



Partnership Learning

**Thames View Junior School**  
**First Aid Policy**  
**January 2026**



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## 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

## Legislation and guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [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
- [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
- [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
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

## **Roles and responsibilities:**

### **Appointed person(s) and first aiders**

The school's appointed **Medical Officer** 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 needed or appropriate
- Sending pupils home to recover, where necessary

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
- Filling in Medical Tracker on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's **First Aider's** are listed in Appendix 1. Their names will also be displayed prominently around the school.

### **The governing board**

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

### **The headteacher**

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

- Ensuring that an appropriate number of **First Aid Trained members of staff** are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, have up to date training 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)

## Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who in school are the first aiders
- Completing Medical Tracker for all incidents
- Informing the headteacher or their line manager of any specific health conditions or first aid needs

## First aid procedures

### 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 Medical lead or SLT, 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 and seek further assistance
- If a staff member believes that a pupil is too unwell to remain in school, this must first be approved either by a member of the Senior Leadership Team or by the current Medical Lead (Jo Wellwood). Parents are then to be contacted and asked to collect their child. Upon their arrival, a member of staff will recommend next steps to the parents
- If emergency services are called, the **Medical Officer** will contact parents immediately
- The **First Aider** will log the injury onto Medical Tracker on the same day or as soon as is reasonably practical after an incident resulting in an injury
- Minor first aid, such as small cuts/grazes and nose bleeds (unless severe) can be completed by the teacher in the class

## **Bumped Heads**

In the event of a child taking a bump to the head or face:

- A bumped head sticker must be given
- The school first aid log must be completed with as much detail as possible regarding the incident
- A bumped head injury once logged parents to be notified by Medical Tracker or Phone call
- The pupil should have ice applied and monitored for at least 15 minutes
- If a child feels sick after sustaining a head injury they must be sent home

## **Vomiting and Diarrhoea**

In the event of a pupil having any of the above conditions in school:

- This must first be approved either by a member of the Senior Leadership Team or by the current Medical Lead (Jo Wellwood). Parents are then to be contacted and asked to collect their child. Upon their arrival, a member of staff will recommend next steps to the parents
- Pupils should not return to school for a full 48 hours after they have last had any sickness or diarrhoea

## **Toileting**

- If a pupil has an accident in school, staff are to contact the Medical Lead (Jo Wellwood) to receive a change of clothes. This should be added to CPOMs and the Medical Tracker by the staff member who identified the need.
- The staff member is to notify the pupils parent/guardian that a change of clothes have been given and that they will need to be washed and returned within the week.

## **Cleaning of accidents**

If a pupil has had an accident in school that requires cleaning, the staff member must contact the front office who are to then contact the school caretaker to clean the affected area (as per RIDDOR requirements)

## **Off-site procedures**

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

- A portable first aid kit which includes a pen and a book (any first aid given must be logged on to Medical Tracker when back on site)
- A set of spare school uniform and underwear in case of emergency
- Information about the specific medical needs of pupils and any medication
- Parents' contact details

Risk assessments will be completed by the **Class Teachers** prior to any educational visit that necessitates taking pupils off school premises.

## **Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Head teacher in the first instance. If the Head teacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **First Aid Equipment:**

### **First aid equipment in Classrooms**

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

- Triangular bandages
- Adhesive tape
- Disposable gloves
- Antiseptic wipes
- Sick Bags
- Plasters of assorted sizes
- Mouth Shields

No medication is kept in first aid kits.

## **First aid equipment in Medical Room**

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Mouth Shields
- Tape
- Sick Bags
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors

Record-keeping and reporting:

### **First aid and accident record**

- An accident form will be completed on Medical Tracker by a member of staff who is first aid trained 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 2
- A copy of the accident report form will also be kept as a log on Medical Tracker
- Records held on Medical Tracker and will be retained by the school.

## Reporting to the HSE

The **School Business 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 **School Business Manager will** report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include: • Death

- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes ○ Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight ○ Any crush injury to the head or torso causing damage to the brain or internal organs ○ Serious burns (including scalding) ○ Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia ○ Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation 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 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment ○ The accidental release of a biological agent likely to cause severe human illness ○ The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion Information on how to make a RIDDOR report 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>

## Notifying parents

The First Aider will inform parents of any serious accident or injury sustained by a pupil, and any medicine being administered. This will be via Medical Tracker.

