

TEACH TRUST – MEDICAL AND FIRST AID POLICY



MEDICAL AND FIRST AID IN SCHOOL

Statement of Intent

Our mission is to promote a love of learning in order to maximise the life chances of every child in our Trust. Through nurturing, high expectations and skilled teaching, we will have a lasting and positive impact on our local and wider community.

Our Vision

The TEACH Trust supports our children to become empowered citizens that make a meaningful contribution to society. Our curriculum reflects our locality and all it offers and aims to educate all children in matters which affect humanity in the wider world: these include all matters that relate to the climate and the world around us, such as climate change; the importance of respecting and celebrating the importance of equality and diversity; and being responsible global citizens.

We have the highest aspirations for our children: the broad and balanced curriculum promotes learning, provides cultural capital and supports spiritual, moral, social and cultural development. The Rights Respecting Gold awards and Anti Bullying awards reflect some of many ways in which education for character are integral to the work of our schools and highlights our focus on the children's personal development.

We aim to inspire our children to be socially conscious individuals who make a difference to the world. All our children secure the key learning and skills they will need to become lifelong learners and gain employment. Our ultimate aim is to improve all our children's life chances and prepare them to thrive in their future lives.

Under the Equality Act 2010 and the Public Sector Equality Act which came into force in April 2011, the Trust has due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

RATIONALE

Section 100 of the Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. TEACH Trust Medical and First Aid policy also reflects the Department for Education guidance from 'Supporting Pupils at School with Medical Conditions' (December 2015), First Aid for Schools (February 2014), the Statutory Framework for the Early Years Foundation Stage (June 2021) and Public Health England South West's Infection, Prevention and Control: Spotty Book 2016-2019.

The Board of Trustees and CEO accept their responsibility under the Health and Safety (First Aid) regulations 1981 and First Aid at Work published by Health and Safety Executive (HSE) 2013 and acknowledge the importance of providing First Aid for employees, children, trainees and visitors within the Trust. They are also committed to the regulatory authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013.

Related guidance and policies:

TEACH Trust Attendance Policy

Working Together to Improve School Attendance (July 2026)

TEACH Trust Bump to Head, Head Injury and Concussion Policy

TEACH Trust Supporting Pupils with Health Needs Who Cannot Attend School Policy

AIMS AND RESPONSIBILITIES

Medical Care

The school aims to:

- Assist parent(s)/carer(s) in providing medical care for their children.
- Educate staff and children in respect of special medical needs.
- Arrange training for staff volunteering to support individual pupils.
- Liaise as necessary with medical services in support of the individual pupil.
- Ensure pupils access to full education if possible.
- Monitor and keep appropriate records.
- Undertake risk assessments and complete Personal Evacuation Plans, when required.

First Aid

The Trust's arrangements for carrying out the policy include nine key principles:

- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, trainees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school that require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

MEDICAL/FIRST AID RISK ASSESSMENT

Location of schools:

Teach Trust schools are single storey buildings except Canford Heath Junior School which is double storey. The schools encompass various classrooms, specialist rooms, hall/gym and office accommodation:

- Canford Heath Infant School is situated in Learoyd Road, Canford Heath.
- Canford Heath Junior School is situated in Learoyd Road, Canford Heath.
- Ad Astra Infant School is situated in Sherbourne Crescent, Canford Heath.
- Haymoor Junior School is situated in Ashdown Close, Canford Heath.

All schools, during term time, have a Breakfast Club from 7.45am until registration time. A Buddy Club is also held in Canford Heath Infant School, for Canford Heath Infant School and Canford Heath Junior School pupils and Haymoor Junior School, for Ad Astra Infant School and Haymoor Junior School pupils from 3.00pm to 6.00pm. This provides wrap around care for pupils if required. Various after school activities/clubs are held on the site, these usually finish by 4.30pm.

Location of Medical/First Aid Room:

- Canford Heath Infant School- The Medical/First Aid room is located outside the main hall next to the Pastoral Care Office and opposite the accessible toilet.
- Canford Heath Junior School- The Medical/First Aid room is located outside the main hall next to the Pastoral Care Office, close to the Staff toilet.
- Ad Astra Infant School- The Medical/First Aid room is located adjacent to the Reception area and opposite an accessible toilet.

- Haymoor Junior School- The Medical/First Aid room is located adjacent to the Library next to the accessible toilet.

