Addison Primary School

Supporting Pupils with Medical Conditions Policy

Approved
Summer 2026

Aims

We aim to ensure that all pupils are enabled to take full advantage of the educational opportunities offered and have high self-esteem. We support this aim by monitoring and providing for children's welfare and their individual needs and by providing a happy, secure environment in which pupils' well-being is of paramount importance.

Objectives

We want children to:

(i) develop their individual talents and abilities

(ii) develop respect for themselves and others

(iii) achieve the highest academic standards they are capable of

(iv) learn in a positive school ethos, which promotes caring attitudes

(v) take responsibility for decisions made and understand the effect of their actions on themselves and others

(vi) have trusted adults from whom they can seek advice

(vii) be aware of the need to keep healthy

(viii) know that parents/carers support the school and work in partnership with it

(ix) have high quality medical care when required

1. Pastoral Support

At Addison all members of staff undertake a pastoral role. We believe that a friendly school atmosphere, regular contact with parents/carers, and sensitive relationships with the children enable any difficulties that may arise to be dealt with quickly. We aim to provide an atmosphere in which the children feel able to discuss their concerns with a trusted adult; where appropriate, a child will be given a named adult who will listen to their difficulties and provide time and a place for them to talk. The class teachers' day-to-day contact with children plays a crucial part in their pastoral care. Support staff also have opportunities to make significant contributions to a child's welfare in informal settings. Opportunities for informal support may occur during meal times, play times, during first aid treatment or in support groups.

2. First Aid

2.1. First Aid staff:

Qualified First Aid Staff are on call throughout the school day. Pupils within each phase should be seen by First Aid trained staff within the phase (name list of trained staff on each floor).

Children who are unwell or who have been injured must be sent to the School Office when the First Aider in the Phase cannot deal with the pupil. If this is the case, then the unwell child should be accompanied by another child for safety and must have a note from the Teacher or TA explaining why the child has been sent to the School Office.

The Medical Officer will attend to the child or another First Aider if the Medical officer is unavailable. If the child becomes unwell or is injured at playtime, the First Aider on duty will deal with the child. The Medical Officer can be called for advice, or in the case of an emergency.

If a child is unable to walk or a serious injury is suspected, the child must not be moved without the attendance and advice of a qualified First Aider.

2.2 Welfare Training
All First Aid will be arranged by the Medical Officer in consultation with the Head Teacher as follows:

(i) All TAs, Midday Meals Supervisors, Play Centre Staff and Breakfast Club Staff will undertake the 1-day Paediatric First Aid qualification and renew it every 3 years (unless they are unable to be a First Aider and this will be at discussed with the Head Teacher).
(ii) The Senior Midday Meals Supervisor, the Welfare Officer, and those required to go on residential school trips will undertake the 1-day Paediatric First Aid qualification and the 1-day requalification every 3 years.
(iii) Early Years Practitioners will undertake the 1-day Paediatric First Aid qualification. The Medical Officer and the Head Teacher will decide who should take which course
(iv) All staff will be trained annually on the use of epi-pens and asthma inhalers.

2.3. Recording and reporting First Aid treatment:
The First Aider must record all instances of children, staff or visitors presenting for First Aid treatment in one of the Accident Books held in the School Office, as well as in each classroom. There is also a book located in the Shack to be used when children require first aid in the playground. The record must:

I. Be accurate and all sections completed
II. The Accident Slip must contain the full name of the person, details of the accident, incident or illness, the treatment provided where necessary and the first initial and surname of the First Aider. If treatment is not provided, the First Aider must specify whether it was not required or if the person refused it.
III. Also specify where the accident or incident took place and be specific about what was injured i.e. right leg, left wrist. Where another child is involved, the other child's name must not be mentioned and it must simply say another child pushed, bit, scratched etc.
IV. Accurate recording of accidents and incidents is essential to maintain continuity and to inform health professionals of ongoing treatment and care and provides legal evidence.

Parents/carers should be contacted when a child has an injury that inhibits a child's movement and a hospital check-up is required, they have a temperature of 100.4 Fahrenheit (38 degrees Celsius) or are displaying symptoms of vomiting, diarrhoea or any other infectious condition which requires the child to be off school as detailed in the Public Health Agency's Guidance on infection control in schools and other childcare settings document displayed in the welfare areas (Appendix B).

Parents/carers will be contacted when a child receives any head injury or any other condition or incident which may cause alarm. Relevant staff should also be briefed. A child may have a minor head injury or be scratched or bitten by another child and in these scenarios the parent/carer should be given a routine call to inform them of the incident or accident so they are not later alarmed and in the cases of head injuries can monitor their child later. A red wrist-band will be given to all children if this occurs. If a child suffers a head injury and displays unusual behaviour, or if it seems significant in any way, the parent/carer will be contacted to collect.