## Reporting to Ofsted and child protection agencies

The Head Teacher 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 Designated Safeguarding Lead or Deputy Safeguarding Lead will also notify Barking and Dagenham Children's Services of any serious accident or injury to, or the death of, a pupil while in the school's care.

## **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 will be sent on first aid courses for training when it is no longer valid.

## **Monitoring arrangements**

This policy will be reviewed by policy will be reviewed by the Medical Officer Every 2Years.

At every review, the policy will be approved by the [Head Teacher](#).

## **Links with other policies**

This first aid policy is linked to the

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions and administering medicine

## Appendix 1: list of [appointed person(s) for first aid and/or trained first aiders]

Staff member's name	Role
Joanna Wellwood	Lead Medical Officer / LSA / Midday Assistant
James Hall	AHT / SENDCo / DDSL / Medical Lead
Gurpreet Uppal	Assistant Head Teacher
Catherine Bannigan	Assistant Head Teacher
Sandy Sanghera	Deputy Head Teacher
Halima Khanum	Attendance Officer
Jurjana Hye	Receptionist
Alison Jones	Counsellor
Karen Hastilow	Finance Assistant
Marie Allen	Midday Assistant
Leyna Hardman	Midday Assistant
Rebecca Mehmet	Midday Assistant
Sumaya Rafeek	Midday Assistant
Nazia Habib	LSA / Midday Assistant
Rachel Deativo	LSA / Midday Assistant
Adefolakemi Adetayo	LSA / Midday Assistant
Iwona Burdalska	LSA / Midday Assistant
Ahalya Rao	LSA / Midday Assistant
Izaach Caprice	LSA / Midday Assistant
Nneyra Pass	Class Teacher
Chase Dodd	Class Teacher
Shazna Begum	Class Teacher
Gurshrana Hussain	Class Teacher

Hedvika Padayachee	Class Teacher
Komal Hussein	Class Teacher
Nadia Quayum	Class Teacher
Naz Khan	Class Teacher
Aliyah Khan	Class Teacher
Sanam Sher	Class Teacher
Caretaker - Scott	Caretaker
Damien Pettit	HLTA
Manuela Alungulesei	HLTA
Kerin Augustine	HLTA
Sarbjit Hunjan	HLTA

## Appendix 2: accident report form (Example)

### Injury ✕

Student\*  Name of first aider\*  Incident date & time\* (24-hours format)   

Location of incident\* ?  Injured area\*  Injury / Symptoms\*

Injury description  How it happened?\*

More information

Referred by (staff member)  Treatment administered\*

What happened next?\*

# First Aid Policy

## Part 2

### SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

#### SEPTEMBER 2025

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## **1. Introduction**

Thames View Junior School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Pupils and Families Act 2014. The statutory duty came into force on 1st September 2014. The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply. Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

## **2. The Governing Body of Thames View Junior School is responsible for**

- Ensuring arrangements are in place to support pupils with medical conditions
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support pupils with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials
- Ensuring written records are kept of, any and all, medicines administered to pupils
- Ensuring the policy sets out procedures in place for emergency situations
- Ensuring the level of insurance in place reflects the level of risk
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

## **3. The Head of School is responsible for**

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Thames View Junior School
- Liaising with healthcare professionals regarding the training required for staff
- Identifying staff who need to be aware of a pupil's medical condition
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations - If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy
- Continuous two way liaison with school nurses and school in the case of any pupil who has or develops an identified medical condition

- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/care

#### **4. The SENDCo and medical leads will**

- Be responsible for the implementation of this policy
- Be responsible for the completion of all Individual Health Care Plans and sharing it with the relevant stakeholders

#### **5. Staff members are responsible for**

- Taking appropriate steps to support pupils with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient
- Knowing where controlled drugs are stored and where the key is held
- Taking account of the needs of pupils with medical conditions in lessons
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance

#### **6. School nurses are responsible for**

- Collaborating on developing an IHP in anticipation of a pupil with a medical condition starting school
- Notifying the school when or if they are aware a pupil has been identified as requiring support in school due to a medical condition at any time in their school career - Supporting staff to implement an IHP and then participate in regular reviews of the
- IHP. Giving advice and liaison on training needs
- Liaising locally with lead clinicians on appropriate support. Assisting the Head of School in identifying training needs and providers of training]