TRAINING

Each school has a designated Medical Officer. All Medical Officers have completed the First Aid at Work training programme and are trained in Paediatric First Aid and Catastrophic Bleeding. Additional First Aiders have also received training and are certified in Emergency First Aid at Work and/or Emergency Paediatric First Aid and in the use of CPR. All Early Years staff are Paediatric First Aid trained. All Site Team staff are trained in Emergency First Aid at Work and Catastrophic Bleeding. All staff are trained in Allergy Awareness and the use of Auto Adrenaline Injectors. The School also provides basic knowledge to all staff in the treatment of conditions such as diabetes and asthma.

CHILDREN WITH MEDICAL NEEDS

Some pupils have specific medical requirements (e.g. Asthma, allergies, and diabetes). It is the responsibility of the parents/carers to notify the School of any special medical needs or requirements and any changes in their child's condition or treatment. When appropriate the school will, in consultation with the parents/carers and health professionals (if necessary), complete an Individual Health Action Plan. Parents MUST ensure that pupils that may require Auto Adrenaline Injector or Buccalam medication to be administered within school, provide the school annually with an up to date NHS Care Plan to enable the medication to be administered.

Children with specific medical needs are highlighted to staff through Medical Folders held in class rooms, Buddy Club and the School Office, containing copies of any Individual Health Care Plans. Class Teachers are provided with a list and details of any child in their class with a medical condition. Pictures of children with acute allergies/high risk medical conditions are displayed in each classroom or year base area, Staffroom, School Office, Serveries and Breakfast/Buddy Club room.

Pupils with very high risk or complex medical conditions (including allergies and epilepsy) that require immediate medical attention by the School Medical Officer are required to wear a RED wristband within school at all times. This ensures that we, and other people who may not know your child as well as existing staff, for example, non-teaching and supply staff, are always alert to their needs. RED wristbands are provided by the school daily to 'red alert' pupils by the Class Teacher at the commencement of the school day. They are then collected in by the Class Teacher at the end of the school day.

Individual Healthcare Plans are reviewed as needs change throughout the year or annually. If a child has special educational needs this is noted on the Individual Healthcare Plan alongside their medical needs. Children's use of medication will be monitored alongside their Individual Healthcare Plan and parents/carers consulted if usage exceeds stated dosage on the Individual Healthcare Plan. Parents need to ensure they, or another nominated adult, are contactable at all times.

All staff are trained in the identification of anaphylaxis and the use of Auto Adrenaline Injectors. A Buccalam Injector trained staff and staff trained for specific medical needs is located in each year base area, the Medical/First Aid Room and in the School Office.

The attention of all staff is drawn to the Schools Control of Substances Hazardous to Health (COSHH) policy, procedure and register. A copy is held in each school Site Office and in a Staff folder in each school Staff Room. The COSHH Policy provides information on appropriate risk assessments and treatment when necessary.

MEDICAL/FIRST AID PROCEDURES

On School Premises:

- Pupils taken ill and/or injured are referred to the school's Medical Officer for treatment.*
- **Parents/carers of Early Years children MUST be informed of ANY accident or injury sustained by the child on the same day, or as soon as reasonably practicable after, and of any first aid treatment given.**
- In the event of a life-threatening/serious injury or illness, dial 999 for ambulance, and then contact the pupil's parent/carer.
- If injury or illness does not permit movement, the Medical Officer must be immediately contacted on:
Ext 200 at Canford Heath Infant School
Ext 302 at Canford Heath Junior School,
Ext 101 at Ad Astra Infant School
Ext 404 at Haymoor Junior School
or via the School Office in each school.
- If the injury or illness allows, the pupil MUST be escorted by a 'responsible person' to the Medical/First Aid Room for treatment.
- All treatment and dispensing of medication MUST be recorded. All treatable accidents, incidents and illness must be recorded in the uniquely numbered Accident, Incident and Illness Registers. Parents are informed when an accident or illness occurs in school. In the event of a staff accident or a serious pupil accident, where a pupil is referred/taken to hospital, the matter should be reported to the Headteacher, an Accident/Incident/near Miss Reporting Form completed and information uploaded on Handsam Health and Safety system. This form is available on the school system alongside the Health and Safety Policy.

