

<b>First Aid Policy</b>	
<b>Independent School Standards: paragraphs 13 and 34</b>	
<b>Policy content:</b> <ul style="list-style-type: none"> <li>● Provision of first aid (including emergency procedures)</li> <li>● Administration and storage of medication</li> <li>● Managing medical needs in school</li> </ul>	
<b>Latest ratification by Trustees:</b>	Sept 2023
<b>Next review by Trustees:</b>	Sept 2024
<b>Latest Update:</b>	August 2023
<b>Links:</b>	Health and safety policy Risk assessment policy Complaints policy Safeguarding policy

## First Aid Policy

**The school's arrangements for carrying out the policy include nine key principles.**

- Places a duty on the trustees to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, young people 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 which 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

### **Arrangements for First Aid**

#### *First aid appointed staff*

<b>Name of staff member</b>	<b>Level of qualification</b>	<b>Date</b>
Juliet Simpson	Paediatric 12 hour	June 2023
Ugonna Ezeyi	Paediatric 12 hour	June 2023
Heather Richardson	Paediatric 12 hour	January 2022
Mireille Pelletier	Paediatric 12 hour	January 2022
Gay Broadberry	Paediatric 12 hour	January 2022
Mohammad Hassanzadeh	Paediatric 12 hour	January 2022
Hannah Massih	Paediatric 12 hour	January 2022
Tom Oberst	Paediatric 12 hour	January 2022
Miriam Baez	Paediatric 12 hour	January 2022
Lee Cooper	Paediatric 12 hour	January 2022
Liz Nicholass	Paediatric 12 hour	January 2022
Rachel Mascia	Paediatric 12 hour	January 2022
Dhama Sangarabalan	Paediatric 12 hour	June 2023
Callie Sharma	Paediatric 12 hour	January 2022
Lucy Stephens	Paediatric 12 hour	June 2023
Gemma Jamieson	Paediatric 12 hour	June 2023
Theresa Ulett	Paediatric 12 hour	June 2023
Renee Wilson	Paediatric 12 hour	June 2023

### *Materials, equipment and facilities*

An appointed person for first aid will be allocated annually. They will be appropriately trained and able to carry out the role effectively.

- The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for schools'.
- Liz Nicholass, the School Administrator is also the first aid coordinator. They will regularly check that materials and equipment are available and will ensure that new materials are ordered when supplies are running low. This includes the first aid boxes in classrooms.
- Each class has their own first aid box which is stored where it is visible and easy to access.
- The school has a wall mounted first aid station installed in the medical room. It is the first aid coordinator's responsibility to ensure that this is regularly checked and that the station is fully stocked.
- It is the responsibility of the adults in each class to notify the first aid coordinator immediately if stocks in the class first aid box are running low.

### **Administration of first aid**

It is every supervising adult's responsibility to provide first aid in case of a minor accident. Should an adult not have first aid training, they then can request help/ second opinion from a qualified first aider where required. In case of a serious accident or a head injury a qualified first aider should be asked to assist in giving first aid.

Where trips are planned, suitable and sufficient first aid provision should be made. The teacher in charge should take at least one first aid travel bum bag with them on a school trip, and ensure they have a qualified first aider on the trip with them. It is the group leader's responsibility to check the supplies in the bum bag before leaving the school.

Any young people or staff member with additional medical requirements must be identified during the risk assessment stage when planning a school trip and suitable arrangements made.

### *Cuts*

The nearest adult to an incident deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe.

Any adult can treat more severe cuts, but a fully trained first aider must attend the patient to give advice.

To ensure infection control all open wounds must be treated using gloves.

## *Head injuries*

Any bump to the head, no matter how minor, is treated as serious. All bumped heads should be treated with an ice pack. Parents/carers must be informed by telephone. The adults in the child's classroom should be informed and asked to keep a close eye on the child. All bumped head accidents should be recorded on CPOMS. Children with a bumped head should be given a head injury letter to take home.

## **Administering medicine in school**

At the beginning of each academic year, any medical conditions are shared with staff. If there are young people with medical conditions that need an individual healthcare plan (IHP) this will be put together in partnership with the first aid coordinator, healthcare professionals, the child and parents/ guardians. This must be signed by parents/guardians and kept in the IEP file. These need to be checked and reviewed regularly. All medicines in school are administered following the agreement of a care plan.

## ***Asthma***

Young people with asthma do not require a care plan. In order for asthma pumps to be kept in school an 'Asthma Pump Card' form must be filled out. The 'Asthma Pump Card' is obtainable from the office. The office will then attach the Asthma Pump Card to the child's record on Arbor. Liz Nicholass the School Administrator is the person responsible for medicine at school, who will ensure the staff are aware of the child's needs regarding the asthma pump and its usage.

