

Elm Green Preparatory School



First Aid and Support for Pupils with Medical Conditions

This policy applies to all pupils in the school including those in EYFS

ELM GREEN PREPARATORY SCHOOL

FIRST AID AND SUPPORT FOR PUPILS WITH MEDICAL CONDITIONS

INTRODUCTION

At Elm Green School we aim to provide a healthy and safe environment for pupils, staff and visitors to the school. The school fulfils its obligations to make arrangements to support pupils at school with medical conditions.

The following legislation and guidance has been duly considered, to ensure adequate provision has been made for the provision of first aid and safe administration of emergency medicines.

Health and Safety at Work Act 1974
Health and Safety (First Aid) Regulations 1981
DfE Guidance: First Aid in Schools
Supporting Pupils at School with Medical Conditions
EYFS Statutory Framework 2025

This policy is available to parents, pupils and all members of staff on the school website and on request from the School Office.

AIMS

- To ensure there is adequate, safe and effective First Aid provision in order for all pupils, staff and visitors to be well cared for in the event of accidents, injuries or illnesses
- To ensure that all staff are aware of the procedures to follow in the event of an accident, injury or illness
- To treat a casualty with sensitivity, care, compassion and courtesy

OBJECTIVES

- To ensure that there are sufficient designated First Aiders available to provide First Aid cover at all times whilst the children are on the premises and including off-site visits
- To ensure that staff are aware of procedures for seeking medical or professional help when necessary
- To ensure that designated First Aiders update their qualifications every three years
- To ensure that EYFS staff have undertaken Paediatric First Aid training
- To ensure that First Aid Kits are available and maintained, including those for off-site visits and sports activities
- To ensure that all staff are aware of children with specific medical needs and familiar with individual health care plans (IHCP)

- To ensure that staff are aware of the location of medication to treat children likely to suffer from epilepsy, an asthma attack, anaphylactic shock or diabetes, and provide training for the administration of their medication

RESPONSIBILITIES

The Proprietor has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and trained First Aid personnel and for ensuring that correct procedures are followed.

The School Assistant (or in her absence the HLTA) is the appointed person for First Aid. The Senior Management Team will regularly (at least annually) carry out a First Aid risk assessment and review the First Aid provision. A log of all First Aid training provided to staff is maintained in the school office and the Senior Management Team provides staff with regular updates about pupils with specific medical needs. The Senior Teacher gives a report of the accidents and injuries recorded in the Accident Book at the termly Health and Safety Committee Meeting to detect any patterns that may arise and determine any necessary actions to address them.

The School Assistant has responsibility for the weekly checking and maintaining of First Aid kits.

Implementation of the policy and procedures is the responsibility of all staff in order to keep our children healthy, safeguarded and protected whenever they are in our care. This includes following the correct procedures for recording accidents, injuries or administration of emergency medication.

FIRST AID ARRANGEMENTS

All staff have a red emergency request card that they should dispatch to the school office with a runner immediately when circumstances that require First Aid arise.

If an incident occurs in the playground or sporting facility, any qualified member of staff in the vicinity will administer First Aid using the nearest available First Aid kit.

Location of First Aid Kits:

STAFFROOM
 KITCHEN
 OFFICE CLOAKROOM
 P. E. OFFICE
 ART/DT ROOM
 SCIENCE ROOM
 BERRYFIELD – MUSIC HOUSE
 SWIMMING POOL
 YEAR 3 & 4 CLOAKROOM
 SCHOOL VAN
 EYFS CLASSROOMS
 ICT ROOM

Travelling First Aid Kit locations:

REPROGRAPHICS ROOM
 PE DEPARTMENT - STORE CUPBOARD

ADMINISTRATION OF FIRST AID

The primary duty of a First Aider at school is to:

P- PRESERVE LIFE

P- PREVENT THE SITUATION WORSENING

P-PROMOTE RECOVERY

This includes

- Assessing the situation, (Work out what has happened)
- Protecting from danger, (Assess from other dangers)
- Getting help, (Inform the school office so that professional help is called if necessary)
- Prioritizing treatment (Treat the most urgent thing first)
- Minimizing infection risks, (Wash hands, wear disposable gloves, use sterile dressings)
- Reporting and recording, (Accurately and confidentially report incidents)

Minor cuts and abrasions should be washed and covered when necessary.

Nose bleeds and injuries involving the cleaning of wounds should be dealt with in the changing room, or at the school office during lesson times and **not** in the staff room.

Ice packs are available in the staffroom for treating **minor bumps and sprains**.

