

# **Keir Hardie Primary School & Children's Centre**



## **First Aid/Medical Conditions Policy**

**Including Medicine and Head Injury Procedures**

<b>Reviewed:</b>	<b>Summer 2018</b>
<b>Date of Next Review:</b>	<b>Autumn 2019</b>

**This policy was reviewed by the co-ordinator**

**Print Name** .....

**Signature** .....

**Date** .....

**This policy was reviewed by the Head Teacher**

**Print Name** .....

**Signature** .....

**Date** .....

**This policy was reviewed and agreed by the Chair of Governors**

**Print Name** .....

**Signature** .....

**Date** .....

**First Aid**

**Introduction**

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The purpose of this First Aid Policy is to enable the school<sup>1</sup> to effectively meet the requirements of the Health and Safety (First Aid) Regulations 1981 and in doing so to:

- Provide for the immediate needs and requirements of staff and students who have sustained either a serious or a minor injury
- Ensure that adequate resources and arrangements are in place to deal with injuries/accidents as they arise
- Ensure lines of communication with parents/guardians are in place if required
- Activate a known plan of action with which all staff are familiar

The School shall inform employees of the first aid provisions made for staff, including the position of equipment, facilities and names of designated first aiders.

The treatment of minor illness by the administration of medicines and tablets falls outside of the definition of first aid in the Regulations and the School will not permit the presence of any such medication in designated first aid boxes. Please refer to the Medicines In School Policy for more information.

## Definitions

**'First aid'** means medical treatment for an injured person for the purpose of preserving and stabilising life and minimising the consequences of injury or illness until further medical treatment can be administered.

**'First aider'** means: a person who holds a valid First Aid at Work Certificate or equivalent qualification.

## Roles and Responsibilities

- The overall responsibility for the day-to-day management of school rests with the Head teacher.
- The class teacher is responsible for classroom supervision and all staff on break duty are directly responsible for the supervision of pupils at break time.
- The school's Health and Safety Administrator.
- The Inclusion Manager/ CPD leader is responsible for ensuring training is up to date.

## Assessment of First Aid Needs

The Head Teacher shall make an assessment of first aid needs appropriate to the circumstances of the school. The Head Teacher will need to assess what facilities and personnel are appropriate, and to justify the level of first aid provision. Where necessary and relevant, all staff will be trained on how to administer aspects of first aid e.g. epi-pens.

Where the first aid assessment identifies a need for employees to be trained as first aiders, the Head Teacher shall ensure they are provided in sufficient numbers at appropriate locations to enable first aid to be administered without delay should the occasion arise. All designated first aiders must re-qualify every 3 years. This means re-qualifying before the end of the third year when the certificate is no longer valid. It is the responsibility of the CPD leader to ensure they are booked onto the course before cancellation of the certificate.

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<sup>1</sup> 'School' refers to KH Primary School and KH Children's Centre

## Management of First Aid Equipment

It shall be the responsibility of the Health and Safety Officer to ensure the provision of materials, equipment and facilities needed for the level of cover required. This will include ensuring that first aid equipment, suitably marked and easily accessible, is available in the agreed designated areas. Where additional or replacement material or equipment is required, staff should speak to the Finance Officer about ordering more items immediately. The Welfare Assistant will ensure that all out of date items are discarded and replaced. These need to be checked on a regular basis i.e termly.

Although the Welfare Assistant is responsible for maintaining and checking the first aid equipment, it is also expected that before going on duty/ on a school visit etc, first aiders shall take responsibility for ensuring their first-aid box contents are sufficient.

## Fixed and Portable First-Aid Boxes

All school first-aid boxes are coloured green and are identified by a white cross on a green background. This conforms to the Safety Signs and Safety Signals Regulations.

Fixed first aid kits are sited in the following places:

- Medical Room (Ground Floor)
- School Office
- Kitchen?
- Y1 classroom
- Staff room
- Deputy Head office (1<sup>st</sup> Floor)
- Hygiene Room 1<sup>st</sup>
- Art & Design Zone
- Y2 classroom
- Y3 classroom
- Y4 classroom
- Y5 classroom
- Y6 classroom
- Crèche
- Early years Kitchen

Portable first aid kits are obtainable from:

**Name:** Zahida Iqbal

Eye wash facilities are located in the following places:

- Wash basins Medical room
- Classrooms
- Toilets

The minimum first-aid provision for each site is:-

- A correctly stocked and labelled first-aid container
  - Three qualified first aiders (to ensure that there is one duty when the establishment is open for normal activity)
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The contents of first-aid boxes should be examined frequently and restocked as soon as possible after use. See below recommended minimum stocklist:

- 20 individually wrapped sterile adhesive dressings (Assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sized individually wrapped sterile unmedicated wound dressings
- 1 pair of disposable gloves

The person responsible for checking and restocking: Zahida Iqbal. in case of absence Nurun Begum.

