



First Aid Policy.

Incorporating pupil allergens & supporting medical conditions.

Joy Lane Primary School

Oyster Bay Nursery

Oysters SRP

Joy Lane Swimming Pool

Equality of opportunity for children

Joy Lane Primary School is committed to ensuring equality of provision throughout the school community. We are dedicated to working together to provide an inspirational and exciting learning environment where all children can develop an enthusiasm for life-long learning. We believe that children should feel happy, safe, and valued so that they gain a respectful, caring attitude towards each other and the environment, both locally and globally.

We provide a fully accessible environment, which values and includes all pupils, and a carefully planned curriculum that is exciting and inspiring. All children, whatever their previous educational experiences, physical, sensory, social, spiritual, emotional, and cultural needs are given the same opportunities and are positively encouraged to experience all activities.

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Date Agreed	July 2023
Signed by Executive Headteacher	Ms D J Hines
Signed by Chair of Governors	Mrs C Graves
Date Policy to be Reviewed	May 2025

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils, and visitors.
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

2. Legislation & Guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage and Early years foundation stage: coronavirus disapplication's guidance, advice from the Department for Education on first aid in schools, health and safety in schools and actions for schools during the coronavirus outbreak, and the following legislation:

- a. **The Health and Safety (First Aid) Regulations 1981**, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
 - b. **The Management of Health and Safety at Work Regulations 1992**, which require employers to make an assessment of the risks to the health and safety of their employees.
 - c. **The Management of Health and Safety at Work Regulations 1999**, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- ☐ **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013**, which state that some accidents must be reported to the Health and Safety Executive (HSE) and set out the timeframe for this and how long records of such accidents must be kept.
 - **Social Security (Claims and Payments) Regulations 1979**, which set out rules on the retention of accident records.
 - ¹**The School Premises (England) Regulations 2012**, which require that suitable space is provided to cater for the medical and therapy needs of pupils.

3. Roles and Responsibilities

3.1 Appointed person(s) and first aiders

The School's Lead First Aider is Laura Rainsbury. The school's appointed person is Jean-Manuel Henderson-Varlin, Business Manager. He is responsible for:

- Taking charge when someone is injured or becomes ill.

- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending pupils home to recover, where necessary.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 4).
- Keeping their contact details up to date.

Our school's appointed person and first aiders are listed in appendix 3. Their names will also be displayed prominently around the school. Certain other staff have Paediatric First Aid training.

3.2 The local authority and Governing Board

Kent County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's Governing Board.

The Governing Board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

3.3 The Executive Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are present in the school at all times.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils; Reporting specified incidents to the HSE when necessary (see section 6).

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports (see appendix 4) for all incidents they attend to where a first aider is not called;

Informing the Executive Headteacher or their manager of any specific health conditions or first aid needs.

4. First Aid Procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury, and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position;
If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the Office Manager will contact parents immediately; The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

There will be at least one person who has a current paediatric first aid (PFA) certificate on the premises at all times. .

4.2 Off-site procedures

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

- A school mobile phone.
- A portable first aid kit.
- Information about the specific medical needs of pupils. Parents' contact details.

Risk assessments will be completed by the Class teacher and Business Manager prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

5. First Aid Equipment

A typical first aid kit in our school will include the following:

- Regular and large bandages.
- Eye pad bandages.
- Triangular bandages.
- Adhesive tape.

- Disposable gloves.
- Antiseptic wipes.
- Plasters of assorted sizes.
- Cold compresses.
- Burns dressings.

Safety pins and scissors are kept in the Medical Room.

No medication is kept in first aid kits.

First aid kits are stored in:

- The Medical Room.
- The Family Room.
- Reception.
- The school kitchen.
- The school office.
- School minibus.
- All nursery rooms.
- Individual classrooms.

6. Record Keeping and Reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at Appendix 4.
- A copy of the accident report form will also be added to the pupil's educational record by the Office Manager.
- Nursery accident forms can be completed and signed on Blossom, as well as paper form.
- Records held in the first aid and accident book will be retained by the school for a minimum of three years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of. Our insurer, Zurich Municipal, through Kent County Council, specifies that we keep records for longer than the minimum three years: Children is DoB + 22 years; adults is date of accident + four years.