Parents/carers are informed immediately when a serious incident occurs. Communication is by the staff member on duty or class teacher (ideally person with first-hand information). If the First Aider is unable to contact the parent/carer the child will remain in the School Office and monitored. Any incidents where the parent/carer cannot be contacted within an hour should be escalated to the Welfare Officer or the Head Teacher.

The School Office must inform the class teacher of any child remaining in the Medical Room after break or lunchtime.

2.4. First Aid bags

First Aid bags are kept stocked with LA approved items and reordering supplies as required. Individual First Aiders are responsible for checking the contents of their own individual class bags on a weekly basis and replenishing them when necessary. The Medical officer has overall responsibility.
First Aid bags are used at both break time and lunchtime. All accidents/incidents are to be reported to a first aider.

First Aid bags are available in school as follows:

(i) Medical Room
(ii) Breakfast Club / Play Centre
(iii) All classrooms
(iiii) Shack

For off-site visits and activities, the class First Aid Bag must be taken.

2.5. Injury or illness needing emergency hospital treatment:

When an illness or accident requires urgent medical attention, the following EMERGENCY procedures will be followed:

(i) The First Aider will nominate a person to telephone for an ambulance (999) and ensure that SIMs data is accessible and the child's details have been opened before making the call.
(ii) A member of staff will wait at the entrance in Addison Gardens for the ambulance. If the child/person is in the playground these gates must be opened (key in school office) prior to the arrival of the ambulance.
(iii) The Welfare Officer (or a senior member of staff) will telephone the parents/carers of the child or named contact person. They should be directed to come to the school as a matter of urgency. In the event that the ambulance leaves the school before the parent/carer arrives, they should be called again and told which hospital their child is being taken to and given the contact name of the person accompanying the child.

(iv) The Welfare Officer or another First Aider will accompany the child in the absence of the parents/carers to hospital and await the arrival of the parent/carer.
(v) A Data Collection Sheet for the child and any other medical information should be sought for the ambulances arrival and kept with the Accident Slip so they can record the child's personal details and be given any medical information.
(vi) When the parent/carer arrives at the hospital a handover between the First Aider and parent/carer should take place and hospital staff should be informed that the parent/carer has arrived and that the member of staff is leaving.
(vii) The accompanying member of staff should telephone the school and confirm arrangements for their return to the site.
(viii) If the parent/carer does not arrive within an hour of first being called or contact still has not been made the Child Protection Officer should be contacted or, in her absence, another member of the Leadership Team.

2.6. Reporting of referrals to doctor or hospital

The Welfare Officer, in consultation with the First Aider, must enter details of every accident that is referred to an emergency doctor or hospital, on an Incident Record form, following a 999 call. These forms are filled in electronically on the Borough website. All details of the injured party, injury and incident must be given as required on the form. These include names of witnesses to the incident.

A copy of the completed Incident Record sheet is kept in the pupil's or staff member's file and in the Accident log folder held in the School Office.

It is the Head Teacher's duty to report fatal or major injuries IMMEDIATELY (by telephone) to the Health and Safety Section at Hammersmith & Fulham and to the Chair of Governors.

It is also the responsibility of the Head Teacher to report to the Governing Body all accidents that have been statutorily recorded, together with any incident of assault upon a member of staff.

2.7 Communicating First Aid to Parents/Carers

- It is the responsibility of the First Aider /Senior Midday Meals Supervisor to give the medical slip to child to take home to parent
- Slips are to be given out to parents/carers if serious injury has occurred

2.8. Monitoring

If any child regularly visits the School Office and becomes a cause of concern, the First Aider should report this to the Medical Officer who may refer it to the Head Teacher.

The Head Teacher investigates accidents reported on the Borough website https://www.assessweb.co.uk to ensure that any unsafe practice is identified and remedial action is taken immediately.

2.9 Procedure for fatal accident at work in school

The procedure for a fatal accident at work in school:

a) Contact the corporate health and safety team immediately by telephone and email: corporatehealthandsafey@lbhf.gov.uk

b) Telephone in the following order until you get through:
   i. Paul Barton 07917 553589
   ii. Marlon Barnes 07648 700726
   iii. Annette Noel 07867 141057
   iv. Paul Neary 07775 013713

c) Corporate health and safety will telephone the HSE ICC and then attend site as soon as possible in the role of the council's official representative.
d) Leave the scene intact until the police arrive. They will take control on arrival.

3. Medical Needs

3.1. Medical information

Parents/carers are asked to complete a form, giving basic medical information, when children start at Addison. These records are kept by the School Nurse Team in their offices in Hammersmith but they will inform us of any medical needs or conditions.

Parents/carers have prime responsibility for their children's health and are requested to ensure that the information they provide the school is up to date. The School Nurse is responsible for checking that the school has medical records for every child. The Medical Officer provides class teachers, parents/carers and members of the Leadership Team with a list of children who have individual Healthcare Plans (see below).

