



Supporting Pupils at Schools with Medical Conditions*, First Aid and Dealing with Bereavement Policy

(*Formerly known as Administration of Medicines)

Policy Statement and Responsibilities

Produced by the Risk Management and Reassurance Director, Delegated Services, (RM&R D), as Competent Person for the Establishment

FOREWORD

This document has been prepared to provide guidance on the policy and procedures for Supporting Pupils at Schools with Medical Conditions, (formerly known as Administration of Medicines) First Aid and Dealing with Bereavement in Education Establishments. The requirements for statutory provision of Supporting Pupils at Schools with Medical Conditions, First Aid and Dealing with Bereavement have been taken into account. It flows from section 3.1.2 of the DS General H&S Policy under 'Arrangements'.

This document is issued under the guidance of the RM & R Director of Delegated Services. This document is our partnership's intellectual property and must not be shared, copied, relayed or otherwise transmitted by any means in any part or as a whole, without prior agreement and permission.

Risk assessments for first aid and the management of medical needs will be reviewed and updated towards the end of each academic year and at the start of the next academic year. This will enable the previous year's experience to be assimilated and information about new starters, adults and children, to be obtained. If a sudden change in plans for an activity occurs, an on-the-spot re-assessment can be done. This is sometimes called a dynamic risk assessment.

Contents

1	Introduction	3
2	Policy	3
3	Responsibility	5
4	Treatment	6
5	Reporting of accidents and incidents of occupational ill-health	8
6	Dealing with medicines safely	8
7	Education for children who cannot attend school due to medical needs	9

Appendices: Procedures (kept separately to policy)

Appendix A: Guidance in Carrying Out Medical Techniques

Appendix B: Hygiene Procedures

Appendix C: Sample forms: Consent to Give Medication, Record of
Medicine Administered and Example Healthcare Plan

Appendix D: Safeguarding and child protection

Appendix E: Identification of suitable employees for first aid training

Appendix F: Role and Responsibilities of First Aiders and Appointed
Persons

Appendix G: Responsibilities of the Training Provider

Appendix H: Payment for First Aiders

Appendix I: Example outline first aid risk assessment

Appendix J: Human resources for managing first aid and medical support

Appendix K: Human resources for managing first aid only

Appendix L: Physical resources needed to support first aid

Appendix M: Contents of main first aid boxes

Appendix N: Anaphylaxis guidance document

Appendix O: Spare inhalers in Education Establishments

Appendix P: Defibrillator machines

Appendix Q: Dealing with Bereavement

1 Introduction

- a) This Statement of Policy has been approved by the governors of St. John's C of E Primary School. It should be read in conjunction with the DfE Statutory Guidance "Supporting Pupils at Schools with Medical Conditions' 2014, "Guidance for First Aid for Schools" 2014 and the "Statutory Framework for the Early Years Foundation Stage" 2014.
- b) This DfE document includes a duty to make arrangements to support pupils with medical conditions. These functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate. Help and cooperation can also be enlisted from other appropriate persons. However, the governing body, proprietor or management committee remains legally responsible and accountable for fulfilling their statutory duty.
- c) Education Establishments, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. The local authority must secure that the plan provides for the child or young person to be educated in a maintained nursery school, mainstream school or mainstream post-16 institution, unless that is incompatible with:
 - the wishes of the child's parent or the young person, or
 - the provision of efficient education for others.
- d) Under Workplace Reform teachers' conditions of employment do not include in giving medication or supervising a pupil taking it. However, education establishments cannot refuse to take responsibility for supporting pupils at schools with medical conditions. It should be an integral part of the establishment's approach to safeguarding pupils. They must strive to be an inclusive institution and appeal for volunteers from the staff as a whole to come forward. If not, the establishment must manage change to include in appropriate jobs/recruit as necessary.
- e) The Health and Safety (First Aid) Regulations (updated 2013) require employers to provide trained persons, equipment etc., to deal with First Aid emergencies and ill-health occurring at work.
- f) First Aid is provided to:
 - Preserve life
 - Limit the effects of the condition and
 - Promote recovery.
- g) The purpose of the Bereavement content is to assist everyone involved at a time when there maybe shock, upset and confusion ensuring that there is as little disruption as possible, effective communication takes place and each member of the establishment is supported to help them through a very difficult period of time.

