



**Rossmere  
Academy**  
ENRICHING EDUCATION

## **Medical Conditions, First Aid and Allergens Management Policy**

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## **Statement of Intent**

Rossmere Academy is committed to ensuring there are adequate and appropriate equipment and facilities for providing medical assistance and emergency first aid to any person to whom we owe a duty of care if they are injured or become ill whilst on our premises or involved in an off-site activity. Rossmere Academy will ensure sufficient and suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to any casualty and emergency services called when deemed appropriate.

The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school which is reviewed at least annually.

The school will take every reasonable precaution to ensure the safety and wellbeing of any person that we owe a duty of care. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Lone Working Policy
- Accessibility Plan
- Complaints Policy
- Equality Policy
- Special Educational Needs Policy

The Headteacher has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

## **1. Legal Framework**

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- DfE (2022) 'Guidance on First Aid in Schools, Early Years and Further Education'

## **2. Aims and Objectives**

The aims of this policy are to:

- ensure our school has adequate and appropriate equipment and facilities for providing emergency first aid to any person to whom we owe a duty of care if they are injured or become ill whilst on our premises or involved in an off-site activity;
- ensure that staff and pupils are aware of the procedures for requesting first aid in the event of any illness, accident or injury;
- ensure that medicines are only administered at the school when express permission has been granted for this;
- ensure that all medicines are appropriately stored;
- promote effective infection control.

## **3. First Aid Facilities**

- 3.1 Anyone on the school premises is expected to take reasonable care for their own and other's safety.
- 3.2 The Headteacher will consider out of hours arrangements for first aid provision, ie. parents' evenings, school events etc and ensure that adequate first aid facilities are available.
- 3.3 The Educational Visits Co-ordinator for each trip will consider arrangements for first aid provision for any offsite activities (trips, home visits etc) and ensure adequate first aid cover is in place as required by the risk assessment.
- 3.4 Any class or group carrying out activities off the main school premises should ensure they take appropriate communication device with them should a situation arise whereby they require emergency assistance.
- 3.5 Any member of staff working alone should follow the guidance provided in the Trust's Lone Working Policy and any general or specific Lone Working risk assessments should consider first aid provision that may be necessary.
- 3.6 Contractors on school premises/grounds outside of usual school hours (8am-4.30pm) must provide their own first aid arrangements.

- 3.7 Nothing contained within this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.
- 3.8 The school will have suitably stocked first aid boxes in line with the assessment of needs. First aid kits must be stored in a robust container designed to protect the contents from damp and dust and are marked with a white cross on a green background. Where there is no special risk identified, a minimum provision of first aid items will be as follows:
- Individually wrapped sterile adhesive dressings, of assorted sizes
  - Sterile eye pads
  - Individually wrapped bandages, preferably sterile
  - Safety pins
  - Individually wrapped sterile unmedicated wound dressings of assorted sizes
  - Disposable gloves
  - Equivalent or additional items are acceptable
- 3.9 The admin team are responsible for regularly checking and requesting the restocking of contents of the first aid boxes, including any mobile first aid boxes for offsite use. These checks will be made at least once per term and records kept of checks made. Items will be safely discarded after the expiry date has passed.
- 3.10 First Aid Notices are displayed at relevant locations around school (staff room, first aid box locations). First aid boxes are available in the following areas:
- Early Years
  - KS1 corridor
  - Y3/Y4 corridor
  - Y5/Y6 corridor
  - School Kitchen
  - Forest School
  - Main Office

Mobile first aid bags for use on the playgrounds, school field and offsite visits are available from the first aid store cupboard.

#### **4. First Aiders and Training**

- 4.1 All school staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- 4.2 It is recognised that unless first aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a voluntary basis and our school appreciates the fact that its staff are prepared to carry out emergency first aid duties.
- 4.3 When selecting first aiders, the Headteacher will consider the individual's:
- reliability and communication skills
  - aptitude and ability to absorb new knowledge and learn new skills
  - ability to cope with stressful and physically demanding emergency procedures
  - normal duties – a first aider must be able to leave their role to go immediately to an emergency.