- It is the parents/carers responsibility to provide the school with up-to-date Asthma Pumps for their children.
- Adults in the classroom are to check the expiry date on the pumps regularly and inform parents, should the pumps expire or run out.
- Asthma pumps should be carried by the person whom it has been prescribed for, clearly labelled with the child's name.
- Asthma sufferers should not share inhalers.
- Children should have a bag from home to carry their asthma pumps when not in the class-room. Only blue (reliever) asthma pumps should be kept in schools. Generic emergency salbutamol asthma inhalers: In accordance with Human Medicines Regulations, amendment No2, 2014, the school will be in possession of 'generic asthma inhalers', to use in an emergency.
- These inhalers can be used for pupils who are on the school's asthma register.
- The inhalers can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). The emergency inhalers are stored at the first aid point. The inhalers are clearly labelled.
- One plastic spacer to be used with younger children (Nursery, Reception)
- In case of an emergency an adult needs to be sent to get the asthma pump while a first aider remains with the child. Once the pump has been administered (older

children can administer it for themselves under supervision) the first aider needs to record the time and dose of salbutamol (how many puffs have been administered) on an administering medicine form, a copy of which should be sent to the parents/carers.

- Adults may also use school held inhalers in an emergency and should follow the above instructions on recording the use of the inhalers. When the emergency inhalers have been used, please notify the first aid coordinator.

### ***Allergic reactions***

- A child at risk of anaphylaxis should be prescribed adrenaline auto-injector (AAI) devices by their doctor, and should bring these to school.
- The human medicines regulations (2017) allows schools to purchase their own AAI(s) without a prescription, so the school will hold a number of AAIs of 300mcg. These will be stored with instructions on how to use the device, a checklist of injectors identified by their batch number and expiry date with monthly checks recorded, together with a record of administration.
- The school will keep a register of young people attached to their medical record on Arbor to whom the spare AAI(s) can be administered. A copy will also be kept with the emergency AAIs to be updated termly by the first aid coordinator. The parent/carer must give consent to the school to administer an AAI.
- Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis so the AAIs and the salbutamol inhalers will be kept together in the medical room.
- It's recognised that severe anaphylaxis is a time-critical situation so all AAI devices – including those prescribed to the child themselves, as well as any spare AAI(s) – must:
  - Be accessible at all times in the medical room
  - NOT be locked away in a cupboard or kept in an office where access is restricted.
  - AAIs should not be located more than 5 minutes away from where they may be needed.
  - Spare AAI devices should be kept separate from any AAIs prescribed to children; the spare AAI(s) should be clearly labelled.
  - In general, AAIs should be kept at room temperature (in line with manufacturer's guidelines), away from direct sunlight and extremes of temperature.
  - They should not be stored in a refrigerator.
- Young people who have been prescribed an AAI should keep it if necessary.
- The school requests that parents/carers ensure their child has their AAI in school and that it is in date. Ideally parents/carers should request more than 2 AAIs from their healthcare professional so that one AAI can be kept in school at all times.
- Young people over the age of 11 should be encouraged to keep their own AAI with them at all times.
- AAIs are for single-use and cannot be reused. Used AAIs can be given to the ambulance paramedics on arrival.

### *Staff responsibilities:*

- First aid coordinator should check and maintain all AAIs, including spares and those prescribed to individual children. The first aid coordinator should ensure that replacement AAIs are obtained when expiry dates approach.
- The first aid coordinator should ask parents to take their child's own prescribed AAI home before school holidays to ensure that they remain in date and haven't expired.
- The co-headteachers should also do a second check termly to ensure the devices are in date.

### *School responsibilities:*

- Accidental reactions are common and most present with mild-moderate symptoms and do not progress to anaphylaxis, even in children who have had anaphylaxis before. Whilst fatal allergic reactions are rare, they are also unpredictable.
- The New School will arrange anaphylaxis training for staff where a child in the school has been diagnosed as being at risk of anaphylaxis. This should include practical instruction in how to use the different AAI devices available and be face to face training.
- Food bans often focus on nuts, but actually milk is a bigger risk factor than peanuts in the UK. Food bans can often result in a false sense of security, does not avoid accidental exposure and are very difficult to enforce. The New School is an allergen aware school and staff are trained to discuss this with their classes during morning circle and encourage classmates to look out for each other. If there is a severe allergy within the school, this policy will be reviewed and correspondence will go out to families in regards to a particular food item. Families should also be asked to bring the ingredients list of any birthday treat into school and this should be given after school so that parents can check for their own child. The school should add a reminder on the newsletter termly.
- A child's medical record on Arbor will state any food allergies and the chef will be notified each day when they pull the attendance list from Arbor which food allergies are present in school that day.
- The chef is trained in food allergies and clearly labels the ingredients on any food prepared and kept in the fridges so that if someone else uses the food (the sous chef or otherwise) they are aware of every ingredient in the food
- Bottles and other drinks should be clearly labelled with the name of the child for whom they are intended.
- Chefs are trained how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. The Food Standards Agency (FSA) has provided useful [guidance for caterers](#).
- Children with food allergies should also be taught to check with catering staff and read ingredients labels before eating or buying food. Many children of primary school age are able to do this.

