First Aid, Medication & Supporting Pupils with Medical Conditions including Allergies and Anaphylaxis Policy

Caldecott Foundation School

Approved by:	Maree Thorn – Chair of Trustees on Behalf of Governing Body	**Date:** 13/10/26
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Mission Statement

Every member of the Caldecott Foundation School team understands that it is their duty to keep the pupils, their colleagues and themselves safe. All stakeholders aim to give pupils their best education possible. They uphold the values of our school and work as a team, using their skills and talents to benefit others. Everyone shows they care for each other; there is no discrimination and religious and cultural differences are embraced. Our pupils will be presented with and motivated to engage in a rich and broad curriculum to develop skills so, that in the future, they are responsible, caring, and active members of their communities. Caldecott School pupils know that we need to value and care for their local environment and the whole eco system of planet Earth.

FIRST AID

The Caldecott Foundation School is committed to providing emergency first aid provision to deal with accidents and incidents affecting pupils, employees and visitors.

• We have suitably stocked first rooms, which are checked monthly for stock, including expiry dates for equipment.

• All staff will consider the appropriateness of any first aid treatment, for example allergies such as latex and plasters.

• We have suitably detailed and current individual behaviour support plans (IBSPs) for all pupils in school and risk assessments for specific trips and activities.

• All school sites have more trained first aiders than is required by law. 4 day and Paediatric First aiders are identified on our information posters at various key points throughout each school site.

• We have a First Aid Lead who provides advice and guidance to all other First Aiders.

• First aid travel bags are available for all trips and visits and are lockable.

• Our first aid and emergency procedure is clear and shared. See below.

All staff working at The Caldecott Foundation School know that when in doubt, calling 999 is the most appropriate and safe course of action.

Emergency procedure in the event of an accident, illness, or injury

If an accident, illness, or injury occurs on the school site or during school hours, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling for a first aider. If summoned, a first aider will assess the situation and take charge of first aid administration. The first aid lead may be contacted to support and make decisions regarding next steps and update the on-call member of SLT.

Ambulances

The first aider / appointed person is to always call an ambulance on the following occasions in consultation with the First Aid Lead:

▪ In the event of a serious injury and / or any significant head injury.

▪ In the event of a period of unconsciousness.

▪ Whenever there is the possibility of a significant fracture or where this is suspected resulting in the pupil not being moveable.

▪ Whenever the first aider is unsure of the severity of the injuries.

▪ Whenever the first aider is unsure of the correct treatment.

▪ Where there are open wounds requiring further medical attention.

If an ambulance is called, then the first aider in charge should plan for the ambulance to have access to the injured person. Arrangements should be made to ensure that any child is accompanied in an ambulance by a member of staff until one of the parents or carers is present.

Managing bodily fluids

Qualified persons administering first aid should wear an apron, disposable gloves and consider a face shield. Any dressings or materials which have been in contact with bodily fluids (such as blood or vomit) must be disposed of in the designated yellow bag which can be found in the medication rooms. Spilt bodily fluids should be cleaned up following the correct procedure and bleached or disinfectant used. If the spillage is significant, pupils and staff should be removed from the area (where necessary) and the school's appropriate staff should be called upon to clean the area professionally using the appropriate cleaning materials. Parents and carers will be notified as soon as practicable, for more information see the section below**.**

Reporting to Parents & Carers

In the event of a serious accident or injury to a child at least one of the child's parents or carers must be informed as soon as practicable by telephone, all accidents, administration of first aid will be reported on Iris Adapt (electronic reporting and recording system).

Medicines / medication when supplied by parent/carers will be recorded in the appropriate logbook and information stored in the pupil's electronic file. We will also keep a paper copy for 1 academic school year. The first Aid/ Meds lead will ensure this is shredded after the school year concludes.

Reporting to the Health & Safety Executive (HSE)

The Caldecott Foundation School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 1995/3163) (RIDDOR) to report the following to the HSE (most easily done online at Make a RIDDOR report - How to make a RIDDOR report - HSE or by calling the Incident Contact Centre (ICC) on 0845 300 99 23). This is managed by the Caldecott Foundation Health and Safety Lead.