The Headteacher will ensure that there are enough first aid trained staff to meet the statutory requirements and assessed needs, allowing for staff absences or offsite activities.

- 4.4 A small proportion of full-time permanent Classroom Assistants are Emergency First Aid at Work trained (depending on staffing numbers, this will generally be between 2-4 members of staff). This is a 1 day emergency first aid qualification (paediatrics) and certificates are valid for 3 years.

There is also a minimum of 4 support staff trained in Paediatric First Aid (2 days) which specialises in first aid for children aged up to 5 years. Certificates are valid for 3 years.

There are also 2 support staff who are First Aid at Work trained. This is a 3 day course and will be provided by a HSE approved training provider. Certificates are valid for 3 years. Two day refresher training can be completed before expiry of the current certificate.

Appendix 1 shows the current list of first aid trained staff. This list is available for staff to view in the staff room. There are also posters displayed around school identifying first aiders.

- 4.5 All training will be carried out by an approved provider with certification provided after completion of training.
- 4.6 All staff with first aid qualifications will ensure that their first aid certificates are kept up-to-date through liaison with the School Business Manager and/or Headteacher.
- 4.7 The main duties of a first aider are to assess injuries or ill health and using their training to decide upon the most appropriate response. This may involve treating the casualty if the injury is within the scope of their training, referring them to hospital for assessment or further treatment, or calling the emergency services for urgent help. If any first aider is in any doubt whether a casualty requires professional medical assistance, he/she should call 999 or phone NHS 111. Urgent treatment should not be delayed in order to consult with parents/carers. The Headteacher should be informed immediately upon any call being made for emergency services assistance.
- 4.8 The designated and trained staff will oversee the completion of and fulfil the requirements in the IHCPs (Individual Health Care Plans).
- 4.9 The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the Social Inclusion Manager with a Lead Classroom Assistant as support where required. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:
- What needs to be done
  - When
  - By whom.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatricians, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any Education, Health and Care Plan (EHCP) plan. If a pupil has SEND but does not have an EHCP, the SEND will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher and staff members with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors;
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete assessments, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required e.g. teacher, kitchen staff, support staff;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition;
- What to do in an emergency, including who to contact, and contingency arrangements;
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

4.11 PPE is available for use by first aiders. It is advisable to wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during a first aid treatment.

4.12 All staff will be made aware of this policy and the requirement of their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. Any new employees will be informed of the first aid arrangements at their induction upon commencement of employment. Basic first aid information can also be obtained from the staff handbook that is provided to all staff.

4.13 Visitors (including agency staff, volunteers etc) can find basic first aid information within the Visitors Handbook that is issued to all visitors.

## **5. Emergency Procedures**

5.1 If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

5.2 If first aid assistance is required, the first aider will assess the situation and take charge of first aid administration.

5.3 If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay. The Headteacher will be informed as soon as it is possible to safely do so.

5.4 Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, one or more of the following actions will be taken:

- Administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim(s) alive and, if possible, comfortable, before professional medical help can be called. In

some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. The Headteacher will be informed as soon as possible.

- Call an ambulance if this is appropriate – after receiving a parent’s clear instruction (where the casualty is a pupil), take the victim(s) to a doctor (Urgent Care Facility) or to a hospital. Moving the victim(s) to medical help is only advisable if the person doing the moving has sufficient knowledge and skill to move the victim(s) without making the injury worse.
- Ensure no further injury can result from the accident, either by making the scene of the accident safe, or (if they are fit to be moved) by removing injured person(s) from the scene.
- Support any pupil or adult who may have witnessed the accident or its aftermath and who may be worried, or traumatised, despite not being directly involved. They should be escorted from the scene of the accident and comforted where necessary. Younger or more vulnerable pupils may need parental support to be called immediately.
- Where an adult is injured who is not employed directly by the school, the injured party’s workplace should be informed as soon as possible after treatment/calling an ambulance. See section 7.