2 Policy

- a) This policy applies to all **employees, pupils, visitors** and **service users** of the education establishment. It is explicit about what practise is and is not acceptable.
- b) The **governing body /management team** will put arrangements in place to support pupils with medical conditions. They will ensure arrangements are in place for children who are competent to do so, to manage their own health needs and medicines.

- c) This policy will be readily accessible for **parents/carers** and establishment staff.
- d) The governing body delegate the overall responsibility for policy implementation to the **Headteacher/Manager**.
- e) The **governing body** require that Individual Healthcare Plans are implemented and reviewed appropriately, with a designated person responsible for their collation/acquisition/updating from relevant medical professionals.
- f) Supporting Pupils at Schools with Medical Conditions is primarily a **parent/carer** responsibility. Pupils should take medication at home where possible. The vast majority of antibiotics don't need to be taken at school as they can be taken before and after school and again at bedtime.
- g) If the child is acutely unwell, **parents/carers** should keep them at home for an appropriate period, e.g. sickness and/or diarrhoea for 48 hours (though if over-eating has been known to have taken place, for e.g., flexibility can be applied). More information on exclusion periods following infectious diseases is available from (what is currently known as) Public Health England.
- h) Non-prescribed medication must not be brought into the education establishment, whether self-administered or given by **staff/volunteers**, unless there are exceptional reasons and medication is supplied and authorised by the **parents/carers** in writing and agreed by **headteacher and/or delegate**.
- i) **Parents/Carers** are also responsible for informing the establishment about any major injuries occurring outside of the establishment, for example, if they return with a plaster cast. This is so that the establishment can prepare for any additional needs this pupil may then have, and if necessary, risk assess. Externally occurring injuries also need to be reported to the **designated member of staff for child protection** immediately.
- j) **Parents/Carers** must provide, in written form, comprehensive and up to-date information on condition of pupils and changes for better or worse and the medication used. This must be signed, dated and must expressly authorise staff to administer that medication. **Parents/Carers** must notify staff of all changes in circumstances and/or any other relevant information.
- k) If medication is missed/refused, **parents/carers** should be alerted and asked to immediately collect the pupil concerned from the premises.
- l) There must be a written and signed-off plan for each pupil that is likely to require medication during an off-site visit.
- m) First Aid should be provided where a person will need further medical treatment until such help arrives, and for the treatment of minor injuries. First aiders must do what is appropriate to relieve extreme distress or prevent further and otherwise irreparable harm, e.g. use of an adrenaline pen while keeping themselves safe.
- n) **Headteachers/Managers** can use recruitment as an opportunity to secure a sufficient number of staff with responsibilities for the supporting pupils at schools with medical conditions and first aid, where no volunteers come forward. It would then be incorporated into the employment contract.
- o) Trained individuals must be available at all times of the establishment day (e.g. SMSAs).
- p) Following any staff re-organisations it is important to check that appropriate numbers of trained individuals are still available.
- q) Only suitably trained individuals can administer medicines to pupils. *Please note that attendance at a first aid course does not constitute 'supporting pupils at schools with medical conditions' training.*
- r) **Headteachers/Managers** will take advice from GPs, hospital doctors, occupational health advisors, school nurses, other medical staff and medical charities or other suitable sources as needed.

- s) Some children with medical conditions may also be disabled. For children with SEND this policy must be also read in conjunction with the SEND code of practice and the school's SEND Policy.
- t) Bereavements within the establishment must be handled sensitively and appropriately, with a **trained lead** to co-ordinate this. If a child or member of staff dies during the school day, all pupils must know before they leave for the day and details circulated to all involved to avoid speculation which may be hurtful to the parents and pupils.
- u) Once the family know, a plan must be in place with regards to dealing with the media following a bereavement – usually a designated member of staff to act as Press Officer, or a PR support organisation.