Accidents that result in fatalities are considered major situations that usually call for a comprehensive investigation and documentation, particularly when they include children or guests, or when someone is carried directly from the accident scene to the hospital.

This is a summary of such incidents, especially when they result from or are related to particular situations:

- Any school activity (on or off the premises)
- The management or organisation of a social activity
- Equipment, machinery, or substances
- The way a school activity has been organised or managed.
- The design or condition of the premises

Accidents involving staff

• Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported to the HSE immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)

• Work-related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days.

• Certain cases of work-related disease - i.e. those that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer).

• Certain dangerous occurrences (i.e. near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health)

For more information, please see http://www.hse.gov.uk/riddor/index.htm

ADMINISTRATION OF MEDICATION

Parent/carers are encouraged to ask their child's doctor if it is possible for the timing of doses of any medication be set for outside school hours.

Where it is not possible for parent/carers of pupils requiring medication to come into school to administer the medication to their pupils, medication will be administered on-site after discussion with a senior leader. While there is no legal or contractual obligation on teachers or school staff to give medication to pupils, the Head Teacher currently agrees to the administration of medicines in school as we acknowledge that the special school context needs to be flexible and practical, especially for pupils with diagnosed medical conditions. However, this does not necessarily include agreement to treatment which requires intimate or invasive application of medicines (e.g. injections) and it must be acknowledged that any member of staff who agrees to administer medication to pupils does so on a voluntary basis.

'Controlled Drugs' medication in school must be prescribed by a medical practitioner and dispensed by a pharmacist. This ensures the pupil's name; date of birth and the correct dosage is on the label on the medication along with caution information / administration information. The contents batch code must match the box number where applicable.

▪ Staff can only volunteer to administer medication and must receive correct guidance and training before being allowed to do so.

▪ The school must seek the parent / carer's written consent, agreeing for the school to administer medication during school hours by completing the relevant school's documentation. Parents must also provide the correct required documentation for the school to administer medications these documents are available from the first aid/ medication team.

a) Home to school medication document for transferring medication from home to school.

b) School to home medication document for transferring medication back to the pupils' home from school.

• Medication Lead agrees any requests for medication to be administered to a child in school hours before any medication are administered. The Head Teacher is notified of this.

• Staff who administer medication to pupils must record all details in the Controlled Drugs Recording Book and the MAR sheet (Medication Administration Record sheet) non controlled drugs/medications will only require the MAR sheet.

Any adverse effects experienced by the child following the administration must be reported to the parent and a senior leader (either immediately or at the end of the school day depending on severity) cross referencing the medication given may need checking with a medical practitioner.

• If the child refuses to take his / her medication, then they should not be forced to do so. Parents / carers must be informed. If a child refuses medication in an emergency (for example: asthma inhaler during an asthma attack), then professional medical help must be requested, and the parents / carers informed immediately.

▪ Staff should ensure that the privacy and dignity of the child is maintained as best as possible, In an emergency a medication / first aid room or a mobile privacy screen is available.

▪ Controlled drugs will be kept in a secure lockable controlled drugs medication unit and temperatures monitored.

▪ School staff may need to bring their own medications into school all such medication will be safely locked away in a designated staff only facility in a specific area within the school, unless there is an individual risk assessment in place and a facility is provided elsewhere. At no time will staff administer their own medication in a classroom.

We are externally monitored by an accredited training provider under the royal pharmaceutical society.

Asthma Inhalers

We will ensure that all pupils with asthma feel secure and are encouraged to participate in all activities, notwithstanding any restrictions imposed by their condition. **Pupils with asthma must always carry their inhalers with them (clearly labelled with their names) including their spacer for optimum delivery of the medication, if appropriate.**

They should be able to administer their own inhalers, however if a child is considered too young and immature or does not have the capacity to take personal responsibility, staff will make sure that it is stored in a safe but readily accessible place, that the child is aware of its location. The medication will be clearly marked and labelled with the child's name. Where agreed with parents / carers, a spare asthma pump can be kept on the premises in a labelled container in the school medical office, which is made known to the child and all staff.

All children who self-administer their inhaler are required to complete a competency form with the First Aid Lead.

Parents of children who use an asthma pump are offered the ability to use the school spare which has disposable spacers for an emergency if they do not have their own pump available. These signed permissions are stored in the pupils' electronic files. The paper version will be saved in the first aid record folder for one academic school year and shredded by the first Aid/ Medication Lead after the end of the Academic year.

Anaphylaxis

This specific aspect of the policy is based upon the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

• The Food Information Regulations 2014

• The Food Information (Amendment) (England) Regulations 2019

Benedict's Law and Allergy Safety

In line with Benedict's Law and current Department for Education guidance, the school will maintain a whole-school approach to allergy management. This includes staff allergy awareness training, maintaining Individual Healthcare Plans for pupils with serious allergies, clear communication of allergy risks, incident and near-miss reporting, and access to emergency adrenaline auto-injectors (AAIs). Spare in-date AAIs will be kept on site for emergency use in accordance with national guidance and manufacturer instructions.

Stacey McShane (Headteacher) is designated as the member of staff with responsibility for allergy management (allergy lead), oversight of procedures, training, records and communication with families and where appropriate delegates responsibility to the Caldecott School, First Aid and Medication lead, **Susan Dashwood.**

The allergy lead is responsible for:

• Promoting and maintaining allergy awareness across our school

• Ensuring that the recording and collating of allergy and special dietary information for all relevant pupils is effective.

•Supporting the First Aid and Medication lead can ensure:

• All allergy information is up to date and readily available to relevant members of staff

• All pupils with allergies have an allergy action plan completed by a medical professional

• All staff receive an appropriate level of allergy training

• All staff are aware of the school's policy and procedures regarding allergies

• Relevant staff are aware of what activities need an allergy risk assessment

• Keeping stock of the school's adrenaline auto-injectors (AAIs)

• Regularly reviewing and updating the allergy policy

The school first aid and medication lead is responsible for:

• Co-ordinating the paperwork and information from families

• Co-ordinating medication with families

• Checking spare AAIs are in date

• Any other appropriate tasks delegated by the allergy lead

All teaching and support staff are responsible for:

• Promoting and maintaining allergy awareness among pupils

• Maintaining awareness of our allergy policy and procedures

• Being able to recognise the signs of severe allergic reactions and anaphylaxis

• Attending appropriate allergy training as required

• Being aware of specific pupils with allergies in their care

• Carefully considering the use of food or other potential allergens in lesson and activity planning

• Ensuring the wellbeing and inclusion of pupils with allergies

Parents/carers are responsible for:

• Being aware of our school's allergy policy

• Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis

• If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner

• Updating the school on any changes to their child's condition

The Caldecott School is committed to providing safe food options to meet the dietary needs of pupils with allergies.

• Catering staff receive appropriate training and are able to identify pupils with allergies

• School menus are available for parents/carers to view with ingredients clearly labelled

• Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils

• Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Anaphylaxis Emergency Protocol

If anaphylaxis is suspected:

(1) Administer the pupil's prescribed adrenaline auto-injector immediately without delay.

(2) Call 999 and state "ANAPHYLAXIS" and request an ambulance.

(3) If symptoms do not improve, or worsen, administer a second adrenaline auto-injector after 5 minutes if available and trained to do so.

(4) Lay the pupil flat with legs raised where possible; if breathing is difficult, allow them to sit with support. Do not allow the pupil to stand or walk.

(5) Notify parents/carers as soon as practicable (6) The pupil must be assessed by ambulance personnel or hospital staff even if symptoms appear to improve following treatment.

All incidents will be recorded on the school reporting system and reviewed to identify any learning points.

Anaphylaxis is an acute, life threatening, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances but may happen after a few hours. An Epi pen is a preloaded pen device which contains a single measured dose of adrenalin (also known as epinephrine) for administration in cases of severe allergic reaction.

An Epi-pen can only be administered by school staff who have been professionally trained and designated by first aid lead and the Head Teacher.

A school epi-pen is available for emergency use and may be administered by the trained first aider, this is stored in the medical unit and mounted in the medical room at the Secondary provision and in the reception area at the Primary provision.

Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis. Staff in our school should be reassured that mistakes, hesitation, or

imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably to the best of their ability, in an emergency.

Diabetes, Epilepsy & Allergies

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood levels. In the majority of pupils, the condition is controlled by insulin injections and diet. Insulin injections can only be administered by school staff who have been professionally trained in the procedure. Pupils with epilepsy and specific allergies must have tailored medical support document (IHP, Individual Healthcare plan), agreed with families and health professionals in advance. These must be shared through whole staff training to ensure that every member of staff working with the specific pupil knows what to do in the case of, for example, an epileptic seizure.

Paracetamol, Aspirin, and other Over-the Counter Medicines (OTCs) also known as homely medications.

Pupils sometimes ask for painkillers, but **school staff will not give any non-prescribed medication (also known as 'over the counter' medicines) to pupils under any circumstances.**

Parent/carers may be asked to or if prepared come along and attend the school with some pain killing medication or to send in the medication by completing the 'Homely' document and sending it to school in a secure bag.

▪ The school will not accept any medication which is not in its original container and packaging.

▪ All medication must be clearly marked with the child's name, class, and date of birth.

▪ Homely remedies which include paracetamol, ibuprofen and antihistamines can only come into school with the correct paperwork which all parents have been issued with and may request and placed into a sealable bag which we will also supply. They must have a genuine reason for this medication to be stored at the school, these items are only permitted for an agreed period with the parent/ carer as to the individual's needs.

▪ All medication will be kept in a locked cabinet. Controlled drugs are not kept with other medications and must be stored in a secure fixed CD cabinet.

The exceptions are:

▪ asthma inhalers, medication which needs to be kept refrigerated and medication which may be needed urgently in an emergency.

▪ Any medication which requires refrigeration must be stored in the locked fridge in the school medical room. The medication must be kept in an airtight container which is clearly marked with the child's name, date of birth and class.

▪ During off-site activities, any medication which may be needed should be carried by the member of staff in charge of the activity or a member of staff with first aid training. Pupils who may urgently require their medication should be in a group which is supervised by the member of staff carrying the medication.

▪ The assessment tool will be completed with each pupil that self-administers to show confidence and competence.

The Home to school medication document provided will be completed by parent/carer to authorise this item for school.

▪ Staff should never transfer medication from its original container to another container except in the event of the original container being damaged. In such cases, the alternative container must be clearly labelled with all the information held on the label of the original container. The parent/carer must be notified in the event of any damaged containers.

▪ School staff must not dispose of any unused medication. This is the responsibility of the parent/carer. Any unused medication must be collected by the parent/carer on request or returned home using the school to home document. If the parent/carer refuses or fails to do so within 5 school days, or in the case of a child having left the school, school staff must hand any unused medication to a pharmacist (for disposal).

▪ The official document will accompany any medications or controlled drugs needed to be taken to a pharmacy. 'Consent to Return Unwanted or Discontinued Medication' document.

If a child's medication runs out or expires, it is the responsibility of the parents/carers to replenish it. See the previous point re: disposal of medication.

• The Home to school medication document and sealable bag provided will be completed by parent/carer to authorise this item for school.

Pupils' individual medical support documents are accessible to all staff electronically or paper version in the first aid/ medication folder.

Recording

Records of medication given to pupils will be kept and a staff member will counter sign alongside the medication trained staff member that they have administered the specific dose and that the quantity remaining matches the record book.

A running record is kept each time medicine is administered.

Confidentiality

All medical information is treated confidentially and access to this information will be provided on a 'need-to-know' basis in consultation with the parent / carer and child, without compromising the child's health, dignity and well-being.

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

This section reflects the statutory guidance for maintained schools outlined in the DfE's December 2015 publication Supporting Pupils at School with Medical Conditions. The Caldecott Foundation School recognise the need to provide effective support for pupils in school who have a medical condition, with a focus on the needs of each child and how their medical condition impacts upon their school life.