## 6. Reporting

### 6.1 Reporting to Parents/Carers

- Minor accidents/incidents (general trips and falls etc) that require none or very basic first aid assessment/treatment are not generally reported to parents unless in the case of any child having a particular medical need/IHCP/EHCP.
- Parents/carers will be informed by telephone of any injury to the head or face. A call home will be made as soon as it is practicably possible but no later than the end of the school day. If the parent /carers does not answer their call, a bumped head letter will be sent home with the pupil the same day informing them of the incident.
- In the event of a serious injury or an incident requiring emergency medical treatment, a member of staff will telephone the pupil’s parent/carer as soon as possible. The parent/carer may wish to take their child to hospital or a walk-in facility themselves. However, where this is not possible due to the seriousness of the injury, time constraints for parent/carer to arrive, a member of staff with business insurance on their vehicle will take the pupil to hospital or walk in facility and make arrangements to meet the parent/carer there.
- A list of emergency contacts is available on SIMS for teaching and classroom-based support staff or from the main office.

### 6.2 Reporting to the Workplace (for an adult not employed directly by the school)

- General minor accidents/incidents that require none or very basic first aid assessment/ treatment, will not be reported to an adult’s place of work.
- In the case of a serious incident/accident that requires first aid intervention, a visit to an Urgent Care Facility/hospital and/or the assistance of the emergency services will be reported to the adult’s place of work.

### 6.3 Reporting to Health and Safety Team

The member of staff dealing with an accident/injury that involved a visit to an Urgent Care Facility or Hospital will complete the ARF1 accident form immediately after the injury/accident and forward to the school office to report to the school’s Health and Safety Team.

This also applies to any incident/accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The Headteacher in discussion with the SBM/Estates Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes

- Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation/ hospital admittance for more than 24 hours
  - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
  - Where an accident leads to someone being taken to hospital
  - Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health
    - An electrical short circuit or overload causing a fire or explosion
- Information on how to make a RIDDOR report can be found on the website: [www.hse.gov.uk/riddor/](http://www.hse.gov.uk/riddor/)

## 7. **Offsite Visits, Trips and Events**

Before undertaking any offsite visits, trips or events, the member of staff organising the event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and the persons involved. The lead member of staff must ensure that adequate first aid cover is available for the event. There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

For more information about the school's educational visits requirements, please refer to the Educational Visits Policy.

When taking pupils off the school premises, staff will ensure they always have the following:

- The school mobile phone or school radio
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details.
- Nearest urgent care / hospital details.

A risk assessment will be completed by the relevant class teacher prior to any educational visit that necessitates taking pupils off school premises. Any such risk assessment is also shared with all relevant staff prior to the visit taking place.

## 8. **Supporting Pupils with Medical Conditions**

- 8.1 Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug may have it in their possession if suitable and they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the Social Inclusion Manager's office.
- 8.2 The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported while at Eldon Grove Academy so they can play a full and active role in school life, remain healthy and achieve their academic potential. We also aim to ensure:

- All staff will know what to do in an emergency.
- Relevant staff will be aware of individual children's medical conditions and the plan that is in place to support them.
- The school understands the importance of medication and care being managed as directed by health care professionals and parents. Trained school staff can administer prescribed medication and also non prescribed pain relief, but only if a parent completes the necessary medicinal administration form.
- Staff involved in the administration of medicines and provision of support to pupils with medical conditions will be suitably trained.
- The Headteacher is responsible for the implementation of this section of the policy.

### 8.3 On Admission to School

All parents/carers will be asked to complete a Data Entry form and a Loco Parentis Form. There are sections within the forms that ask parents/carers to advise school of any medical conditions for which their child may require support at school.

Parents/carers of children with long term medical conditions for which their child may require support will be requested to complete an Individual Health Care Plan (IHCP) in conjunction (if relevant) with the child's health care professional. The school will then implement the IHCP, ensuring staff receive relevant training if needed.

### 8.4 Individual Health Care Plans (IHCP)

See section 4 also. Relevant staff will be made aware of Individual Health Care Plans (IHCP).

