



# Supporting pupils with a medical condition at school policy

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## Rationale

The Governing Board of Fielding Primary School has a statutory duty to make arrangements to support pupils at school who have a medical condition. This policy aims to ensure all pupils at Fielding Primary School are able to access their learning in a supportive environment which is sensitive to their medical needs.

Clare Haines (Deputy Head) has overall responsibility for the implementation of this policy.

The Department for Education statutory guidance ‘Supporting pupils with medical conditions at school’ (2015) states:

*“Pupils and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other pupils. This means that no pupil with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils’ health is not put at unnecessary risk from, for example, infectious diseases.”*

This policy takes into account the school’s legal duties under the Pupils and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school’s arrangements to support pupils

with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

## Aims

- To identify the roles and responsibilities of the Governing Body, parents, staff and pupils.
- To identify how pupils with long-term or complex medical needs will be supported.
- To establish and communicate arrangements for the access, storage and disposal of medication.
- To establish and communicate emergency procedures.
- To establish and communicate procedures for dealing with common conditions.
- To establish and make available systems for parents to provide school with up to date information about their pupil's medical needs.

## Procedures when notified that a pupil has a medical condition

### Identification

- We ask parents/carers if their child has any physical or mental health condition on application form as part of the enrolment process, and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.
- Every pupil with a medical condition has an individual healthcare plan in place before they start school recorded on Bromcom. Any exception to the requirement to have an individual healthcare plan in place before the pupil starts school will be at the discretion of the school. (See Long-Term Medical needs)
- Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

### Short-Term Medical Needs

- It is the responsibility of the parent to ensure that a pupil is kept at home if he/she is unwell
- If a pupil feels unwell in class and is unable to continue in the usual way then Miss Lacey, welfare assistant or a named first aider will be called to the classroom. The first aider will assess the situation.
- In cases where a pupil begins to feel very unwell during the school day and needs medical attention more than once, every effort will be made to contact the parents so that, if appropriate, the pupil can be collected and taken home.
- Staff do not administer medication (prescribed or non-prescribed) for short term sickness; we recommend that wherever possible, parents request their doctor or dentist to prescribe medication that can be taken outside the school day. If this is not possible then it is the parent's responsibility to administer the medication. Arrangements can be made in school for the parent to do this.<sup>1</sup>

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<sup>1</sup> The exceptions to this is the administration of Calpol Infant Suspension, in line with our Fielding Nursery Policy and Procedure, if a pupil is subject to a CIN, CP plan or a persistent absentee, and on school residential trips.

- Pupils who have had an injury that results in a sling, stitches, bandage, cast or crutches cannot be admitted to school until they have received medical advice and a risk assessment has been completed by Miss Lacey or a named first aider in her absence.

## Infectious Conditions

- For certain infectious conditions, a pupil must be kept away from school until it is treated or no longer contagious, school will advise parents depending on the condition (see appendix,
- For pupils showing signs of Coronavirus, the most recent guidance from NHS will be followed.
- Parents will be informed by email if the school has been made aware of an infectious condition in their pupil's class.
- We will follow the most up-to-date local guidance as/and when communicated to us and implement any infection control measure. These will be shared in advance with parents.

## Long-Term Medical Needs

- It is important that the school is informed of any medical needs before a pupil starts school or as soon as possible following concerns or diagnosis.
- A written Health Care Plan (Template A) <sup>2</sup> will be drawn up, in discussion with parents, it will include:
  - details of the pupil's conditions
  - special requirements e.g. dietary
  - details of pupil's GP
  - what to do and who to contact in an emergency
- If the long-term medical needs require medication to be administered in school then a second form will be completed (Template B).
- This written agreement between school and parents will clarify for staff, parents and the pupil the help that the school can provide and receive. Others who may be involved in the drawing up of a health care plan may be dependent on the nature of the case.
- A record of medication administered will be kept using Template D
- The school cannot instruct staff to administer medication; this can only be done on a voluntary basis.
- Where appropriate and feasible, staff who volunteer to administer medication will be provided with training. Template 8 will be used to keep a record of any training undertaken.
- School staff will not force pupils to take medication. If a pupil refuses to take medication, parents will be contacted. The emergency services will be called if necessary.
- Teachers who have pupils with additional needs in their class will need to be informed in detail of day-to-day implications of the condition and what procedures are in place in school.
- Parents are responsible for supplying information and for letting the school know of any change in circumstances which may impact on the school's ability to support their pupil.