The boxes should contain a sufficient quantity of suitable first aid materials. According to DFE guidance, as a minimum, First Aid Boxes should contain: micropore or plasters, scissors, triangular bandage, wound dressing, instant ice pack and gloves. No medicinal substance or materials are permitted within a first-aid box. This includes items such as antiseptic sprays, lotions, suntan oil, etc.

Individually wrapped sterile moist wipes, not impregnated with alcohol or antiseptic, may be used.

Blunt ended stainless steel scissors should be kept in the boxes in case there is the possibility that clothing may have to be cut away prior to first aid treatment.

Where tap water is not available for use as an eye wash only sterile water, sterile normal saline or sterile normal saline eye irrigation should be provided near the first-aid box. Eye baths/cups/refillable containers should not be used for eye irrigation.

Where medicines/inhalers have to be held for safety/security reasons, the separate lockable container must be used. This is in the Welfare Room. A register of contents must be kept up to date. Please see Medicines In Schools policy for more information.

No staff members are authorised to dispense medicines. Parents must administer medicines to children, or provide written authorisation for a pupil to administer their own medication under supervision of a staff member. In exceptional circumstances parents/carers can sign a consent form allowing a member of staff to administer medication, this will be done under the supervision of another member of staff. The form that parents must complete is kept at the front desk - Appendix A.

### **First Aid Rooms and Treatment Areas**

According to DFE guidance, where first-aid needs to be administered in a room, it should be administered in the school office or another room which will:

- be large enough to hold necessary equipment;
  - have washable surfaces and adequate heating, ventilation and lighting;
  - be kept clean, tidy at all times;
  - be positioned as near as possible to a point of access for transport to hospital;
  - display a notice on the door the names, names of the first aiders
  - have a sink (with hot and cold water if possible);
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- have drinking water and disposable cups;
- have soap and paper towels;
- have a suitable container (preferably foot operated) lined with disposable waste bags

This means that, if needed, First Aid can also be administered in a classroom, the hall or the art space.

The medical room has:

- a first-aid box;
- a telephone or other communication equipment;
- Disposable gloves and aprons, provided near the first-aid box. These will be used to protect the first aider from contact with body fluids.
- a First-Aid Record Book for recording incidents where first aid has been given.

At all times the dignity and feelings of the patient must be respected.

### **First Aid Training**

Paediatric Training Course two days training (12hrs minimum) valid for 3 years.  
 Person arranging CPD to ensure the paediatric training course is in line with Ofsted requirements for early years setting. The course training includes managing emergency situations or manage minor everyday occurrences when looking after children (defined as up to puberty).

The current EYFS statutory framework requires at least one person who has a current paediatric first aid certificate to be on the premises at all times when children are present, and accompany children on outings.

Emergency First Aiders at work one day training, valid for 3 years.

Person arranging course to ensure that the course meets the school's regulatory requirement.

### **Provision of First Aiders**

There shall normally be a minimum of 10 emergency first aiders or paediatric first aiders within the school between 8:45am and 4.30pm.

From 4.30pm– 6.30pm one paediatric first aider will always be on site.

At least four first aiders will be on duty at playtimes and lunchtime. There will be a first aider in the medical room during lesson time and lunchtime.

Consideration must also be made to ensure first-aid cover during absences, such as annual leave and sickness.

This is the responsibility of the Health and Safety Officer and CPD lead.

### **Categories of Incidents and Procedures**

Any pupil complaining of illness or who has been injured is sent to the Medical Room for the qualified first aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided. Should the child be too ill to stay at school, parents should be contacted as soon as possible so that the child can be collected and taken home.

#### Minor Accidents and Injuries

The adult in charge initially looks after the injured party. If deemed necessary, a person other than the teacher will take the child to the 'First Aid Station', which is the Medical Room. No

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medicines are administered but cuts are cleaned with sterile un-medicated wipes and bandages are applied if deemed appropriate. The use of disposable plastic gloves is mandatory at all times. All accidents are recorded in the Accident Report Book by the first aider, and parents are contacted by telephone if the injury looks severe and a note (recording details of the incident/actions taken) is given to the pupil.