- No food should be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fêtes, assemblies, cultural events) needs to be considered and may need to be restricted, depending on the allergies of particular children.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking).
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, staff need to add catering requirements for food-allergic children to the risk assessments to be signed off by the co-Headteachers, as well as including emergency planning (including access to emergency medication and medical care). A staff member who is trained in administering an AAI should accompany any school trip with a child who carries an AAI. The group leader should ensure that the child has their AAI with them on the trip.

The following flowchart summarises the **symptoms of an allergic reaction**, and the steps to take in managing a reaction:

## Mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

## Action:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact
- If vomited, can repeat dose

## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

### AIRWAY

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

### BREATHING

Difficult or noisy breathing, wheeze or persistent cough

### CONSCIOUSNESS

Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

### IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)



2. Use Adrenaline autoinjector **without delay**

3. Dial **999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a 2<sup>nd</sup> adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.



*Mild-moderate symptoms:*

- Generally respond to antihistamine medicines given by mouth.
- The child does not normally need to be sent home from school, or require urgent medical attention.
- Although most mild reactions resolve, occasionally they can worsen and develop into anaphylaxis: anyone having a mild-moderate (non-anaphylaxis) reaction should be monitored (e.g. in the medical room) for any progression in symptoms.
- Younger children may find it difficult to explain how they feel during a reaction.

*Anaphylaxis*

Anaphylaxis usually occurs together with more mild symptoms of an allergic reaction (such as an itchy mouth or skin rash), but can also happen on its own without any mild signs being present. **Always give adrenaline FIRST** (before other medicines such as inhalers) **in someone with known food allergy who has sudden-onset breathing difficulties** – even if there are no skin symptoms.

If there are any ABC symptoms of anaphylaxis present, then **administer an adrenaline auto-injector** without delay. AAI's can be administered through clothes and should be injected into the outer mid-thigh, in line with the manufacturer's instructions.

**A child without an AAI and no parent/carer consent form should not be given an AAI but the emergency services should be called immediately and the person making the call should inform the operator that a spare AAI is available at the school. The healthcare provider will give advice as to whether to use the spare AAI or not.**

**AIRWAY:**

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty in swallowing
- Swollen tongue

**BREATHING:**

- Difficult or noisy breathing
- Wheezing (like an asthma attack)

**CONSCIOUSNESS:**

- Feeling lightheaded or faint.
- Clammy skin
- Confusion
- Unresponsive/unconscious (due to a drop in blood pressure)

*After giving the AAI:*

- Do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. **Bring the AAI to the child, not the other way round.**
- Provide reassurance. The child should lie down with their legs raised. If breathing is difficult, allow the pupil to sit.
- Note the time the AAI was given and record it in the accident book.

#### **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED**

- **If the child has their own AAI prescribed, give the AAI and then dial 999.** Always call for an ambulance, even if the person has already self-administered their own AAI and is feeling better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.
- When dialling 999, say that the person is suffering from anaphylaxis (“ANA-FIL-AX-IS”).
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- Send someone outside to direct the ambulance paramedics when they arrive.

**If the child’s condition does not improve 5 to 10 minutes after the initial injection, then give a second dose of adrenaline:**

- Use another AAI device – AAI devices are single-use only. This can be the pupil’s own device, or the school’s ‘spare’ AAI.
- If you give a second dose, call the emergency services again to confirm that an ambulance has been dispatched.

*When the paramedics arrive, tell them:*

- if the child is known to have an allergy
- what might have caused this reaction e.g. recent food eaten
- the time the AAI was given.

*Once the child is stable:*

- Remember to call the parent/carer
- Note in the school’s records where and when the reaction took place (e.g. PE lesson, playground, classroom), how much medicine was given, and by whom.
- If the pupil is transferred to hospital, the hospital will inform the GP about the reaction.

