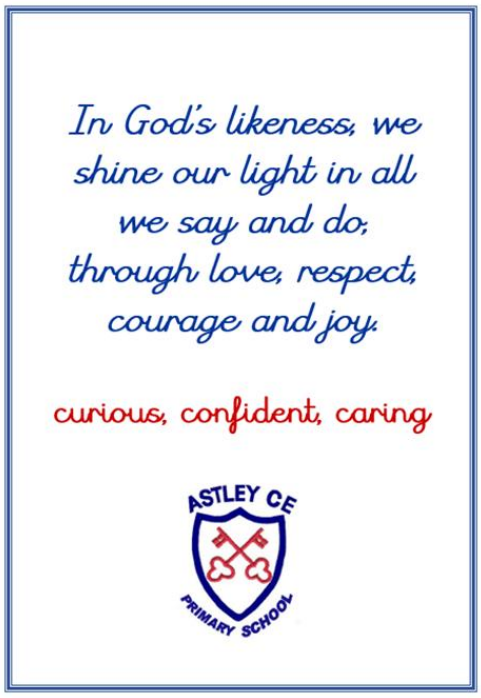
Responsible body	Title of policy	
Governing body	Supporting Children with Medical Conditions (including First Aid and Medicines)	

Our Vision



This policy describes how we care for the physical needs of our pupils ensuring safe and effective care promotes good health, development and outcomes. This is an integral part of oursafeguarding duties and is also derived from our Christian belief that every child is unique andvalued.

Ratified by the Governing Body: Tuesday 15th September 2026

Date for review: September 2027

Signed by:

Chair of governors: Lisa Screen

Headteacher: Tracie Langfield

Introduction

Section 100 of the *Children and Families Act 2014* places a duty on governing bodies to make arrangements for supporting pupils with medical conditions—whether short- or long-term. At Astley, we believe every child deserves to thrive academically, socially, emotionally, and spiritually. We are committed to supporting pupils' physical and mental health so they can participate fully in school life and remain safe and well.
This policy also outlines our procedures for first aid, including recent statutory updates effective from September 2026.

Astley CE Primary School maintains a separate Allergy and Anaphylaxis Policy which sets out the school's arrangements for allergy management, prevention of allergic reactions, emergency response, staff training, incident reporting and the use of adrenaline auto-injectors. This policy should be read alongside that document.

Legal Framework

This policy reflects current legislation and guidance, including:

- *Children and Families Act 2014*
- *Equality Act 2010*
- *DfE (2015): Supporting pupils at school with medical conditions*
- *DfE (2017): Using emergency adrenaline auto-injectors in schools*
- *DfE (2025): Safeguarding and Welfare Requirements for Early Years Providers*
- *Health and Safety (First Aid) Regulations 1981*
- *DfE (2026): Allergy Safety in Schools (Statutory Guidance)*
- *Children's Wellbeing and Schools Act 2026 (where applicable to allergy safety requirements)*

Supporting Pupils with Medical Conditions

We recognise that medical conditions can affect a child's quality of life and learning. Some conditions may be visible, others less so—but all deserve thoughtful, personalised support.

- We work in partnership with parents, carers, and healthcare professionals to understand each child's needs.
- Individual Healthcare Plans (IHPs) are developed and reviewed regularly.
- Staff receive appropriate training to support pupils confidently and safely.
- We promote pupil independence and self-care wherever possible.

First Aid Provision

We are committed to providing high-quality first aid across all areas of school life.

Key Procedures

- A qualified first aider is always available during school hours, including **mealtimes and snack times**, in line with 2025 EYFS requirements.
- All early years staff hold a valid **Paediatric First Aid (PFA)** certificate from an accredited provider.
- First aid kits are stocked and accessible in key locations (classrooms and First Aid cupboard in corridor outside HT office) across the site.
- Accidents and incidents are recorded using our secure digital system and reviewed regularly.
- First aid is available during off-site activities, PE lessons, and school trips.

Allergy and Emergency Response

- Emergency medication (e.g. adrenaline auto-injectors) is stored securely and accessibly in the first aid cupboard.
- Staff are trained in recognising and responding to allergic reactions and choking incidents.
- Food safety protocols are followed rigorously, with allergy-aware meal planning.

Safeguarding Integration

The school recognises severe allergies and anaphylaxis as potential life-threatening medical conditions. Procedures for identifying, preventing and responding to allergic reactions are detailed within the Allergy and Anaphylaxis Policy.

Medical and first aid procedures are embedded within our safeguarding framework.