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<sup>2</sup> The format will vary depending on the nature of medical need

They will be informed of this responsibility via the school website and welcome to school meetings.

## Pupils Who Are Unable to Attend School Due to Medical Needs

- The named person responsible for dealing with pupils who are unable to attend school because of medical needs is Clare Haines (Deputy Head) or a member of the Leadership Team in her absence.
- If a pupil is unable to attend school due to medical needs for 15 days or more, it is the named persons responsibility to notify the ESW via the school attendance administrator.
- The school will supply the appropriate education provider with information about a pupil's capabilities, educational progress and programmes of work.
- Special arrangements will be made for pupils who attend hospital regularly as in-patients. School will liaise with the hospital teaching service.
- We will ensure that pupils are kept informed about social school events that they are able to participate in.
- We will be active in monitoring the progress and reintegration into school.
- We will encourage and facilitate liaison with peers.
- The pupil will not be taken off role without parental consent even during a long period of ill health, unless the school medical officer certifies him or her as unlikely to be in a fit state to attend school before ceasing to be of compulsory school age.
- Pupils who are self-isolating due to Coronavirus will follow our remote learning guidance.

## Storing Medicines in School

- We will only store medication prescribed for individual pupils with long-term medical needs in the original container as dispensed.
- The container should be clearly labelled with the name of the pupil. The name and dose of the medication and frequency of administration.
- Pupils will know where their medication is kept and who holds the key.
- All emergency medication such as asthma inhalers, emergency epilepsy medication and Epipens (or other AA-I) will be readily available for the individual pupil in their classroom. These will never be locked away.
- Any medication to be stored in school must be taken directly to the school office by the parent.
- We will not dispose of any medicines. It is the parent's responsibility for ensuring date-expired medicines are returned to the pharmacy for safe disposal.

## Self-Management of Medication

- Pupils with long term medical needs such as asthma, diabetes and certain types of allergies will be encouraged to manage their own medication whenever possible.

## School Trips

- All pupils are encouraged to take part in school trips. Arrangements for taking medication will be taken into consideration. It is important to note that:
  - School Staff and Activity Centre Staff, if appropriate, must be made aware of any medical needs and relevant emergency procedures,

- Additional staff or the pupil's parents may be required to accompany the pupil. Pupils will not be excluded from attending school trips if their parents are not able to attend.
- A separate meeting will be held between parents and trip leader for all overnight stays. A separate health care plan will be drawn up for the trip.

### **School overnight trips**

- For short-term medical needs, parents will be asked to give consent for the administration of medication including, antihistamine (Piriton) and pain relief, temperature control (Calpol)
- Parent will be asked to supply any medication a pupil needs for the management of long-term medical conditions. Medication should be provided in its original packaging, clearly labelled with the prescription details.
- When medication is administered, for short- or long-term medical needs, staff will complete Template C.

### **Sporting Activities**

- Most pupils with medical conditions can participate in PE and Games. Any restrictions on a pupil's ability to participate in PE will be included in the pupil's health care plan.
- Relevant information regarding a pupil's medical needs will be given to the teachers supervising sporting activities so that they are fully aware of the situation.
- Pupils who need to take medication before, during and/or directly after exercise are allowed to do so.