6.2 Reporting to the HSE

The Office Manager will keep a record of any 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 Office 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 scalding 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 or admittance to hospital for more than 24 hours.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than seven 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 nearmiss 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 is available here: [How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The Office Manager or Class Teacher will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

6.4 Reporting to Ofsted and child protection agencies

The Office Manager will notify Ofsted of any serious accident, illness, or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Office Manager will also notify Education Safeguarding Services of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see Appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least one staff member will have a current paediatric first aid (PFA) certificate, which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every three years.

8. Monitoring Arrangements

This policy will be reviewed by the Executive Headteacher every two years.

At every review, the policy will be approved by the Full Governing Board.

9. Links to other Policies

This first aid policy is linked to the;

Health and Safety Policy

Supporting Medical needs Policy (Appendix 1)

Pupil Allergy Policy (Appendix 2)



Supporting pupils with medical conditions policy

Joy Lane Primary School

Oyster Bay Nursery

Oysters SRP

Joy Lane Swimming Pool

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Contents

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions/needs.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual healthcare plans (MEDICAL PLANS).

The named person with responsibility for implementing this policy is Debra Hines

2. Legislation and statutory responsibilities

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (MEDICAL PLANS), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of MEDICAL PLANS
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.

- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/Carers/Guardians

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's MEDICAL PLAN and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the MEDICAL PLAN, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their MEDICAL PLANS. They are also expected to comply with their MEDICAL PLANS.

3.6 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 MEDICAL PLAN.

Healthcare professionals, such as GPs and pediatricians, 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 MEDICAL PLANS.

4. 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.

The school will consider what reasonable adjustments need to be made to enable these pupils 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 and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an MEDICAL PLAN.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual medical plans

The headteacher has overall responsibility for the development of MEDICAL PLANS for pupils with medical conditions. This has been delegated to Inclusion Team and SENDCo

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 MEDICAL PLAN. It will be agreed with a healthcare professional and the parents when an MEDICAL PLAN 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 paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

MEDICAL PLANS will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the MEDICAL PLAN.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Inclusion Team/SENDCo MEDICAL PLANS, will consider the following when deciding what information to record on MEDICAL PLANS:

- 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, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, 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.
- 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.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date.
- Labelled.
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

- Following Department of Health Guidance, Joy Lane Primary School is able to supply emergency medicines to those children who require them. Calpol Infant Suspension, a salbutamol inhaler and an Adrenaline Auto-injector will be kept in a locked first aid cabinet in the lower part of the school and Calpol 6+, Paracetamol Caplets, a salbutamol inhaler and an Adrenaline Auto-injector will be kept in a locked first aid cabinet in the upper part of the school. These medicines will only be administered if necessary and

parents will be notified as soon as possible, or consent will have been gained prior to administering, depending on the severity of the presented emergency. Members of staff will always act in the best interests of the children and will be appropriately qualified to administer such medicines.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[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 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 school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their MEDICAL PLANS.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the MEDICAL PLAN and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's MEDICAL PLAN, but it is generally not acceptable 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 their parents.
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their MEDICAL PLANS
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' MEDICAL PLANS will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of MEDICAL PLANS. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher and Inclusion. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the MEDICAL PLANS
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

MEDICAL PLANS are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Insurer: QBE UK Ltd- **Kent County Council**

Policy period: **1st January 2023 – 31st December 2023**

Policy Number: **Y143005QBE0122A**

Public liability: **£50,000,000**

Product liability: **£50,000,000**

Employers Liability: **£50,000,000**

Official's Indemnity: **£5,000,000**

Libel and Slander: **£5,000,000**

Land Charges: **£5,000,000**

12. Complaints

Should parents\carers be unhappy with any aspect of their child's care at Joy Lane School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Joy Lane School's Complaints Procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years or when guidance/legislation.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy



First Aid Policy Oyster Bay Nursery

Policy Statement

In our setting, staff are able to act to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with a current first aid certificate is on the premises, or on an outing at any one time. The first aid qualification includes first aid training for infants and young children. We aim to ensure that first aid training is local authority approved and is relevant to staff caring for young children.