- First aiders are aware of safeguarding protocols and mental health first aid principles.
- All staff understand how to escalate concerns appropriately.
- Recruitment and training practices reflect our commitment to pupil welfare.

Monitoring and Review

This policy is reviewed annually or sooner if legislation changes. Training records, incident logs, and IHPs are monitored to ensure compliance and effectiveness

Roles and Responsibilities

Headteacher

- Oversees implementation of this policy and ensures staff are trained and informed.
- Maintains oversight of Individual Healthcare Plans (IHPs) and ensures risk assessments reflect medical needs.
- Works with the Office Manager to keep accurate, up-to-date medical records.

All Staff

- Have a duty of care to act responsibly, including during off-site activities.
- Are expected to respond appropriately in emergencies, prioritising pupil welfare.
- Must familiarise themselves with pupils' medical needs via training and IHPs.
- New staff are inducted into medical and first aid procedures upon joining.

First Aid Co-Ordinators

- **Mandy Payton** (Lead) holds full First Aid at Work and Paediatric First Aid qualifications along with a number of other staff members.
- Responsibilities include:
    - Maintaining first aid supplies and AED checks
    - Coordinating emergency response and ambulance communication
    - Ensuring first aid coverage on and off site
- A list of qualified first aiders is displayed on the First Aid Cupboard between

Reception and the Headteacher's Office.

Early Years Staff

- All hold current Paediatric First Aid certification, as required for children under 5.

Parents and Carers

- Must provide timely, accurate medical information and update the school on changes.
- Are key partners in developing and reviewing IHPs.
- Provide necessary medication/equipment and ensure availability for contact.

Pupils

- Are encouraged to participate in decisions about their care and IHPs.
- May self-manage medication if deemed competent, with staff supervision.
- If a pupil refuses treatment, staff follow the agreed IHP protocol and inform parents.

Peers

- May help by alerting staff to emergencies or changes in a pupil's condition

Procedures

Medical Information Collection

- On admission, to Astley school, parents/carers complete medical forms.
- Annually, data sheets are sent home for updates.
- Reminders are issued via newsletters throughout the year.
- A central medical list is maintained and accessible on the schools digital recording system and in the first aid cupboard.

New Admissions

- If medical needs are known in advance, arrangements are made before the term starts.
- For mid-term admissions or new diagnoses, support is arranged within two weeks.

Nursery Pupils

- Nursery children are added to schools digital MIS system and a separate register held by the office and Early Years Teacher.
- Parents are contacted via phone or text in case of medical concerns.

Individual Healthcare Plans (IHCPs)

IHCPs provide tailored support for pupils with medical conditions, including fluctuating or complex needs.

- Developed in collaboration with parents/carers and healthcare professionals—can begin before formal diagnosis.
- Reviewed annually in September or sooner if needs change.
- Shared confidentially with relevant staff and stored in key locations.
- Linked to EHCPs where applicable.
- Governing Body reviews IHCP impact annually.

IHCPs Include:

- Condition details: triggers, symptoms, treatments
- Medication: dosage, side effects, storage
- Support needs: educational, social, emotional
- Emergency protocols and staff responsibilities
- Awareness: who needs to know
- Off-site arrangements and risk assessments
- Confidentiality and emergency contacts
- Reference to any emergency healthcare plan from clinicians

First Aid Procedures

General Provision

- Most school staff are trained first aiders.
- First aid bags are carried during playtimes and on all trips.
- Accidents are logged on the schools digital recording system with treatment details.

- Head bumps trigger electronic notification and phone calls if needed.
- Significant injuries prompt direct phone contact with parents. HT is informed in all cases.

Emergency Response

1. Do not move the injured person if it may worsen injuries. Keep them warm and dry.
2. First aider assesses and treats as appropriate. Make HT aware if not already.
3. Call an ambulance if hospital care is needed. Staff should not use personal vehicles unless absolutely necessary and insured.

If a Pupil Requires Hospital Treatment

- Contact parents immediately and ask them to attend.
- Do not delay hospital transport if urgent care is needed.
- A staff member must accompany the pupil unless ambulance crew advise otherwise.
- Staff remain at hospital until parents arrive, unless advised otherwise by medical staff.
- Staff should not consent to treatment unless requested by a senior doctor and reasonable efforts to contact parents have been made.
- For residential trips, staff must carry written parental consent for emergency treatment.

School Visits

Educational visit leaders must review relevant healthcare plans and allergy management plans before any visit. Emergency medication must accompany pupils at all times and be readily accessible.