### **Staff Training**

Staff receive the following annual training:

- All staff – asthma and anaphylaxis
- Dining supervisors, playworkers and TAs - first aid
- PE teachers, first aid
- Named members of staff – diabetes and epilepsy
- EYP's, – paediatric first aid
- Any additional training related to individual needs is organised for teachers and teaching assistants as needed.

### **Confidentiality**

- Medical information will be treated confidentially. However, it will be essential to share some information to support the pupil in the most appropriate way. On receipt of information it will be agreed with the parent who else in school needs to be informed of the medical need and who will have access to the records.
- Health Care Plans and forms relating to medication are kept in the first aid room with copies given to the class teacher.

## Accidents in school

If a pupils has an accident, whether in the playground or out on a visit or in any other place in school, it must be recorded. Minor accidents will be recorded in the accident book in school. Head injuries (above) the shoulder will be reported to parents via Bromcom email and a phone call. For accidents that require more than basic first aid, parents (and an ambulance if necessary) will be called. If a pupil needs to go to hospital the accident will be reported to Ealing health and safety. If an accident results in a broken bone, this will also be reported to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

If an accident happens in a lesson that is covered by a sports coach or supply teacher, an accident form should be completed in addition to Bromcom, see appendix.

## Head Injuries

A minor head injury (including bumped head) can occur in school. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of pupils do suffer from a severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force, speed and/or location of the blow.

All pupils who suffer a head injury at school should be seen by the Welfare Assistant or a First Aider for assessment and to plan ongoing care.

After any head injury, even when none of the signs below are present, the pupil's parents or carers should be informed via phone call and email via Bromcom.

### Minor Head Injuries (bumped head)

Symptoms (usually short lived)

- a mild headache
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

If none of the signs below are present:

- apply a cold compress,
- give the pupil an opportunity to rest
- inform class teacher
- monitor pupil throughout the day, if symptoms change see below.

### Serious Head Injury

Adult at the scene, **do not move the pupil**, call for welfare assistant or first aider. State facts of incident quickly and clearly.

Call an ambulance & inform Head or Deputy (or named teacher in charge in their absence) if:

- Unconsciousness or any period of loss of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body

- Problems with balance or walking
- General weakness
- Any changes in eyesight
- Any clear fluid running from either or both of the ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed e.g a fall of less than 1 metre or a fall down any number of stairs
- Any convulsions or having a fit

If the pupil does not have any of the problems listed in above, but has one or more of the problems in the following list, there is the possibility of complications and the pupil should be taken by a responsible adult (parent) to the Accident and Emergency department straight away. If in doubt or there is a delay, then call an ambulance.

- Any loss of consciousness (being 'knocked out') from which the pupil has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young pupils (younger than 5 years)

### **Head injuries that occur during PE & Sports**

Any injury involving the head that occurs during sporting activities requires the pupil to cease play immediately and sit out for the rest of that lesson or the duration of the match. Staff should consider whether referral to a medical practitioner is required using the information in this document.

### **Graduated return to sports & PE after concussion**

The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for pupils. During this recovery time the brain is vulnerable to further injury. If a pupil returns to sport too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the pupil and their parents / guardians. If symptoms return, then the pupil must stop sport immediately and be seen by a doctor or attend A&E the same day.

Before they can return to graduated play the pupil must:

- Have had two weeks of rest



- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)

NB: Earliest return to PE & Sport after concussion for a pupil is 23 days.

Head injury online guidance:

<http://www.redcross.org.uk/en/What-we-do/First-aid/Everyday-First-Aid/Head-injury>

<https://www.nhs.uk/conditions/minor-head-injury/>

## Emergency Procedures

- All staff must be familiar with the procedure for calling the emergency services, In an emergency one of the school's qualified First Aiders must be summoned, the HT/DHT must also be informed.
- In addition to accidents or incidents, which can constitute an emergency for any pupil, some pupils will be more likely to have individual presentations constituting an emergency for their particular condition. All relevant staff are made aware of these individual cases.
- If a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with the pupil until a parent or carer arrives.
- Pupils must not be taken to hospital in staff cars.