### ***Short term prescriptions***

- Medications such as the short term use of antibiotics or painkillers can be administered only if the parent /carer fills out the 'parental consent form for administering medicine' form. Parents can obtain the form from the office on the first day of requesting the medicine to be administered at school.
- The first aid coordinator who is responsible for medication at school, will inform staff regarding the administration of the medicine in question. A copy of the form needs to be kept with the medication in the medical room.
- Medication may be administered in school if it is required to be taken four times a day. Staff should encourage parents to administer all other medicine at home. All medication administered at school must be prescription medicine, prescribed by a doctor and obtained from the pharmacy, clearly labelled with the child's name and address.
- Medications that need to be kept in the fridge can be stored in the medical room fridge.

### ***First aid and medicine files***

This information is kept on the child's medical record on Arbor and first aid on CPOMS. For major accidents/ incidents a further accident review must be completed within 24 hours of the accident/ incident by the first aid coordinator. Any accident that results in the individual being taken to hospital is considered a major accident/ incident. These forms are obtainable from the office and once completed a copy of it must be kept on file. They also need to be signed by the co-Headteacher.

### **Calling the Emergency services.**

In case of a minor accident, it is the decision of the fully trained first aider if the emergency services are to be called. Any major incidents which require immediate medical assistance will be responded to through the emergency services. Staff are expected to support and assist the trained first aider in their decision. The co-Headteachers should be informed if such a decision has been made even if the accident happened on a school trip or on a school journey. If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

### **Becoming unwell at school**

If a child becomes unwell at school appropriate responses will include:

- Call to parent/ carer to make decision on whether to collect or not;

- Decision by school for parents to be asked to collect their child based on wellbeing of child and level of discomfort or consultation with government guidelines for exclusion which can be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>;
- Return the child to class ensuring that classroom staff are aware of the child's symptoms so they can ensure appropriate supervision;
- Child to remain in a supervised area away from general circulation and be monitored for deterioration or improvement.

If it is **absolutely necessary** to examine a child for rashes or injury so that appropriate first aid and response can be given, staff should call a first aider and two adults should be present. The child should always be asked for permission, their privacy should be respected, and a written record of the observation should be kept.

**All first aid administered must be recorded on CPOMS and information regarding the details of the injury communicated to the parent.**

### **Managing medical needs in school**

Section One:

#### **Scope**

The New School has an inclusive school culture that welcomes and supports young people with medical conditions. This school provides all young people with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- be fully included in the life of the school
- achieve a sense of personal agency and wellbeing when they leave school.

The school makes sure all staff understand their duty of care to children and young people, and that all staff feel confident in knowing what to do in the event of an emergency. The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood, and understands the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect young people at this school and staff receive training on the impact medical conditions can have on young people.

The named member of school staff responsible for this medical conditions policy and its implementation is: **Dhama Sangarabalan – Co-Headteacher.**

## **Section Two:**

### **Meeting needs**

The following describes the essential criteria for how the school can meet the needs of children and young people with long-term medical conditions.

- The school is welcoming and supportive of young people with medical conditions. It provides young people with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other young people.
- We will make every effort to accommodate a young person's medical condition, listen to the views of young people and parents, and if we are able to support a young person with a medical condition, ensure parents/ young people feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of young people at this school, that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- The school understands that all children with the same medical condition will not necessarily have the same needs.
- The school recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions.

The medical conditions policy is supported by a clear communication plan for staff, parents/ carers and other key stakeholders to ensure its full implementation.

## **Section Three:**

### **Individual health care plan (IHP)**

All young people with a medical condition have an individual healthcare plan (IHP) which details exactly what care a young person needs in school, when they need it and who is going to give it. It includes information on the impact any health condition may have on a young person's learning, behaviour or classroom performance. This is drawn up with input from the young person (if appropriate) their parent/carer, relevant school staff and healthcare professionals, and ideally a specialist if the young person has one. The IHP is stored on the young person's Needs Plan file and is transferred to appropriate staff where relevant e.g. the kitchen staff in relation to meals, any teachers working with that young person.

All staff should understand and be trained in what to do in an emergency for young people with medical conditions at this school. 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. Staff training in what to do in an emergency is refreshed at least once a year. A young person's IHP explains what help they need in an emergency. The IHP will accompany a young person should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

All staff understand and are trained in the school's general emergency procedures and this includes temporary or supply staff, they know what action to take in an emergency and receive updates at least yearly. If a young person needs to attend hospital, a member of staff (preferably known to the young person) will stay with them until a parent arrives, or accompany a young person taken to hospital by ambulance taking with them a device that has access to Arbor which details the IHP. They will not take young people to hospital in their own car.

IHPs are reviewed annually, but the parent is able to upload new information via the parent portal on Arbor, so their child's record is continually kept up-to-date through the parent.