3.2. Medical needs

Most pupils will, at some time, have a medical condition that may affect their participation in school activities. For many pupils, this will be short term, but some pupils will have medical conditions that, if not properly managed, could limit their access to education. These children have medical needs. At Addison we aim to ensure that pupils with medical needs receive appropriate care and support enabling them to participate as fully as possible in school life.

Most children with medical needs can attend school regularly, but staff need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.
Pupil information should be displayed so all staff are aware of individual needs. At Addison pupil information is displayed in the staff room and medical room.

Children identified as having medical needs will have an Individual Healthcare Plan for a Pupil with Medical Needs (Appendix C) drawn up. The main purpose of the Individual Healthcare Plan is to identify the level of support that is needed at school, and is a written agreement between parents/carers and the school.

Where possible pupils should be involved in the drawing up of their Individual Healthcare Plan (IHP) as they are often best placed to provide information on how their condition affects them. Plans should be reviewed annually and more often where their condition dictates this. Individual Healthcare Plans will be drawn up by the Medical Officer and the parent/carer alongside the Head/SENDco and School Nurse where necessary. The IHP will also include details of medication and who is to administer it.

An Individual Healthcare Plan may reveal the need for school staff to have specific training on a medical condition, on administering a particular type of medication or in dealing with emergencies. The School Nurse will provide appropriate training. Where there is concern about whether the school can meet a pupil's needs, the Head Teacher will seek advice from the School Nurse and Hammersmith & Fulham LA.

Individual Healthcare Plans for Asthma will include the new guidance for emergency inhalers and gain consent for the pupil to use these in an emergency when their own inhaler is unavailable or broken (see 'New guidance for emergency inhalers under Section 4.1). The Medical Officer is responsible for keeping the list of children with medical needs up to date. All staff have access to the list of these pupils. When a class teacher is absent, the Head Teacher is responsible for ensuring that this information is available to the person covering the class.

3.3 Special Education Needs (SEND)

Some children may have special educational needs and disabilities (SEND). These children may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Where a child does not have a statement or EHC plan details of their SEND will be included in their Individual Healthcare Plan.

3.4. Medication

Parents/carers of children with long-term medical needs (e.g. Asthma) must provide details of medication so it can be included in a child's Individual Healthcare Plan.

Many children will need to take medication for a short period of time (e.g. to finish a course of antibiotics). Parents/carers should try to ensure medication is prescribed in a frequency which enables it to be taken out of school hours. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Children who have been prescribed medication which has to be taken 4 times daily are referred to the Medical Officer to ascertain whether they are well enough to remain in school and to determine if school staff will administer the medication or whether the child needs to remain at home.

The Medical Officer receiving medication for a pupil should check that the pupil's name, written instructions provided by the parents/carers or doctor, the prescribed dose, and the expiry date of the medication are clearly stated on the medication alongside instructions on how to store it. Parents/carers need to complete the 'Administering medication consent form' (Appendix D) giving the details above. Staff administering the medicine must complete and sign the Medication Record Log every time they administer medication (Appendix E).

All staff are trained in administering an epi-pen or inhaler annually as children requiring such medication in an emergency need immediate attention by the supervising adult. In most cases the staff administering this medication will be one of the Administration Team or one of the Midday Meals Supervisors. In other cases, it may be a qualified First Aider or staff named on the child's Individual Healthcare Plan.

The Medical Officer is responsible for ensuring that qualified First Aid staff are fully conversant with new cases and procedures for the administration of any medication.

It is preferable for pupils who are able to, to administer their medication themselves. This is usually done in the Medical Room under the supervision of an identified adult (as specified above). A parental consent form must be completed before children are allowed to administer their own medication or carry it on their person (see Appendix F).

If a child refuses to take medication, school staff will not force them to do so. The pupil's parents/carers should be contacted immediately, and if necessary the emergency services.

Staff at Addison School will not administer non-prescription medicines. This includes painkillers e.g. analgesics such as aspirin. Children must not bring non-prescription medicines to school.

Parents/carers are responsible for ensuring that a child is well enough to attend school. Children brought to school who are unwell will be sent home. Refer to PHA Guidance on recommended absence periods during and following illness (Appendix B).

3.5 Controlled drugs

Some children may be prescribed controlled drugs. Controlled drugs are those listed in The Controlled Drugs (Supervision of Management and Use) Regulations 2006 which came into effect on 1st January 2007 and are in essence drugs which may have a market value. In a school setting drugs that will fall under these Regulations are most likely to be prescribed for ADHD and will mostly be relevant for residential school trips.