# Additional Information relating to Complex Conditions

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- The Governing Body recognises that many medical conditions that require support at school will affect the quality of life and may be life threatening. Below sets out procedures for dealing with the following complex conditions:
  - Asthma
  - Epilepsy
  - Diabetes
  - Anaphylaxis

## Asthma

Fielding Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at school.

### Asthma Medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent, school nurse and class teacher agree that they are mature enough. Inhalers for younger pupils are kept in a clearly marked box in the classroom.
- Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. This will be kept in the medical lockers in a central place. All inhalers must be labelled with the pupil's name and class by the parent.
- School staff are not required to administer asthma medicines to pupils – except in an emergency. All school staff will let pupils take their medication when they need to.
- When an inhaler is used this will be recorded on the administration of medication form (form 6) for all pupils, kept in the classroom green asthma box.

## Emergency Medication

We store emergency medication for asthma in the first aid room.

The emergency salbutamol inhaler should only be used by pupils:

- who have been diagnosed with asthma, and prescribed an inhaler;
- who have been prescribed a reliever inhaler;
- for whom written parental consent for use of the emergency inhaler has been given.

## Record Keeping

- At the beginning of each school year or when a pupil joins the school, parents are asked if their pupil has any medical conditions on their enrolment form.
- All parents of pupils with asthma are sent a Health Care Plan, this is forwarded to the School Nurse for checking. Parents are asked to return them to school. From this information the school keeps its asthma register, which is available to all school staff.
- The asthma register is kept on Bromcom. PE, Games and Activities
- Inhalers should always be available during PE, sports activities and school visits.

- The PE teacher is aware of which pupils have asthma from the school's asthma register.
- The class teacher/PE teacher will remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson.
- The class 'inhaler box' should always be taken to PE and Games lessons and out of school activities/trips.

## When a Pupil Is Falling Behind in Lessons

- If a pupil is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their pupil falling behind. If appropriate the class teacher will then talk to the school nurse and SENDCO about the pupil's needs.

## Asthma Attacks

- All staff who come in contact with asthma know what to do in the event of an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its school policy guide. This procedure is visibly displayed in every classroom (see appendix).

## Epilepsy

This policy is intended to ensure that Fielding Primary School fully meets the needs of pupils who have epilepsy and that all pupils who have epilepsy achieve to their full potential. It has been prepared with reference to information available from Young Epilepsy.

Our School Epilepsy Champion is Clare Haines. Fielding Primary School will maintain the informal post of a School Epilepsy Champion, who has received training in epilepsy and supporting pupils who have epilepsy in the school. The School Epilepsy Champion will take a leading role ensuring that the following epilepsy policy is adhered to.

Fielding Primary School will ensure that all pupils who have epilepsy achieve to their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Recording any changes in behaviour or levels /rates of achievement, as these could be due to the pupil's epilepsy or medication
- Closely monitoring whether the pupil is achieving to their full potential
- Tackling any problems early

Fielding Primary School will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by:

- Offering support in school with a mentoring or 'buddying' system to help broaden understanding of epilepsy
- Supporting pupils to take a full part in all activities and outings (day and residential)
- Making necessary adjustments e.g. exam timings, timetables, extra supervision in certain areas such as swimming

Fielding Primary School will liaise fully with parents and health professionals by:

- Letting the parents know what is going on in school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs, this information will be recorded on a pupils health care plan and shared with the class teacher and other staff who work with the pupil
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn

- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.

We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure. If needed, there will be a trained member of staff available at all times to deliver emergency medication.

Awareness of epilepsy will be raised across the whole school community, including pupils, staff and parents.

We recognise that most pupils with epilepsy take anti-epileptic medicines and that these medications will not usually need to be given during the school day.