A central register of IHCPs will be held by the school. IHCPs will be reviewed at least annually and more frequently if required. Parents/carers should advise the school immediately if any amendments need to be made.

A copy of the current IHCP will be held by the parent/carer and school and where relevant health care professional. The IHCP will accompany the child on any out of school activities.

### 8.5 Administration and Storage of Medication in School

Medicines which have been prescribed for a child as well as non-prescribed pain relief medication, will be administered in school. Parents should request that, wherever possible, medication is prescribed so that it can be taken outside the school day.

Where medication is required to be administered at school, parents/carers should complete an Administration of Prescribed Medicines in School Consent Form (see Appendix 3). Medication cannot be administered without signed consent of the parent/carer.

The completed consent form and the medication should be handed by the parent/carer to a member of staff in the school office. This form will then be passed onto a trained member of staff to process, who will then administer the medication as necessary.

Prescribed Medicines will only be administered if they are provided in its original container complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must also be in date. The exception to this is insulin which must still be in date but will generally be provided to schools inside an insulin pen or pump, rather than in its original container. All medicines will be returned to the parent for safe disposal when they are no longer required or have expired.

The school will make sure all medication is stored safely either in the lockable medicine cabinet situated in the Main School Office fridge or the medicine cabinet in the Social Inclusion Managers

Officer or within the child's classroom and that pupils with medical conditions know how to access them. In the case of emergency, they will have access to them immediately.

Children, where competent, can administer their own medicine. Parents/carers will be requested to notify the school when this is the case (and request if this is to be supervised or not). Parents/carers will also be required to request in writing if they wish their child to carry their own medication with them in school.

The school will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If a medication is not administered for any reason, the parent/carer will be notified.

Parents must let the school know immediately if their child's needs change.

#### 8.6 Disposal of Medication

Parents/carers should ensure they collect all medicines/equipment at the end of the school day or term, and to provide new and in date medication at the start of each new term (where applicable). They should also collect any out of date medicine or medicines no longer required (eg upon completion of the medicine administration period). If the parent/carer does not collect such medicines within 14 days of being requested to do so, the medicine will be taken to a pharmacy for destruction.

For long term administration of medication, parents/carers must collect all medicines at the end of each academic year. They must then replace the medication for the start of a new academic year and complete a new permission form.

#### 8.7 Out of School Activities / Extended School Day

The school will meet with parents/carers, pupil and health care professionals where relevant prior to any overnight or extended day visit to discuss and complete an IHCP for any extra care requirements that may be needed to support a child with a medical condition to participate. This should be recorded in the child's IHCP which should accompany them on the activity.

Risk assessments are carried out on all out of school activities taking into account the needs of pupils with medical needs. School will make sure a trained member of staff is available to accompany a pupil with a medical condition on an offsite visit or residential visit if necessary. Where deemed necessary, the parent/carer may also attend the visit to support their child (subject to necessary volunteer recruitment documentation being completed / DSB etc)

#### 8.8 Good Practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but school will ensure:

- Pupils are not prevented from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- that consideration is given to pupils with the same condition but who do not always require the same treatment;
- the views of the pupil or their parents are taken into account;
- that medical evidence or opinion is considered (although this may be challenged);
- that SEND children with medical conditions or at home frequently for reasons associated with their medical condition are not prevented from staying for normal school activities, including lunch, unless this is specified in their IHCP;
- that if the pupil becomes ill they will be accompanied to the office or medical room;
- pupils are not penalised for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

- that pupils are able to drink, eat or take a toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- that parents are not made to feel obliged to attend school to administer medication or provide medical support to their child including with toileting issues. Parent/carers should not feel required to give up work time because school is not supporting their child's medical needs;
- pupils are not prevented from participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- that staff or pupils do not administer medicine in school toilets.