Where a child is prescribed a controlled drug which needs to be administered within the school day or on a residential school trip the following guidelines need to be followed:

(i) a child who is prescribed a controlled drug can legally have it in their possession if they are competent to do so;
(ii) passing the drug to another child for their use is an offence;
(iii) if a school is keeping controlled drugs rigorous records must be kept;
  a) a Controlled Drugs Log must be kept;
  b) medication must be registered when coming into the school onto the Controlled Drugs Log detailing how much medication has come in, who has brought it in and who is accepting it;
  c) all records of the drug being administered must be recorded, the Log must state how much was given and how much is remaining i.e. 1 tablet of 10mg Ritalin given, 20 10mg Ritalin tablets remaining (a clear countdown of the medication must be detailed);
  d) regular checks by another member of staff should be made to the Log specifically checking the countdown and whether it tallies, they should then countersign to state that the recorded amount of medication given out is correct or inform the Head Teacher of any missing medication immediately;
(iv) all controlled drugs must be kept in a non-portable locked container and only named staff should have access to it;

(v) on school trips, controlled drugs should be kept with their LSA or class teacher and with the prescription details inside to be provided to the police in the event of a check.

3.6. School trips and sports activities for pupils with medical needs

At Addison we encourage all pupils to participate as fully as possible in school activities. All efforts should be made to include all pupils and to consider any medical conditions which may affect their attending school trips.

Staff in charge of these activities are responsible for checking with the Medical Officer about the medical needs of participating pupils, and for ensuring that they are aware of medical needs, emergency procedures and medication requirements. Sometimes an additional supervisor or parent/carer might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils, they must seek advice from the Head Teacher. Any restrictions on a pupil 's ability to participate in PE should be included in their Individual Healthcare Plan.

Early Years Unit should have a staff member who has a Paediatric First Aid Qualification.

First Aiders will be present on all school trips and will be included on risk assessments for them. A staff member holding the 1 day Paediatric First Aid Qualification must be present on all Early Years trips in line with the Early Years Framework document.

The Medical Officer will ensure that all medication for children attending school trips is available. When there are residential school trips scheduled parents/carers will be sent out a detailed form asking for information about medical conditions and diet to ensure we have the most up to date information (see Appendix F). These forms will be given to the Medical Officer to prepare medical information and training where relevant to staff attending the trip. Medication will be collected in advance for the trip and parents will be asked for their permission to administer prescribed medication to their child as well as generic medication deemed relevant for the trip in the risk assessment e.g. Calpol etc…

3.7. Storage of medication

When it has been agreed that the school will administer or supervise a pupil's medication, the parents/carers must provide the medication in the container supplied by the pharmacist marked clearly with the child's name. Medication must always be stored in the Medical Room, with the exception of regular medication including inhalers and epi-pens (see below).

Pupils are informed of where their medicine is kept and when to go to the School Office for it.
Medicines such as asthma inhalers are not locked away, but are kept in the Medical Room and classrooms so that they are readily available for use.
Epi-pens are kept in an orange Medpac bag and worn by the named child. If the child has a spare epi-pen, this is kept in the cupboard in the Medical Room with the child's name on it.

3.8. The Legal Position of Staff

There is no legal duty on school staff to administer medication; it is a voluntary role. Staff who provide support for pupils with medical needs will be given appropriate training, and have access to all necessary information. If staff, follow the school's procedures they will normally be fully covered by Hammersmith & Fulham's public liability insurance.
Staff are expected to do all they can to assist a child in medical need. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

4. Common Medical Needs

4.1 Asthma

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites.

Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheezing and difficulty in breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

Medication and Control:

There are several medications used to treat asthma. Some are for long-term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).
Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow the children with asthma to take charge of and use their inhaler from an early age.

Children may use a spacer device with their inhaler with which they may need help. Spacer devices with a mask are for children aged 3 years old or below. Children with special needs may not be able to use a spacer.

Children with asthma must have immediate access to their reliever inhalers when they need them. Asthma medication is kept in the Medical Room and the child's classroom where it is readily available for pupils.

Parents/carers are asked to ensure medication is labelled and kept in date and that they provide a spare inhaler in case the child leaves one inhaler at home or it runs out. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If, however, a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects.

Pupils with asthma are encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities.

The class teacher must take pupil reliever inhalers with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. In very few cases will precautionary measures be taken for a pupil to use their reliever inhaler before any physical exertion.

Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

Asthma Attack:

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply.

The person in charge should not put their arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5 - 10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought, and/or an ambulance called.

Guidance for emergency inhalers

From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of their emergency inhaler has been given, who have been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. The emergency inhaler can then be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). (Appendix H).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. This guidance has been put in place as an Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school, having forgotten, lost or broken it, or the inhaler having run out.

Emergency inhalers will be kept in the Medical Room, 1st Floor and 2nd Floor alongside a register of children who have been diagnosed with asthma or a prescribed reliever inhaler. Permission must be sought from parents/carers whose children fall into this category for the emergency inhaler to be used and this will be done at the same time as their Individual Healthcare Plan is drawn up (see Appendix H).

