If a pupil becomes unwell at school and staff consider that Calpol may be appropriate to relieve their symptoms, the parent/carer will be contacted before the medication is administered. Staff will confirm that the parent/carer gives permission for the dose to be administered and will check whether the pupil has already received any medication containing paracetamol that day, including medication given at home.

Calpol will only be administered by a member of staff who has been appropriately trained and is authorised by the school to administer medication. Staff will not diagnose or treat an underlying illness and, where there are concerns about a pupil's health, the parent/carer will be contacted and appropriate medical advice sought where necessary.

All medication administered will be recorded securely on the school's medical recording system. The record will include the pupil's name, the name of the medication, the date and time it was administered, the dose given and the member of staff who administered it. Parents/carers will be notified that the medication has been administered.

If a pupil continues to feel unwell, their symptoms worsen, or staff have concerns about their condition, the parent/carer will be contacted and appropriate action will be taken in line with the school's first aid and medical conditions procedures.

7.2 Pupils managing their own needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/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
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- 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

8. 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.

In an emergency situation on the playground, a member of staff will radio though that an ambulance needs to be called. A member of staff will then take the lead and call 999 using a mobile phone.

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.

9. 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 inclusion lead. 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.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

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

11. Liability and indemnity

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

12. Complaints

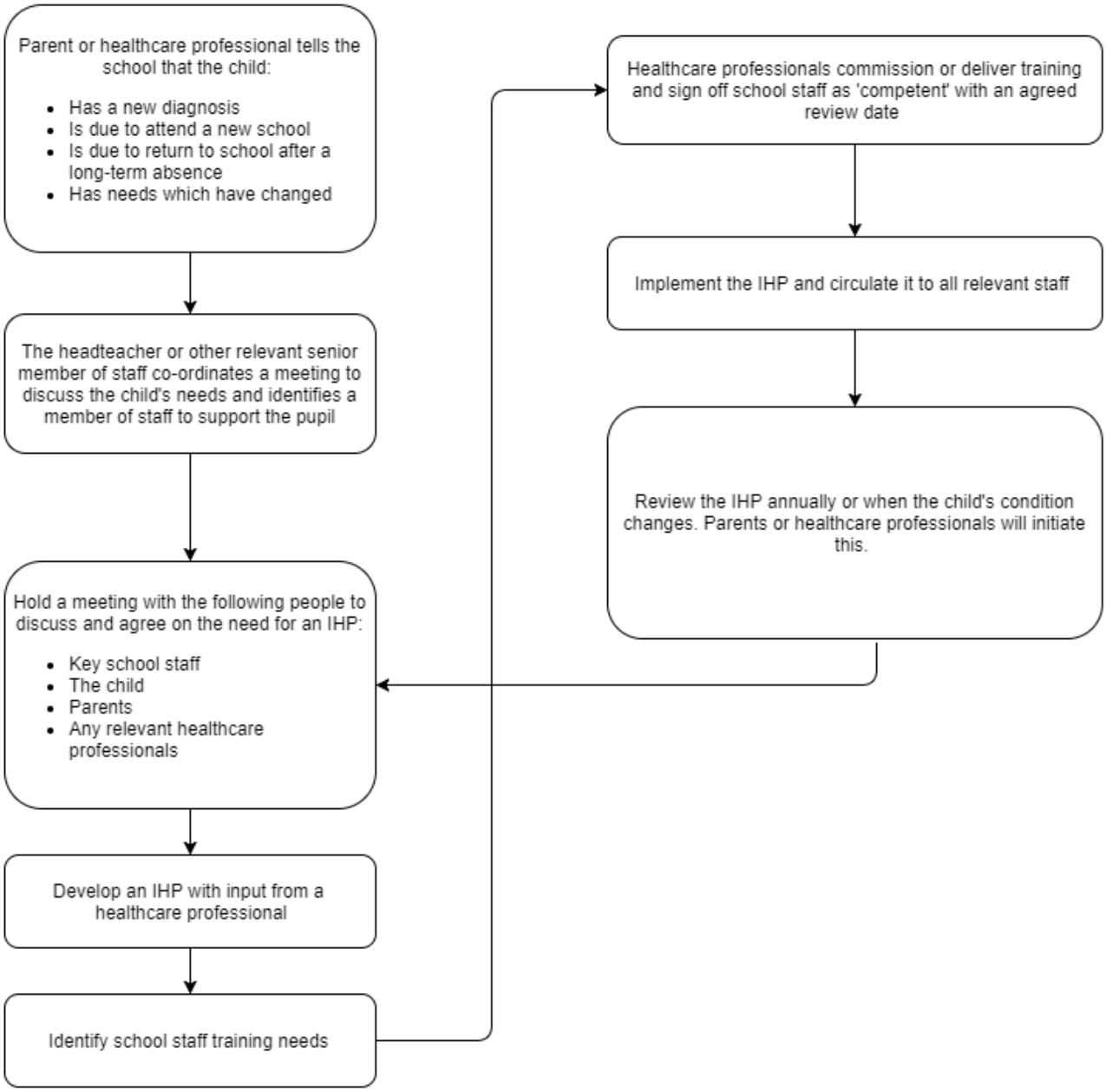
Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be published on the school's website and made available to staff and parents/carers.