Any child with an **injury to the head** is monitored for key signs of sickness, dizziness, confusion or drowsiness. In all cases it is the responsibility of the person treating the injury to inform the school office of the details so that parents can be notified directly by telephone. All pupils sustaining an injury to the head are issued with bracelets to inform staff members to monitor them throughout the day.

For any **serious accidents or injuries**, the school office (and a member of the Senior Management Team (SMT)) should be informed immediately so that a 999/112 call can be made giving clear and concise information about the casualty.

We have a number of pupils with **specific medical conditions who may require emergency medical treatment (including anaphylaxis, asthma, diabetes and epilepsy)**. Pupils at school with medical conditions are fully supported so that they have full access to education, including school trips and physical education through consultation with parents and health and social care professionals. Posters with an individual photograph of every child with a specific medical condition or allergy are displayed discreetly in key sites around the school. The posters explain medication held on site to treat each individual and list children who have an Individual Healthcare Plan (IHCP) see Appendix 1. Asthma protocols are kept on file for all diagnosed asthmatic pupils. Copies of IHCPs and asthma protocols are available in the medical file in the staffroom and in the school office. Key staff have additional training to meet the needs of these pupils. IHCPs are reviewed at least annually or earlier if there is evidence that the pupil's needs have changed. **Further details regarding specific medical conditions are contained in Appendix 2.**

The school office holds medical records for every pupil, and these are reviewed and updated annually. Teachers have access to this information for their pupils.

A list of communicable infections and conditions together with recommended exclusion times is held in the school office for reference.

The Principal's Office (**designated medical room**) is available for First Aid or caring for injured or unwell pupils. The room contains a wash basin and is located close to toilet facilities.

DEALING WITH BODILY FLUID SPILLAGES (BIO-HAZARDS)

The safe and effective management of blood and bodily fluid spillage is essential to minimize the potential risk of infection to others. Common sense infection control measures (hand washing, use of disposable gloves when dealing with blood or body fluids) should be followed by all staff when dealing with medical incidents. The school has a duty to protect its staff from bio-hazards encountered during their work (including blood, vomit, faeces, urine and wound drainage). Spillages must be dealt with immediately and safely following these guidelines:

- Notification of spillage by placing warning signs and informing the school office
- Suitable protection should be worn
- Spillage kits (which are stored at the office) should be used in order to clean up promptly
- Waste should be disposed of in the Clinical Waste bin in the school office or in yellow clinical waste bags

RECORDING AND REPORTING ACCIDENTS AND MEDICAL EMERGENCIES

All accidents, injuries and incidents including the administration of medication to pupils should be recorded in the Accident Book which is kept in the staff room (additional books are located in the Music House, and Swimming Pool). It is the responsibility of the person administering the First Aid to record the incident including the following details:

- Date, time and place where the incident occurred
- Full name and class of the casualty
- Details of the injury, incident and what treatment was given
- Details of what happened after treatment eg. Returned to class, sent home
- Full name and signature of the person recording the incident

Any accidents occurring on educational visits will be recorded by the trip leader in the accident book at school upon return from the visit.

A copy of the Accident Report form is sent home to parents on the same day. Details are recorded electronically by the School Administration Assistant on the school database.

The Senior Teacher reviews and signs off each report on a monthly cycle.

A separate Accident Book is held in the school office to record incidents involving staff or visitors.

If a pupil is ill or has an accident which requires further medical attention, a parent is contacted and asked to collect their child at the earliest opportunity. If the parent cannot be contacted, it may be necessary for the pupil to be taken to hospital and so an ambulance will be called. In this instance, a message will be left for the parent and the named emergency contact informed.

In the event of medication being administered to a pupil, details are recorded in the medicines book in the school office. Medicines administered are reviewed at the termly Health and Safety meetings.

Serious accidents should be reported immediately to the Principal or a member of the SMT who will comply with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Certain 'specified injuries' are required to be reported to the HSE, either online or by phone on 0345 300 9923. Further information can be found on the HSE website www.hse.gov.uk/riddor.

MEDICATION

Medicines should only be taken to school when it would be detrimental to a pupil's health if that medicine were not administered during the school day. Parents are asked not to send pupils to school when they are clearly unwell or infectious or for 48 hours after vomiting or diarrhoea.

Some pupils have longer term medical needs and may require medicines on a longer term basis to keep them well. Whilst there is no legal duty for staff to administer medicines or supervise pupils taking their medicines, we will endeavor to accommodate pupils' medical needs in close cooperation with parents.

The school can only accept prescribed medicines which should always be provided in the original container and include the prescriber's instructions for administration. A 'Medicine in School' form must be completed and handed into the school office with the medication (Appendix 3).