## 9. Illnesses

When a pupil becomes ill during the school day, the parent/carer will be contacted and asked to collect their child as soon as possible. Parents/carers should abide by the exclusion periods for absences as appropriate. For example, pupils with any sickness and/or diarrhoea should remain at home until 48 hours has passed from the last episode of sickness and/or diarrhoea. School will follow the recommended exclusion periods as specified by Public Health England as listed at Appendix 2.

A quiet area is available for pupils to rest while they wait for their parents to pick them up. Pupils will be monitored during this time.

## 10. Allergens

Eldon Grove Academy aims for a whole school approach to the health care and management of those members of our school suffering from specific allergies. We are aware that our pupils and staff may suffer from food, bee/wasp sting, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. Our position is not to guarantee a completely allergen free environment but rather to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies. To support this:

- We are committed to ensuring no food and drink sharing between pupils.
- Parents/carers are notified and reminded regularly that we are a nut free school and that no nut products or products containing nuts should be brought into school.
- Parents/carers are asked to provide details of allergies in the child's school admissions forms, which are submitted before starting school.
- It is our aim to minimise the risk of a child suffering allergy-induced anaphylaxis whilst at school.
- An allergic reaction to nuts is the most common high-risk allergy, and as such demands more rigorous controls.

The underlying principles of this policy include;

- The establishment of effective risk management practices to minimise the child, staff, family member and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

### 10.1 Definitions

**Allergy** - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

**Allergen** - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

**Anaphylaxis** - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

**EpiPen** - Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

**Minimized Risk Environment**- An environment where risk management practices (e.g. Risk

assessment forms) have minimised the risk of (allergen) exposure.

**Individual Health Care Plan (IHCP)**- A detailed document outlining an individual child's condition treatment, and action plan for location of EpiPen.

## 10.2 Procedures and Responsibilities for Allergy Management

### **General**

- The involvement of parents/carers and staff in establishing an IHCP
- The establishment and maintenance of practices for effectively communicating a child's IHCP to all relevant staff
- Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency
- Age appropriate education of the children with severe food allergies.

### **Medical Information**

- Parents complete a data entry form and Loco Parentis form at the point of starting school.
- Any change in a child's medical condition during the year must be reported to the school by parents/carers as soon as possible.
- For children with an allergic condition, the school requires parents/carers to provide written advice from a doctor (GP), which explains the condition, defines the allergy triggers and any required medication.
- The Headteacher will ensure that an IHCP is established and updated for each child with a known allergy.
- All appropriate members of staff are required to review and familiarise themselves with the medical information.
- Where children with known allergies are participating in school excursions, the risk assessments must include this information.

### **Medical Information (EpiPens)**

Where EpiPens (Adrenalin) are required in the IHCP:

- Parents/carers are responsible for the provision and timely replacement (and disposal) of the EpiPens.
- The EpiPens are located securely in relevant locations approved by the Headteacher.
- The location of EpiPens will be notified to all adults involved with the child's care.
- EpiPens will be taken by the responsible adult for the child on any activity which is off the school premises.

### **The Role of Parents/Carers**

Parents/carers are responsible for providing, in writing, on-going accurate and current medical information to the school.

Parents/carers should provide information and meet with the school to confirm and detail the nature of the allergy; including:

- The allergen (the substance the child is allergic to).
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock).
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.
- Completing and signing a IHCP if a child has an allergy requiring an EpiPen.
- Providing the school with up to date medication / equipment clearly labelled in the original packaging.
- Where a child requires lifesaving medication such as an EpiPen, the child will not be allowed to attend school without it on site.

- Providing up to date emergency contact information.
- Provide snacks and lunches for their child and ensure the contents are safe for the child to consume.
- Liaising with school staff about appropriateness of snacks and any food-related activities (e.g. cooking) their child may or may not participate in.
- Supporting the school in the management of allergen exposure by providing safe snacks to their child.

### **The Role of Staff (Roles and Responsibilities)**

Staff are responsible for familiarising themselves with this policy and adhering to health & safety regulations regarding food and drink.