Individual Healthcare Plans and information relating to a pupil's medical condition will be treated as confidential and stored securely in accordance with the school's Data Protection Policy. Information will only be shared with staff and professionals who need it to safely support the pupil. Relevant staff will have access to the information they need to respond appropriately to the pupil's medical needs and in an emergency.

Appendix 1: Being notified a child has a medical condition



Section 2 – First aid information

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school has a range of members of staff who are first aid trained. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Making sure that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- 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
- Sending pupils home to recover, where necessary
- Completing a medical tracker report where any first aid has been administered.
- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school site.

3.2 The local authority and governing board

Milton Keynes City Council 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.

3.3 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

All schools continue:

3.4 The headteacher

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

- Making sure that an appropriate number of trained first aid personnel are present in the school at all times
- Making sure all staff are aware of first aid procedures
- Making sure appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or making sure that managers undertake, risk assessments, as appropriate, and those appropriate measures are put in place
- Making sure that adequate space is available for catering to the medical needs of pupils

- Reporting specified incidents to the HSE when necessary (see section 6)

3.5 Staff

School staff are responsible for:

- Making sure they follow first aid procedures
- Making sure they know who the first aiders in school are
- Completing accident reports via medical tracker for all incidents they attend to where first aid is administered
- Informing the headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- If the injured person (or their parents/carers, in the case of pupils) has not provided their consent to the school to receive first aid, the first aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment) Lack of consent will not prevent the child from receiving the medical attention required.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider and a member of senior leadership team judges that a pupil is too unwell to remain in school, the office team will contact parents/ carers' and ask them to collect their child. On the parents/carers' arrival, the first aider will recommend next steps to them
- If emergency services are called, a member of SLT will contact parents/carers' immediately
- The relevant member of staff will complete an accident report using medical tracker on the same day or as soon as is reasonably practicable after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Off-site procedures

When taking pupils off the school premises, staff will make sure that they always have the following:

- A school mobile phone
- A portable first aid kit including, at minimum:
    - A leaflet giving general advice on first aid
    - 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
- Parents/carers' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

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

The procedure in 4.1 will be followed as closely as possible for any off-site accidents (though whether the parents/carers can collect their child will depend on the location and duration of the trip).

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage (EYFS).

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in: The medical room

See section 4.2 for first aid equipment off the school site.

6. Record-keeping and reporting

6.1 First aid and accident record book

- When there is an incident involving a child -Medical tracker will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury. Should the incident occur to a member of staff then an accident report should be completed. This is stored in the headteachers office.
- As much detail as possible will be supplied when reporting an accident, including all of the information

6.2 Reporting to the HSE

The school business and site manager will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The school business manager 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 school business manager 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 where 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

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate that meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

Appendix 1: list of trained first aiders

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS

Section 3 – Intimate care

3. Role of parents/carers

3.1 Seeking parental permission

As a school we are aware that some learners may require assistance from members of staff for personal care this includes changing of nappies. This can either be to do with the age or development of the child or as a result of a medical need or disability. If it is necessary for school staff to carry out intimate care then an intimate care plan will be created in discussion with parents/carer.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

3.2 (continued)

Procedures for when a child does not have an intimate care plan

From time to time as a school we acknowledge that children may have accidents.

This does not mean that a child requires an intimate care plan. Staff will follow these guidelines should an accident happen at school:

The parent will be called and the accident explained. Parents can come in and change their children if able.

If for whatever reason they are unable to come in, the parent will be asked to provide verbal consent for their child to be changed by a member of school staff. In most cases parents will provide this consent. Section 5.1 outlines how the intimate care should be carried out.

If the parent is unable to be contacted then a member of school staff will assist the child with cleaning themselves up and getting changed. This will be where possible carried out by two members of staff. Intimate care changes should be recorded on our care log and explained to parents at the end of the day. Soiled clothes should be returned to parents in a nappy sack.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Staff who may carry out intimate care includes teaching staff and teaching assistants

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training

They will be familiar with:

- The procedures and risk assessments as carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

To protect our staff and pupils when intimate care needs are being met there will be where possible two members of staff present. If for any reason there are not two members of staff available one member of staff will be required to carry out intimate care. The member of staff will let their line manager know that they are doing this and will ensure that the main door of the changing area is kept open and a record will be kept of when any procedures have taken place.

Procedures will be carried out in a designated changing area which is used solely for the purpose of carrying out intimate care.