Minor Cuts and Bruises Method: In all cases of injury it is understood that there is at least one adult present:

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may clean the wound.
- Class teacher is informed by the first aider.
- Teacher observation is maintained
- Children are advised to show/tell parents

Sprains/Bruises:

- A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may implement the process of rest, ice, compress and elevate
- If in doubt, parent/s are contacted
- Teacher observation is maintained

More Serious Accidents and Injuries

If considered safe to do so, the injured party is taken to the Medical room. Parents are immediately informed, particularly if there is a suspicion of broken bones/head or eye injuries. The child is kept under close observation until parents arrive, with the emphasis on making the child as comfortable and as settled as possible.

Stings/Bites:

- If case is serious/ parent/s are contacted – no stings should be removed.

Faints and Shocks:

A first aider should administer first aid if appropriate. If the first aider is not available, any member of staff may implement the process of:

- Lie the casualty down
- Raise the legs above the level of the heart
- Loosen any tight clothing
- Ensure there is fresh air
- Keep crowds away
- Reassure casualty when they recover
- Contact parents – the pupil should go home

Very Serious Injuries

In the event of a very serious injury, parents/guardians are immediately contacted. If the considered opinion of the staff is that immediate professional help is required, an ambulance is called.

On rare occasions the staff may agree that taking the child to Accident & Emergency in a private car is a more prudent option particularly in the case of rapid blood loss. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company.

Parents are kept informed of developing situations. Very serious injuries are considered to be:

- Severe Bleeding
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- Burns/Scalds
- Unconsciousness

The event is subsequently recorded in the Accident Report Book and CYPS are informed by email by forwarding a completed Version3 document of the description of the accident/incident. The First Aid Policy is based on collective teacher input. All staff automatically assist the teacher on break duty and the first aider in the case of a serious injury.

Ultimately, the trained First Aider makes the decision on what medical treatment, if any, is appropriate for the injury in question.

### **First Aid Record Keeping**

It shall be the responsibility of the Head teacher, or other nominated officer, to ensure that procedures are in place for the immediate recording of any injury as required by the Social Security Act 1975 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Details on the forms to be completed, time scales for completion and distribution and who is to be notified, are shown on the Health & Safety policy.

After administering treatment, first aiders will ensure they adhere to the school arrangements for record keeping and accident reporting, as detailed below. Each first aider must receive appropriate instruction to enable them to carry out this responsibility during first-aid training.

All incidents, injuries, head injuries, ailments and treatment are reported in the accident book, kept in the office.

The information recorded will include:

- date, time and place of incident;
- name and, where relevant, job title of the injured or ill person;
- details of the injury/illness and what first aid was given;
- what happened to the person immediately afterwards e.g. went home, went back to lessons, went to hospital, etc; and
- name and signature of the first aider or person dealing with the incident.

Parents are immediately informed of a head injury by telephone. Outlining the injury and symptoms to look out for.

Staff should complete the accident book if they sustain an injury at work.

An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

### **Duty to Inform Staff of First Aid Arrangements**

All staff must be informed of the location of first aiders, appointed persons, equipment and facilities.

The Health and Safety Coordinator must ensure that a notice giving the names of first aiders, their location and the location of first aid boxes, is posted in each of the following locations:

- Staffroom
  - Dance Studio
  - School Office
  - EYFS
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- KS1
- KS2
- Medical Room

Notices will be inspected and kept up-to-date by the Office Manager as part of the regular health and safety inspection.

**Our First Aiders Are:**

**Emergency First Aiders at Work:**

Name	Renew by:
Dounia Hardwick	29th April 2018
Fitzalbert Nelson	20th January 2019
Bronia Robson	3rd February 2019
Hamida Sultana	21 <sup>st</sup> July 2019
Cheryl Burroughs	21 <sup>st</sup> July 2019
Shote Morina	21 <sup>st</sup> July 2019
Sonya Crichlow	21 <sup>st</sup> July 2019
Olena Verchenko	21 <sup>st</sup> July 2019
Paula Southee	21 <sup>st</sup> July 2019
Lucinda Edgar	30 <sup>th</sup> March 2020
Scott White	25 <sup>th</sup> April 2020
Denise White	25 <sup>th</sup> April 2020
Jan Overton	25 <sup>th</sup> April 2020
Shahina Begum	25 <sup>th</sup> April 2020
Simon Bond	25 <sup>th</sup> April 2020
Asma Chowdhury	25 <sup>th</sup> April 2020
Julie Ritter	25 <sup>th</sup> April 2020
Monira Kazi	25 <sup>th</sup> April 2020