- Risk assessments must include medical needs and reasonable adjustments.
- Additional adult support may be arranged if needed.
- Medication plans are included in visit planning.
- IHCPs must be taken on all trips.
- Children under 5 must be supported by a paediatric first aider.

Residential Visits

- Parents complete medical and dietary consent forms before departure.
- Medication forms must be submitted and medicines handed to the group leader on the day of travel.

Record Keeping

The school records and reviews significant medical incidents, medication errors, allergic reactions and relevant near misses to identify learning opportunities and improve practice.

All first aid treatment is logged on schools digital reporting system and includes:

- Date, time, and location of incident
- Name and class of the pupil or staff member
- Nature of injury/illness and treatment given
- Outcome (e.g. returned to class, sent home, hospitalised)
- Name of first aider

Physical Activity

Most pupils with medical needs can participate in PE and extracurricular activities.

- Any restrictions are noted in their IHCP.
- Staff must respect privacy and dignity at all times.

Managing Medicines

- Medicines are administered only with written parental consent and when prescribed four times daily or deemed essential.
- Parents may administer non-prescription medicines themselves by attending the school.
- Aspirin is only given with a doctor's prescription.
- All medicines must be:
    - In-date and labelled
    - In original packaging (except insulin pens/pumps)
    - Stored securely in the medicine cabinet or fridge
- Two staff members administer and sign the medication record.
- Unused medicines are returned to parents.

- Sharps are disposed of in designated boxes.
- Emergency medication (e.g. inhalers, AAIs) may be kept in classrooms for quick access.
- Staff are not required to administer medicines unless they have agreed and received appropriate training.

Staff Training

Training relating to allergy management and anaphylaxis is provided in accordance with the school's Allergy and Anaphylaxis Policy and current statutory guidance. Relevant staff receive refresher training at least annually.

- Staff receive training tailored to pupils' medical needs.
- Updates are arranged with School Health and other agencies.
- Annual defibrillator training is provided for teaching and support staff.

Confidentiality

- Medical information is treated confidentially.
- Access is agreed with parents and documented in the IHCP.
- Staff acting in good faith are not held responsible if information was withheld.

External Agencies

- Support may be sought from school nurses, paediatricians, or specialists—with parental consent.