Stacey McShane (Head Teacher) is the named person with overall responsibility for ensuring that this policy is implemented. The named person will delegate responsibility for day-to-day monitoring to the medication lead. This includes:

▪ ensuring that all relevant staff are aware of a child's medical condition. Through ensuring staff have access to a child's EHCP/IBSP

▪ ensuring that sufficient staff are suitably trained.

▪ ensuring that risk assessments for school visits, overnight and other activities outside of the school timetable reflect the medical needs of the child.

▪ writing (in conjunction with the school nurse) Individual Healthcare Plans (IHPs) and monitoring them periodically.

However, supporting a child with a medical condition during school hours is not the sole responsibility of one person. At The Caldecott Foundation School, we work in partnership with pupils, parents, external agencies, healthcare professionals and local authorities to ensure that we provide effective support to all pupils with medical conditions.

Procedure following notification that a pupil has a medical condition.

▪ The named person will ensure that all relevant staff are made aware of the pupil's diagnosis.

▪ The named person will seek further information from the relevant medical staff working with the pupil.

▪ It is the responsibility of the parent to provide the school with any relevant medical information, and to notify the school of any changes to their pupil's health.

▪ The named person will ensure that an Individual Healthcare Plan (IHP) is written for the child and any necessary arrangements are put in place by the start of the school term (for new pupils) or within two weeks (for existing pupils with a new diagnosis).

Individual Healthcare Plans

▪ Individual Healthcare Plans (IHPs) will be put in place if the school, healthcare professionals and parents agree that it is necessary.

▪ IHPs aim to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

▪ IHPs capture the key information about a child's medical condition, the healthcare professionals that are supporting them, and anything that needs to be put in place to support them at school.

Staff Training and Support

Every member of school staff providing support to a child with medical needs should receive suitable training. This may be provided by an external training provider, or internally by a competent member of staff. Training needs should be identified by the relevant healthcare professional during the development of the Individual Healthcare Plan. They will identify which staff require training, and the type of training needed. The school should arrange any necessary training and ensure that training remains up to date. At times, whole staff awareness training may be necessary to ensure that all staff are aware of their role in supporting specific pupils with medical conditions.

Emergency Procedures

This section should be read in conjunction with any other relevant policies.

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what should be done, including ensuring that all staff are aware of emergency symptoms and procedures. Other pupils should also be told what to do in general terms, such as informing a teacher if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Home to school transport

Home to school transport is the responsibility of local authorities. Taxi Services should be made aware of any child they transport who has an Individual Healthcare Plan, in order that they know what it contains and how to respond in an emergency. It is the responsibility of the named person to ensure that IHPs are shared with transport providers. Parents will be expected to share this information with their taxi provider.

Unacceptable practice

We recognise that it is generally not acceptable practice to:

▪ prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.

▪ assume that every pupil with the same condition requires the same treatment.

▪ ignore the views of the pupil or the parent; or ignore medical evidence or opinion (although this may be challenged)

▪ send pupils with medical conditions home frequently or prevent them from staying for normal school activities, unless specified in their IHP.

▪ penalise pupils for their attendance record if their absences are related to their medical condition. However, school may ask for medical certificates to evidence absences.

▪ prevent pupils from drinking, eating, or taking toilet breaks whenever they need to in order to manage their medical condition effectively.

▪ require parents to attend school to administer medication or provide medical support to their child, including with toileting issues.

▪ prevent pupils from participating or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips.

Policy statement on Equality and Community Cohesion

Working within this policy we aim to make sure that no-one experiences less-favourable treatment or discrimination because of their 'protected characteristics' as follows:

• Their age

• A disability

• Their ethnicity, colour or national origin

• Their gender

• Their gender identity (they have reassigned or plan to reassign)

• Their marital or civil partnership status

• Being pregnant or having recently had a baby

• Their religion or belief

• Their sexual identity and orientation (Equality Act 2010)