- If a pupil experiences a seizure in school, details of the seizure (agreed with the parents at the time the Individual Healthcare Plan was written) will be recorded and communicated to parents. This may include:
  - any factors which may have acted as a trigger
  - any unusual 'feelings' reported by the pupil prior to the seizure
  - parts of the body demonstrating seizure activity
  - the timing of the seizure – when it happened and how long it lasted
  - whether the pupil lost consciousness
  - whether the pupil was incontinent.

A template 'Witnessing a seizure' form is included in the Guide for Schools booklet available from Young Epilepsy.

Guidance on what to do if or when a pupil has a seizure at school will be recorded in the pupils Individual Health Care Plan. General guidance on what to do in the event of a seizure, or if it is the pupil's first ever seizure is available in Young Epilepsy's 'Guide for Schools' booklet.

## Diabetes

### What is Diabetes?

- Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the pupil's needs or the insulin is not working properly (Type 2 diabetes).
- About one in 550 school-age pupils have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin via an injection or pump, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Pupils with Type 2 diabetes are usually treated by diet and exercise alone.
- Each pupil may experience different symptoms and these will be discussed when drawing up their Health Care Plan.

### Medicine and Control for pupils in school

- Each pupil who has diabetes in school will have a named worker (this named worker will be based within the pupil's year group).
- The named worker, class teacher plus at least one other member of staff will undertake the required training needed to meet the individual needs of each diabetic pupil.
- Other members of staff within each diabetic pupil's year group and who come into contact with a diabetic pupil have basic diabetes training.
- A health care plan will be drawn up with the pupil's parents, advice from the pupil's paediatric diabetic specialist nurse, class teacher and named worker and lead for medical needs in school.

- Fielding Primary School recognises that some pupils with diabetes may need to administer their medication during the school day (via an Injection or pump). Older pupils are encouraged to manage their own insulin injections and pump management. Supervision is available should it be required. A private place to carry out the injection/monitor blood glucose levels is available. For younger pupils it may be necessary for an adult to administer the injection, this will be included in the pupil's Health Care Plan.
- When staff agree to administer blood glucose tests or insulin injections or to make insulin pump adjustments, they will be trained by an appropriate health care professional, no member of staff will be expected to carry out this task without full training and their consent.
- Pupils with diabetes need 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 blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions will be made aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

## Diabetic Emergencies

A pupil's blood glucose may vary during the school day. It may be too low (**hypoglycaemia or hypo**) or too high (**hyperglycaemia or hyper**). Both of these situations can make the pupil ill and render them unable to safely look after themselves. It is during these times that a pupil is most likely to need adult support.

## Hypoglycaemic reaction

- Symptoms indicating a **hypoglycaemic reaction (hypo)** will be discussed when drawing up a pupil's Health Care Plan, these symptoms will then be made available to anyone that has contact with the individual pupil.
- If a pupil has a hypo, the pupil will not be left alone, fast acting sugar such as a glucose tablet or gel will be given immediately, followed by slower acting starchy food once the pupil has recovered – 10 or 15 minutes later. An ambulance will be called if:
  - the pupil's recovery takes longer than 10 – 15 minutes
  - the pupil become unconscious.
- Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction (hypo)** in a pupil with diabetes:
  - hunger
  - sweating
  - drowsiness
  - pallor
  - glazed eyes
  - shaking or trembling
  - lack of concentration
  - impaired cognitive functioning
  - irritability
  - headache
  - mood changes, especially angry or aggressive behaviour

## Hyperglycaemia (high glucose level)

- Some pupils may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor

diabetic control, and staff will draw any such signs to the parents' attention. If the pupil is unwell, vomiting or has diarrhoea this can lead to dehydration.

Warning signs may include:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

Prolonged hyperglycaemia can lead to a very serious condition called Diabetic Ketoacidosis (DKA). It can take anything from a few hours to a few days to develop and is life threatening.