Only children with written permission from parents/carers who have been diagnosed with asthma or have been prescribed a reliever inhaler can use one of the emergency inhalers.

The emergency inhalers will be kept in an emergency kit which will also include:

(i) plastic spacers compatible with the inhaler;
(ii) instructions on how to use the inhaler and spacer; & on cleaning and storing the inhaler;
(iii) a checklist of inhalers, identified by their batch number and expiry date, with monthly record checks recorded;
(iv) a note of the arrangements for replacing the inhaler and spacers (see below);
(v) a register of the children permitted to use the inhaler as detailed in their Individual HCP
(vi) a record of administration i.e. when the inhaler has been used.

The Medical Officer or another administrator from the Administration Team are responsible for maintaining the emergency inhaler kit and will ensure that:

(i) on a monthly basis the inhaler and spacers are present and in working order, and that the inhalers have a sufficient number of doses available
(ii) replacement inhalers are obtained when expiry dates approach
(iii) replacement spacers are available following use
(iv) the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

In an emergency where a child is suspected of having an asthma attack and either does not have a prescribed inhaler to use or was not known to be asthmatic, consent can given by a parent to use the generic inhaler or an ambulance must be called. When speaking to the ambulance service it can be explained that we have a child with a suspected asthma attack, whether they are asthmatic or have been prescribed a reliever inhaler and that no inhaler is available for them, or whether there is no known history but that we do have emergency inhalers available at the school. The ambulance service can then decide if the emergency inhaler should be used; whilst waiting for the ambulance service to arrive staff should not use it unless instructed to do so by them.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be added to the child's supplies in the Medical Room or classroom or be given to them to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the emergency kit held in the Medical Room.

4.2. Epilepsy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around 1 in 130 children in the U.K. have epilepsy. Parents/carers are sometimes reluctant to disclose their child's epilepsy. At Addison we aim to encourage them to do so by informing them of our positive policy towards children with medical needs.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals, some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost).

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TV. A child's Individual Healthcare Plan should detail likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming. Off-site activities may need additional planning, particularly overnight stays.

Concern about any potential risks will be discussed with pupils and their parents/carers and, if necessary, the Head Teacher will seek additional advice from School Nurse, GP or Paediatrician.

Some children with tonic colonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Staff may naturally be concerned about agreeing to undertake such an intimate procedure and proper training and guidance will be given before staff will administer Diazepam. Diazepam causes drowsiness so pupils may need some time to recover after its administration.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything in the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into the recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

An ambulance should be called if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

4.3. Diabetes

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections to monitor their blood glucose level, and to eat regularly.

Medication and Control

The diabetes of most school-aged children is controlled by at least three injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and be allowed to use the Medical Room.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will need access to the Medical Room.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

(i) hunger
(ii) sweating
(iii) drowsiness
(iv) pallor
(v) glazed eyes
(vi) shaking
(vii) lack of concentration
(viii) irritability

Each pupil may experience different symptoms and this should be discussed when drawing up their Individual Healthcare plan.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10 - 15 minutes later. If the pupil's recovery takes longer an ambulance should be called.

4.4. Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reactions. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline (epi-pen). The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold it back. Training is provided for all staff annually on how to administer the injection.

For some children the timing of the injection may be crucial. This needs to be clear in the Individual Healthcare Plan and suitable procedures put in place so that swift action can be taken in an emergency.

Medication is carried by the pupil in an orange MedPac bag.

Parents/carers will expect the school to ensure that their child does not come into contact with the allergen. Parents/carers are asked not to send products containing nuts to school at any time. It is not possible to ban other foods which may cause allergies, such as fish, but staff are aware of children's

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

(i) a metallic taste or itching in the mouth
(ii) swelling of the face, throat, tongue and lips
(iii) difficulty in swallowing
(iv) flushed complexion
(v) abdominal cramps and nausea
(vi) a rise in heart rate
(vii) collapse or unconsciousness
(viii) wheezing or difficulty in breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the Individual Healthcare plan.

Call an ambulance immediately if the pupil does not respond to the medication.
Ambulance should always be called if an epi-pen is used.

Stir Foodservice procedures for those with allergies and/or intolerances to food

Stir Foodservice are the caterers for the school kitchen. It is imperative that they are informed of any allergies or intolerances of children who are eating their food. If a child has a confirmed allergy or intolerance, the parent/carer must complete an 'Allergies & Intolerances' Referral Form (Appendix J) which must be sent directly to Stir Foodservices. These forms require the parent/carer to complete information about allergies and intolerances which must then be signed by a medical professional. Upon receipt of this form, Stir Food service will be able to put a special plan in place for this child to ensure that they are safe when eating in the school. These children will not be able to eat school lunches until a plan has been put in place for them for their own safety and parents/carers should be asked to provide packed lunches until then.