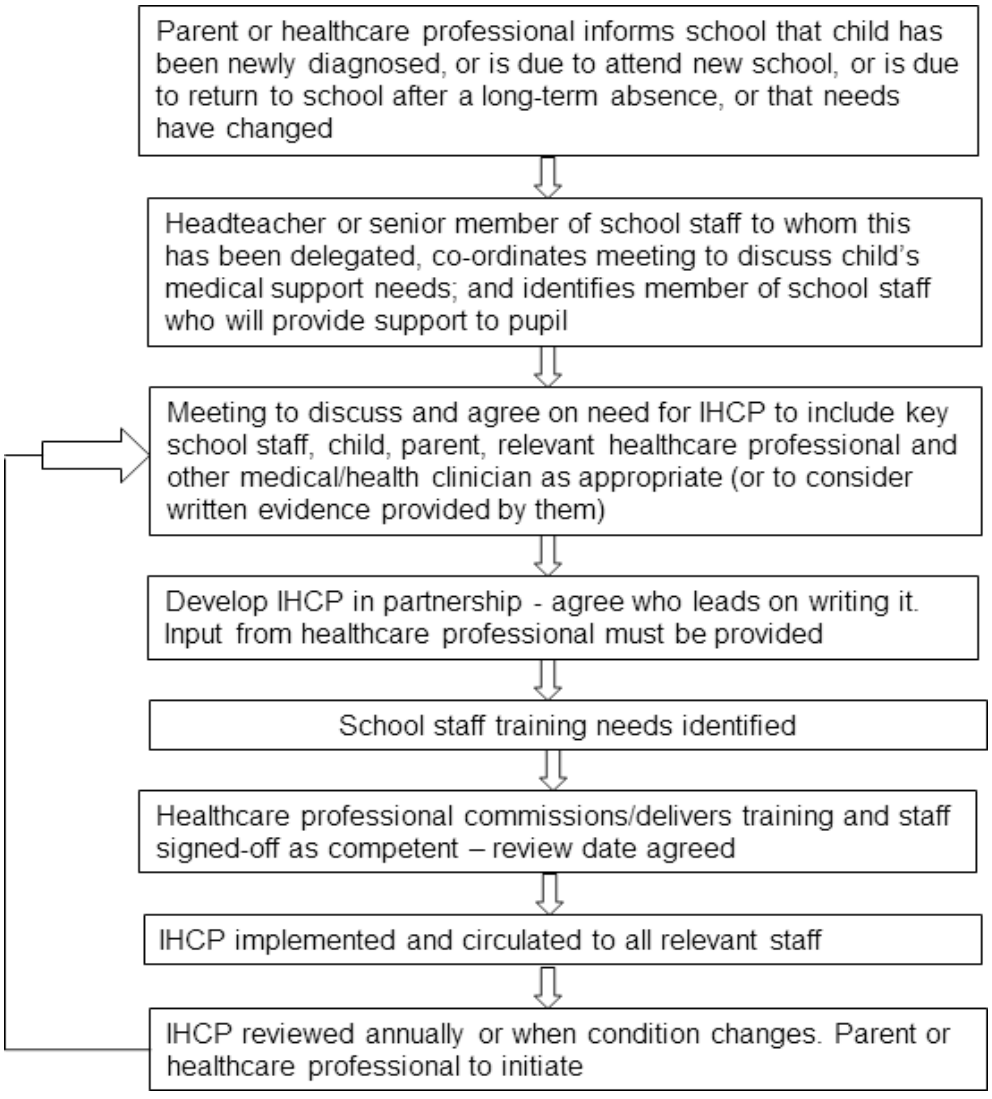
Liability and Indemnity

- Astley School holds appropriate insurance to cover staff administering medical support and medication.

Complaints

- Concerns should first be raised with the class teacher.
- If unresolved, escalate to the Headteacher.
- Formal complaints can be made if issues persist by following the school's complaints procedure.

Appendix A: Model process for developing individual healthcare plans



Appendix B: Individual healthcare plan template

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	

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, the action to take & who is responsible

Plan developed with

Staff training needed/undertaken – who, what, when

Appendix C: Parent permission form for administering medication in school and administration of medication record (combined form.)

Administering Medication Parental Consent Form

Astley CE Primary School will not give your child medication unless you complete and sign this form.

To be completed by Parent/Guardian:

Name of pupil		Year	
Date of birth			
Medical condition or illness			
Prescribed medication			
Name/type of medication as written on the container			
Date dispensed and/or prescribed		Expiry Date	
Agreed review date		Review by	
Dose to be Given		Time to be given:	
Parent Signature		Date:	
Print Name			
Self-administration	Yes	No	

To be complete by School Staff:

Date	Time Given	Signature 1	Signature 2

Appendix D: Staff training record

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix E: Contacting emergency services

Request an ambulance --- dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.

1. **your telephone number 01299 822002**
2. **your name**
3. your location as follows **Astley Primary School**, School Lane Astley DY13 0RH
4. state what the **postcode** is – note that postcodes for satellite navigation systems may differ from the postal code: DY13 0RH

   what3words conqueror.slippery.info
5. provide the **exact location** of the patient within the school setting
6. provide the **name of the child** and a brief description of their **symptoms**
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient: **driveway gate**
8. put a completed copy of this form by the phone

Appendix F: Detailed advice on managing specific medical conditions

Anaphylaxis and allergies
Anaphylaxis and allergy can be triggered by very wide range of substances such as foods (nuts, shellfish, dairy products) or non--foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis/allergy can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinarysystem. In the event of an attack, it is important to know when and when not to administer an Adrenaline Auto--Injector (AAI).
For mild to moderate allergic responses, an appropriate antihistamine should be administered in accordance with the pupils IHCP and regularly observed

How will staff know which children might need an AAI?
Nformation relating to pupils at risk of anaphylaxis is managed in accordance with the school's Allergy and Anaphylaxis Policy and data protection requirements. Relevant staff are informed of pupils requiring emergency medication through approved school s.

How will staff know when and how to administer an AAI?
There will be annual training and check sheets with the AAIs. In the event of an anaphylactic event at least 2 first aiders should be sent to the scene and the school critical incident plan instigated. Classroom and office telephones will enable direct communication with Ambulance Service.

Where are AAI stored?
AAI's should be stored somewhere where they are immediately available. Each child has an emergency box containing 2 AAIs, a copy of their IHCP, any other relevant medication, a pencil and a checksheet. Each box is labelled with the child's name and date of expiry of the AAIs. The correct doses and expiry should be checked at the beginning of each term.

Asthma
Immediate access to reliever medicines is essential. **Metered dose Inhalers (blue Salbutamol) should be kept in the classroom or near to the pupil**. Parents/carers are asked to ensure that allreliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. Children are encouraged, wherever possible, toadminister their own inhaler with adult supervision. Spare, emergency use MDIs and spacer devises are available, from the First Aid cupboard and used for trips outside school.