****Minor injuries such as small cuts or abrasions may be triaged and treated in the classroom areas or at break/lunchtime in the playground, by a member of school staff.***

Children can only be sent home early from school if their medical/first aid needs require it when the authority has been given by the Year Group Leader or a senior member of staff above Year Group Leader.

Off site activities and trips:

- A Risk Assessment, including an Allergy Risk Assessment, MUST be completed prior to the activity taking place.
- First Aid Kit/s must be ordered from the Medical Officer at least 24hrs in advance with details of activity - For example, number of pupils, type of activity, length of stay, special requirements, so that adequate provision can be made. Kits must be returned immediately after use and any accidents reported in the Accident, Incident and Illness Register.
- Details of pupils with Individual Health Care needs, including inhaler and Auto Adrenaline Injector requirements, must accompany staff off site and are provided by the Medical Officer to staff with the First Aid Kit and necessary medication. Emergency Auto Adrenaline Injectors are provided to accompany all trips and off site activities.
- In any life threatening situation or when injury or illness does not permit movement by staff Dial 999.
- Contact parent(s)/carer(s).
- Administer first aid. Telephone school office if assistance is required.
- Report any accidents to the school's Medical Officer and/or Estates Manager on your return.

SICKNESS AND/OR DIARRHOEA

Children are required to attend school when they are well enough to do so.

Children who experience sickness which is unrelated to a sickness/diarrhoea bug or virus, for example, sickness due to high temperature, migraine, coughing/croup, asthma, food allergy, IBS, sun stroke and the like, **DO NOT NEED TO REMAIN ABSENT FROM SCHOOL FOR 48 HOURS**. After they have been sick or have diarrhoea, they can return to school the following day.

However, it is recommended to ensure infection control, that **children who clearly have a sickness/diarrhoea bug or virus will need to remain at home for 48 hours** after the last episode of sickness/diarrhoea. Parents may contact the School Medical Officer for advice on their situation. The Medical Officer may also contact parents to offer guidance and support.

HEAD INJURIES AND CONCUSSION

All head 'bumps' or treatable injuries are recorded in the Accident, Incident and Illness Register and the class teacher is informed to be vigilant during the remainder of the school day. A form is sent home to parent(s)/carer(s) to inform them. The Medical Officer will also contact the parents/carers by phone to advise them when a 'concerning' head 'bump'/injury has occurred and to monitor the child when they return home. Parents may be requested to collect their child from school and will be provided with advice on symptoms to be aware of that may develop.

If a child develops a persistent or worsening headache then the GP or NHS 111 needs to be consulted. If a child vomits, become confused, loses consciousness or becomes drowsy or difficult to wake, has a convulsion or fit, has difficulty speaking or understanding, develops weakness in their arms, legs or balance, has issues with their eyesight or has fluid coming out their nose or ears then they must attend hospital Accident and Emergency Department or contact 999.

Following a significant head bump or 'injury' a child may be diagnosed with concussion or suspected concussion. Parents are required to inform the school even if the head injury occurred outside of school hours. Pupils can normally return to school after 24-48 hours rest and sport/physical activity that does not significantly exacerbate symptoms-some symptoms can still be present. An Individual Healthcare Plan will be completed with reference to the UK government guidance 'If In Doubt, Sit Them Out' to ensure the pupil only returns to school activities, including break/lunchtime and PE lessons, at an appropriate pace which does not place them at additional risk. The Individual Healthcare Plan will be updated as required on a case-by-case basis and according to government guidance. The school may also seek medical advice from medical professionals. Pupils may not return to competitive grassroots sports training and match play for a minimum of 21 days following a concussion or suspected concussion, and must have been symptom free for 14 days during rest and exercise.

SAFER EATING

Pupils with dietary or medical needs in relation to food and food consumption have an Individual Healthcare Plan completed upon entry to the school, when a condition arises, or when changes to the condition occur. Staff across the school, including staff involved in the preparation and handling of food, are notified and the Individual Healthcare Plan is updated as the pupil's needs change.

At snack time the Class Teacher is responsible for ensuring that the food provided meets the requirements for each child, as detailed in their Individual Healthcare Plan if necessary. At lunch time the Lead Midday Supervisor Assistant has responsibility.

Whenever Early Years children are eating there is fully qualified Paediatric First Aid Trained member of staff present. Early Years children always eat within the sight and hearing of staff to ensure children eat in a manner to prevent choking and to be aware of any allergic reactions.