For children who do not have confirmed allergies or intolerances, the kitchen staff at Addison will be informed of their suspected allergy or intolerance and they will continue to eat lunch at the school until there is medical guidance. If their allergy or intolerance is confirmed, then an Stir Foodservice 'Allergies & Intolerances– Referral Form' will be given to the parent/carer to be completed by themselves and a medical professional so that a special plan can be put in place for them. If the suspected allergy or intolerance is unsubstantiated, the child will go back to a normal diet and the kitchen staff will be informed.

As additional children eat school lunches on special occasions e.g. the Christmas lunch, forms will be sent out to any children with allergies or intolerances who normally eat a packed lunch but may have a school meal on that day.

5. Health Care

5.1. Referrals by staff

Staff who are concerned about a child's health (e.g. weight, hearing, speech, sight) must speak with a senior member of staff and refer the child to the School Nurse.

5.2. Medical examinations

Health Assessments by the School Nurse or dentist occur periodically during a child's time at school. Parents/carers are informed in writing of these examinations by the Health Authority and are invited to attend. The School Nurse may refer children for further tests to other professionals. It is the parent or carer's responsibility to ensure that they keep these appointments.

5.3 Head lice

Head lice are tiny insects that live in human hair. They are particularly common in children and are whitish to grey-brown in colour, and smaller than the size of a pinhead when first hatched. When fully grown they are about the size of a sesame seed. They cannot fly, jump or swim and are spread by head-to-head contact, climbing from the hair of an infected person to the hair of someone else. A head lice infestation is not the result of dirty hair or poor hygiene. All types of hair can be affected, regardless of its length and condition.

Head lice only affect humans and cannot be passed on to animals or be caught from them. Head lice often cause a person's scalp to itch. Itching is not caused by lice biting the scalp, but by an allergy to the lice. However, not everyone is allergic to head lice, so a child may not notice a head lice infestation. Even if someone with head lice is allergic to them, itching can take up to three months to develop. In some cases, a rash may appear on the back of the neck. This is caused by a reaction to lice droppings.

A female head louse lays eggs by cementing them to hairs (often close to the root), where they are kept warm by the scalp. The eggs are pinhead-size and difficult to see. After 7 to 10 days, the baby lice hatch and the empty eggshells remain glued in place. These remains are known as nits. Nits are white and become more noticeable as the hair grows and carries them away from the scalp. Head lice feed by biting the scalp and feeding on blood. They take 9 to 10 days to become fully-grown. Head lice normally only crawl from head to head when they are adults or nearly mature juveniles. A female head louse may start to lay eggs from 9 days after she is hatched. Therefore, to break the cycle and stop them spreading, they need to be removed within nine days of hatching.

Head lice can be difficult to see, even when the head is closely inspected. Unhatched eggs or nits (empty eggshells) alone are not enough to diagnose an active head lice infestation. This is because it can be difficult to distinguish between eggs and nits that are dead or alive. Nits also usually remain glued to hairs long after successful treatment. To confirm an active head lice infestation, a louse must be found through a reliable, accurate method, such as detection combing. Detection combing is the best way of finding head lice. It involves using a special fine-toothed head lice comb with a tooth spacing of 0.2-0.3mm to comb through the hair. The comb can trap even the smallest lice. It works better on wet hair but can also be used on dry hair.

If an incidence of head lice occurs a letter should be sent by the Medical Officer to the class so that parents/carers can check their children's hair (Appendix K).

5.4. Communicable diseases

A communicable disease is an illness transmitted through contact with microorganisms. People, animals, food, surfaces, and air can all be carriers of the microorganisms that pass infectious illnesses from one host to the next. The exchange of fluids or contact with a contaminated substance or individual may be enough to allow a communicable disease to spread.

Types of communicable Illnesses

There are many different types of communicable illnesses, including mild, acute infections and more complex chronic diseases. Colds and influenza are two very common viral infections that pass from person-to-person through fluids, infected surfaces, and close contact with sick people. Luckily, these common illnesses are often quite mild and clear up without drugs or medication.

Moderately serious communicable diseases include chicken pox and measles. These typically pass from host-to-host through the same methods as colds and the flu, such as through contact with infected fluids such as saliva or phlegm. Since these diseases can cause complications and more serious symptoms they often require the use of antibiotics.

The Ebola Virus is also a communicable disease but has an extremely low risk to people in the UK. Ebola is transmitted by coming into direct contact with body fluids from an infected person who has symptoms; it is not air-borne. People who do visit affected countries (Guinea, Liberia and Sierra Leone) are unlikely to visit the affected areas which are mainly in very poor, rural communities so it is unlikely that they will come into physical contact with someone who is infected.

