The Park Federation Academy Trust

Iver Village Infant Academy

Supporting Pupils with Medical Conditions at School Policy 2025

Approval

Signed by the Chair of the Board following approval from the full Board of Directors	Dr. Martin Young
Date of approval	September 2025
Next Review	September 2026

Version History

Version	Date	Status and Purpose	Changes overview
1	01/09/2021	Final	Policy created
2	22/08/2023	Update	Updated key contacts
3	07/08/2024	Updated	Minor changes. Updated first aiders, information on training, location of emergency inhalers and auto injectors.
4	01.09.2025	Reviewed	
5	1.6.25	Updated	Benedict's Law

Notes on Document Control

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To enable continuous improvement, all readers are encouraged to notify the author of errors, omissions and any other form of feedback.

Supporting Pupils at School with Medical Conditions Policy

Rationale:

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Department for Education (DFE) 'Supporting Pupils with Medical Conditions at School ' December 2015.

Section 1: Aims and Key Principals

Aims:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- To have arrangements in place which support these pupils and are reviewed regularly.
- To maintain effective partnerships with health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are fully met.

Key Principles:

- Iver Village Infant Academy has a responsibility to ensure that sufficient staff are suitably trained.
- The Senior Welfare Officer is: **Ms Sibley** and the Welfare Assistant is **Mrs Eversden**
- A list of First Aiders is available in Appendix 1.
- The Principal maintains overall responsibility for policy implementation at Iver Village Infant Academy.
- Iver Village Infant Academy will make explicit in this policy what practice is unacceptable.
- We will uphold a commitment that all relevant staff will be made aware of the pupil's medical condition/needs.
- We will ensure that cover arrangements are made in case of staff absence or staff turnover to ensure that someone suitable is always available.
- We will undertake risk assessments for school trips, visits, sporting activities and other school activities outside of the normal timetable. This will ensure that reasonable adjustments are made to enable pupils to participate fully and safely alongside their peers.
- We will monitor, review and implement pupil's individual healthcare plans with the support of the school nursing service.

Section 2: Procedures for responding to a notification that a pupil has a medical condition

When a child makes the transition from another school to Iver Village Infant Academy, or when a child leaves the academy and commences education at a new school, it is the responsibility of the allocated school nurse, Senior Welfare Officer and the SENDCO to contact relevant persons at the receiving, or previous school, to work collaboratively and discuss medical needs, diagnosis, care plans and any further information to support the child during the transition in the safest way possible. This is overseen by the Principal. A risk assessment (Appendix2) may be put in place and any staff that require specific medical training will have this arranged. If the child has an Education Health and Care Plan (EHCP) then medical needs will be shared and considered in the consultation process.

Any child with a medical condition will have an action plan or individual healthcare plan. These plans are initiated by the child's parents/carers and/or health care professionals and will be shared with the school so that procedures and risk assessments, if necessary, can be put in place. The care plan/action plan will advise staff on how to support pupils with medical conditions. Care plans will be shared with relevant staff and will be reviewed by the Senior Welfare Officer and SENco.
We ask parents/carers to complete Asthma/ Inhaler Action Plans Annually. A Medically Prescribed Dietary Request Form must be completed on diagnoses of an allergy or intolerance and then updated as and when there are any changes to the child's condition.
Only certain medical conditions require an IHCP eg diabetes, Morquio Syndrome. We would not ask for one to be completed for developmental disorders.

Section 3: Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on

working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

This policy will be implemented effectively through the following roles and responsibilities.

The Governing Body:

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Principal:

The Principal should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Principal should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Principal has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School Staff:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School 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 school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. In the majority of these cases the administrator of medicines will be the Senior Welfare Officer, unless there is another member of staff trained for the role.

The Principal, in consultation with the governing body, staff, parents/carers and health professionals will decide how the school can assist a child with medical needs. The staff are responsible for:

- Implementing the policy on a daily basis,
- Ensuring that the procedures are understood and implemented,
- Making sure that there is effective communication with parents/carers, pupils, staff and all relevant health professionals concerning pupils' health needs,
- Determining if medication is to be administered in school, and by whom, following consultation with staff.
- Ensuring that all members of staff are aware of the school's planned emergency procedures in the event of medical needs,

- Keeping medication in a secure place, out of the reach of pupils, and
- Keeping a record of all medication administered.

Staff, including supply staff and any PPA cover, will be informed of any pupil's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff, parents/carers and pupils will be informed of the designated person with responsibility for medical care.