Calpol policy

Teething gel / Calpol may be administered but only with prior written consent of the parent/carer and only when there is a health reason to do so. (the parent/carer can send written confirmation via the nursery application Blossom). We can supply and administer calpol sachets. If you wish for us to administer teething gel or suspension calpol you will need to send it in with your child.

Due to babies not being able to self-regulate their temperature we can administer calpol if the child has a fever over 38 degrees Celsius, however we will need to contact a parent/carer to collect them. They cannot stay at nursery with a fever.

Procedures

The first aid kit

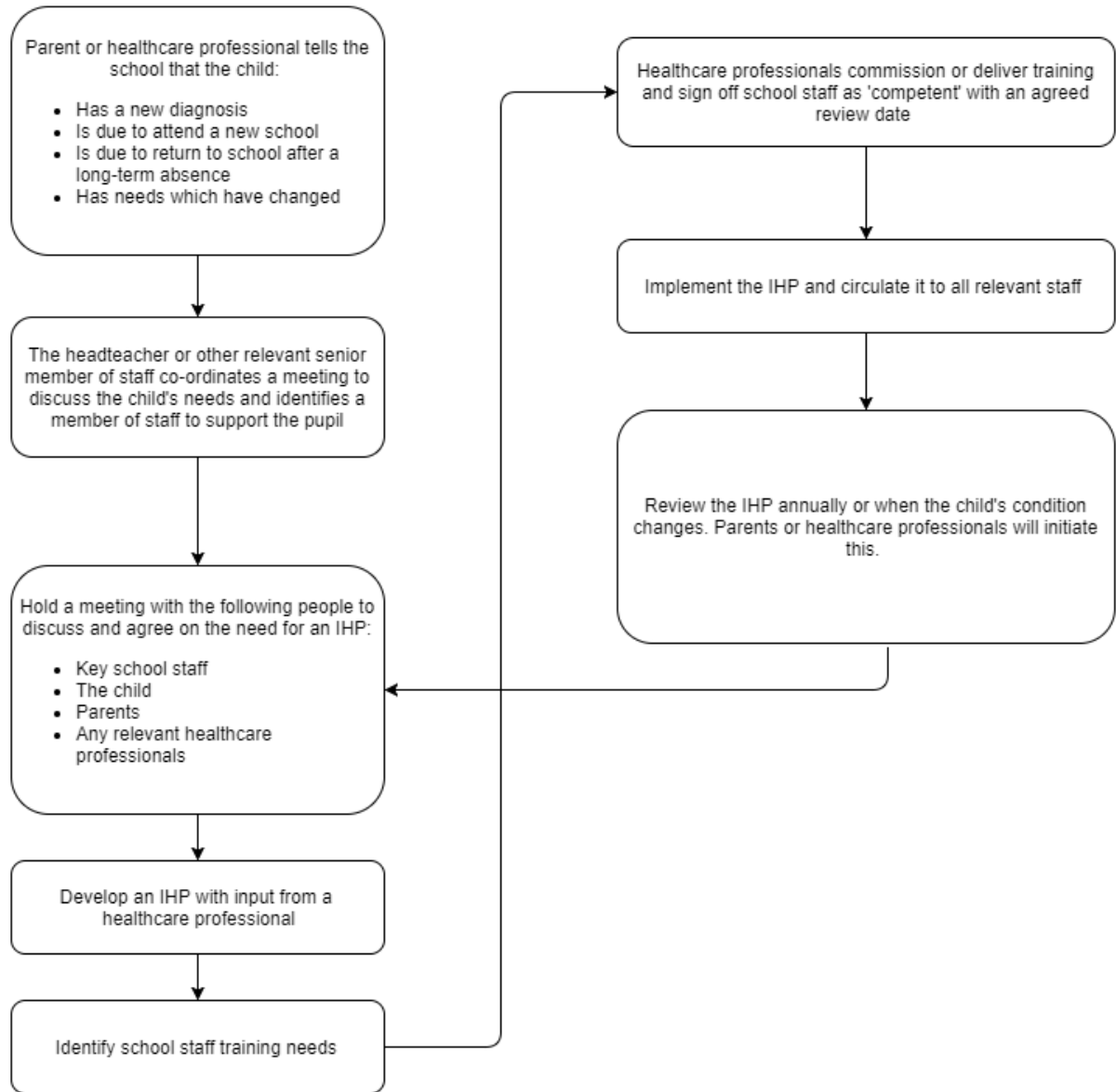
Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items:

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings: - Small x 3.
- Medium x 3.
- Large x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.
-

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- No un-prescribed medication is given to children, parents or staff.
- At the time of each child's admission to the setting, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.