3 Responsibility

- a) The Governing body is responsible for selecting the appropriate **Headteacher/Manager** to keep risk assessments/care plans for those with significant medical needs up to date and for ensuring that appropriately detailed arrangements are implemented. The risk assessment/care plans will be supported by the information requested from **Parents/Carers** at the start of each year. In addition, **staff** and **volunteers** will be asked for any relevant information they may wish to give on their own health.
- b) **Headteachers/Managers** must establish the First Aid need by risk assessment and identify suitable employees who are willing to undertake First Aid training and supporting pupils at schools with medical conditions training (see Appendix E). If there are pupils under 5 years old there must be suitable numbers of paediatric first aiders. There must be adequate cover to cater for periods of staff sickness or leave. A register must record the members of staff who have received first aid and / or supporting pupils at schools with medical conditions training. This must be reviewed regularly and always at the start of each academic year. Sufficient numbers of staff must be trained in the use of an Adrenaline pen if there are identified Adrenaline pen users.
- c) **Employees and Site Managers** must be informed of the location of the First Aid personnel and equipment available to them in their working environment. This will be in the form of a standard notice which will be displayed on the Health and Safety notice board at minimum.
- d) **Headteachers/Managers** must maintain a register which records their pupils' medical conditions and allergies e.g. asthma, epilepsy and anaphylaxis. Pupils with severe allergies and requiring adrenaline pens must complete/have an individual healthcare plan. This information must be disseminated amongst all appropriate **staff/volunteers** involved in the supervision of pupils.
- e) Each establishment must find the appropriate balance between information-sharing and confidentiality. Key information such as 'severe allergy' or 'emergency medicine needed' must be kept on display in the staff room. Special schools are likely to have individual procedures for this due to the higher numbers of children requiring medication. Files containing individual healthcare plans must be available in the staff room but not on public display. Similarly, information on food allergies needs to be displayed at the times of the day where food is being prepared/served, and also in classrooms where activities may contain foods (e.g. craft activities with natural materials / tasting in RE etc).
- f) Establishment **staff** should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of establishment **staff** should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- g) Facilities must be provided to ensure that First Aid is rendered to employees, visitors, service users (including students), volunteers, agency staff etc, if they become ill or are injured at work or under the jurisdiction of the establishment, on or off site. **Headteachers/Managers** must put systems in place to ensure that all medicines, medical equipment, first aid rooms/changing areas/tables etc are

correctly and safely stored and regularly cleaned after use and maintained. This includes an entry into the premises log book.

- h) In administering medication/treatments and deciding emergency courses of action, **Headteachers/Managers** must have due regard for the following implications and equality issues:
- i) Diverse cultural values
 - j) Specific medical conditions encountered in particular ethnic groups
 - k) The practices and ethical values of particular faith groups and
 - l) The need for appropriate privacy of pupils while at the same time ensuring issues such as potential accusations of child abuse, especially where intimate procedures are involved or addressed.
 - m) Due care should be exercised where English is not the first language of the pupil or parent/carer. Translation services must be sought if parents have difficulty understanding or supporting their child's medical condition themselves.
 - n) **Headteachers/Managers** must urgently notify RM&R at DS should there be an outbreak of a notifiable disease such as Norovirus and the postholder will deal with RIDDOR or other reporting requirements. The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should be sent home, and the action to be taken following an outbreak of an infectious disease. Or Public Health Services at Bristol City Council at
PO Box 595, Brunel House, St George's Road Bristol, BS1 5UY
Tel: 0117 922 2500
Email: health.safety@bristol.gov.uk
 - o) **Headteachers/Managers** must check that the Education Establishment Public Liability Insurance arrangements will provide an indemnity to employees in respect of claims for personal injury. This indemnity extends to volunteers who have been asked to undertake such duties. The indemnity is subject to the following conditions:
 - That training has been received and regularly updated
 - That all appropriate Personal Protective Equipment has been issued, maintained, updated and used where necessary and
 - That the **employee/volunteer** has acted within the limitations of their training and has observed all protocols. The **employee/volunteer** must also be aware of possible side effects of the medication and what to do if they occur.
 - p) NB: This indemnity will not apply where claims relate to a criminal offence, a malicious act or an instance of wilful misconduct. See above.
 - q) The **Headteacher** must decide who will be the **bereavement lead** and this person must receive suitable training. In the event of a bereavement, they must provide the necessary support for those affected. Siblings may have very intense needs which may appear later. The **Management Team** needs to monitor the emotional well-being of pupils and staff most affected by the incident over time.