All pupils will be regularly reminded to chew their food properly before swallowing, to sit down while they eat, to cut their food up into small pieces or ask for help if needed, and to alert a member of staff if they think a pupil may be having difficulty. Food will be sliced by staff when necessary, for example, sausages into thin strips. Messy play will not include any food items that could cause a choking hazard, such as jelly cubes, popcorn, marshmallows.

Pupils will be informed, and practice, how to urgently alert a member of staff if they notice another pupil is having eating difficulty. Details of any choking incidents will be recorded in the Accident, Incident and Illness Register and parents informed.

LOCATION OF MEDICAL/FIRST AID EQUIPMENT

The Medical/First Aid Room houses the main first aid equipment as well as the additional First Aid kits used on external activities. An Accident, Incident and Illness Register is located in the Medical/First Aid Room as well as at break/lunchtime triaging points, Buddy Club and at off site activities. The Medical/First Aid Room provides safe, but accessible, storage for medications and some pupil's specific medical equipment, i.e. blood glucose testing meters, Auto Adrenaline Injectors, Buccolam Injectors, as well as individual pupil's Medical Books. Controlled drugs are securely stored in a non-portable container with only named staff access, such as the school safe or locked cupboard.

With parent/carer consent, children are encouraged to self-administer medication and procedures under adult supervision, if this is practicable for the child. Asthma inhalers are located in the classroom or year base area and pupils with asthma know where their inhaler is stored in the clearly labelled class Asthma Inhaler Medical Box. All individual pupil's medical equipment, including asthma inhalers in the classroom, is stored in individual containers or clear bags, clearly labelled with the child's name, class, a copy of the child's Individual Healthcare Plan and a record of usage and when administered. Records are also maintained for expiry dates of medication and are regularly monitored.

First Aid Kits are located in:

- **Canford Heath Infant School**- the Medical/First Aid Room, each year base area and the Breakfast Room/Buddy Club.
- **Canford Heath Junior School**- the Medical/First Aid Room, each year base area, Food Technology Room and the Sanctuary.
- **Ad Astra Infant School**- the Medical/First Aid Room, Year Group areas and the Breakfast Room.
- **Haymoor Junior School**- the Medical/First Aid Room, the School Office, the year base areas, Buddy Club and the Food Technology Room.

A First Aid Kit always accompanies the School Minibus when it is in operation.

A **Catastrophic Bleeding First Aid Kit** is held in the Medical/First Aid Room.

Whilst there is currently no mandatory list of requirements for a 'regular' First Aid kit, it is recommended, based on current HSE guidelines, all 'regular' first aid kits should contain a minimum of:

- Leaflet of basic lifesaving procedures
- 20 individually wrapped assorted plasters

- 2 sterile eye pads
- 1 medium sterile dressing
- 1 large sterile dressing
- 4 triangle bandage
- 1 pair disposable gloves
- 6 safety pins
- 6 Antiseptic wipes
- 1 pair scissors
- 1 contents checklist

The Catastrophic Bleeding First Aid Kit consists of:

- Medical Carry Bag
- Scissors
- Combat application Tourniquet
- Pressure bandages
- Rapid Haemostatic Z-fold Gauze
- Russell Chest seal
- Black Marker pen
- Torch
- Medical gloves

All first aid kits are checked by the Medical Officer on a 4 weekly basis with the process recorded on Handsam Health and Safety reporting system. It is the responsibility of **ALL** users to ensure that the first aid kits are re-stocked immediately after use.

ADMINISTERING OF MEDICINES

Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so. Wherever possible medicines should be prescribed in dose frequencies which enables them to be taken outside school hours. The school has a separate policy for the administering medicines detailed in **APPENDIX 1** of this document.

ADMINISTERING EMERGENCY MEDICATION

TEACH schools will administer emergency medication, such as painkillers, to pupils, in very exceptional circumstances, with parent/carer consent. Emergency Asthma Inhalers and Auto Adrenaline Injectors are held in all TEACH schools for those pupils that have an identified medical need that may require the administering of emergency medication. Parental/carer Consent is obtained, in advance, for those identified pupils. TEACH are also required to obtain, in advance, consent from the child's prescribing Consultant for emergency Auto Adrenaline Injectors and Buccolam Injectors to be administered. This is provided on an NHS Action Plan must be obtained by the parent. It is parent's responsibility to request the NHS Action Plan from the child's Consultant. Auto Adrenaline Injectors will be administered to a pupil with symptoms of anaphylaxis and on the advice of an NHS emergency worker.