Appendix 1: Being notified a child has a medical condition.



Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

Parental Consent to Administer Medicine in Accordance with a Healthcare Plan

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

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social, and emotional needs

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Parental Request for School to Administer Long Term Medicine

Name of school	Joy Lane Primary School
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Member of staff x2			
Staff initials x2			

Date			
Time given			
Dose given			
Member of staff x2			
Staff initials x2			

Date

Time given

Dose given

Member of staff **x2**

Staff initials **x2**

Date

Time given

Dose given

Member of staff **x2**

Staff initials **x2**

Date

Time given

Dose given

Member of staff **x2**

Staff initials **x2**

Date

Time given

Dose given

Member of staff **x2**

Staff initials **x2**

Parental Request for School to Administer Short Term Medicine

Name of school	Joy Lane Primary School
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date			
Time given			
Dose given			
Member of staff x2			
Staff initials x2			

Date			
Time given			
Dose given			
Member of staff x2			
Staff initials x2			

Dial 999 and clearly state which service you need. Be ready with the following information:

Your telephone number: 01227 261 430

Give your location as follows: Joy Lane Primary School, Joy Lane, Whitstable, Kent.

State that the postcode is: CT5 4LT

Give exact location in the school.

Give your name.

Give name of child and a brief description of child's symptoms.

Inform Ambulance Control of the best entrance and state that the crew will be met by a member of staff.

Speak clearly and slowly and be ready to repeat information if asked.

Letter to Parents: Written consent for the administration of Calpol/Calpol 6+

Dear Parent/Carer,

Sometimes the unforeseen need to give pain relief (Calpol or Calpol 6+) arises during the school day, for minor ailments such as mild headaches and toothache. The purpose of this letter is to seek written consent for your child to receive pain relief, if needed.

In such an instance, you will be contacted beforehand by a member of staff at Joy Lane Primary School, who will ask you to confirm (to them and another member of staff) that your child is able to receive the medicine.

Once the medicine has been administered, a record - stating the reason for admission, dose given and time given – will be written and a copy of this will be given to your child to bring home.

Should the need arise, I give permission for my child to be administered the recommended dose of Calpol or Calpol 6+ according to their age.

Name of child.....

Date of Birth.....

Class.....

Signed.....

Print name.....

Date.....



Pupil Allergy Policy

Joy Lane Primary School

Oyster Bay Nursery

Oysters SRP

Joy Lane Swimming Pool

1	Aims	
2	Legislation and Guidance	
3	Roles and Responsibilities	
4	Assessing Risk	
5	Managing Risk	
6	Procedures for handling an allergic reaction.	
7	Adrenaline Auto Injectors (AAI's)	
8	Training	
9	Links to other policies	

1. Aims

This policy aims to:

1. Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
2. Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion.
3. Promote and maintain allergy awareness among the school community.

2. Legislation and guidance

This policy is based on the Department for Education'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:

4. [The Food Information Regulations 2014](#)
5. [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy leads are Debra Hines and Annamarie Godden.

They're responsible for:

6. Promoting and maintaining allergy awareness across our school community.
7. Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to administrative staff)
8. Ensuring:
 - 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.
- Regularly reviewing and updating the allergy policy

3.2 School First Aid Lead

The school's First Aid Lead is responsible for:

9. Coordinating the paperwork and information from families.
10. Coordinating medication with families.
11. Checking spare AAIs are in date.
12. Any other appropriate tasks delegated by the allergy lead.