Staff with responsibility will also ensure that:

- The IHCP is actioned where a child's admissions form states they have an allergy or where they are informed personally by a parent/carer. A risk assessment will be carried out and any actions identified put in place. The risk assessment will remain with the IHCP.
- Upon determining that a child attending school has a severe allergy, a team meeting will take place as soon as possible involving all staff concerned to update knowledge and awareness of child's needs.
- All staff who come into contact with the child will be made aware of what treatment/medication is required by the member of staff with responsibility and where any medication is stored.
- hand washing before and after eating is promoted.
- Snack time foods are monitored by staff and are peanut, nut free and other allergens depending on the children attending. All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies. However, staff cannot guarantee that foods will not contain traces of nuts.
- All tables are cleaned with an approved solution.
- Children do not share food.
- Staff attend EpiPen use training.
- We may ask parents/care givers for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication is easily accessible, especially at times of high risk.
- Parents/carers are contacted about snacks and any food-related activities.
- Regular communication and reminders are issued to parents/carers regarding providing safe snacks for their child due to the possible allergies of other pupils in school.

### **Actions**

In the event of a child suffering an allergic reaction:

- In the case of a child with an IHCP, follow the IHCP action plan.
- A nominated person will immediately contact the child's parent/carer.
- If a child becomes distressed or symptoms become more serious, call 999.
- Remain calm, make the child feel comfortable and give the child space.
- If medication is available it will be administered as per training.
- If parent/carer have not arrived by the time an ambulance arrives, a member of staff will accompany the child to hospital.
- If a child is taken to hospital by car, two members of staff will accompany the child.

### **Catering**

Our current school lunch provider has their own policy for managing food allergies. The parFF

Ideally, the parent/carers should provide a current medical letter stating the nature of their child's allergy where possible. Parents/carers can also contact school directly to make arrangements.

### **School Nurses and Other Healthcare Professionals**

- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

### **Equal Opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so wherever possible. The school will consider what reasonable adjustments need to be made to enable pupils with medical conditions to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

## **11. Consent**

Parents/carers must complete and sign a loco parentis consent form when their child is first admitted to the school. This form includes emergency numbers alongside details of allergies and chronic conditions. This form will be in force for the duration of the child's education at the school. Where necessary, any significant medical conditions will result in a meeting with the parent/carer to discuss the condition(s) further in order that an IHCP can be implemented. If a child's medical situation changes at any time, it is the parent/carer's responsibility to inform the school immediately so that records can be updated. Arrangements will also be made to contact the school's catering provider where there are any specific dietary requirements so that a dietary plan can be implemented (see 11.2).

At the beginning of each academic year and upon any updates received, teachers are provided with a list of children in their class who have any form of allergy in order to manage any food tasting activities accordingly. However, if there is any doubt from the information kept in school, the teacher or other adult should contact the parent/carer to clarify before proceeding with any food related activity.

## **12. Record Keeping**

12.1 As soon as possible after any incident/accident, the first aider in charge will complete the appropriate incident/accident form in full and provide information on all first aid treatment given. Completed forms include the following information:

- The date, time and place of the injury or illness occurring;
- The name of the injured or ill person and their status, such as employee, pupil, visitor;
- Description of the incident/accident giving as much information as possible;
- Description of any injury or illness sustained and what first aid was given;
- What happened to the person immediately afterwards, for example, sent home, sent to hospital, returned to normal duties etc; and
- The printed name and signature of the first aider or person dealing with the casualty.

For minor injuries, the Minor Injury Form should be completed (Appendix 4). For serious injuries that result in a visit to Urgent Care/Hospital, a Serious Incident Form (ARF1) should be completed (Appendix 5). The Headteacher must sign all ARF1 forms. ARF1 reports are uploaded by the admin team to the Health and Safety Team's online portal for consideration and review measures to be advised or implemented where deemed necessary.

All incident forms are available from and filed in the school office. All incident forms should be completed the same day wherever possible.

The SBM carries out termly analysis of the accident/incident records and reports these to LGB. Any trends are identified and changes implemented where necessary.