It is important that a young person's rights to privacy are considered at all times and the school makes sure that the young person's confidentiality is protected by seeking permission from parents before sharing any medical information with any other party. Where this relates to an older child they should be consulted also.

## **Section Four:**

### **Administering medicine**

The school has clear guidance on providing care and support and administering medication at school and understands the importance of medication being taken and care received as detailed in the young person's IHP. The school will make sure that there are **more than one member** of staff who have been trained to administer the medication and meet the care needs of an individual child. The New School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The trustees will have made sure that there is the appropriate level of insurance and liability cover in place.

The school will not give medication (prescription or non-prescription) to a young person under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the young person to involve their parent, while respecting their confidentiality.

When administering medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parents will be informed. The New School will not give a young person under 16 aspirin unless prescribed by a doctor.

The school will make sure that a trained member of staff is available to accompany a young person with a medical condition on an off-site visit, including overnight stays.

Parents at the school must understand that they should let the school know immediately if their child's needs change and upload the information via the Arbor parent portal.

If a young person misuses their medication, or anyone else's, their parent will be informed as soon as possible, and the school's behaviour procedures are followed.

The New School makes sure that all staff understand what constitutes an emergency for an individual young person and makes sure that emergency medication/equipment is readily available wherever the young person is in the school and on off-site activities and is not locked away. Young people may carry their emergency medication with them if they wish or if this is appropriate, or they should know exactly where to access it.

Young people can carry controlled drugs if they are competent and it does not pose significant risk to other young people, otherwise the school will keep controlled drugs stored securely, but accessible, with only named staff having access. Staff at this school can administer a controlled drug to a young person once they have had specialist training.

To ensure confidence in the school environment, The New School will make sure that all medication is stored safely in the medical room, and that young people with medical conditions know where they are at all times and have access to them immediately. Medication will be stored safely, that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a young person on off-site visits. They are collected and disposed of in line with safe working procedures.

## **Section Five**

### **Record keeping**

In order to safely administer medication, the following must be available and maintained:

- Permission documents signed by the parent which clearly stipulate the dosage, permission and times for administration;
- Clarity on when the last dose was administered;
- A written record of what was given, when and by whom (both people present);
- Safe storage for the medication;
- Two staff to oversee the correct dosage and process for administration is given;
- An appropriate, clean, private area for administration of medication.

Parents at the school are asked if their child has any medical conditions on the school place acceptance form.

The school uses an IHP to record the support an individual pupil needs around their medical condition. The school has a centralised register of IHPs, and an identified member of staff ensures this is kept up to date.

## **Section six**

### **Training**

Training should be provided by a suitably qualified healthcare professional and/or the parent. The healthcare professional will confirm their competence, and the school keeps an up-to-date record of all training undertaken and by whom.

## **Section Seven**

### **The New School environment and curriculum**

The New School ensures that the whole school environment is inclusive and favourable to young people with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. The school is committed to providing a physical environment accessible to young people with medical conditions and young people are consulted to ensure accessibility. The school is also committed to an accessible physical environment for out-of-school activities. We will make sure the needs of young people with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits with all staff aware of the potential social problems that young people 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 young people taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all young people. This includes:

- Out-of-school clubs and team sports.
- Forest schools provision
- Residential trips

The school understands that all relevant staff are aware that young people should not be forced to take part in activities if they are unwell. They should also be aware of young people who have been advised to avoid/take special precautions during activity, and the potential triggers for a young person's medical condition when exercising and how to minimise these with appropriate medication/equipment/food being with them during physical activity.

This school makes sure that young people 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 should understand that frequent absences or symptoms, such as limited concentration and frequent tiredness, may be due to a young person's medical condition and school will not penalise young people for their attendance if their absences relate to their medical condition.

Teaching staff will refer young people with medical conditions who are finding it difficult to keep up educationally to pastoral support who will liaise with the young person (where appropriate), parent and the healthcare professional.

The school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of young people 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.

The school is aware of the common triggers within the environment that can make common medical conditions worse or can bring on an emergency. The school will actively work towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

The school is committed to identifying and reducing triggers both at school and on out-of-school visits with school staff being given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. Where a list of the triggers for young people with medical conditions at this school is available, a trigger reduction schedule and actively working towards reducing/ eliminating these health and safety risks will be a priority for staff.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the young person receives the support they need to reintegrate effectively. The school works in partnership with all relevant parties including the young person (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

The school is committed to keeping in touch with a child when they are unable to attend school because of their condition.

The medical conditions policy is regularly reviewed, evaluated and updated. The views of young people with medical conditions are central to the evaluation process.