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

3.3 Teaching and support staff

All teaching and support staff are responsible for:

13. Promoting and maintaining allergy awareness among pupils.
14. Maintaining awareness of our allergy policy and procedures.
15. Being able to recognise the signs of severe allergic reactions and anaphylaxis.
16. Attending appropriate allergy training as required.
17. Being aware of specific pupils with allergies in their care.
18. Carefully considering the use of food or other potential allergens in lesson and activity planning.
19. Ensuring the wellbeing and inclusion of pupils with allergies.

3.4 Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAIs. These are members of staff who have volunteered and been trained to help pupils with AAIs in an emergency. The designated members of staff are:

3.5 Parents

Parents are responsible for:

20. Being aware of our school's allergy policy.
21. Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis via the Main School Office and/or through Arbor.
22. 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.
23. Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included.
24. Following the school's guidance on food brought in to be shared.
25. Updating the school on any changes to their child's condition.
26. Educating their children about their allergy so they are aware.

3.6 Pupils with allergies

These pupils are responsible for:

27. Being aware of their allergens and the risks they pose.
28. Understanding how and when to use their adrenaline auto-injector.
29. If deemed appropriate, carrying their adrenaline auto-injector on their person, and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)

3.7 Pupils without allergies

These pupils are responsible for:

30. Being aware of allergens and the risk they pose to their peers.

Older pupils might also be expected to support their peers and staff in the case of an emergency, if deemed appropriate.

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

31. Lessons such as food technology.
32. Science experiments involving foods.
33. Crafts using food packaging.
34. Off-site events and school trips.
35. Any other activities involving animals or food, such as animal handling experiences or baking.

5. Managing risk

5.1 Hygiene procedures

36. Pupils are reminded to wash/sanitise their hands before and after eating.
37. Sharing of food is not allowed.
38. Pupils have their own named water bottles in class.

5.2 Catering

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

39. Catering staff receive appropriate training and are able to identify pupils with allergies.
40. School menus are available for parents to view with ingredients clearly labelled.
41. Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
42. Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
43. Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

5.3 Food restrictions

We are a NUT-Free school.

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

44. Packaged nuts.
45. Cereal, granola or chocolate bars containing nuts.
46. Peanut butter or chocolate spreads containing nuts.
47. Peanut-based sauces, such as satay.
48. Sesame seeds and foods containing sesame seeds.

If a pupil brings these foods into school, they will not be allowed to eat them and be asked to take these home.

5.7 Events and school trips

49. For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part.
50. The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training.
51. Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

52. The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis.
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
 - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.
 - A photograph of each pupil to allow a visual check to be made.

The register is kept in the Locked First Aid cupboards in KS1 and KS2 and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register. Children who have an AAI will be provided with a black first aid bag so that this is mobile and accessible at all times.

6.2 Allergic reaction procedures

53. As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.
54. Designated members of staff are trained in the administration of AAIs – see section 7.
55. If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan.
 - If an AAI needs to be administered, a designated member of staff member will use the pupil's own AAI, or if it is not available, a school one. It will only be administered by a designated member of staff trained in this procedure.
56. If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.
57. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.
58. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed. With parental consent, Piriton can be used to help manage these reactions.

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAI's and ensuring they are stored according to the guidance.

7.2 Storage (of both spare and prescribed AAI's)

The allergy lead will make sure all AAI's are:

59. Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
60. Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children.
61. **Not** locked away, but accessible and available for use at all times.
62. **Not** located more than 5 minutes away from where they may be needed.

Spare AAI's will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAI's)

The First Aid Lead is responsible for checking monthly that:

63. The AAI's are present and in date.
64. Replacement AAI's are obtained when the expiry date is near.

7.4 Disposal

AAI's can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAI's off school premises

65. Pupils at risk of anaphylaxis who are able to administer their own AAI's should carry their own AAI with them on school trips and off-site events.
66. A member of staff trained to administer AAI's in an emergency should be present on school trips and off-site events.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

67. Spare AAI's
68. Instructions for the use of AAI's.
69. Instructions on storage.
70. Manufacturer's information.
71. A checklist of injectors, identified by batch number and expiry date with monthly checks recorded.
72. A note of arrangements for replacing injectors.
73. A list of pupils to whom the AAI can be administered.
74. A record of when AAI's have been administered.