At Iver Village Infant Academy the Senior Welfare Officer, who has the responsibility for medical care is **Ms Sibley**.

All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it. All medicines should be brought in via the school office. Children should **not** bring any medicines in themselves. Inhalers and auto injectors are stored in the child's classroom for easy access. Any medication that is required to be refrigerated will be in the fridge in the Medical Room.
Any Emergency or spare medication is stored in the Medical Room. **Emergency inhalers and auto injectors are stored in the Medical Room.**
In the absence of the Senior Welfare Officer, another trained first aider, under the direction of the Principal is responsible for the administration of medicines.

Any member of staff giving medicine to a pupil should check on each occasion:

- Name of pupil.
- Written instructions provided by the parents/carers or doctor.
- Prescribed dose.
- Expiry date of the medication and of the request to administer it.

The administration of medication to children remains the responsibility of the parent or those with parental responsibility.

If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or to the pupil.

The Senior Welfare Officer/ Assistant records any medication administered on Medical Tracker and sends electronic confirmation of this to the parent/carer.

If the circumstances require an intimate or invasive treatment then this will only take place at the discretion of the Principal and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an annual basis. All such treatments will be recorded.

School staff involved in the administration of medicines will receive training and advice from health professionals. Training for all staff will be offered on a range of medical needs, including any resultant learning needs as and when appropriate.

School staff will undertake a risk assessment (Appendix 5) to ensure the safety of all participants in educational visits and to enable, as far as possible, all pupils to have access to all activities and areas of school life. No decision about a child with medical needs attending/ not attending a school visit will be taken without prior consultation with parents/carers. The same will apply for residential visits and sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities, e.g. swimming, the assistance of the parent/carer may be requested.

Parents/Carers:

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Parents/carers should keep their children at home if they are acutely unwell or infectious. At Iver Village Infant Academy we expect parents/carers to administer medication to their children at home if at all possible. We only accept antibiotics and medicines that need to be taken more than four times per day. No medication will be administered without prior written permission from the parents/carers including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A 'Request for the School to Give Medication' form must be completed .

The medication must be in a secure and labelled container as originally dispensed. Iver Village Infant Academy will not accept any medication that has not been prescribed. Items of medication in unlabelled containers or that have not been prescribed will be returned to the parent.
It is the parent's responsibility to renew the medication when supplies are running low and to ensure that medication supplied is within its expiry date. If parents and carers do not supply the necessary medication that is crucial to the health and wellbeing of their child, after being asked by the school, then the school's Designated Safeguarding Lead will be informed, and if there is a cause for concern around the child's safety then children's services may need to be contacted for further advice. It is the responsibility of parents/carers to:

- Inform the school of their child's medical needs,

- Provide any medication in a container clearly labelled with the following:

- The child's name
- Name of medicine
- Dose and frequency of medication
- Any special storage arrangements
- Collect and dispose of any medications held in school at the end of each term
- Ensure that medicines have NOT passed the expiry date, and
- Dispose of any medicines that have expired

At the start of each school year, parents/carers should give the following information about their child's long-term medical needs. The information must be updated as and when required and at least annually.

- Details of pupil's medical needs,
- Medication including any side effects,
- Allergies,
- Name of GP/consultants,
- Special requirements, e.g. dietary needs, pre-activity precautions,
- What to do and who to contact in an emergency, and
- Cultural and religious views regarding medical care.

Pupils:
Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan should they have one. Other pupils will often be sensitive to the needs of those with medical conditions.
Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. This will be included in the individual healthcare plan, and monitored and supervised by the Senior Welfare Officer who has overall responsibility for administration of medicines in school. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/Carers should be informed so that alternative options can be considered.

School Nurses:
Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare Professionals:
Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma,

diabetes, epilepsy).

For further advice on the role of the Local Authority, CCGs, providers of health services and Ofsted see pages 16 – 17 of DfE Supporting Pupils with Medical Conditions at School, December 2015.

Responsibilities for training staff:

Training needs are assessed through the development or review of the Individual healthcare plan. The level of training required will be determined on any previous knowledge or training the staff member may have. Staff who are trained to support a child's medical condition should be involved in any meetings related to the medical needs of the child.

Training is provided by a variety of accredited websites and specialist departments within Wexham Park Hospital. The type of training will depend on the medical condition but below is a list of the most common medical conditions staff are trained in at Iver Village Infant Academy.

- Auto-injectors-Green Box Training/ National College Website
- Asthma Friendly – Respiratory Team/ Accredited Website- National College- We are an Asthma Champion School
- Epilepsy Awareness –National College
- Diabetes care- Paediatric Diabetic School Nurse Sharon Holt/ Accredited website.

