Brabourne CE Primary School
Medical Needs and First Aid Policy – September 26

Through creative and challenging experiences, we inspire our school community to develop resilience, a passion for learning and the courage to pursue our dreams. Within our nurturing environment and beyond, we live out Christian values, enabling all to flourish in the love of God.

1. Introduction

In line with the school's Christian vision, we are committed to ensuring that all pupils, including those with medical needs, are supported to flourish. We promote an inclusive environment where every child is valued, and where care, compassion and dignity underpin all aspects of school life. Supporting pupils with medical needs is an integral part of enabling all members of our community to thrive.

We will help to ensure pupils can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they have left school.

The named member of staff responsible for this policy and its implementation is Mr Andrew Stapley, Headteacher.

1.1 Statutory Framework

This policy has regard to section 100 of the Children and Families Act 2014 and the Department for Education's statutory guidance Supporting pupils at school with medical conditions, together with the DfE guidance First aid in schools, early years and further education and current UKHSA health protection guidance.

From 1 September 2026, section 100A of the Children and Families Act 2014 (inserted by the Children's Wellbeing and Schools Act 2026) requires the school to have, review at least annually and publish a separate Allergy Safety Policy. This policy should therefore be read alongside the school's Allergy Safety Policy and the July 2026 statutory guidance Allergy safety in schools.

2. Medical Awareness

The school holds a list and photogrpahs containing information on those children who have a serious and/or chronic condition.

It is the responsibility of the class teacher to familiarise themselves with this list at the start of the academic year. The parents of any new children starting school mid-way through the year will be asked to give information about their child's medical needs and staff will be informed and the list updated accordingly. Staff should make supply staff aware of this information.

Medical information and photographs are sensitive health information and will be handled securely and shared only with staff who need the information to support the pupil safely, in line with the school's data protection arrangements.

2.1 Serious Medical Conditions

The school recognises that some medical conditions are serious and potentially life-threatening. It also acknowledges the importance of administering medication and providing care in line with guidance from healthcare professionals and parents/carers.

All staff are made aware of the medical conditions affecting pupils in the school and receive appropriate training to understand how these conditions may impact on learning, wellbeing and safety.

Meeting a child's medical needs in school is a shared responsibility between parents/carers, the child and school staff. Parents/carers, as the primary caregivers, are responsible for providing the school with accurate and up-to-date information about their child's medical condition, treatment and any specific care requirements.

The school ensures that Individual Healthcare Plans (IHCPs) are in place where a pupil's medical condition requires arrangements to be made in school. This includes pupils with allergies where supportive arrangements are needed. Plans are developed in partnership with parents/carers, the pupil where appropriate and the school, taking account of clinical advice where available. They are reviewed at least annually and sooner if needs change, and are shared with relevant staff.

3. Children Taking Medication During School Time

3.1 Responsibilities

School staff do not have a statutory duty to administer medicines to pupils in school; however, our staff may assist pupils who require medication, in line with school policy and appropriate training.

3.2 Prescribed Medicines

Medicines should only be brought to school when essential; that is where it is detrimental to a child's health if the medicine were not administered during the school day. Parents should endeavour to have such medicines prescribed in dose frequencies which enable them to be taken outside school hours.

It should be noted by parents that non-emergency medicines that need to be taken 3 times a day could be taken in the morning, after school and in the evening.

We only accept medicines in school that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber. They should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, as well as the child's name. We understand however that in some situations, children may require non-prescribed drugs such as Calpol or Piriton. Administration of these is at the discretion of the school and will be considered on a case by case basis, but only in extreme circumstances. In these situations, written parental permission is required. Alternatively, parents are welcome to come into school to administer medicines themselves.

Medicines will not be accepted in school that have been taken out of the container as originally dispensed.

All medicines should be returned to the parent when no longer required to arrange for safe disposal.

3.3 Record Keeping

The school maintains accurate records of all medical support provided. This includes a written record of all medication administered, detailing the date, time, dosage, and the member of staff involved.

In addition, the school keeps a record of first aid incidents where a first aider or appointed person has attended. Records are retained and handled in line with the school's data protection and record-retention arrangements.

3.4 Non-Prescription Medicines

Staff will never give a non-prescribed medicine to a child, unless there is specific prior written permission from the parents and agreement from the school.

A child under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Any other non-prescription medicine, including ibuprofen, will only be administered where the school has agreed to do so and specific prior written parental permission has been provided.

3.5 Administering Medicines

No child under 16 will normally be given medicines without their parent's written consent. This is done by parents completing a form available from the school office and returning it to school with the medication. This requirement does not prevent reasonable emergency action being taken where necessary to save life. A fridge is available in the staff room for the storage of medicines that require refrigeration.

Any member of staff giving medicines to children should check.

- The child's name

- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber

Where appropriate, pupils who are competent will be encouraged to take responsibility for managing their own medicines, as agreed with parents/carers and recorded in the IHCP where applicable. Emergency medicines and devices such as reliever inhalers, blood glucose testing equipment and adrenaline devices will be readily accessible and will not be locked away where immediate access may be required.

If a child refuses to take medicine staff should not force them to do so, but should note this in the records and inform parents the same day.

If a child refuses to take an emergency or potentially life-saving medicine, such as insulin for Type 1 Diabetes, adrenaline for anaphylaxis or a reliever inhaler for a severe asthma attack, the Headteacher will be informed immediately and emergency action taken. This may include calling 999 and will always involve informing parents/carers as soon as possible.

Unused or expired medicines supplied for an individual pupil should normally be returned to parents/carers for safe disposal. Used adrenaline auto-injectors and other sharps must be disposed of safely in accordance with manufacturer, pharmacy or local clinical-waste arrangements; where appropriate they may be handed to ambulance staff. School-held emergency medicines will be replaced and disposed of safely when used or expired.

3.6 Educational Visits

Reasonable adjustments may need to be made in order for children with medical needs to participate fully and safely in educational visits. Sometimes additional safety measures may need to be taken such as an additional supervisor and arrangements may need to be made for the taking of any necessary medicines. Parents or health professionals may need to be consulted about this.

Children with chronic conditions such as Type 1 Diabetes should not be excluded from educational visits because of their condition. All reasonable measures should be taken to ensure all children attend such visits. Should there be an occasion where the school cannot offer the additional support required, this will be the exception not the rule, and should this be the case, the family will be offered the opportunity to attend the visit to support their child.

3.7 Sporting Activities

Most children with medical needs can participate fully in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Reasonable adjustments should be made by staff. Some children may need to take precautionary measures before or during exercise such as using asthma inhalers.

Pupils with medical needs should be offered the same extra curricular activities as those without. Where possible, the school will endeavour to provide support to facilitate the

additional care required. Where this is not possible, due to trained staff being unable to offer care outside their contracted working hours, parents will be offered the opportunity to support their child during these extra-curricular activities.

Where exercise might affect a child's condition, their individual health care plan must be followed. For example, in Type 1 Diabetes where exercise can affect blood glucose.

3.8 First Aid

Staff supervising educational and sporting visits must be fully aware of any medical needs of participating children and ensure that all necessary medication and equipment, such as inhalers, adrenaline devices, insulin or blood glucose monitoring equipment, is taken on the trip. Emergency contact details must also be carried, and a qualified first aider should accompany the visit.

For pupils at risk of anaphylaxis, the visit risk assessment will confirm rapid access to both prescribed adrenaline devices and the availability of staff trained to respond. Where appropriate, a pair of school spare adrenaline auto-injectors may also be taken, provided adequate spare cover remains available on the school site.

Suitable first aid kits, stocked in line with the first aid needs assessment, must be taken on trips and to sporting activities (see Section 8.2). These should include instant cool packs where appropriate. First aid arrangements at the destination must also be considered as part of the trip leader's risk assessment.

4. Illness at School

4.1 Short Term Medical Needs

Some children may have short term medical needs which require them to take medicines during the school day. This might be situations such as finishing a course of antibiotics or applying a lotion. Allowing children to do this will minimise the amount of time they are absent from school If a child has an illness which requires them to receive an extended course of medication, administered during the school day, the parents and school will liaise to decide on how this can be addressed without adversely affecting the child's education. School staff will only administer medicine to a child, if the parent has given written permission for this to occur.

If a child is taken ill whilst in the classroom, the teacher will assess the condition of the child and, if they feel that the child needs to go home, they will send them to the office. The Headteacher or most senior personnel present will make the final decision and if it is agreed that the child should go home, the parent will be contacted. The child will await collection in the office.

If a child suffers an injury during lesson time they will receive appropriate first aid assistance.

During break times, supervisory staff will be expected to address any minor injuries which occur on the playground. Two members of staff are always on duty at break times and

lunchtimes to ensure that one can supervise while the other deals with medical administration. Plasters may be administered to children, apart from those whose parents have informed school that their child has an allergy to them. Class teachers must be informed whenever one of their children suffers a significant injury. If an injury is more serious, then a first aider will be called. The school will contact parents if permission is required for further treatment or if the child should be collected.