8. Training

The school is committed to training all staff in allergy response. This includes:

75. How to reduce and prevent the risk of allergic reactions.
76. How to spot the signs of allergic reactions (including anaphylaxis).
77. Where AAI's are kept on the school site, and how to access them.

78. The importance of acting quickly in the case of anaphylaxis .

79. The wellbeing and inclusion implications of allergies.

Training will be carried out Annually by the allergy lead.

9. Links to other policies

This policy links to the following policies and procedures:

80. Health and safety policy.

81. Supporting pupils with medical conditions policy.


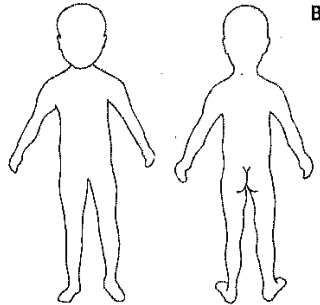
Main Appendix 3: List of trained first aiders

Staff Name
Allen, Mrs. Hayley
Allison, Miss Emily
Ames, Mrs. Paula
Ayres, Mrs. Michelle
Bagnall-Brown, Miss Maddison
Baker, Mrs. Sarah
Barnard, Miss Dawn
Bean, Miss Sophie
Bovis, Miss Barbara Ann
Burns, Miss Margaret
Caffell, Mrs. Katie
Cannon, Mrs. Amy
Cantley, Mrs. Rachael
Charters, Mrs. Sarah
Daines, Mrs. Sally
Daly, Miss Ruby
Devonport, Mrs. Rebecca
Dyer, Miss Abby

Staff Name
Elbourn, Mrs. Julie Marie
Ellis, Miss Lindsay
Evans, Mrs. Clare
Giblin, Miss Rachel
Gilhooly, Miss Sarah
Goodwin, Miss Julie
Gray, Miss Carole
Haldin, Ms. Jane
Hampshire, Mr. Timothy
Harris, Mrs. Jodie
Higgs, Mrs. Sharon Louise
Hopwood, Miss Aimee
Kuligowska, Ms. Anna
Langley, Miss Shannon
Leith, Miss Ellie
Lindgren, Miss Anja
Livingstone, Mrs. Nicole
Luckhurst, Mrs. Gemma

Staff Name
Masters, Miss Elaine
Payne, Mrs. Kimberley
Pilott, Miss Leanne
Ramsey, Kristina
Rainsbury, Mrs. Laura (LEAD)
Redfearn, Mr. Matthew
Roberts, Catherine
Shaw, Miss Ellie
Silcock, Mrs. Helene
Staples, Mrs. Alison
Stevens, Mrs. Lesley
Thackeray, Miss Amy
Tragner, Miss Charlotte
Wardell, Miss Daisy
Wilsher, Mrs. Lucy Ann
Wippich, Mrs. Eleanor

Main Appendix 4: Accident report form

ACCIDENT, INCIDENT & ILLNESS REPORT FORM	
FOR THE ATTENTION OF PARENT/CARER	
 Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home, please consult your doctor or local hospital	
Pupil's name:	Class:
Location of accident/incident:	Date: Time:
Detail of treatment	LEA Accident Report No (if Applicable):
	Detail of incident:
Please tick as appropriate below <input checked="" type="checkbox"/>	Mark location of injury
Bump/Bruise <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> Front Back </div> 
Vomiting/Nausea <input type="checkbox"/>	
Nosebleed <input type="checkbox"/>	
Headache/High Temperature <input type="checkbox"/>	
Head Injury <input type="checkbox"/>	
Cut/Graze <input type="checkbox"/>	
Asthma <input type="checkbox"/>	
Other:	
The child was taken to hospital by staff member <input type="checkbox"/>	→ Staff Member Name:
The child was taken to hospital by ambulance <input type="checkbox"/>	
Parent/Carer <input type="checkbox"/>	→ Name of Parent/Carer contacted:
Unable to contact Parent/Carer <input type="checkbox"/>	
The child was well enough following first aid to remain in school <input type="checkbox"/>	
Teacher informed <input type="checkbox"/>	Time:
The school is of the opinion that your child should <input type="checkbox"/>	
Treatment administered by - Print Name:	Treatment administered by - Signature:

