PARK SCHOOL AND NURSERY – FIRST AID POLICY- ISIS 13A

This policy is to be read alongside Food Safety and Allergy Policy and Administration and Storage of Medicines Policy.

1. QUALIFIED FIRST AIDERS:

First aid at work, emergency first aid at work and paediatric first aid qualifications are updated every three years.

Records of all first aid and medical training are maintained and monitored by the Pastoral and Medical Lead.

2. POLICY STATEMENT

Park School and Nursery aim to support and welcome pupils with medical conditions, offering as far as we reasonably can, the same opportunities as to other pupils. Children with medical needs will, as far as reasonably practicable, be encouraged to attend and participate in School/Nursery life as fully as possible. Qualified First Aiders are always available. All staff are Paediatric trained First Aiders. This policy is reviewed, evaluated and updated annually.

The School will ensure that first aid is administered in a timely and competent manner through the effective implementation of this policy.

3. RECORDS OF MEDICAL NEEDS

Medical lists are compiled during the summer holidays medical list are available on Sharepoint and ISAMS. The Pastoral and Medical Lead compiles this information for the emergency folders based around the site. Parents are asked to keep the School updated concerning their child's medical condition and lists are updated accordingly and circulated.

For children with specific/long term medical needs, a written Individual Health Care Plan will be initiated by the Pastoral and Medical Lead in consultation with parents and/or Health Care Professionals. These plans are kept with the emergency medication (orange bags). This can include details of the child's condition, special requirements, e.g. medication, dietary needs, pre-activity precautions, any side effects of medication, what constitutes an emergency and any action to be taken, who to contact in an emergency and the role and names of staff involved in the child's care. A risk assessment will also be carried out, if necessary, for everyone's circumstances and circulated as appropriate.

4. RESPONSE TO A CHILD FEELING ILL

The School/Nursery can only administer any medicines which have been prescribed for that child or for which they have a signed consent form and the Pastoral and Medical Lead has given approval.

The School Office should be consulted by the class teacher if a pupil is ill in School. If appropriate, the decision will be made by the Pastoral and Medical Lead to send the child home. School Office will notify 'child leaving' group mailbox of this absence.

5. RESPONSE TO ACCIDENT/ INJURIES/ MEDICAL CONDITIONS

Be aware of Child Protection Measures. First Aid will always be administered in an 'open' situation, unless this compromises the child's right to privacy, when another member of staff should be present as a witness.

Any first aid that is administered must be recorded on one of the record sheets that are kept with each of the first aid boxes. These are collected and uploaded to an electronic database on a termly basis by the School Secretary Pastoral and Medical Lead. This database is then reviewed termly by the Pastoral and Medical Lead, and any trends discussed with SLT and reported to the full Health and Safety Committee each term.

All minor injuries may be treated by trained members of staff (observing the guidelines set out in the First Aid boxes). **No member of staff or parent helper should administer First Aid unless they have received proper training.**

Children should be sent to the School Office for any first aid (excluding break and lunchtimes where a designated adult will be on duty outside).

Exposed cuts and abrasions will be covered with a waterproof dressing. Clean cold tap water should be used to wash mouths or broken skin. Hands should be washed before and after administering First Aid. Disposable gloves must be worn.

The patient's blood or other body fluids should be washed off with soap and water if the First Aider encounters them.

Disposable plastic gloves must be worn when staff are mopping up blood or body fluids. Paper towels will be used for mopping up and soiled towels/gloves should be disposed of in sealed yellow plastic bags in the designated first aid waste bin in the disabled toilet in building no.47. First Aid waste should NOT be disposed of in any normal waste bin or sanitary bin.

Special granules are available from the site manager to soak up and treat vomit.

Surfaces should be wiped down with an antibacterial disinfectant.

Sterile water or sterile normal saline in sealed disposable containers should be used for eye irrigations. These should not be re-used once the seal has been broken.

Medical incidents, accidents and near misses are reviewed to identify trends and reduce future risk.

First Aid kits are to be found in the following locations: -

- No.43 - Baby room, first floor
- No.43 - medical room, first floor
- No. 45 - Nursery
- No. 49 - ground floor (EYFS)
- Hall – opposite toilets
- School Office
- Kitchen – staff only
- Inside each TA room.
- STEAM room.
- Music room.
- Minibuses (all 3)
- Dean Park Sports Ground (changing room, main entrance).

Traveling first aids kit as well as two playground boxes are stored in the School Office. **The travelling First Aid kit and trained First Aider must accompany all groups going on any outside visit.** If any items are used, please inform the School Office. Sports staff each have a first aid kit with their medical list which they take to fixtures and training sessions. All First Aid administered will be recorded on the first aid sheet. Any serious accidents will be reported following the reporting procedure. There is also a First Aid kit under the seat in each minibus.

The School Secretary (overseen by the Pastoral and Medical Lead) is responsible for equipping the First Aid kits, ordering the stock and ensuring that all items are in date and entering first aid data onto the database.

Serious injuries must be brought to the attention of the Pastoral and Medical Lead (or if unavailable the Headteacher). Serious injuries include all head injuries, fractures and sprains. Therefore, any knocks to the head or face must be treated as serious and the Pastoral and Medical Lead should be contacted immediately.

If there is an accident or incident in the playground that is serious enough to take all the available adults'

attention, the bell should be rung to establish control over all the children while the incident is dealt with. Extra help should be summoned to the accident spot if necessary.

All children who suffer serious injuries, but remain in School, need to be monitored - a green form will be given to the class teacher, who **must** pass this on to the parent in person or telephone parents if they do not see them at home time.

Any member of staff can call the emergency services however the Pastoral and Medical Lead (or other member of the Senior Leadership Team) need to be informed immediately (via walkie talkie). SLT will then contact the parents. If the parents do not arrive before the ambulance is ready to leave, a member of staff will accompany the child to hospital. If a child needs to be sent home, because of an accident or injury, the child should be taken to the School Office/Nursery Manager, and the Pastoral and Medical Lead (or a member of SLT) will be summoned and will contact the parents as necessary.

In the event of a serious injury, an accident report form should be completed and handed to the Pastoral and Medical Lead and Safety Officer as soon as is reasonably practicable and, in any event, by the end of the same working day. These are available on SharePoint. The form is to be used in the event of an accident you think may be serious, an accident involving an outside agency or requiring the attendance of a Medical Practitioner, a Physician, or a Paramedic, or any accident which results in a child being sent home from School or parents being called.

If a member of staff has an accident a staff accident form should be completed (available on SharePoint).

For children in Nursery/Reception (EYFS) parents should be shown the accident form and date and initial it.

Certain types of injuries such as fractures and injuries which result in the casualty losing consciousness, going to and being treated in hospital or being incapacitated for 7 or more days, or death of a child, need to be reported under RIDDOR. (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and to OFSTED (EYFS) and child protection agencies (EYFS). The Pastoral and Medical Lead and Safety Officer is responsible for submitting these reports as soon as is reasonably practicable, but within 14 days.

The School Office should be notified of any suspected food poisoning, infectious problems or diseases (e.g. Head Lice). The School Office will then inform the Headteacher and Pastoral and Medical Lead. In the case of Head Lice, information is sent to parents of all the children in the class/year group of the infected child, informing them of the outbreak. For other infectious conditions the advice contained on the NHS/UKHSA website is followed. If the outbreak is more serious, affecting 2 or more children, the Pastoral and Medical Lead, in consultation with the Headteacher, will inform UKHSA and OFSTED (EYFS) and follow their advice. This may involve notifying parents throughout School. The School's/Nursery's procedure for infectious diseases is outlined in the Parent's Handbook (available on the School Website).

6. ASTHMA

Asthma is a long-term medical condition that affects the airways. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react. Triggers can include tobacco smoke, having a cold or flu, chalk dust, house dust mites, mould, pollen and grass cuttings, stress and emotion, furry and feathery animals, scented deodorants and perfume, latex gloves, dust from flour and grains, chemicals and fumes, cleaning and gardening products, wood dust, weather and air quality.

Signs and symptoms of an asthma attack include:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest (younger children may express feeling tight in the chest as tummy ache)
- Being unusually quiet
- Difficulty speaking in full sentences

If you suspect a child is having an asthma attack:

- Follow the advice card in the Emergency Folders
- Do not delay
- Call an ambulance immediately and commence emergency action if the child:
- appears exhausted
- has blue/white tinge around their lips
- is going blue
- has collapsed

School Office to:

- dial 999 – ambulance control must be told what is suspected (asthma attack etc.), the full name and address of the School, the exact location of the School
- get mobile phone to incident
- contact parents, Headteacher and Pastoral and Medical Lead
- Member of office staff to wait at entrance to direct paramedics

Most pupils with asthma should only need to take reliever medication at School/Nursery. Parents are encouraged to provide a spare reliever/inhaler stored in the classroom for use in emergencies. An emergency reliever inhaler is also kept in the School Office/Dean Park for emergency use (for those pupils whose parents have agreed in writing to its use).

Parents of pupils with asthma will be asked to fill out an Individual Healthcare Plan by the Pastoral and Medical Lead, detailing the child's condition and medication needs. These will be reviewed annually by the Pastoral and Medical Lead or following a pupil's asthma review appointment with their doctor or asthma nurse. Copies of the HCP are stored in the child's emergency bag and within Sharepoint.

All staff have access to a list of children with asthma and emergency procedures on the Medical List within Sharepoint.

It is the class teacher's/Nursery Practitioner's responsibility to:

- ensure that all pupils with asthma are allowed to always access their reliever inhaler freely. Reliever inhalers should be kept in the child's orange medpac bag hung on the emergency medication hooks.
- know which inhaler belongs to which child. Each asthma medication should be clearly labelled with the child's name, stored in an orange named med-pac bag near the emergency folder in the classroom.
- know which children have permission to be given the emergency inhaler held in the School Office
- ensure that the children with asthma always know where to find their inhaler including the spare when they need it.
- The Pastoral and Medical Lead will check the expiry date for asthma medication on the first day of each term. Parents will be asked to replace any out-of-date medication.
- ensure any spacer supplied with the inhaler is named, stored with the inhaler and used appropriately.
- ensure that the inhaler is taken to other areas on/off site when the child leaves the classroom.
- return inhalers to the parents when they are due to expire.
- be aware of any possible triggers and try to reduce or eliminate their effect

If a doctor or asthma nurse advises that a pupil needs to use a nebuliser in School, the staff involved will be trained by a healthcare professional.

Children in Years 3-6 suffering from Asthma can be responsible for administering their inhaler themselves. As part of the HCP parents authorise their child to be responsible for administering their own inhaler. Staff should monitor these children and inform parents if the child appears to be overusing their inhaler.

For children in Nursery, Reception and Years 1 and 2 will be administered under staff supervision. Staff should ensure that they record the administration on the appropriate form kept in the School Office. Forms are available from the Pastoral and Medical Lead.

Pupils with asthma are encouraged to participate in all PE and activity-based lessons, after-School clubs and sports activities. PE staff will be provided with a list of pupils with inhalers in their HCPs by the Pastoral and Medical Lead and they should ensure these pupils have their medpac bag containing their inhaler with them. They should be aware of any possible triggers e.g. pollen and try to reduce or eliminate their effect. PE staff will speak to parents if they have any concerns about a pupil's asthma especially if they do not have an inhaler at School or if a parent is concerned about their child's participation in sports activities. If exercise or physical activity makes a pupil's asthma worse, staff should always ensure that they use their reliever inhaler immediately before they warm up. If a pupil has asthma symptoms while exercising, they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again.

An emergency inhaler kit will be taken to sport for those pupils with permission to use it in an emergency.

PE staff should ensure that each pupil's medpac bag with inhaler is labelled and placed in a box that is easily accessible at the start of the lesson. If a pupil needs to use their inhaler they should be encouraged to do so and helped if necessary.

For off-site visits, the party leader should ensure that pupils with Asthma have their medpac bags with their inhalers with them prior to departure. The party leader/ nominated teacher should ensure that the pupils use their inhalers as required during the visit. On residential visits, parents are asked to fill in medical information/consent forms. These forms are taken on the visit by the Party Leader and copies left with the School Contact and Out of Hours Contact. An emergency inhaler will be taken for those pupils with permission to use it in an emergency.

7. ANAPHYLAXIS

The School recognises that early identification of the signs and symptoms of anaphylaxis is vital in giving the best possible treatment and outcome. While we have children in School with known allergies and conditions that make them susceptible to anaphylaxis, it is also possible that any individual may suffer a sudden unexpected reaction. As a School we therefore carry out anaphylaxis training for all staff within our first aid training. Staff are familiarised with the signs and symptoms so that they can recognise anaphylaxis.

A significant anaphylactic reaction is present where any of the following occur following exposure to an allergen:

- Swollen lips and tongue or feeling a lump in the throat
- Itching sensation in the throat/mouth
- Pale and clammy skin
- Blue colour to the lips/tongue/gums
- Difficulty in breathing and/or swallowing
- Drowsiness
- Loss of consciousness and collapse
- Rapid or weak pulse
- Breathing stops, no pulse felt and the heart stops beating

Some or all the following signs may also occur following contact with the allergen:

- Urticarial rash (nettle rash or hives)
- Itching on the outside of the body and/or sneezing
- Runny eyes
- Swelling of face
- Swelling of lips

- Flushed face and neck
- Cough and/or wheeze
- Feeling of faintness and /or apprehension
- Possibility of vomiting and/or diarrhoea

If you suspect a child is having an allergic reaction:

- Follow the procedure - Allergic Reaction Emergency.
- Do not delay

The School Office will:

- dial 999 – ambulance control must be told what is suspected (anaphylaxis), the full name and address of the School, the exact location of the School
- get mobile phone to incident
- contact parents, Headteacher and Pastoral and Medical Lead
- Member of office staff to wait at entrance to direct paramedics
- When the ambulance arrives;

Inform the paramedics at what time the adrenalin injections were given. PARAMEDICS MUST BE ADVISED OF THE PRESENCE OF SHARPS IN THE EMERGENCY BOX.

If an Auto Injector is accidentally injected into the hand/other part of the body of the person administering it, they must seek medical advice by visiting the local A & E Department (Casualty). They can be taken by car. If the person is KNOWN to have a cardiac condition, they will need to go by ambulance following accidental injection.

A list of children with Auto Injectors are available within the Medical List.

Parents of pupils with Auto Injectors will be asked to fill out an Individual Healthcare Plan by the Pastoral and Medical Lead detailing the child's condition and emergency medication needs. These will be reviewed annually by the Pastoral and Medical Lead. Healthcare Plans and Allergy Plans are available within the child's emergency bags and are stored within Sharepoint.

Parents are asked to supply 2 named Auto Injectors for their child – these are stored in the child's named orange medpac bag hanging on the emergency medication hook in their classroom, and the School auto injectors are stored in the dining room medpac bag. In Nursery, Auto Injectors are stored within the child's emergency medication box. Emergency procedure cards are in the emergency folders.

Parents are responsible for checking expiry dates of all medication, but both Auto Injectors for each child will be checked upon return to School if they are taken home for holidays to ensure they are in date and parents will be advised if a replacement is needed. All medication will be returned to the parents upon expiry.

If antihistamines have been prescribed as part of the emergency treatment, they should also be kept in the child's named medpac bag

The child's Individual Health Care Plan may also list food management systems which need to be in place.

For off-site visits, the party leader should ensure that pupils have their named medpac bag with both their Auto Injectors and associated medication with them prior to departure. There should be a trained member of staff on any off-site visit who would be responsible for carrying and administering the medication if required. On residential visits, parents are asked to fill in medical information/consent forms. These forms are taken on the visit by the Party Leader and copies left with the School Contact and Out of Hours Contact.

PE Staff will be provided with a list of children (within the medical list) with Auto Injectors. PE staff should ensure these children have their medpac bag with both Auto Injectors and associated medication with them before leaving the School site and should ensure that each pupil's medpac bag is labelled.

Allergen cards are used by the catering staff to ensure children with food allergies/intolerances are given alternative foods. The catering manager is responsible for ensuring the cards/alternative meals are available

for the appropriate children.

Staff are required to read the allergy risk assessment which lists the control measures in more detail.

8. DIABETES

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This can be due to an inefficient pancreas, the insulin produced in the body not working properly or a combination of both. There are two types of diabetes. Type 1 (more common in children) where the body cannot produce any insulin and needs it replaced by medication and Type 2 where the body's supply is inefficient and may need medication to support it.

Signs and symptoms are different for every child and should be listed on the Individual Child's Healthcare/Diabetes plan.

Hypoglycaemia (Glucose levels too low): This can occur due to:

- taking too much medication
- delayed/missed meal/snack
- not enough carbohydrate
- increased strenuous activity

Hypos are usually unexpected, sudden, rapid, without warning and unpredictable. A child should not be left alone during a hypo. A trained person must be called, and treatment brought to them. (Treatment is listed on their Individual Healthcare plan.)

Signs:

- hunger
- trembling
- sweating
- anxiety/irritability
- rapid heartbeat
- tingling of lips
- blurred vision
- paleness
- mood change
- difficulty concentrating
- vagueness
- drowsiness

Hyperglycaemia (Glucose levels too high): This usually occurs when the child:

- has missed an insulin dose or hasn't taken enough insulin
- has had a lot of sugary or starchy food
- has over-treated a hypo
- is stressed
- is unwell
- has a problem with their pump (if this is their treatment regime).

The symptoms do not appear suddenly but build up over a period of time. They include:

- thirst
- frequent urination
- tiredness

- dry skin
- feeling sick
- blurred vision
- tummy ache

Harmful substances can build up in the body (ketones) and a smell like pear drops/nail polish remover may be noticed.

If readings are high for some time, then a ketone test may be done and if detected, treated as an emergency. (Parents informed and emergency procedures followed (see Individual Healthcare plan).

Staff Training:

Several staff will be trained by a qualified diabetic nurse and assessed as competent. Only trained staff will oversee or assist the child to test their own blood glucose level, administer their medication, change needles etc. as detailed in the plan.

The blood sugar level may necessitate a change in the amount of insulin given. If given by injection this will always be administered by a trained member of staff and double checked by a second trained member of staff and records counter-signed.

Entries into a child's pump will be checked by the supervising member of staff.

A record of any medication administered, including blood glucose levels and the dose of medication administered will be kept with child's diabetes kit.

Management of Diabetes:

Parents of pupils with diabetes will be asked to fill out an Individual Healthcare Plan by the Pastoral and Medical Lead detailing the child's condition and medication needs. This may be provided by the diabetes nurse/doctor treating the child. These will be reviewed annually by the Pastoral and Medical Lead.

The management plan for each child with diabetes will be different and is listed on their Individual Healthcare plan. This should be followed at all times. The room where the medication will be administered will be carefully chosen to preserve dignity and privacy.

A current list of trained diabetes staff is maintained by the Pastoral and Medical Lead who have been signed off by Poole Paediatric Diabetic team.

Storage of Medication:

Parents are asked to supply a separate diabetes kit. Each kit is stored in the child's named medpac bag out of the reach of other children. A copy of the child's Individual Healthcare Plan containing clear instructions for use/dosage, accompanying medication etc is kept in their bags.

Parents are responsible for checking expiry dates of all medication, but the diabetes pen for each child will be checked monthly by the trained person overseeing administration to ensure it is in date and parents will be advised if a replacement is needed. All medication will be returned to the parents at the end of each term.

Pupils with Type 1 diabetes need to eat at regular, pre-determined intervals. Extra-curricular activities will be arranged to allow for this. The child's Individual Health Care Plan/Diabetes Plan will list food management systems which need to be in place.

For off-site visits, the party leader should ensure that pupils have their diabetes kit with them prior to departure. There should be a trained member of staff on any off-site visit who would be responsible for carrying and overseeing the administration of the medication if required. On residential visits, parents are asked to fill in medical information/consent forms. These forms are taken on the visit by the Party Leader and copies left with the School Contact and Home Contact.

The majority of pupils with diabetes should be able to fully participate in sport following the guidelines in

their Individual Healthcare plan. PE Staff will be provided with a list of children with diabetes. PE staff should ensure these children:

have their diabetes kit/snacks with them before leaving the School site and should ensure that each pupil's medpac bag is placed in a box at the start of the lesson along with the Healthcare plan/an emergency procedure card.

- have tested their blood sugar levels before any activity. If the blood sugar level is 15 mmols/l or above the pupil should not take part in physical activity and a ketone test should be performed.
- have eaten enough before the start of the activity and have snacks available if necessary. They may need to eat an additional snack before/during or after activity (see Individual Healthcare plan).

Staff should refer to www.diabetes.org.uk for more information.

9. DEFIBRILLATOR (LOCATED OPPOSITE TOILETS IN HALL)

The School has a defibrillator for use in a cardiac emergency. Sudden cardiac arrest occurs when the heart develops an arrhythmia (abnormal heart rhythm) that causes it to stop beating. Cardiac arrest strikes suddenly and without warning.

All staff will be informed of the identity of any children at risk. Signs/symptoms of cardiac arrest:

- Most casualties feel and look very unwell for a while before the heart stops.
- Sudden loss of responsiveness (no response to tapping on shoulders).
- Casualty does nothing when you ask if they are OK.

In the event of an emergency:

- Do not delay
- Check for danger- remove if safe to do so.
- Assess Airway, Breathing and Circulation continuously.
- School Office to call 999 immediately or call from any phone and send for the defibrillator.
- Ambulance control must be told:
    - that the casualty is having a cardiac arrest and any known medical condition
    - the full name and address of the School
    - the exact location within the School
- Check casualty regularly for a pulse/breathing and start CPR immediately
- Connect the defibrillator (trained member of staff). **Ensure correct pads are attached and pads are not placed over any pacemaker area etc**. The machine will tell you if it is to be operated.
- If a shock is advised, ensure everyone is clear and follow the voice control of the machine. Continue CPR in between shocks, as directed by the voice/visual prompts.
- If a shock is not advised, resume CPR immediately as directed by voice/visual prompts.
- Report details of any use of the defibrillator to the ambulance crew.