#### **7. Other healthcare professionals, including GPs and paediatricians will**

- Provide support and advice in schools for pupils with particular conditions (e.g. asthma, diabetes)

#### **8. Parents/Carers will**

- Provide the school with sufficient and up-to-date information about their pupil's medical needs
- Notify the school that their pupil has a medical condition
- Work in partnership with the school and be involved in the development and review of their pupil's individual healthcare plan, and may be involved in its drafting
- Carry out any action they have agreed to as part of its implementation, e.g. provide
- medicines and equipment and ensure they or another nominated adult are contactable at all times<sup>9</sup>. Pupils are responsible for:
  - Providing information on how their medical condition affects them
  - Contributing to their IHP
  - Complying with the IHP and self-managing their medication or health needs

- including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents

## **10. Support for Pupils with Medical Needs**

The school will liaise with previous schools when admitting a pupil with specific medical needs and arrange relevant staff training as required

Pupils currently attending Thames View Junior who are diagnosed with specific medical needs will have procedures put in place at the school within two weeks from being informed of the diagnosis.

Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support is needed based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers.

Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place.

## **11. Staff Training**

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting pupils with medical conditions.

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

Whole school awareness training will take place when a pupil is identified with a specific medical condition so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will include information and training as appropriate on the medical conditions of pupils within the school and how to support them.

The relevant healthcare professional should be able to give advice on training that will help ensure that all medical conditions affecting pupils in the school are fully understood. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a pupil will often be key members in providing relevant information to school staff about how their pupil's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

The Governing Body will consider providing relevant professional development provision opportunities as appropriate.

## **12. Managing Medicines on School Premises**

Procedures for medicines at Thames View Junior

- If a pupil needs to take prescribed medication a consent form should be filled out by the family
- If a pupil regularly needs prescribed medicines a IHP may be written. This will be done in consultation with the School Nurse and the SENCO
- All prescribed medicines must have the pupil's name, date of birth, dosage and must be in date
- The class teacher may be informed of the pupil taking medication, as per Plan - Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so

- No pupil will be given prescription medicines without their parent/carer's written consent
- A log of all medications taken is kept in the school office
- No pupil will be given medicine containing aspirin unless prescribed by a doctor - Medication should only be taken to school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents/Carers should ask the prescribing doctor or dentist about this
- Medicines must be handed over to the office in a named container
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original unopened container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Non-prescription medication supplied by parents/carers must also be provided in the original packaging. The school will only administer non-prescribed medicines (e.g., Calpol or other pain relief) if they are clearly labelled, in date, and provided in their original unopened packaging to ensure safety and correct dosage guidance. Any medication taken home will need to be replaced in a completely new and unopened container; school will store medication on site for pupils if needed.
- The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Authorised personnel should check:

- Pupil's name- Written instructions provided by parents/carers or doctor
- Prescribed dose - Expiry date
- All medicines will be stored safely in the Medical Room/School office and pupils should not have them in their classrooms.
- For medical conditions such as asthma or an allergy, pupils will be informed where their medicines are at all times and be able to access them immediately, including when on school trips.
- Medicines like EpiPen are kept in a place that is easily accessible, such as the classroom.

### **13. Controlled Drugs**

A record should be kept of any doses used and the amount of the controlled drug held in school.

School staff will administer a controlled drug to the pupil for whom it has been prescribed.

Staff administering medicines will do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom.

Any side effects of the medication to be administered at school will be noted

### **14. Non-Prescription Medication**

The School will not generally give non-prescribed medication to pupils. If a pupil regularly suffers from acute pain, such as migraine, parents/carers should supply and authorise appropriate pain killers for their pupil's use, with written instructions. However, this will only be with written advice from a GP or a Health professional.

Any non-prescription medication supplied by parents/carers (such as Calpol or similar pain relief) must be provided in the original manufacturer's packaging and must be unopened. The school will not administer non-prescribed medication that has been opened, repackaged, or transferred into alternative containers. This ensures that dosage instructions, expiry dates and safety information are clearly visible.

## **15. Self-Management**

It is good practice to support pupils to become as independent as possible to manage their own medication. The age and maturity of the pupil is always taken into account.

Inhalers are kept in each classroom cupboard for easy access. In extreme cases an additional inhaler will be kept in the Medical Room.