Warning signs:

- Abdominal pain
  - Vomiting
  - Deep and rapid breathing (over- breathing)
  - Breath smells of acetone (like nail polish remover)
- 
- An emergency kit box is kept in school for each pupil with diabetes. It will be labelled with the pupil's name and class and emergency contact numbers, this box will be kept in the pupil's classroom in the first aid locker.
  - The kit box should contain snacks, a sugary drink and dextrose tablets. The exact contents, as well as details relating to emergency action school staff need to take in the event of a hypo/diabetic emergency, will be stated in the pupil's Individual Health Care Plan.
  - Parents are responsible for supplying the school with the kit box and for keeping it stocked.

## Anaphylaxis

- Fielding Primary School is aware that anaphylaxis is manageable. With sound precautionary measures and support from the school, pupils are able to take part in school life normally.
- All staff are aware that anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention.
- A health care plan will be drawn up with the pupil's parents, advice from the pupil's doctor, class teacher and named worker and lead for medical needs in school.
- Triggers can include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit, penicillin, latex and the venom of stinging insects.
- Parents of pupils with known allergies should supply the school with two Epipens, one to be kept in the classroom, or carried on their person if they are in year 5 or 6 and one to be kept in the Epipen (AA-I) storage area in the First Aid Room.
- The pupil's epipen (or (AA-I) must be taken to PE, games lessons and on school trips.
- If an allergic reaction occurs, the adrenaline injection should be administered into the muscle of the outer thigh. An Ambulance will be called.
- Staff who have agreed to administer the medicine will receive appropriate training

## COVID-19

If a pupil displays symptoms of COVID-19 while in school, they will be isolated from others, in the welfare room. Windows should remain open for ventilation. Isolating pupils will be

supervised from a distance of 2m, if close care is needed, adults providing the care will wear PPE. Parents will be contacted and asked to collect their child.

We will follow all up to date DfE guidance and protocols.

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# Appendices

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# Accident/incident Record

Date and time:	Pupil/Class:	Where did the injury occur?:	Injury sustained:	Details of activity/how injury was sustained: (description of injury, how injury happened, first aid administered)
Time incident reported to class teacher/LST:	Parent informed?	Was the incident a result of inappropriate behaviour?	First aid administered by:	
Time?:  Who?:	Yes (when, by who)  No			
				Has head injury letter been completed? Yes/ No/ N/A

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

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

# Record of Head Injury – Information for Parents

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Dear Parent of: \_\_\_\_\_ Class: \_\_\_\_\_

Whilst we do not wish to cause you any unnecessary alarm or concern, your pupil sustained a minor injury to the head at \_\_\_\_\_ am/pm.

☐ right side ☐ left side ☐ back ☐ top ☐ forehead ☐ mouth ☐ other

\_\_\_\_\_  
*Please note, if your pupil has suffered a facial injury, including damage to the mouth, this is also classed as a head injury and the guidelines below should be adhered to.*

As per school policy a courtesy call was made at \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_ (first aider).

Your pupil has been monitored by staff since the incident, see below.

Time	Checked by	Comment	Time	Checked by	Comment

Below are hospital health care guidelines you may wish to follow as you continue to monitor your pupil:

- You should keep your pupil quiet and only give him/her things to do if he/she feels like it.
- He/she can eat or drink whatever he/she wants but may not feel like eating at first. Give plenty of drinks.
- If you feel your pupil has a headache you may give paracetamol (Calpol/Disprol) according to the instructions on the bottle.

In particular may we suggest that you watch for any signs of your pupil:-

- Vomiting
- Complaining of headache despite paracetamol
- Becoming unusually sleepy or unusually hard to wake up
- Having a convulsion
- Having abdominal pains
- Having abnormal or unexplained behaviour

You need to watch your pupil and if any of the above symptoms occur within the next 3 to 4 days we would advise you to consult your GP or take your pupil to the accident and emergency unit of your local hospital.