The defibrillator is kept opposite the toilets in the School Hall. Its location is appropriately signed. The battery is checked termly by the Safety Lead.

A risk assessment will be carried out for off-site visits involving any of the children at increased risk. PE Staff will be provided with information on children who are at increased risk. PE staff should ensure that there is a trained member of staff at sport who will be responsible for carrying and administering the defibrillator if required.

The defibrillator batteries will be changed before their expiry date or when alerted by the machine. Battery status is checked regularly by the Safety Officer who will inform the Pastoral and Medical Lead of any problems. The batteries will be renewed as required.

10. RESPONSIBILITIES:

The Proprietor, Park School Ltd, as a School and an employer are responsible for:

- ensuring the School/Nursery has insurance which includes cover for the administration of First Aid/ medicines;
- ensuring comprehensive procedures are in place for the administration of First Aid/ medicines and that staff are aware of these procedures (via the Pastoral and Medical Lead);
- providing and recording appropriate training undertaken to support the medical needs of pupils and ensuring the training is updated on a regular basis (via the Pastoral and Medical Lead);
- ensuring accurate records of administration of First Aid/ medicines are kept (via the Pastoral and Medical Lead);
- ensuring there are appropriate and sensitive systems for sharing information about a child's medical needs (via the Pastoral and Medical Lead in consultation with the Headteacher).

The Commercial director (Forfar) is responsible for:

- Governance and oversight of this policy and its implementation.

The Headteacher is responsible:

- for ensuring the School/Nursery's procedures for the administration of First Aid/ medicines are followed;
- for ensuring that staff are available and adequately trained to administer the appropriate First Aid/medicines;

The Pastoral and Medical Lead is responsible for:

- Implementing and reviewing the First Aid Policy;
- Maintaining the administration of First Aid/ medicines systems;
- Liaising with the Health Care Professionals as appropriate;
- Facilitating information sharing;
- Initiating, agreeing, implementing and monitoring Individual Health Care Plans.
- for ensuring that medicines are stored safely;

Teachers and other staff are not required to administer First Aid unless trained to do so. They are not required to administer medicines unless they are happy to do so. The School/Nursery will arrange for any appropriate training for administration of specific medicines. The School/Nursery's insurance policy covers staff to administer First Aid/medicines. Details of the Public Liability insurance cover is available in the School Office

Class Teachers will:

- ensure they are aware of the medical needs of the children in their class (listed on ISAMS and Sharepoint)
- keep comprehensive records of their needs which are regularly updated and inform the School Office of any changes;
- be aware of the likelihood of a medical emergency arising with an individual child and what action to take if one occurs (back-up cover should be considered for staff absence/unavailability);
- liaise with Health Care Professionals where appropriate to support the medical needs of the children in their care.
- ensure that all other staff who teach/supervise the children are aware of their needs.

- ensure that a supply/cover teacher will immediately see that there are children who have asthma, diabetes, Emergency Auto Injectors or who are at increased risk of cardiac arrest.

All Staff involved with a child with medical needs (whatever the time of day) will:

- be made aware of the child's medical condition, their needs and treatment including any warning signs of the condition and/or possible side effects of treatment. There should be a clear 'alert' system and accurate, prompt information sharing between staff;
- ensure they have been adequately trained to support the medical needs of the children in their care.

Parents are responsible for:

- Providing full up to date information about their child's medical needs, including details of medicines required;
- Completing and signing a form detailing the request for administration of medicine in School/Nursery;
- Delivering and collecting the medicines and ensuring they are in date;
- Completing, signing and agreeing an Individual Health Care Plan, if appropriate, with the School's Pastoral and Medical Lead.

11. FURTHER GUIDANCE/INFORMATION

- First aid in Schools, early years and further education - GOV.UK (www.gov.uk)
- Supporting pupils with medical conditions at School - GOV.UK (www.gov.uk)
- Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk)
- SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)
- Emergency asthma inhalers for use in Schools - GOV.UK (www.gov.uk)
- Allergy information for Schools | Anaphylaxis UK
- Using emergency adrenaline auto-injectors in Schools - GOV.UK (www.gov.uk)
- Defibrillators | SWAST Website
- Automated external defibrillators - guidance for Schools (publishing.service.gov.uk)
- www.diabetes.org.uk website