In individual cases specific requests will be considered e.g. throat sweets.

The administration of all medication is controlled from the school office and is recorded in the 'Medicines Book' kept in the office. Some parents have advised that Calpol or Piriton may be administered if the necessity arises. Parents will be advised by phone PRIOR to the administration.

All prescribed medicine will be stored at the school office or in the staffroom unless it is necessary for a pupil to have their medication with them at all times and this will be indicated on their IHCP. At no time should any pupil carry with them any unprescribed medication, eg painkillers.

STAFF

The medical needs of staff is not the responsibility of the Appointed Person. In the event of an emergency any necessary steps would be taken to safeguard the wellbeing of the member of staff. All staff complete a medical declaration upon appointment, and an annual update, and the Proprietor will make reasonable adjustments when informed of a medical condition by a member of staff.

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication which may affect their ability to care for children, those staff must seek medical advice.

Any staff medication on the premises is stored securely and out of the reach of children at all times.

AUTOMATED EXTERNAL DEFIBRILLATOR

The school has an automated external defibrillator (AED) sited in the staff room. This is accessible at all times when pupils, staff and visitors are on site.

FIRST AID AND ADMINISTRATION OF MEDICINE TRAINING

All newly appointed staff receive induction training which includes:

- Awareness of First Aid policy and procedures
- Awareness of pupils with specific medical needs
- Awareness of appropriate risk assessments when planning school trips or visits

The majority of staff and all class teachers responsible for EYFS have a current Paediatric First Aid qualification which includes training for use of AEDs. This training is updated every three years. A full list of staff holding this qualification is held at the school office. In accordance with the EYFS Statutory Framework (2025) at least one person with a current Paediatric First Aid qualification is on the premises at all times when EYFS children are present.

Regular refresher training in staff meetings is provided for all staff to identify procedures for pupils with specific medical needs and allergies. The 'Memo Book' in the staff room is used to communicate updates on procedures.

Some staff receive additional training to support individual pupils who have specific medical needs eg diabetes, epilepsy. This is undertaken in consultation with parents and relevant healthcare professionals. A list of staff trained to support specific pupils is kept at the front of the Medical Information File in the staff room.

Appendix 1:	Individual Health Care Plan (IHCP)
Appendix 2:	Protocols for Anaphylaxis, Asthma, Epilepsy and Diabetes
Appendix 3	Medicines in School Form

MONITORING AND REVIEW

The Senior Teacher is responsible for monitoring the First Aid provision and reporting to the school Health and Safety Committee and to the SMT. This policy should be read in conjunction with the following school policies:

Health and Safety
Safeguarding, Child Protection and Promoting the Welfare of Pupils
SEND
EYFS

The Senior Management Team is responsible for the monitoring and review of this policy. This policy is reviewed at least annually and is included in the School's policy review schedule.

SAFEGUARDING STATEMENT

Elm Green Preparatory School is committed to maintaining a safe and secure environment for all pupils in accordance with its Safeguarding, Child Protection and Promoting Pupil Welfare Policy.

EQUAL OPPORTUNITIES STATEMENT

The aims of the School and the principles of excellent pastoral care will be applied to all children in accordance with the School's Equal Opportunities Policy.



ELM GREEN PREPARATORY SCHOOL

HEALTHCARE PLAN

(To be completed only if your child has a medical condition)

Child's Name:		Form:
Date of Birth:		
Address:		
Medical diagnosis or condition:		If required, protocol attached Yes/No pls circle)
Family Contact Information	If not available, Emergency contact:	
Name:	Name:	
Relationship to Child	Relationship to Child	
Phone No: (Home)	Phone No: (Home)	
Phone No: (Mobile)	Phone No: (Mobile)	
Phone No: (Work)	Phone No: Work)	
GP:		
Name:		
Tel No:		
Hospital Contact (if required)		
Name:		
Tel No:		

Describe medical needs and give details of child's symptoms, triggers, signs, treatment, facilities, equipment or devices, environmental issues etc. *(Please continue on separate sheet if necessary)*

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered with supervision.

Please note: it is the parent's responsibility to ensure all medications kept in school are in date.

Daily care requirements (if applicable)

Are there specific arrangements for school visits/trips?

Other information

Describe what constitutes an emergency, and the action to be taken if this occurs

	Name	Signature	Date
Parent			
Class Teacher			
Lead First Aider			
Deputy Head			
Principal			

ANAPHYLAXIS

PROTOCOL FOR ALLERGIC REACTIONS (ANAPHYLAXIS)

Anaphylaxis (reaction to a substance eg. nuts, egg, insect stings) is a serious condition which affects an increasing number of children. The school environment must be kept favourable to pupils with anaphylaxis and we aim to have a nut free environment.

It is the responsibility of all staff to familiarize themselves with all pupils who have been identified and prescribed medication for severe allergic reactions via the photographic identification chart.

Staff must also familiarize themselves with the location of vital medication which is to be administered to identified pupils. This is kept in individually named packs in the 'medical cupboard' in the staff room. IHCPs contain exact protocols for each pupil.

When identified pupils are off-site for any reason (educational visits, sports fixtures, swimming etc) the medication should be collected by a responsible, accompanying adult and returned at the end of the event.

Adults should also ensure that communications equipment i.e. Walkie talkies, school mobile phones and HELP cards are available and in working order (where relevant).

PROCEDURES FOR ALLERGIC REACTIONS (ANAPHYLAXIS)

Allergic reactions can occur quickly after having contact with or ingesting substances and children will recognize symptoms. Symptoms include skin redness, hives, itching, heart palpitations, swelling hands, feet, mouth, eyelids, red/itchy mouth, ears and/or eyes, light headedness, nausea, vomiting and abdominal pain.

- Contact the school office immediately (use Red Card and phone/radio), send a runner to collect medication from the staffroom
- Administer medication as outlined in the IHCP – if in any doubt, do not hesitate to administer the autoinjector
- An ambulance must always be called when an autoinjector is used and the parents/carers contacted. The used autoinjector should be given to the ambulance crew.
- Other pupils should be moved to a safe area if the reaction occurs in a classroom environment
- Record the incident in the Accident Book and record any medication administered in the Medicines Book

ASTHMA

PROTOCOL FOR ASTHMA

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest. Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if you feel well, to lower the risk of symptoms and asthma attacks.

There are several known common triggers for asthma attacks including allergens (e.g. pollen, dust), irritants (e.g. cold air, perfume, smoke), respiratory infections, physical exercise especially in cold weather. Some children have asthma that only flares up at certain times of the year such as during hay fever season. As far as possible we try to minimize children's exposure to common asthma triggers. The best way to cope with asthma triggers is to take preventer medicine as prescribed, even when feeling well.

It is the responsibility of all staff to familiarize themselves with all pupils who have been diagnosed and prescribed medication for asthma via the photographic identification chart. The designated asthma lead person for the school is the school assistant.

Staff must also familiarize themselves with the location of vital medication for asthma which is to be administered to identified pupils. This is kept in individually named packs in the 'medical cupboard' in the staff room. The pack should contain the pupil's inhaler and spacer. IHCPs and asthma protocols contain exact protocols for the pupils. It is the parent's responsibility to ensure that the inhaler is in date.

Current legislation allows the school to hold a generic asthma inhaler which can be used in emergency situations to resolve a pupil's asthma attack. It should only be used for those pupils with diagnosed asthma and not those with a suspected condition. These inhalers are held in the staff room, travel bag, PE bag and swimming pool. All situations when the generic inhaler is used should be reported to the school office who will follow the protocol for administering medicines.

It is imperative that a pupil's inhaler is taken whenever the pupil is off-site for educational visits, sports lessons and fixtures. It is the responsibility of the teacher organising the visit to check they have relevant inhalers when leaving the site and that they are replaced in the correct location upon return to the site.

PROCEDURE FOR ASTHMA ATTACK

Common symptoms of an asthma attack are coughing, being short of breath, wheezy breathing, tight feeling in the chest and/or being unusually quiet. Not all of these symptoms may be present.

The asthma attack should be treated according to the detail in the IHCP and asthma protocols. -Staff should assist pupils if necessary to assemble their inhaler equipment, spacers should always be used to administer reliever medication (single use spacers are available if needed).

In the event of an asthma attack:

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forwards
- Use the pupil's own inhaler (in an emergency use the generic inhaler)
- Remain with the pupil while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mask securely over the mouth and nose ensuring there is a good seal
- Immediately help the pupil to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths), ensuring inhaler is shaken between each puff
- If there is no improvement, repeat up to a maximum of 10 puffs
- Stay calm and reassure the pupil, allowing them to return to lessons when feeling better
- In the event of an asthma attack in school, parents must be informed and should make a GP appointment
- If a pupil has more than 6 puffs or more in 4 hours, the parents must be informed, and the pupil should be seen by a GP
- **If a pupil does not feel better after administration of the inhaler or there is any concern before reaching 10 puffs, call 999 FOR AN AMBULANCE and call parents**
- If an ambulance does not arrive within 10 minutes, administer another 10 puffs
- A member of staff must accompany a pupil to hospital if parents have not arrived

Record the incident in the Accident Book and record any medication administered in the Medicines Book.