12.2 Records should be kept according to the following schedule:

- Pupils – 6 years from the date of 18<sup>th</sup> birthday.
- Employees and others – 6 years from the date of the accident/incident.

### **13. Monitoring and Review**

This policy will be reviewed annually by the local governing body, and any changes communicated to all members of staff. All policies and updates are available for all staff to view on Sharepoint.

Staff will be required to familiarise themselves with this policy as part of their induction programme and on an ongoing regular basis. Staff should familiarise themselves with the arrangements that are required in connection with the provision of first aid, including the location of equipment, facilities and personnel.

This policy applies to all members of the school community:

School staff  
Parents/carers  
Volunteers  
Supply staff  
Pupils.

**Current First Aiders**

| <b>Full Name</b>  | <b>Role</b>                              | <b>Date</b> | <b>Renewal Date</b> | <b>Area</b>   | <b>Training Course</b>                         |
|-------------------|--|-------------|---------------------|---------------|--|
| ANDERSON, Joanne  | Learning Coach                           | 27/02/2024  | 26/02/2026          | Cubs          | Paediatric - Two Day First Aid Training Course |
| CARROLL, Carole   | Learning Coach                           | 20/03/2024  | 19/03/2026          | 2 Year Olds   | Paediatric - Two Day First Aid Training Course |
| COULSON, Kelly    | Learning Coach /Breakfast Club Assistant | 27/02/2024  | 16/02/2027          | Year 5/Year 6 | Paediatric - Two Day First Aid Training Course |
| EMMERSON, Rebecca | Learning Coach                           | 15/03/2024  | 14/03/2027          | Cubs          | Paediatric - Two Day First Aid Training Course |
| FLEETHAM, Julie   | Learning Coach                           | 16/03/2022  | 15/03/2025          | Nursery       | Paediatric - Two Day First Aid Training Course |
| HALL, Sam         | Admin/Finance                            | 16/03/2022  | 15/03/2025          | Main Office   | Paediatric - Two Day First Aid Training Course |
| MCGARRY, Joanne   | Forest School Manager                    | 02/02/2022  | 01/02/2025          | Forest        | Paediatric - Two Day First Aid Training Course |
| MCMORRIS, Lauren  | Learning Coach                           | 16/03/2022  | 15/03/2025          | Year 4        | Paediatric - Two Day First Aid Training Course |
| POUNDER, Jayne    | Learning Coach                           | 30/01/2023  | 29/01/2026          | Year 2        | Paediatric - Two Day First Aid Training Course |
| REED, Lucy        | Casual Forest School Assistant           | 09/03/2022  | 08/03/2025          | Forest        | Paediatric - Two Day First Aid Training Course |
| STEAD, Pam        | Learning Coach                           | 15/03/2024  | 14/03/2027          | ARP           | Paediatric - Two Day First Aid Training Course |