MANAGEMENT OF BODILY WASTE

The management of any bodily fluid (e.g. sputum, vomit, faeces, urine or blood) **MUST** be undertaken immediately. **CLEANING UP OF THESE FLUIDS SHOULD NOT BE DELAYED WAITING FOR A CARETAKER.**

A separate policy for dealing with bodily waste is detailed in **APPENDIX 2** of this document.

INTIMATE CARE

Children may require support and assistance with their intimate care while in school. This may be due to their medical or developmental needs. The school has a separate Intimate Care Policy which is available upon request.

PROCEDURE FOR ACCOMPANYING PUPILS TO HOSPITAL

Emergency-Minor Incidents: Parent(s)/carer(s) should be contacted by the Medical Officer or School Office and asked to escort their child to casualty. If parent(s)/carer(s) are unavailable, then the child must be accompanied to hospital by a member of staff.

Emergency/ Serious injury or illness: Parent(s)/carer(s) will be contacted as soon as possible to inform them of the incident. The Medical Officer or another member of staff must accompany the child to hospital until the parent(s)/carer(s) arrive.

Where appropriate, TEACH Accident/Incident/Near Miss Reporting Form must be completed, Handsam Health and Safety reporting system updated and the incident, if required, **MUST** be reported to RIDDOR. See section on **The Health and Safety Executive** below.

DISPOSAL OF SHARPS

Where pupil's medical needs are such that sharps are used, they should be disposed of using the appropriate container located in the Medical/First Aid Room. Medical waste should be disposed of using the hygiene bin in the following locations:

- **Canford Heath Infant School-** in the Medical/First Aid room and the Early Years Changing Room.
- **Canford Heath Junior School-** in the Medical/First Aid Room.
- **Ad Astra Infant School-** in the Medical/First Aid Room and the Early Years Changing room.
- **Haymoor Junior School-** in the Medical/First Aid Room.

EVENING AND NIGHT TIME COVER

Medical/First Aid provision and equipment will be made available in the event of a school arranged evening or night-time activity.

In the event of an external provider of an activity, the Hirer must ensure that they make adequate provision for Medical/First Aid support.

SUNCREAM

Sun cream will not be applied by school staff. If required, sun cream must be applied by parent(s)/carer(s) prior to the child attending school.

NITS

If a pupil is identified as having a significant infestation while in school, the Medical Officer will be informed. A parent will be contacted by the Medical Officer and asked to collect the child, take them home for treatment and then bring the pupil back to school. If a parent/carer contacts the school in the morning and advises that their child has nits, the child must be treated at home and then return to school. If it is noticed in school that a child is scratching, and does not have a significant infestation, then a parent/carer will be informed by the Class Teacher, the Medical Officer or the Pastoral Care Worker that their child may have nits and that they recommend the child is treated for nits that night and is expected in school the following day as normal.

In very severe cases, the Medical Officer may request the support from School Nursing Service or TEACH Home Academy Liaison Officer.

TICKS

Ticks occur in woodland, grassland and grassy areas. Tick bites aren't usually painful and sometimes only cause a red lump to develop where a bite has occurred. However, in some cases they may cause swelling, itchiness, blistering and bruising. A Tick bite requires removal of the Tick as soon as possible to reduce the risk of getting a tick-borne infection, like Lyme Disease. This is a bacterial infection that causes a pink or red circular rash to develop around the area of the bite.

Parents will be contacted immediately to attend the school if a pupil has a tick bite. Parents will be able to remove the tick from their child at school using a Tick remover, or take their child home to remove the tick and then return the pupil back to school. Pupils do not need to stay off school with a Tick bite. A Tick is removed by:

1. Using fine-toothed tweezers, gently grip the tick as close to the skin as possible.
2. Pull steadily away from the skin without twisting or crushing the tick.
3. Wash the skin with water and soap afterwards.
4. Apply an antiseptic cream to the skin around the bite.

If the Tick's mouthparts break off in the skin and cannot be removed, these may cause local irritation but should fall out naturally in time. There's no need to consult your GP if you've been bitten and have no symptoms. However, if a child develops a rash or experiences flu-like symptoms after being bitten, then the advice of a GP should be sought.