We would be grateful if you could inform us if this becomes necessary.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to class teacher? ☐ Entered on Bromcom? ☐

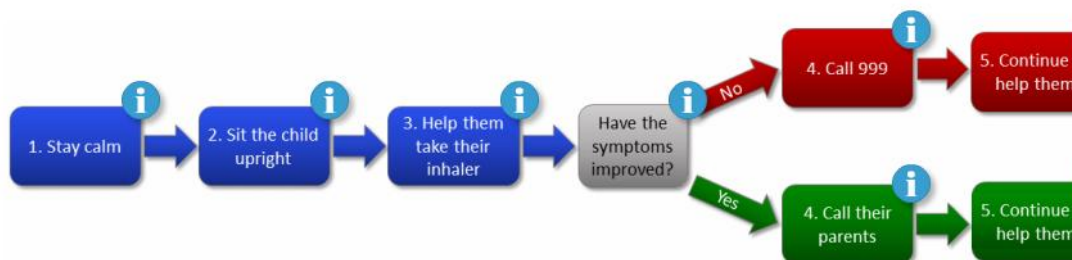


# What to do in an asthma attack

## Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

## What to do



- Stay calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down, do not move the child
- Make sure the child takes one puff of reliever (blue inhaler) immediately (preferably through a spacer) and takes 5 slow breaths
- Loosen tight clothing
- Reassure the child
- Shake inhaler, repeat above

## If there is no immediate improvement

- Call medical room (331) or front desk (301) for medical assistance
- Continue to give the child one puff of their reliever every minute until the ambulance arrives, they can have 10 puffs.
- If ambulance doesn't arrive within 10 minutes repeat above

## After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities
- The parent must always be told if their child has an attack

## Important things to remember in an asthma attack

- Never leave a child having an asthma attack, do not move the

# Department of Health Guidance for Infection Control

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders
Athlete's foot	None
Chickenpox*	Five days from the onset of rash
Cold sores, (Herpes simplex)	None
German measles (rubella)*	Six days from onset of rash
Hand, foot and mouth	None
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment
Measles*	Four days from onset of rash
Molluscum contagiosum	None
Ringworm	Exclusion not usually required
Roseola (infantum)	None
Scabies	Child can return after first treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment
Slapped cheek (fifth disease or parvovirus B19)	None
Shingles	Exclude only if rash is weeping and cannot be covered
Warts and verrucae	None

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting
<i>E. coli</i> /O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting
Shigella* (dysentery)	
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea

Respiratory infections	Recommended period to be kept away from school, nursery or childminders
Flu (influenza)	Until recovered
Tuberculosis*	Always consult the Duty Room
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment

Other infections	Recommended period to be kept away from school, nursery or childminders
Conjunctivitis	None
Diphtheria *	Exclusion is essential. Always consult with the Duty Room
Glandular fever	None
Head lice	None
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)
Hepatitis B*, C, HIV/AIDS	None
Meningococcal meningitis*/septicaemia*	Until recovered
Meningitis* due to other bacteria	Until recovered
Meningitis viral*	None
MRSA	None
Mumps*	Exclude child for five days after onset of swelling
Threadworms	None
Tonsillitis	None

# Forms

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## Template A: individual healthcare plan

Name of school/setting	Fielding Primary School
Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to pupil	
Phone no. (work)	
(home)	
(mobile)	

### Clinic/Hospital Contact

Name	
Phone no.	

### G.P.

Name	
Phone no.	

Who is responsible for providing support in school

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# Forms

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Describe medical needs and give details of pupil's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

# Forms

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## Template B: parental agreement for setting to administer medicine

The school/setting will not give your pupil medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of pupil

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other  
instructions

Are there any side effects that the  
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to pupil

Address


# Forms

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I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



# Forms

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## Template C: record of medicine administered to an individual pupil

Name of school/setting	
Name of pupil	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual pupil (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Name of school/setting	
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[illegible]

## Template E: staff training record – administration of medicines

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

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

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Template F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the pupil and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

# Nursery Fever Control Policy and Procedures

March 2024

## Introduction

What is a fever (high temperature) in pupils?