People should only be suspected of having Ebola if they have a temperature greater than 38 deg. C / 100.4 deg. F or have had such a temperature in the last 24 hours and have visited an Ebola-affected country within the previous 21 days or have cared for someone strongly suspected of having Ebola, or come into direct physical contact with them or their body fluids. (Appendix L).

Addison will stay up to date with the situation and liaises with the Borough and Public Health England (PHE). We will also follow the PHE's Guidance on infection control in schools and other childcare settings to follow good practice and minimise risks of infection. (Appendix M).

Any child suspected of having a moderately serious communicable disease must be sent to the Medical Officer. The Medical Officer will contact the parents/carers and advise them to take their child to the GP. If a child is suspected of having Ebola, they must be placed in a side room and the Medical Officer should be contacted to seek advice from NHS 111.

If a parent/carer reports that their child has a communicable disease, the information must be given to the Medical Officer, who will immediately inform the Head Teacher. The Medical Officer will directly inform the parents of any children who are vulnerable to infections and will send out a letter to the class of the infected child or to the whole of Early Years when a case is present in this group as they all mix together (Appendix N).

5.5 Religious fasting

Some religions observe a period of fasting at special times within their calendar. We do not advise fasting in full as it may interfere with the child's education however there will be periods where children want to fast, particularly in Ramadan. On these occasions, parents/carers need to inform us that their child is intending to fast and provide their written permission by completing a consent form (Appendix O). The school day will run as normal, and it can be very hard for children to cope with the day whilst fasting and parents/carers will be contacted if they become ill or it is advisable for their fast to cease.

5.6 HIV and Aids

HIV (Human Immunodeficiency Virus) is a virus that damages the immune system. Due to improving therapies, being HIV positive does not automatically lead to AIDS (Acquired Immunodeficiency Syndrome). Once AIDS develops, it means that the body's natural defenses are damaged and have been harmed by the HIV virus. AIDS relates to the stage when the disease has become clinically significant. There is still no cure for HIV. However, over recent years there have been considerable advances in treatment and care. This has resulted in people who are HIV positive being able to live longer and healthier lives. In the case of HIV positive children, many can now expect to live through childhood into adolescence and beyond.

There is no risk of spreading the HIV virus through sharing cups and eating utensils. No transmission has been found through contact with saliva, tears, sweat, urine, feces or vomit, unless they are bloody. This is because there is an insufficient concentration of the virus in these body fluids.

It is difficult to assess the number of children living in affected families, but they are an important group and their needs are not always recognized. It must be remembered that unfortunately there is often a powerful social stigma associated with living with the HIV virus. This can mean that those living with the virus are reluctant to disclose their status or the status of their relatives.

First Aiders are likely to be concerned about the possibility of having to deal with people who may be HIV positive or have AIDS. To date there have been no recorded cases of infection arising from the administration of first aid. Standard hygiene precautions are equally effective against HIV infection (Appendix M).

In summary:

(i) accidents involving spillages of blood should be dealt with using normal first aid procedures including wearing disposable gloves;
(ii) normal cleaning methods using detergent and hot water are sufficient for most spillages (the HIV virus even when present cannot survive outside the body for even a short time and is destroyed by hot soapy water);
(iii) soiled waste should be disposed of using normal waste disposal procedures.

5.7. Health in the curriculum

Children are taught about keeping healthy and encouraged to take responsibility for their own health through the school's PSHE, PE and Science curricula. Children are taught about emotional as well as physical health; the SEAL materials (social and emotional aspects of learning) support this aspect of the curriculum. Addison has Healthy Schools status and actively encourages healthy eating habits and walking to school through its food and travel policies. We are constantly striving to improve the health and well-being of our pupils and staff.

6. Responsibilities

6.1. Governors

It is the responsibility of the Governing Body to:

(i) Oversee the implementation of the Medical Policy
(ii) Ensure the policy is monitored and reviewed and that necessary revisions are undertaken
(iii) Ensure the Health and Safety Procedures are followed
(iv) Appoint a named Governor to be responsible for the Supporting Pupils with Medical Conditions Policy and the practices it entails.

6.2. Head Teacher

It is vital that the Head Teacher is kept well informed, as their role is crucial in the communication and monitoring of pastoral care in the school. The Head Teacher is responsible for:

(i) Overseeing the implementation of this policy
(ii) Monitoring and reviewing of the policy
(iii) Ensuring that staff fulfil their roles effectively
(iv) Determining if short term medication may be administered in school
(v) Liaising with parents/carers and support services
(vi) Monitoring absence and attendance
(vii) Reporting Child Protection issues to appropriate agencies AHT or HEAD
(viii) Ensuring staff are sufficiently trained
(ix) Ensuring confidentiality of medical records
(x) Communicating policy and procedures to parents
(xi) Overseeing the drawing up Individual Healthcare Plans for children with medical needs
(xii) Ensuring staff are kept informed of medical issues related to children in their care.