EMERGENCY EVACUATION

A First Aid kit, appropriate hi-viz jacket and Medical Mobile Phone must be collected by the Medical Officer and taken to the emergency assembly point during all evacuations. Children with specific health needs have a Personal Emergency Evacuation Plan in place.

THE HEALTH AND SAFETY EXECUTIVE (HSE)

The Trust complies with all regulations connected to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting is completed by the CEO or the Headteacher. **Incidents MUST BE reported to RIDDOR where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. Incidents DO NOT need to be reported to RIDDOR where pupils are taken to hospital purely as a precaution, when no injury is apparent. Incidents that occur in the playground are only reportable to RIDDOR where the injury results in a pupil being killed or taken directly to a hospital for treatment for an apparent injury.** RIDDOR must also be informed of dangerous occurrences, work related accidents to employees and self-employed people resulting in fatal or a reportable specified injury, accidents

which prevent the injured person from continuing their normal work for more than seven days and reportable occupational diseases. All RIDDOR reportable incidents MUST BE reported to the CEO, Headteacher, TEACH Health and Safety Administrator and the Safety Executive (HSE). The nearest HSE local office is at 14 New Fields, Stinsford Road, Nuffield Industrial Estate, Poole, Dorset BH17 0NF. Tel: 01342 334200.

APPENDIX 1

ADMINISTERING MEDICINES

We aim to ensure that all children attend school whenever they could possibly do so. We wish to provide for children who require medication to fully participate in education and seek to ensure that no child receives less than their entitlement due to their medical conditions. We now support children through administering both prescribed and non-prescribed medication, in school hours, if you grant us permission to do so. We also seek to ensure that school staff are not placed in vulnerable positions and that no harm comes to any child. There is no legal duty for staff to administer medicine, it is entirely voluntary.

A Parental Agreement for School to Administer Medicine MUST be completed by the parent and agreed by the Headteacher or School Designated Safeguarding Lead prior to medicine being administered where practicable. Verbal consent from the Headteacher or School Designated Safeguarding Lead may be obtained prior to signature authorisation if necessary.

All medication must be delivered to, and collected by, the parent from the School Office. The school will not hand medication back to your child.

Who needs medicine at school?

Children requiring medicine fall into three groups:

1. Those requiring short term provision, for example, daily Piriton during the summer for a child with acute hayfever or antibiotics when a child is recovering but needs to complete a course of treatment.
2. Those requiring acute relief from symptoms that may suddenly arise for example children with inhalers or Auto Adrenaline Injectors.
3. Children with chronic conditions whose medication regime requires intervention during the school day.

Children in Group 1

Prescription Medicine:

Parent(s)/carer(s) must complete a school Parental Agreement to Administer Medicine form. Medicines must be prescribed for the child, in the original packaging, include instructions for administration, dosage and storage. The pharmacist details must be visible. Medicines must be delivered by the parent to the School Office. **Medicines containing Asprin MUST only be administered if prescribed by a Doctor.**

Non-prescription medicines-such as, pain killers:

Parent(s)/carer(s) must complete a school Parental Agreement to Administer Medicine form. Medicines must be in the original packaging labelled with the child's name and class.

Procedure for administering medicines:

The school will check the packaging and the form to ensure:

- that the medicine matches the form
- that the child's name is on the medication on a pharmacy label (if applicable)
- that the child is the named child
- the dosage
- that the timing requirements are correct (e.g. before or after food)
- the medicine can be stored appropriately in school

If the dose is a measured dose and there is no calibrated spoon or container the Medical Officer will seek advice from the parent. Once the medicine has been provided to the child a record of the, medicine, dosage and time **MUST** be completed and the medicine stored as stated on the label.

If there is ever any doubt about the medication or the labelling is unclear, advice must always be sought from the parent. In the event that the parent cannot be contacted, advice should be sought from the Deputy Head Teacher, the Headteacher or the CEO.

Children in Group 2

These children require a medical planning meeting and the completion of an Individual Healthcare Plan. This sets out clearly the child's needs and what the child needs in an emergency. The plan may be supplemented by an Anaphylaxis Plan or Acute Asthma Plan or Epilepsy Plan. For all children requiring occasional emergency support one set of all emergency medication is stored in labelled boxes, in the safe but adult accessible, Medical/First Aid Room cupboard. A copy of their Individual Health Care Plan is also stored in the School Office. (Administering Medicines Policy 2014). A list of First Aiders and staff trained in administering of an Auto Adrenaline Injector or Buccolam Injector is in the Medical/First Aid Room, year base areas and the School Office and one of these people should be called.