4.2 Injury or illness at school

Parents must be informed immediately by telephone/text if their child suffers any blow to the head or any other significant injury during the school day. Serious accidents should also be recorded in the accident book and recorded on the Kelsi accident-reporting portal.

Children experiencing diarrhoea and/or vomiting should not attend school until 2 days after the diarrhoea and vomiting have stopped, in line with current UKHSA guidance.

Covid-19 symptoms should be managed like any other illness, and children should attend school when they are well enough to do so.

5. Long Term Medical Needs

Some children in school have long term medical needs which may require regular ongoing medication or support measures.

School needs to be made aware by parents about any long-term medical needs. Children with long term medical needs may require a care plan. This may include children who suffer from illnesses such as diabetes or severe asthma.

Children with long term medical needs must not be discriminated against in any way. This includes where their condition requires time off school, either due to ill health, or attendance at medical appointments. Parents should ensure their child attends school as much as is reasonably possible. The school agrees to facilitate as much support as is reasonably possible to enable maximum attendance at school.

5.1. Asthma

Children with asthma may need access to their reliever inhalers at regular intervals or occasionally. Pupils who are able to manage their own asthma should be encouraged to keep their inhaler with them; otherwise it must be stored so that it is readily accessible to the pupil and staff at all times. Inhalers should not be locked away. Use of the inhaler will be recorded and parents/carers informed in line with the child's asthma plan.

Where a child has an individual asthma care plan, staff agree to follow the care plan and contact parents if concerned.

Where there is no individual asthma care plan, staff will follow a flow chart of inhaler administration, and contact the parents of a child immediately where inhalers are not improving a child's condition.

The first aid needs assessment will include whether the school should hold an emergency salbutamol inhaler. Where one is held, it will be managed and used in line with Department of Health and Social Care guidance. It may only be used for a pupil who has been prescribed a reliever inhaler when their own inhaler is unavailable, and where written consent has been obtained.

5.2 Epilepsy

Children with epilepsy will have a care plan. This will outline the aspects of their condition such as factors that might act as a trigger, whether the child might lose consciousness or how long the seizure might last. If a child is prescribed rectal diazepam for prolonged seizures then staff will be trained in how to administer this by health professionals.

5.3 Diabetes

Children with diabetes will have a care plan. This will outline their regime in terms of managing their diabetes such as checking blood glucose levels and contain information about identifying signs of hypoglycaemic reaction and what should be done in these situations. It will also ensure that staff are aware that children with diabetes need to be allowed to eat regularly during the school day and this might include eating snacks during class-time or prior to exercise. Staff should also be aware of the potential impact of hypoglycaemia and hyperglycaemia on learning. If the school feel there is an impact on the educational progress of the child as compared with their individual expected progress, the family will be made aware via the usual reporting processes, and action will be taken to support the child's progress.

5.4 Anaphylaxis

Children at risk of anaphylaxis will have an Individual Healthcare Plan and, where provided, an Allergy Action Plan. Pupils prescribed adrenaline devices should have rapid access to both prescribed devices at all times. Devices must be readily accessible and not locked away. If anaphylaxis is suspected, adrenaline should be brought to the child and administered without delay and within five minutes in accordance with the pupil's plan; 999 must then be called immediately and parents/carers informed. If further adrenaline is required, the second prescribed or spare device will be used in accordance with the Allergy Action Plan and current emergency guidance. Staff supporting pupils at risk of anaphylaxis will receive appropriate training.

5.5 Allergy Safety

From 1 September 2026 the school is required to have a separate published Allergy Safety Policy, review it at least annually, make it known within the school and bring it to the attention of pupils, parents/carers and all people who work at the school at least once each year.

All staff will receive allergy awareness and emergency response training appropriate to their role, including recognising anaphylaxis and knowing how to access and use adrenaline devices. Any pupil whose allergy requires additional or different arrangements will have these recorded in an Individual Healthcare Plan.

In line with statutory guidance, the school will stock spare adrenaline auto-injectors at the appropriate doses and store them in pairs in a safe, central, unlocked and accessible location. These are a back-up and do not replace a pupil's own prescribed devices. Serious allergy incidents and near misses will be recorded, reported to parents/carers and the governing body alongside any statutory reporting, reviewed, and used to improve the Allergy Safety Policy and individual arrangements.