## Health Protection for Schools, Nurseries and Other Childcare Facilities Exclusion Table

| Infection                                     | Exclusion Period  | Comments   |
|---|---|--|
| Athlete's foot                                | None.   | Athlete's foot is not serious but treatment is advisable.  |
| Chicken pox                                   | 5 days from onset of rash and all the lesions have crusted over.                                |  |
| Cold sores (herpes simplex)                   | None.   | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment.  |
| Conjunctivitis                                | None.   | If an outbreak/cluster occurs, consult local HPT.  |
| Diarrhoea and vomiting                        | Whilst symptomatic and 48 hours after the last symptoms.  |  |
| Diphtheria *                                  | Exclusion is essential. Always consult with local HPT.  | Preventable by vaccination. Family contacts must be excluded until cleared to return by local HPT.   |
| Flu (influenza)                               | Until recovered.  | Report outbreaks to your local HPT.  |
| Glandular fever                               | None.   |  |
| Hand foot and mouth                           | None.   | Contact local HPT if large numbers of children are affected. Exclusion may be considered in some circumstances.  |
| Head Lice                                     | None.   | Treatment recommended only when live lice seen.  |
| Hepatitis A*                                  | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).    | In an outbreak of Hepatitis. Your local HPT will advise on control measures.   |
| Hepatitis B*, C*, HIV                         | None.   | Hepatitis B, C & HIV are blood borne viruses that are not infectious through casual contact. Contact local HPT for more advice.  |
| Impetigo                                      | Until lesions are crusted /healed or 48 hours after starting antibiotic treatment.              | Antibiotic treatment speeds healing and reduces the infectious period.   |
| Measles                                       | 4 days from onset of rash and recovered.  | Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils & staff. Pregnant staff should seek prompt advice from their GP or midwife.  |
| Meningococcal meningitis*/septicaemia*        | 4 days from onset of rash and recovered.  | Until recovered Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Local HPT will advise on any action.  |
| Meningitis* due to other bacteria             | Until recovered.  | Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed.   |
| Meningitis viral*                             | None.   | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.  |
| MRSA  | None.   | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.   |
| Mumps   | 5 days after onset of swelling.   | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.   |
| Ringworm                                      | Not usually required.   | Treatment is needed.   |
| Rubella (German measles)                      | 5 days from onset of rash.  | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife. |
| Scarlet Fever                                 | Exclude until 24hrs of appropriate antibiotic treatment completed.                              | A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, contact local HPT.  |
| Scabies                                       | Can return after first treatment.   | Household and close contacts require treatment at the same time.   |
| Slapped Cheek / Fifth disease /Parvovirus B19 | None (once rash has developed).   | Pregnant contacts of case should consult with their GP or midwife.   |
| Threadworm                                    | None.   | Treatment recommended for child & household.   |
| Tonsillitis                                   | None.   | There are many causes, but most cases are due to viruses and do not need an antibiotic treatment.  |
| Tuberculosis (TB)                             | Consult local HPT BEFORE disseminating information to staff/parents/ carers.                    | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.  |
| Warts and verrucae                            | None.   | Verrucae should be covered in swimming pools, gyms and changing rooms.   |
| Whooping cough (pertussis)*                   | 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics. | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing   |



### Prescribed Medicines in School

*This form must be completed by the parent/carer of the children who require the medication. The Headteacher will have to consent to the medication being given to the child during school hours. This includes asthma medicine where the child/young person is unable to administer their asthma medication.*

|   |  |               |  |
|---|--|---------------|--|
| Surname:  |  | Forename:     |  |
| Address:  |  |               |  |
| Date of Birth:                                      |  | Year Group:   |  |
| Condition/Illness:                                  |  |               |  |
| <b><u>Medication Details</u></b>                    |  |               |  |
| Medication required:                                |  |               |  |
| Dosage:   |  | Time:         |  |
| GP who prescribed the medication:                   |  |               |  |
| Precautions:  |  | Side Effects: |  |
| Emergency Procedures:                               |  |               |  |
| How long does the child require the medication for? |  |               |  |
| <b><u>Contact Details</u></b>                       |  |               |  |
| Name:   |  | Relationship: |  |
| Address:  |  | Telephone No: |  |

*Medication will be kept in the medication office. Medicines that need to be stored in a fridge will be stored in our medication fridge. Medication should personally be handed to the medication officer.*

|                         |  |       |  |
|-------------------------|--|-------|--|
| Parent/Carer Signature: |  | Date: |  |
| Headteacher Signature:  |  | Date: |  |



*UNDERTAKEN BY PARENT/CARER*

- I/we will personally deliver medication to a member of staff who has been nominated by the Headteacher.
- The medication will be clearly labelled from the prescriber with their instructions.
- I/we will accept that Rossmere Academy are not obliged to undertake this service.
- If my child has been diagnosed with asthma, I will supply the school with an inhaler to cover their time in school.
- I will inform the Headteacher or medication officer of any changes to my child's medication needs.
- I will collect any medicines from the school if they are discontinued or out of date.

|                        |  |
|------------------------|--|
| Signed:                |  |
| Date:                  |  |
| Relationship to Pupil: |  |