4 Treatment

- a) Assistance in the administration of prescribed medication can only be made at the request of the pupil, or at the written request of the pupil's healthcare practitioner or **parent/carer**. Where pupils are competent to discern whether they require medication, the role of the staff could well be simply to assist with the administration of that medication e.g. asthma inhalers.

Status: APPROVED

Version: 1.2

Date Approved: 20th May 2025

- b) Even if all pupils can 'self administer' this does not take away the need for staff to attend training, particularly in the light of recent cases where children died after having untreated asthma attacks. It is vital that staff understand that a child experiencing an asthma attack or severe difficulty breathing will be unable to administer their own medicines successfully and, therefore, staff will need to have the training to know how to do it. All staff must know where a spare inhaler / epi-pen is located and it must not be locked away in a manner that makes it inaccessible to them.
- c) Direct administration by staff is permitted where pupils are not competent due to age, learning difficulties etc.
- d) Unless the procedure is incredibly basic (see section C of Appendix A), or is emergency treatment such as issuing an inhaler, no member of staff should administer medication unless they have received the appropriate training. Medication directly administered by staff should always be recorded, together with details of the dose, frequency, date, time, name of pupil and main symptom(s) identified, which would prompt a course of action.
- e) Before administering the medication, the pupil or **parent/carer** must be asked the following questions. Reference must be made to the Care Plan if appropriate:
 - a. Have you taken any other medication?
 - b. Has the Doctor told you to take your medicine in a certain way? E.g. with / not with anything?
 - c. Are you allergic to any medication?
- f) All medication must be brought to the office. In exceptional circumstances, the office will agree to accept over-the-counter medication, like Calpol, with prior written permission from the parents/carers that details the dose and duration. This information, along with the child's name must be clearly labelled on the bottle/packet. The office will store the medication and children will be required to come to the office where a member of staff will supervise the self-administration. It will be returned to the parent/carer immediately on conclusion of the school day. Dosage of paracetamol is per product specification, with Calpol always used for age 6 and under.
- g) Members of staff should read and comply with the instructions on the container supplied or with the packaging. Expiry dates must be checked. All oral medication should be taken with at least half a glass of water, or other liquid if specified.
- h) Where pupils have difficulty in opening containers or reading labels they or their **parent/carers** should discuss with their pharmacist the possibility of compliance aids and labels of large print. Staff should note that pupils may still have such difficulties and will require help, including the opening of bottles or the accessing of out-of-reach items.
- i) Failure to obtain relief from the prevailing symptom(s) and any other concerns, following administration of prescribed or non-prescribed medication, must result in the **Parents/Carers** being informed. The pupil concerned must be referred as necessary to an appropriate medical practitioner. In the event of anaphylactic attack it is important to administer an adrenaline pen as soon as possible and then call 999 for an ambulance, stating your postcode.
- j) For children in residential establishments, pupils on off site visits and pupils who are being transported, their **parents/carers** must sign consent forms detailing that medication is appropriate for their child's use and highlighting any known substances to which that the child has an adverse reaction. **Staff carrying out off site visits** must carry out risk assessments and must be fully appraised of pupils who may require such medication. There may be times that a member of staff trained in the supporting pupils with medical conditions is not available to go on a trip. If all are pupils who can self medicate, a well organised staff member with a carrying and recording method, who had received a briefing from the trained person regarding the details of the specific medical conditions, would be adequate. Pupils with individual care plans would be accompanied by their care assistants –

conditions such as epilepsy can often be more likely to occur whilst being transported than at other times.

- k) There must always be an individual present who is trained in paediatric first aid if under 5's are attending the trip. If a pupil intends to go on the excursion without his/her medicine or adrenaline pen, he/she will not be permitted to attend.
- l) Sadly, first aid / supporting pupils with medical conditions will not always work and there might be a death in the school. Dial 999, have the postcode ready, and ask for immediate police attendance. Preserve the scene in case the police wish to investigate.
- m) Remove all staff and pupils present to another room and keep them there, with clear instructions to not spread any news via email or social media. The intention is to limit the opportunity for rumours to start and to ensure the parents / close relatives hear from the correct source.