**Paediatric First Aiders:**

Name	Renew by:
<b>FIRST AID ROOM</b>	
Zahida Iqbal	21 <sup>st</sup> November 2020
<b>EARLY YEARS</b>	
Carol Birkett	20 <sup>th</sup> April 2021
Amy Cheal	22 <sup>nd</sup> May 2018
Hong Nguyen	27 <sup>th</sup> September 2020
Elizabeth Paul	3 <sup>rd</sup> January 2021
<b>YEAR 1</b>	
Thagalini Karunamoorthy	27 <sup>th</sup> September 2020
Manuela De Rogatis	27 <sup>th</sup> September 2020

<b>YEAR 2</b>	
Osaghae Aideyan-Woghiren	27 <sup>th</sup> September 2020
Sadika Begum	27 <sup>th</sup> September 2020
<b>YEAR 3</b>	
Rima Ranu	27 <sup>th</sup> September 2020
Solantina Feruku	3 <sup>rd</sup> January 2021
<b>YEAR 4</b>	
Constance Falusi	27 <sup>th</sup> September 2020
<b>YEAR 5</b>	
Elena Iftimie	27 <sup>th</sup> September 2020
<b>YEAR 6</b>	
Neerasha Singh	27 <sup>th</sup> September 2020
<b>P.E. COORDINATOR</b>	
Naser Mohamed	12 <sup>th</sup> January 2021
<b>MIDDAY SUPERVISORY</b>	
Asma Begum	27 <sup>th</sup> September 2020
Bernadette Belle	21 <sup>st</sup> November 2020
Nurun Begum	3 <sup>rd</sup> January 2021
<b>AFTER SCHOOL CLUB</b>	
Bernadette Belle	21 <sup>st</sup> November 2020
<b>CHILDREN CENTRE STAFF</b>	
Sonia Smith	21 <sup>st</sup> November 2020
Bosede Adeniji	3 <sup>rd</sup> January 2021
Andrea Baker	3 <sup>rd</sup> January 2021

## **Medicine Policy**

### **Aim**

A clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school<sup>2</sup>, and that for such children attendance is as regular as possible.

The policy is to include:

- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines

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<sup>2</sup> 'School' refers to KH Primary School and KH Children's Centre

- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures

In all instances the school will do all it can to persuade the parent to come into school to administer medicines.

### **Prescribed Medicines**

We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with their doctor (prescriber).

Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines.

Controlled drugs should never be administered unless cleared by the Head. Reference should be made to the DfES document Managing Medicines in Schools and Early Years Setting 2005.

### **Non-Prescription Drugs**

Staff should never give non-prescription drugs to a child.

### **Long Term Medical Needs**

Keir Hardie Primary School will be fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported. The SENCo then devises a care plan with the school nurse following DfE guidance.

At admission interviews, if the parents inform the school that their child has an allergy, they are recorded on an allergy assessment form (Appendix B).

All care plans and risk assessments are stored securely and records are retained for 5 years after the pupil leaves the school, after which time their medical records are shredded.

### **Food allergies**

Where a child has an allergy to certain foods, this information is shared with staff and kitchen staff are provided with the name of the child and a photograph of the child so that they can identify children with dietary restrictions. All pupils sign a consent form on admission. Consent must be given for the child's photo to be used in the kitchen on public display in case of allergy. Children with dietary needs or food allergies are given a badge which identifies their dietary requirement so that they can be easily identified by kitchen staff.

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## **Administering Medicines**

No child under 16 should be given medicines without written parent consent. The parent should sign the consent form giving permission for medicine to be administered by staff. A copy of this consent form is kept in the medical room and will be shredded 2 weeks after the child has completed the course of medication.

Members of staff giving medicines should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions on the packaging

If in doubt then do not administer medicines without checking with the school office staff who will then contact parents or the medical practitioner.

A record must be kept in a written form each time medicines are given. Records are kept in the medical room.

## **Self Management**

Children who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines are kept in secure storage so access will only be through the school office.