6. Head lice

If a child is found to have live head lice, their parents will be made aware of the situation. All parents will be informed by text, asking them to inspect their heads and to treat any infestation accordingly.

7. Minimising the Risk of Transmission of Infection to Other Children and Staff

Children who are unwell with an infectious disease should not attend school for the relevant public health exclusion period. For diarrhoea and/or vomiting, children should stay away until 2 days after the diarrhoea and vomiting have stopped. The school will follow current UKHSA guidance and contact the local Health Protection Team where required.

8. Provision for First Aid

8.1 Staff Training

The school ensures that all staff receive appropriate training to support pupils with medical needs. This includes general first aid training and Paediatric First Aid training which is refreshed in line with statutory requirements, as well as specific training for conditions such as asthma, diabetes, epilepsy and anaphylaxis where required. Training is delivered by qualified professionals where appropriate, and a record of trained staff is maintained.
In line with the Allergy Safety Policy, all staff will undertake allergy awareness training at least annually, and staff with identified responsibilities will receive any additional training needed to administer prescribed or emergency treatment safely.

At least one adult with a current first aid certificate is on site, or present on any off-site visit, at all times, subject to the level of cover identified by the first aid needs assessment. In the Early Years Foundation Stage (EYFS), at least one person with a current paediatric first aid (PFA) certificate will be on the premises and available at all times when children are present and will accompany children on outings.

The school carries out and regularly reviews a first aid needs assessment to determine the appropriate level of first aid personnel, equipment and facilities. It takes account of the size and layout of the site, the needs of pupils, staff and visitors, specific hazards and medical needs, off-site activities and cover for foreseeable absences. The assessment will be reviewed after significant changes or where incidents indicate that arrangements should be reconsidered.

8.2 First Aid provision

Each classroom has its own first aid kit. There are also first aid kits in the office, by the playground entrance, disabled toilet and kitchen.

First aid kit contents are determined by the school's first aid needs assessment. HSE guidance does not prescribe a mandatory list; kits will contain suitable quantities of appropriate items and will be checked regularly, with expired or used items replaced promptly.

Further first aid supplies are kept in the disabled toilet. A first aid kit should be taken on all off-site visits, including cold compresses.

Medical supplies in the classrooms, disabled toilet, by the main toilet and by the office kits will be monitored and replenished by the Office Manager.

Our first aid kit is accessible at all times and contains the following items:

• Triangular bandages (ideally at least one should be sterile) x 4.

• Sterile dressings:

• Small x 3.

• Medium x 6.

• 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, the following equipment is kept near to the first aid box:

▪ At least 3 pairs of disposable gloves.

▪ 1 plastic disposable apron.

▪ A children's forehead 'strip' thermometer.

▪ A supply of ice is kept in the freezer/instant ice packs to be taken on trips.

A list of staff and volunteers who have current PFA certificates is displayed in the school office.

First Aid boxes are easily accessible to adults and kept out of the reach of children

9. Serious Accidents

Should a serious accident occur, and a pupil, a staff member or a member of the public require hospitalisation, those staff attending the incident will, as they see fit, call for help from other staff members, including those qualified in first aid, and act on the advice of the

first aiders in deciding whether to call an ambulance. A member of the Senior Management Team will be informed immediately and will arrange for an ambulance if required to be telephoned. A child's parents should also be informed. Staff should never take children to hospital in their own car. A member of staff should accompany a child or adult to hospital in the ambulance and in the case of a child should stay until parents arrive.

Any serious accidents must be recorded using the appropriate school and local authority procedures. The school will report work-related accidents, diseases and dangerous occurrences to the Health and Safety Executive where required under RIDDOR, and will follow Kelsi/local authority reporting requirements.

10. Infection

Where breaks in the skin are not or cannot be covered, or where there is a large spillage of blood or vomit, disposable gloves should be worn. Whenever possible, hands must be thoroughly washed prior to first aid being given.

The absence of gloves should never deter the administration of emergency first aid.

All first aid kits will contain disposable gloves and some plastic bags large enough to accept used dressings.

When dealing with blood or any other body fluid spillage, the most important personal hygiene precaution is that of afterwards washing the hands thoroughly in hot water and soap, including cleaning the nails, whether gloves have been worn or not.

11. Review

This policy will be monitored by the Headteacher and Governors and reviewed annually, or sooner if legislation or guidance changes, or if a serious incident or near miss indicates that arrangements should be reviewed. The separate Allergy Safety Policy will be reviewed at least annually in accordance with statutory requirements.