5 Reporting of accidents and incidents of occupational ill-health

- a) First aid and medical support staff will record incidents in the "bump book" or on the establishment accident form or other appropriate record. All administration of medicine must also be recorded. There should be one incident per page, due to data protection. Any serious incident must be reported to the Headteacher immediately. The establishment safety committee must also regularly analyse the incident book to spot any patterns and for investigative purposes.
- b) Notification can be made to **parents/carers** about head bumps and minor injuries by letter at the end of the day with the child. Stickers can be used too on younger pupils. Any significant incident should be discussed with the **Headteacher** and will normally be reported to **parents/carers** by telephone straight away. All injuries, however minor, must be reported to **parents/carers** in writing at the end of the day in the under 5's age group.
- c) Notification will be made by the **Headteacher** to:
 - Health and Safety Executive as required under RIDDOR going through Bill Crocker at Delegated Services if an agreement for service is in place.
 - OFSTED if it is a serious incident and there are safeguarding issues.
 - The LA if it is a serious incident and there are safeguarding issues.
 - If there is a serious disease, the appropriate GP or Public Health England at <https://www.gov.uk/phe> or through Bill Crocker at Delegated Services if an agreement for service is in place.

6 Dealing with medicines safely

- a) Some medicines may be harmful to anyone for whom they are not prescribed. Where an establishment agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) Regulations, there must be a system of checks in place to ensure that all medicines are issued to the correct pupil.
- b) **Headteachers/Managers** should make adequate provision for the safe and appropriate storage of medication. This will normally be a locked cupboard / fridge. Medicines must be supplied, clearly labelled with person name and dose and stored in the original containers. However, certain emergency medicines such as adrenaline pens must not be locked away in a manner that makes them inaccessible to staff. Case-by-case risk assessments will be needed to identify the safest and most appropriate way to store these.
- c) Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. The only exception to this is certain medications for diabetes. The **headteacher /headteacher delegate** is responsible for

making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key.

- d) Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The establishment must restrict access to a refrigerator holding medicines.
- e) Each child at risk of anaphylaxis must have at least one adrenaline pen in the establishment, stored in the labelled class box in the Medical Room, with a copy of the child's photo on the outside. Each adrenaline pen is stored in a clearly identifiable plastic bag that also contains the name of the child, her/his photograph, and a copy of the child's individual healthcare plan.
- f) Establishment staff should not dispose of medicines. **Parents/carers** should collect medicines held at establishment at the end of each term. **Parents/carers** are responsible for disposal of date-expired medicines. If **parents/carers** do not collect all medicines they should be taken to a local pharmacy for safe disposal at the end of each term / academic year (delete as appropriate).
- g) Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by **parents/carers** on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.
- h) All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves, aprons and masks as necessary, (some carry them at all times in a pouch) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. This is clinical waste and has to be disposed of by a suitable contractor. If PPE is required for the administration of a medication, all the necessary PPE should be alongside e.g. gloves to encourage use.
- i) As part of general risk management processes all establishments should have arrangements in place for dealing with emergency situations. A member of staff should always accompany a pupil taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when the **parent/carer** is not available. Staff are not usually advised to take a pupil to hospital in their own car. Should they do so, in exceptional circumstances, they must be insured and also accompanied by an additional adult. It is usually safer to call an ambulance. In remote areas an establishment might wish to make arrangements with a local health professional for emergency cover.
- j) Individual health care plans should include instructions as to how to manage a pupil in an emergency. All members of staff, including SMSAs, need to be briefed on what to do, or who to contact in the event of an emergency. There may be pupils who have a "do not resuscitate" instruction, and this information should be sensitively communicated to all staff members involved.

7 Education for children who cannot attend school due to medical needs

- a) In the event a child cannot attend school due to medical needs, the school will follow the statutory guidance from the Department of Education "[Ensuring a good education for children who cannot attend school because of health needs](#)" and coordinate with the Local Authority per the guidance.

: EqIA was carried out but all outcomes were "neutral" or "positive" for all

Due regard was taken by carrying out an EqIA to consider the impact on protected groups. However, the impact of the proposal was positive (or at least neutral) for all.	Tick required: √	Date: 20/05/2025
--	---------------------	---------------------