## **Record Keeping**

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

## **Educational Visits**

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. Medicines not self-managed by the pupils should be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a Care Plan for the visit. If any member of staff is concerned they should seek advice from the school office.

## **Sporting Activities**

Children who require medication and take part in after school sports should have a risk assessment of their medical needs. Asthma relievers not self managed should be taken to the sports area and be supervised by a member of staff.

## **Head Injury**

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Children frequently sustain minor head injuries. This advice sheet gives details of what symptoms and signs should be looked for in children who have hit their head whilst at school<sup>3</sup> and when medical advice should be sought.

If after a head injury a child remains unconscious or fits an ambulance should be called immediately and the parents contacted. If a child suffers from any of the following symptoms medical advice must be sought and if advised the child should be taken to see either their GP or to A&E by the parents or by school staff.

- Loss of consciousness
- Vomiting
- Sleepiness
- Fits or abnormal limb movements
- Persisting dizziness or difficulty walking
- Strange behaviour or confused speech

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem.

If a child sustains a head injury whilst at school, the following information should be recorded from any witness.

- Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?
- How did they appear afterwards?
- Did they vomit afterwards?
- Was the child observed to have any other problem after the injury?

Regardless of whether the school seek medical advice about the child, this information should be given to parents afterwards, where possible. It may be that the child becomes unwell after school and the information will be helpful to parents if they need to see a doctor.

In addition parents will be notified by phone following any minor head injury to their child and invited in to inspect the injury. Each head injury will also be recorded in the accident book and a slip advising of the injury sent home with the child (example below). Both will be completed by the person dealing initially with the accident.

If an accident occurs during break or lunchtime the duty staff must ensure that the class teacher is aware of the injury.

## **Supporting Children with Medical Conditions**

This school is an inclusive community that supports and welcomes pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school-based and out- of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because

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<sup>3</sup> Please note: 'School' refers to KH Primary School and KH Children's Centre

arrangements for their medical condition have not been made. Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency. This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child. The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the SEN policy.

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All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency. All staff receive training in what to do in an emergency and this is refreshed at least once a year.

All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The school keeps an up to date record of all training undertaken and by whom.

All staff know what action to take in an emergency and receive updates at least yearly. School nurses will provide annual training for common conditions eg asthma, allergies, epilepsy and diabetes.

Keir Hardie Primary School uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP. This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register. IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care. We make sure that the pupil's confidentiality is protected, in accordance with GDPR regulations.

Keir Hardie Primary School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities. We make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school

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activities and residential visits. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems.

The school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

Staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

Keir Hardie Primary School makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