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

The health care professional will lead on the type of training required. The Senior Welfare Officer is responsible for contacting the relevant training provider and for arranging training for identified staff. The Senior Welfare Officer is also responsible for ensuring refreshers are booked and completed in a timely manner so that medical care is covered effectively. When staff leave the school, or when a child with a specific medical need enters a new year group, the Senior Welfare Officer will ensure new staff are provided with the relevant training to support the medical need. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. All staff must feel confident and competent so that they can support effectively. A certificate of completion is considered not enough.

First aid at work (FAW) and Paediatric First aid are provided by Green Box First Aid. Staff train in a blended programme which consists of an e-Learning module and followed up by a face to face practical training session.

Responsibilities in the absence of the Senior Welfare Officer

In the event that the Senior Welfare Officer is absent, the Welfare Assistant or First Aider will cover in her absence. For planned absence, the Senior Welfare Officer will arrange cover and inform all staff for the planned days of absence and the person/people covering the medical room whilst she is away.

Section 4: Managing medicines and medical equipment on school premises

Medication should only be taken to school when absolutely essential (see Appendix 3– Quick Guide

for Parents). Allowing pupils to have medicine in school will minimise the time they need to be off school, but medicines should only be brought in when it would be detrimental to a child's health if the medicine were not administered during the school day.

At Iver Village Infant Academy, we ask that parents/carers request, where possible, that medication is prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Under the Management of Health and Safety at Work Regulations 1999 covering the administration of medicines, no child under 16 will be given medicines without their parent's written consent so any parent wishing their child to have medication administered must complete the form 'Request for the School to Give Medication' .

Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons. Occasionally though a pupil's presence on the school site represents a serious risk to the health or safety of other pupils, or school staff, and the Principal may send the pupil home that day after consultation with the parents. This is not an exclusion and may only be done for medical reasons. This decision will be formed through the use of a risk assessment.

Disposal of Medicines:

School staff should not dispose of medicines. Parents are responsible for disposal of medicines which have expired. Expired medicines will be returned to the parent/guardian for them to dispose of. Sharps boxes should always be used for the disposal of needles and other sharps.

Carrying and Storage of Medicines and medical equipment:

For safety reasons, pupils are not allowed to carry medication themselves in school. Medicines must be handed into the administration office on entry to the school premises where it will be handed over to the Senior Welfare Officer and logged onto the school's file. The Medicines Act, 1968 places restrictions on dealing with medicinal products, including their administration. In the case of prescription only medicines, anyone administering such a medicinal product by injection must be an appropriate medical practitioner e.g. a doctor.

Children know their medicines are kept in the class and Medical Room at all times and that they are able to access them at any time supervised by a trained adult. A spare key for the locked medical cabinet is kept in the medical room. Medicines and devices such as inhalers, blood glucose testing meters and auto injectors are readily available to children. If these medicines are required the Senior Welfare Officer/ Assistant will attend to the child with the medicine and administer it. Medicines are taken out with children when participating in PE and offsite trips and events. A trained adult is present to administer and or supervise administration of medicine.

Recording When Medicine is administered:

The Senior Welfare Officer/ Assistant will record any medication administered on Medical Tracker and send electronic confirmation of this to the parent/carer. If Medical Tracker is unavailable or if another trained adult was to administer medication in the Senior Welfare Officer's absence they will record this on CPOMS.

The parent/carer will receive a record via Medical Tracker. A copy of this will be kept by the Senior

Welfare Officer It is the responsibility of any staff member administering medication to complete this document and ensure that a copy is taken and stored correctly.
The Senior Welfare Officer will record this on Medical Tracker on their return.

Section 5: Procedures for an emergency situation

Individual healthcare plans will clearly set out what constitutes an emergency for the individual pupil and will explain what to do if an emergency happens. All staff working with the child must be aware of the individual healthcare plan and what to do in an emergency. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. Follow the school's emergency procedures for all other school activities.

Allergy Safety and Management (Benedict's Law Compliance)

In accordance with Benedict's Law this school operates a comprehensive, whole-school approach to allergy safety and anaphylaxis prevention. We are committed to minimizing the risk of allergen exposure and ensuring a rapid, coordinated response to severe allergic reactions through the following statutory pillars:

- Individual Healthcare Plans (IHPs): Every pupil with a diagnosed allergy will have a robust IHP and an Allergy Action Plan detailing specific triggers, symptoms, and emergency protocols.
- Mandatory Staff Training: All school staff receive mandatory, annual training to recognise the early signs of allergic reactions and confidently administer emergency medication.
- Spare Emergency Medication: The school maintains a centrally stored, accessible stock of "spare", unprescribed Adrenaline Auto-Injectors (AAIs) to be used in emergency situations if a pupil's prescribed device fails or is unavailable.
- Risk Reduction: The school implements strict cross-contamination controls across all catering, classroom, and extracurricular environments.