- The School Nurse or specialist health professional gives advice and training and the plans and medication for all children are reviewed as changes in a pupils needs occurs, but at a minimum annually.
- Parents are responsible for ensuring all medication including inhalers, Auto Adrenaline Injectors, Buccolam Injectors, diabetic medicine are within date. The Medical Officer will check medication in school monthly and contact the parent if the date has expired. Out of date medication will not be administered to a child.
- Pictures of children with high risk medical needs, such as, acute allergies are in the Medical/First Aid Room, year base areas and School Office with a list of triggers. Staff are all informed of the children in this group. All high risk children wear a red wristband within school. The school will always seek additional medical advice if there is any doubt.
- Parents need to collect all medication the child no longer needs from the School Office. Pupils will not be allowed to take their own medication home.

Children in Group 3

These children also require a medical planning meeting and the completion of an Individual Healthcare Plan. The aim with this group is to support them in becoming as independent as possible in managing their medication on a long-term basis. This will be best achieved by the smallest possible group of adults being involved and a routine being established. Other children do not need

to know about the child's condition and as much privacy as possible will be provided. The Medical Officer will be the Lead Adult supporting the child with their medication.

APPENDIX 2

PROCEDURE FOR THE MANAGEMENT OF BODILY WASTE

CLEANING UP OF BODILY WASTE SHOULD NOT BE DELAYED WAITING FOR A MEMBER OF THE SITE TEAM. Failure to do so may result in the rapid spread of virulent viruses such as a Norovirus. Protective equipment provided should also be worn and is available from the Medical Room.

School staff have been trained in using the Extraction Machine for removing bodily waste from floor and carpeted areas. The Extraction Machine uses anti-bacterial solution and waste is collected in a sealed chamber. The Site Team must be notified when the machine has been used and the sealed chamber requires emptying.

If blood or body fluids are spilled on surfaces, the following cleaning procedures should be used:

- Deal with the spill **immediately**. *Allowing it to stand is the one of the quickest ways of allowing germs to spread.*
- Protect yourself by wearing the Personal Protective Equipment (PPE) provided (disposable rubber gloves, eye protection, plastic apron and face mask provided).
- Absorb as much of the spill as possible by layering the area with paper towels, overlapping the affected area at least 50cm (approx. 1 foot).
- Clean the area with detergent/deodoriser.
- The area should be left clean and dry.
- Disinfect the area/s.
- Remove and dispose of gloves, paper towel and cleaning cloth in a sealed plastic bag after use. For small spills, the plastic bag may be placed in a feminine hygiene bin. For larger instances the waste should be double bagged, using black bin liners, and immediately thrown in the large commercial waste bin (external bin store).
- Wash hands thoroughly with soap and warm water. - Antibacterial soap is available in all staff toilets.

Equality Impact Assessment

Question	Response	
Which relevant groups and stakeholders have been consulted with in relation to this policy?		Please tick
	Pupils	
	Trustees	✓
	Staff	✓
	Parents/Carers	
	Local Authority	
	Trade Unions	
	Other Advisors (give details)	✓
What are the arrangements for monitoring and reviewing the actual impact of the policy?	Termly	
	Annually	✓
	When applied	
	If legislation changes	
	If a formal complaint	

Characteristic Group	Is there a potential for positive or negative impact?	Please explain and give examples of any evidence/data used	Action to address potential positive/negative impact (e.g. adjustment to the policy)
Disability	✓	CPD needed	CPD organised
Gender reassignment			
Marriage or civil partnership			
Pregnancy and maternity			
Race			
Religion or belief	✓	Gender of staff and beliefs regarding treatment	Liaise with parent/carer & external agency for solution
Sexual orientation			
Sex (gender)	✓	Gender of staff and beliefs regarding treatment	Liaise with parent/carer & external agency for solution
Age			
SEN			
Vulnerable			
Traveller, migrant, refugees and people seeking asylum			
EAL	✓	Understanding of IHPs	Translator. Key adult

Reviewed September 2026

Next review date September 2027