All inhalers must be named. Pupils are reminded not to share inhalers.

## **16. Refusing Medication**

If pupils refuse to take medication, the School will not force them to do so and will inform parents/carers immediately.

Staff will work closely with pupils who refuse to have their medication.

## **17. Disposing of Medicines**

When no longer required, medicines will be returned to the family to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharp objects.

## **18. Record Keeping**

Written records will be kept of all medicines administered to pupils using Medical Tracker. Families will be informed if their pupil has been unwell at school.

## **19. Emergency Procedures**

Staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.

If a pupil needs to be taken to hospital and the parent is not readily available, they will be accompanied by at least one member of staff.

Generally, staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

Where a pupil has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other pupils in the school will know what to do in general terms, such as informing a teacher immediately if they think help is needed.

## **20. School Trips**

Pupils with medical needs are encouraged to participate in visits and residential trips. Staff are made aware of any medical needs and arrangements for taking any necessary medication are put in place.

Sometimes an additional adult might accompany a particular pupil.

There may also be the need to undertake a risk assessment for a particular pupil.

## **21. Sporting Activities**

Our PE and extra-curricular sport is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities.

Some pupils may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example.

Teachers supervising sporting activities are made aware of relevant medical conditions.

## **22. Hygiene Control**

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures.

Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment. A Sharps box would be made available in the Medical Room if required

## **23. Individual Health Care Plans**

Some pupils require a health care plan to identify the level of support that is needed at school. The plans may identify specific training needed by staff. Staff should not give medication without appropriate training.

Individual health care plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the pupil.

Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or pupil's community nurse, who can best advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps which a school should take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education.

The Governing Body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social well-being and minimises disruption. Where the pupil has a special educational need identified in a statement or IHP plan, the individual healthcare plan should be linked to or become part of that statement or IHP plan.

The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head of School is best placed to take a final view.

Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

## **24. Insurance**

- Teachers who undertake responsibilities within this policy will be assured by the Head of School that are covered by the LA/school's insurance
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head

## **25. Complaints**

- All complaints should be raised with the school in the first instance
- The details of how to make a formal complaint can be found in the School Complaints Policy Appendix 1 – Identifying the need for Health Care Plan

## Appendix 1 - Identifying the need for Health Care Plan



## Appendix 2 - Staff Training Record - Administration of medicines

All staff have a log-in for Medical Tracker in which they are to update with any administration of medicines.

The list of staff and their qualifications can be found on this website:

[www.medicaltracker.com](http://www.medicaltracker.com)



STAFF

### Overview

Reports ▾

Add staff profile

Manage use

Source	Name	Job Title
All		
Manual	James Smith	Headteacher
Manual	Sandy Sanghera	Deputy Head Teacher
Manual	James Hall	SENDco

# Appendix 3: Medication Consent Form



## THAMES VIEW JUNIOR SCHOOL - MEDICATION FORM



*In order to keep the administering of medication to a minimum, the Head or Medical Officer should consider requesting parents to administer the daily dosages out of school hours. However, if this is not possible, it will be necessary for the school and parents to make a formal agreement to enable First Aiders to supervise the administering of medication to pupils during the school day by completing the form below.*

**NOTE: If prescribed, medicines must be kept in original packaging, as dispensed by the pharmacy. Any other medication, such as; Calpol, pain relief, should be brought into school in their original packaging, unopened. School will not accept any medication that has already been opened.**

<b>TO BE COMPLETED BY THE PARENT/CARER</b>	
To the Head Teacher: Mr Smith	School: Thames View Junior School
My child (name) _____ in Class: _____	
Has the following medical condition(s)/illness _____ _____	
<b>Self-administered medication:</b> I wish for my child to be supervised while they self-administer medication, as indicated below.	Tick here:
<b>Medication to be administered by a First Aid trained adult in school:</b> I give my consent for a First Aid trained adult to administer medication in school.	Tick here:
Name/Type of Medication (As described on packaging): _____	
Dosage: _____ Time to be administered: _____	
Duration of medication: _____	
Special precautions/side effects: _____	
<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Contact NO: _____	Contact NO: _____
Address: _____ _____	Address: _____ _____

I agree to ensure that the medication provided for my child, is in date, suitable and if prescribed includes my child's name.  
I also agree to inform the school immediately of any change of treatment/medication that has been prescribed or my child needs.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