6.3. SENDco

The SENDco is responsible for:

(i) Providing statements and EHCPs to class teachers or information to the Pupil Welfare Officer to include in Individual Healthcare Plans for SEND children when they do not have these
(ii) Following up referral of pupils to other agencies
(iii) Providing staff with information about children needing particular pastoral support (as detailed in their IEPs).

6.4. Class teachers

Class teachers are responsible for:

(i) Providing support and guidance to pupils in their care
(ii) Reporting pastoral concerns
(iii) Being aware of Child Protection issues and reporting Child Protection concerns immediately to the Designated Senior Person
(iv) Keeping abreast of information relating to the medical needs of children in their class and/or teaching group and seeking advice when necessary
(v) Providing a secure learning environment in which all children feel safe and valued

6.5. Senior Leaders

Senior Leaders have overall responsibility for the pastoral welfare of children in their team, and across the school. They are responsible specifically for:

(i) Ensuring implementation of this policy
(ii) Being the first point of reference for class teachers in their teams about pastoral concerns
(iii) Providing support and guidance to teachers over pastoral issues
(iv) Ensuring they have all necessary information about children in the year groups they are responsible for
(v) Providing support and guidance to pupils in these year groups
(vi) Ensuring Child Protection procedures are followed

6.6. The Medical Officer— First Aid appointed person

The Medical Officer is responsible for:

(i) Ensuring medical records are up to date for every child in the school
(ii) Ordering First Aid equipment, keeping it in good condition, and ensuring it follows LA guidelines
(iii) Storage of First Aid equipment
(iv) Attending training on First Aid and Medical issues, and ensuring that qualifications are up to date
(v) Writing Individual Healthcare Plans and storage of these plans
(vi) Monitoring the Medical Room informing the Head Teacher of concerns
(vii) Informing parents of a child's injuries/illnesses
(viii) Providing the First Aid kit and individual children's medication for school trips
(ix) Following school procedures when administering medication and keeping records
(x) Providing support and advice to pupils
(xi) Reporting pastoral concerns to class teachers

6.7 School Nurse

The School Nurse is responsible for:

(i) Collecting medical information from new starters
(ii) Notifying the school when a child has been identified as having a medical condition which will require support at school
(iii) Assisting the Medical Officer with Individual Healthcare Plans where necessary
(iv) Providing advice and liaison for the school on supporting medical conditions
(v) Providing training to staff on medical conditions and annual training on the use of epi-pens and asthma inhalers
(vi) Liaising with lead clinicians and GPs regarding pupils with significant health conditions

6.8. Support staff

Support staff are responsible for:

(i) Providing support and advice to pupils
(ii) Helping pupils with special educational needs to achieve their targets
(iii) Reporting any Child Protection concerns to the Designated Senior Person
(iv) Following school procedures for administration of medication and keeping records
(v) Reporting pastoral concerns to class teachers
(vi) Informing Supply teachers about children with medical needs in their class, and showing the medical information folder

6.9. Parents

Parents are responsible for:

(i) Providing necessary medical information to school and ensuring it is kept up to date
(ii) Helping to draw up Individual Healthcare Plans and being involved with their review
(iii) Providing necessary medication and written information, and ensuring the school is kept informed of changes to prescriptions or support needed in writing
(iv) Informing the Medical Officer or class teacher of any changes of circumstances/events that may affect their child in school (e.g. bereavement, separation etc...) so that appropriate support can be given

6.10. Welfare Officer

Welfare Officer is responsible for:

I. Reporting Child Protection issues to the Designated Senior Person
II. Keeping lists of high profile children up to date and informing appropriate staff

7. Monitoring and Assessment

7.1. Children's pastoral and medical needs are monitored through:

(i) SEND review meetings
(ii) Inclusion meetings
(iii) Attendance meetings
(iv) Child Protection reports
(v) Individual Healthcare Plans
(vi) Team and Phase meetings
(vii) Parent Meetings

7.2. The Senior Leadership Team will assess the effectiveness of this policy through:

(i) Minutes of phase and team meetings
(ii) Regular meetings of the SLT
(iii) Individual Healthcare Plans (Head Teacher and Assistant Head Teacher)
(iv) SEND review meetings (Head Teacher and SENDco)
(v) Meetings with individual parents/carers

We seek to ensure that we provide the best possible care and support for our pupils. To ensure this is the case we will regularly review this policy and our procedures and amend them in the light of our findings.

8. Success Criteria

We will judge this policy to be effective if:

(i) Members of the community believe that Addison Primary School provides a happy and safe learning environment for all pupils.
(ii) Children have high self-esteem and expectations of themselves.
(iii) Children's welfare and medical needs are monitored and provided for, using the agreed procedures stated in this policy.

Approved: Summer 2026
Next review: Summer 2027