Record keeping
Each time a child receives their asthma medication it is recorded on an inhalers record sheet

kept in the medication file.

PE, games & activities, including pre--school and after school clubs

Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical list. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughlywarm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

Asthma attacks
IN THE EVENT OF A CHILD HAVING AN ASTHMA ATTACK
The first aider should go to the pupil
Stay calm and reassure the child
Encourage the child to breath slowly
Ensure that any tight clothing is loosened
Help the child to take their spacer device/ reliever (blue) inhaler
Usually 2--4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe, do not be afraid to give more if it is needed.
Record in the medication file.

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR
There is no significant improvement in 5 – 10 minutes
The child is distressed and gasping or struggling to breath
The child has difficulty in speaking more than a few words at a time
The child in pale, sweaty and may be blue around the lips
The child is showing signs of fatigue or exhaustion
The child is exhibiting a reduced level of consciousness

WHILST THE AMBULANCE IS ON ITS WAY
The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve. If the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
If the child's condition is not improving and the ambulance has not arrived, repeat the process as above. Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

Diabetes
We recognise that Diabetes should not be taken lightly because it is a very serious condition and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical

attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and can take immediate action if they should need to. All children with Diabetes in school have their own IHCP. Each child with diabetes has an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypoor hyper attack.

Eczema
We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients. Where possible we ask parents to teach children to self-apply.

Haemophilia or Warfarin use
Where a pupil has a clotting malfunction, a very careful procedure must be established for their appropriate treatment. Some children who take anticoagulants require direct admission to a specialist hospital. A written bypass protocol must be established with the Ambulance Service to enable this to take place.

Epilepsy Seizures
Remember to:
Stay calm
If the child is convulsing then put something soft under their head
Protect the child from injury (remove harmful objects from nearby)
NEVER try and put anything in their mouth or between their teeth
Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance
When the child finishes their seizure stay with them and reassure them
Do not give them food or drink until they have fully recovered from the seizure
Contact parents as soon as practically possible

Head Lice
Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

Cardiac/Respiratory arrest and defibrillation
Astley School has an automated External Defibrillator (AED) located on the wall outside the hall. All staff are trained annually on its use.nThe essential elements to survival are: early call tothe Ambulance Service, early onset of chest compressions and ventilation, early defibrillation and expedient advanced life support. Suitable ventilation pocket masks should be strategically placed around the school as well as in all first aid kits. A minimum of 2 trained staff should be sent to any such life critical incident (including anaphylaxis). The school critical incident plan should be instigated.Direct communication with the Ambulance Service is essential – mobile phone.

Appendix G: First Aid box contents

First aid boxes should contain the following items:

1 guidance leaflet giving general first aid advice
disposable gloves
10 individually wrapped medical wipes
20 individually wrapped sterile adhesive dressings (plasters)* -- assorted sizes
2 sterile eyepads
4 triangular bandages
6 medium size (approx. 12cm x 12cm) wrapped, sterile unmedicated dressings
2 large size (approx. 18cm x 18cm) wrapped, sterile unmedicated dressings
6 safety pins.

No other items may be kept in a first aid box that is available for general use.

British Standard 8599

Contents	Small	Medium	Large	Travel
First Aid Guidance Leaflet	1	1	1	1
Contents List	1	1	1	1
Medium Dressing (12cm x 12cm) (Sterile)	4	6	8	1
Large Dressing (18cm x 18cm) (Sterile)	1	2	2	1
Triangular Bandage (Single Use) ((90cm x 127cm)	2	3	4	1
Safety Pins (Assorted) (minimum length 2.5cm)	6	12	24	2
Eye Pad Dressing with Bandage (Sterile)	2	3	4	0
Washproof Assorted Plasters	40	60	100	10
Moist Cleaning Wipes	20	30	40	4
Microporous Tape (2.5cm x 5m or 3m for Travel Kit)	1	1	1	1
Nitrile Gloves (1 Pair)	6	9	12	1
Finger Dressing with Adhesive Fixing (3.5cm)	2	3	4	0
Mouth to Mouth Resuscitation Device with Valve	1	1	2	1
Foil Blanket (130cm x 210cm)	1	2	3	1
Eye Wash (250ml)	0	0	0	1
Burn Relief Dressing (10cm x 10cm)	1	2	2	1
Universal Shears (Suitable for cutting clothing)	1	1	1	1
Conforming Bandage (7.5cm x 4m)	1	2	2	1

This list is adaptable, dependent upon the risk assessment.