Spacers should be washed with warm, soapy water after use and left to air dry. No brushes or cloths should be used for cleaning the spacers.

EPILEPSY

PROTOCOL FOR EPILEPSY

Epilepsy is a serious condition affecting approximately 1 in 280 children. Epilepsy is a tendency to have recurring seizures caused by a sudden burst of intense electrical activity in the brain. Seizures can last between a few seconds and several minutes. The majority of children with epilepsy take anti-epileptic drugs (AEDs) to control their seizures, usually taken twice a day outside school.

Any child with epilepsy attending Elm Green will have an IHCP which is written in consultation with the parents and healthcare professionals. The IHCP will be reviewed at least annually or sooner if there is a change in the child's condition. Key staff (usually the class teacher, PE teacher and school assistant) will be given additional training to support the pupil.

PROCEDURE FOR EPILEPTIC SEIZURE

The procedures outlined in the child's IHCP should be followed.

The following procedures are basic First Aid for tonic-clonic seizures;

DO.... Protect the child from injury, place something soft such as a folded jumper under their head, place the child in the recovery position once the seizure has finished, stay with the child and be reassuring.

DON'T Restrain the child's movements, put anything in their mouth, try to move them unless they are in danger, give the child anything to eat or drink until they are fully recovered, attempt to bring hem round.

An ambulance should be called if the seizure continues for longer than usual for the child or longer than 5 minutes, the child has a second seizure, the child is injured in the seizure, the child has difficulty breathing, you believe the child needs urgent medical attention.

Record the incident in the Accident Book and record any medication administered in the Medicines Book

DIABETES

PROTOCOL FOR DIABETES

Diabetes is a common life-long health condition in which the amount of glucose in the blood is too high because the body cannot use it properly. Type 1 diabetes is the most common form found in children where the body doesn't make any insulin.

Staff should be alert to early signs that a child may have Type 1 diabetes. There are four common symptoms – known as the 4 T's of diabetes toilet, thirsty, tired, thinner.

Any child with diabetes attending Elm Green will have an IHCP which is written in consultation with the parents and healthcare professionals. The IHCP will be reviewed at least annually or sooner if there is a change in the child's condition. Key staff (usually the class teacher, PE teacher and school assistant) will be given additional training to support the pupil. The training is renewed on an annual basis or if there is a change in the management of the child's condition.

PROCEDURES FOR MANAGING DIABETIC CHILDREN

If a child's blood glucose levels are too low or too high while at school, they may start to feel unwell.

The symptoms of hypoglycaemia (hypo) can include feeling shaky, sweating, hunger, tiredness, blurred vision, lack of concentration, headaches, feeling tearful or moody or going pale. Hypos must be treated quickly. If left untreated, the blood glucose level will continue to fall and the child may become unconscious. A child should not be left alone during a hypo.

Hyperglycaemia (hyper) happens when blood glucose levels rise too high. All children are likely to have high blood glucose levels sometimes and they might happen because the child has not taken enough insulin, has had a lot of sugary or starchy food or is unwell. Depending on how the child takes their insulin, if the blood glucose is only high for a short time, treatment may not be needed.

All diabetic children will follow the procedures identified in their IHCP for their day to day management of the condition. If a member of staff suspects the child is having either a hypo or is hyper they should contact the school office immediately so that one of the key staff trained in managing the child's condition can be sent for to monitor the child's condition and administer the appropriate treatment.



**ELM GREEN PREPARATORY SCHOOL
MEDICINES IN SCHOOL**

PLEASE NOTE ALL MEDICATION BROUGHT INTO SCHOOL MUST BE IN ORIGINAL BOX, WITH ORIGINAL PRESCRIPTION DETAILS (WHERE RELEVANT) SHOWING DOCTOR'S NAME, PHARMACY, NAME OF CHILD AND DOSAGE.

Date:	
Child's Name/Class:	
Name of Medication:	
Dosage:	
To be taken at: (Time/Before Food etc)	
Last dose given:	
Parent Signature:	
Staff Signature on Receipt	

STAFF MEMBER TAKING RECEIPT OF MEDICATION SHOULD CHECK ORIGINAL PACKAGING AND:

MARK BOTTLE TO INDICATE LEVEL OF QUANTITY RECEIVED

NOTE NUMBER OF TABLETS RECEIVED HERE