When carrying out procedures, the school will provide staff with:

protective gloves, cleaning supplies for surfaces as well as soap and hot water for hand-washing, changing mats and bins.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this by recording any observations on CPOMS (system used by the school to record safeguarding incident.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately via CPOMS. This is in line with our school safeguarding policy.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures

Section 4 – Allergy awareness

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Jess Fellowes Headteacher

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances
-

3.4 The school office

Mrs Ayres and Miss Wright are responsible for:

- Checking spare Ads are present and in date on a monthly basis
- Making sure that replacement Ads are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals

- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For 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 allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either phone call to the school 01908 375 230 or an email to office@abbeysprimary.org if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

Set out your school's arrangements for identifying staff and visitors with known allergies, such as:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

This will link to your 'supporting pupils with medical conditions' policy.

- The school maintains a register of pupils who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)
    - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil to allow a visual check to be made
- The register is kept on the schools google drive as well as photos in childrens classes and in the school kitchen and can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Where a pupil has an animal allergy, appropriate risk assessments and reasonable adjustments will be made to ensable a pupils to participate safely wherever possible.

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

In the event of an emergency the following steps should be followed:

Emergency Procedure – Allergic Reaction and Anaphylaxis

- If a pupil is experiencing a suspected severe allergic reaction (anaphylaxis), staff must act immediately. **Do not wait for symptoms to become more severe.**

1. **Stay with the pupil and assess the situation.** Look for signs of anaphylaxis, including difficulty breathing, wheezing, swelling of the tongue or throat, difficulty speaking or swallowing, sudden dizziness, collapse or signs of shock.

2. **Administer adrenaline immediately.** If the pupil's prescribed AAI is available, this should be used. If the pupil does not have their own AAI available, or their prescribed AAI is unavailable or cannot be used, a **school emergency/spare AAI should be administered without delay**, where appropriate.

3. **Call 999 immediately** and state that the pupil is experiencing **anaphylaxis** and requires an ambulance. Do not delay calling 999 to contact parents/carers.

4. **A second AAI should be available.** If the pupil's symptoms have not improved or are worsening after approximately **5 minutes**, a second dose of adrenaline should be administered using another available AAI, in accordance with current emergency guidance.

5. **Keep the pupil in an appropriate position.**

* If they are having difficulty breathing, allow them to sit up with their legs stretched out.
* If they feel faint or have signs of circulatory problems, lay them down with their legs raised.
* If they are unconscious but breathing, place them in the recovery position.
* If they are not breathing normally, begin CPR and follow the instructions of the emergency services.

6. **Do not allow the pupil to stand or walk**, even if they begin to feel better.

7. **Stay with the pupil until the ambulance arrives.** A member of staff should accompany the pupil to hospital where appropriate. The pupil's allergy action plan, prescribed medication and details of any school emergency AAI administered should be sent with them.

8. **Contact the parent/carer as soon as practicable** once the emergency response has been initiated. Parents/carers should be informed that the pupil has experienced an allergic reaction and that adrenaline has been administered.

9. **Record the incident** on the school's medical recording system, including the symptoms observed, time of the reaction, medication administered, time and dose of adrenaline given, response to treatment and any other relevant information.

10. **Review the incident and identify any further action required.** This may include reviewing the pupil's Individual Healthcare Plan, allergy action plan, risk assessments, staff training or arrangements for

preventing future exposure. Serious allergic reactions and near misses will be reviewed in accordance with the school's allergy safety procedures.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times.

They should be:

- Items are stored in the medical room which is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

- Ads will be left in school and taken home at the end of term. Staff will check that they remain in date and parents will be notified.
- If a child has been provided with prescribed adrenaline (and an allergy action plan) then parents will be informed immediately and this will be recorded on medical tracker.

8.2 Spare ADs and inhalers

The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

- Ads are sourced through Kitt medical
- Four pens have been purchased
- Jext is the brand that has been purchased by the school
- 2 Ads are 150mg and 2 are 300mg

Spare ADs will be stored:

- In the medical room it is unlocked and accessible to **staff only** at all times
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare Ads will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The office team are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis will be with the class teacher on all trips and visits. The teacher will carry around their medication with them at all times.

2 spare pens will be taken on every school trip.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book if staff member or on medical tracker if a child, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the head teacher. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens

- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a ‘near miss’)

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school’s website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

12. Monitoring arrangements

This policy will be reviewed by Claire Louis-White – Deputy Headteacher and SENCO every year. At every review, the policy will be approved by the governing board.

13. links with other policies

This policy should be read alongside the school’s other relevant policies and procedures. These include:

* Accessibility Plan
* Administering Medication at School Procedures
* Attendance Policy
* Behaviour Policy
* Child Protection and Safeguarding Policy
* Complaints Policy
* Data Protection Policy
* Equality Information and Objectives
* Educational Visits Policy
* Health and Safety Policy
* Inclusion/SEND Policy
* Risk Assessment Policy
* School Food Policy
* SEND Information Report

These policies work alongside this Medical Policy to ensure that pupils’ medical, physical, personal care and allergy needs are managed safely, consistently and inclusively across all areas of school life.

Where there is an Individual Healthcare Plan, Allergy Action Plan, Intimate Care Plan or specific risk assessment for an individual pupil, these should also be read alongside this policy and followed by relevant staff.