As a general rule, a temperature of 38C (100.4F) or above is classified as a fever in pupils. But this can vary from pupil to pupil. Some pupils may be ill with a lower temperature, while others may have a higher temperature and be perfectly well. (NHS)

Febrile seizures (febrile convulsions) are fits that can happen when a pupil has a fever. They most often happen between the ages of six months and three years.

It can be frightening and distressing to see your pupil having a seizure, particularly if it's their first one. However, the fits are usually harmless and almost all pupils make a complete recovery afterwards. As a precaution, you may still need to take your pupil to the nearest hospital or dial 999 for an ambulance (NHS)

## Illness at home

It is the responsibility of the parent to ensure that a pupil is kept at home if he/she is unwell, if a pupil has had a fever they should be kept at home until fully recovered.

## Fever at Nursery

In cases where a pupil begins to feel very unwell during the school day and needs medical attention every effort will be made to contact the parents so that the pupil can be collected and taken home. If a pupil has a Fever you will be expected to collect your pupil as soon as possible, if you are unable to collect within a reasonable time we will request that a known carer collects on your behalf. If we are unable to contact the parent we will contact a nominated emergency contact.

## Medication

Staff do not normally administer medication (prescribed or non-prescribed) for short term sickness; we recommend that wherever possible, parents request their doctor or dentist to prescribe medication that can be taken outside the school day. If this is not possible then it is the parent's responsibility to administer the medication. Arrangements can be made in school for the parent to do this.

However, due to the seriousness of fevers in young pupils and the risk of febrile convulsions, an exception has been agreed in consideration with **'Supporting pupils school with medical conditions Statutory guidance'** that states *'medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so'*

# Nursery Fever Control Policy and Procedures

In circumstances where a nursery pupil becomes unwell and has a temperature of 38.5C or above, this is defined as a fever, the nursery will administer one dose (dose-as detailed on the bottle) of Calpol Infant Suspension.

## Temperature Procedure

1. If a pupil has a temperature of 38C, they will be kept cool by removing top clothing, sponging their heads with cool water/cloth, but kept away from draughts.
2. The pupil's Temperature is taken using a forehead 'fever scan' or digital thermometer kept near to the first aid box in the nursery kitchen.
3. We will offer the pupil sips of water to ensure they are kept hydrated.
4. Parents will be contacted to collect the pupil, or a nominated adult in their absence as soon as a temperature is detected, if we are unable to establish contact with the parent an emergency contact will be called to collect the pupil.
5. If a pupil's temperature continues to rise to 38.5C, a dose of Calpol Infant Suspension will be administered whilst the nursery wait for the pupil to be collected.
6. Only the Nursery Manager, or in her absence the Deputy Head Teacher, Nursery Early Years Practitioner or School's Welfare Assistant can administer Calpol Infant Suspension.
7. In line with our medical needs policy staff will keep a written record each time Calpol Infant Suspension is administered to a pupil, and inform the pupil's parents and/or carers on the same day, before medication is administered, or as soon as reasonably practicable afterwards.
8. In circumstances where a pupil experiences a febrile convulsion before the parents arrive to collect, an ambulance will be called to the nursery.

## Important

Non-prescription medication in the form of Calpol Infant Suspension will only be administered to a pupil where written permission for that particular medicine has been obtained from the pupil's parent and/or carer. On admission parents will be asked to sign a consent form for the administration of Calpol infant Suspension in emergencies to reduce fevers over 38.5C.

No more than one bottle of Calpol Infant Suspension will be stored in the Nursery at any one time, this will be purchased and owned by the school - it will be stored in a locked cupboard.

# Nursery Fever Control Policy and Procedures