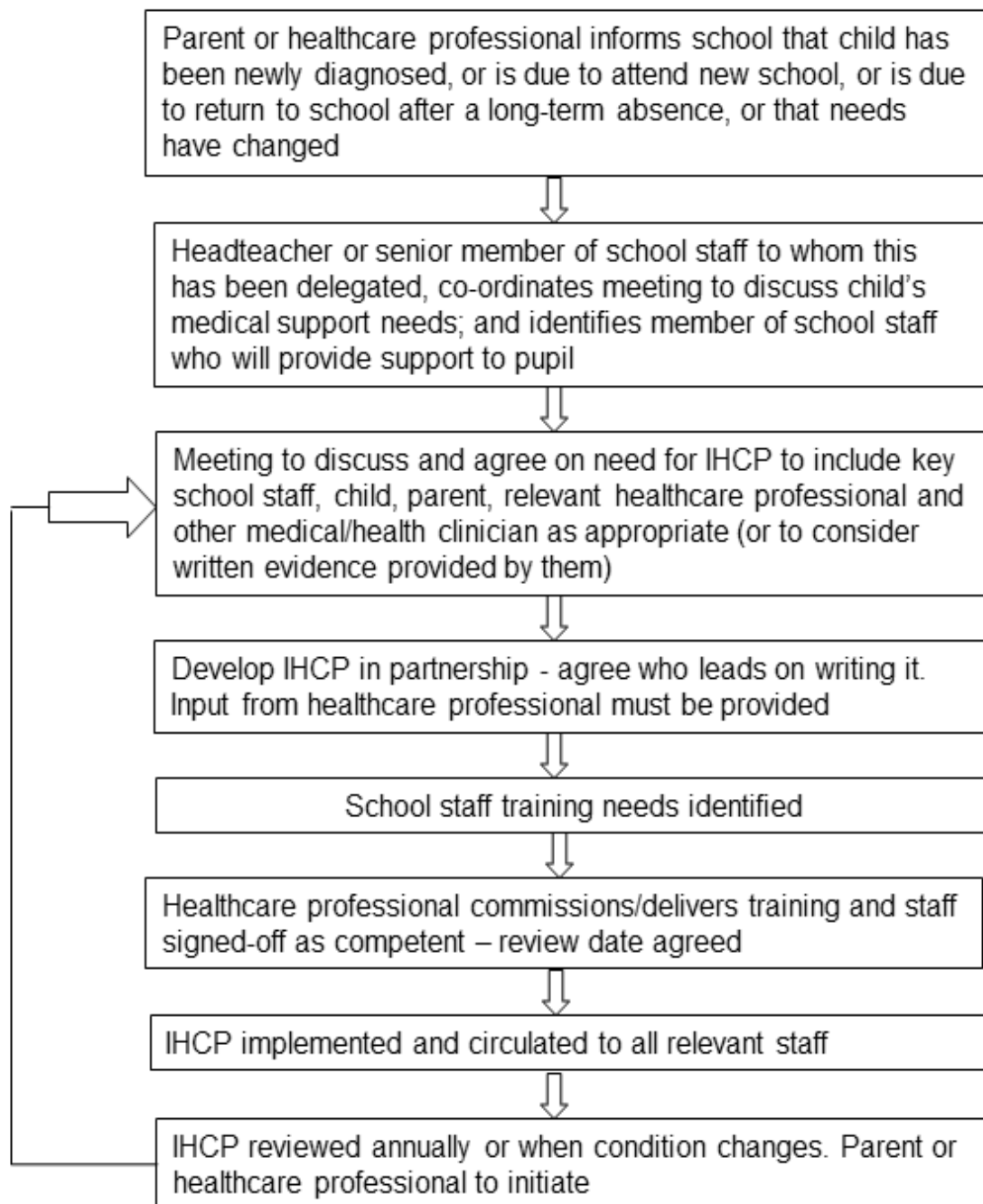
We make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. We will not penalise pupils for their attendance if their absences relate to their medical condition and relevant medical proof has been provided. We will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO, who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional. We make sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

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Model process for developing individual healthcare plans



**Parental agreement for school to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of child: \_\_\_\_\_  
Class: \_\_\_\_\_  
Medical condition/ illness: \_\_\_\_\_

**Medicine**

Name/ Type of Medicine (as described on the container): \_\_\_\_\_  
If tablets, number of tablets in container \_\_\_\_\_

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

Dates to administer from & to: from \_\_\_\_\_ to \_\_\_\_\_

Are there any side effects that the school needs to know about? \_\_\_\_\_

Self administration: \_\_\_\_\_

**Contact details**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school/ setting of any changes in writing.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Staff signature: \_\_\_\_\_

This form will be destroyed two weeks after the last date that medication is administered. A log is kept of each time medicine is administered and at what time.

**APPENDIX C**

**Date:**

Dear Parent/Carer,

Request for further information to assess level of support required for allergy dated:

You have stated that your child has an allergy to:

In order to ensure that your child is appropriately supported in a safe environment at school and able to access all areas of the curriculum, we need you to provide further details. We will pass on these details to the School Nursing Service for assessment and care planning purposes.

You must return this form to the school office within 5 school days of the date of this letter. The school nurse will report back to you and the school regarding further action if required.

Please answer the questions overleaf as fully as possible.

Yours faithfully,

Ms V Otieno  
Head Teacher

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**REQUEST FOR FURTHER INFORMATION TO ASSESS LEVEL OF SUPPORT  
REQUIRED FOR ALLERGY**

<b>Child Name:</b>	
<b>Date of birth:</b>	
<b>School:</b>	
<b>Symptoms experienced (as much detail as possible):</b>	
<b>Frequency of allergic reactions (dates)</b>	
<b>What caused the allergic reaction?</b>	
<b>What treatment do you give your child?</b>	
<b>Have you visited your GP as a result of the allergy? If yes, what advice/ treatment was given?</b>	
<b>Have you visited the Accident &amp; Emergency Department? If yes, what advice / treatment was given?</b>	
<b>Has an allergy specialist seen your child? If yes, please provide specialist and hospital's name.</b>	
<b>GP name and contact details including telephone number.</b>	
<b>Name/signature of parent/carer completing this form.</b>	
<b>Date form completed.</b>	