The use of emergency auto-injectors and auto-injectors

There are exceptions for the administration of certain prescriptions only by medicines in emergencies (in order to save a life). An example of this exception is the administration of an auto injector where a child is suffering from anaphylactic shock.
Any child prescribed an auto injector will have it stored in the classroom. An Emergency Auto Injector is kept in the Medical room.
Further advice on using Auto injectors in school can be found by following this link: Guidance on the use of adrenaline auto-injectors in school

Asthma and allergies: A Nut free Environment

There are some pupils and staff in the school who have severe allergies to nuts. The school operates as a nut free environment and actively promotes no nuts in school. Parents are encouraged to omit nuts from packed lunches and celebrations. This is advertised on newsletters and on the schools website. On an occasion where a nut, or nut product, is identified, the item will be removed and the

parent/carer contacted immediately. The school will provide an alternative if the child's packed lunch is compromised significantly e.g. a peanut butter sandwich, and if the parent/carer cannot provide something more suitable in a reasonable length of time. Class teachers and Pablum staff are aware of any pupils with allergies, and the pupils themselves have this identified by using an allergy badge. It is the class teacher's responsibility to ensure anyone with an allergy is identified and highlighted to any other teacher that may teach the child e.g information shared in a supply teacher handover file, PPA teachers etc. They must know what the allergy is, signs to look out for and what to do if they are concerned that a child has or could have a reaction. They must also know the location of the auto-injector as prescribed.

For pupils with asthma, the school stores an Emergency Inhaler in the Medical Room and this can be used for any pupil with Asthma whose parent/carer has signed the relevant consent form.
For further guidance on Asthma and the use of the Emergency Inhaler please refer to our Asthma Policy.

Section 6: Unacceptable Practice:

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child. Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or to provide medical support to their child, including with toileting issues.
- No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg – by requiring the parent to accompany the child.

Complaints:

Should parents/carers or pupils be dissatisfied with the support provided by Iver Village Infant Academy, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via our school's Complaints Procedure.

Other Relevant Documents:

- Complaints Procedure
- Intimate Care Policy
- First Aid Policy
- Health and Safety Policy
- Child Protection Policy and Procedures
- SEND Policy
- Supporting pupils with Asthma Policy

APPENDIX 1: FIRST AIDERS

First Aid List

Photo	Name and Role	Qualification
	**Kate Sibley** Senior Welfare Officer Medical Tracker	Emergency Paediatric First Aid Emergency First Aid at Work Diabetes Medicines in School Mental Health First Aid Asthma/Anaphylaxis/ Epilepsy awareness

Deputy Welfare Leads

Photo	Name and Role	Qualification
	**Hannah Eversden** Deputy Senior Welfare Officer Medical Tracker	Emergency First Aid at Work Emergency Paediatric First Aid Medicines in School Mental Health First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Nichola Brown Medical Tracker Assistant Welfare	Emergency Paediatric First Aid Diabetes Medicine in school Asthma/Anaphylaxis/ Epilepsy awareness
	Rhonda Swift Medical Tracker Assistant Welfare	Emergency Paediatric First Aid Emergency First Aid at Work Mental Health First Aid Medicine in school Asthma/Anaphylaxis/ Epilepsy awareness

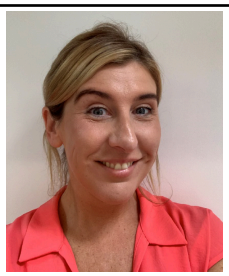
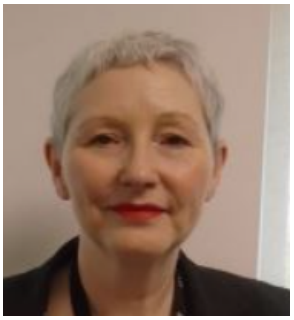
Photo	Name and Role	Qualification
	Erica Barrance	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Hayley Brill (Mon / Tues)	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Vicki Taylor	Emergency First Aid at Work Emergency Paediatric First Aid
	Charlotte Eley	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Jass Holt	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Emily Gibson	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness

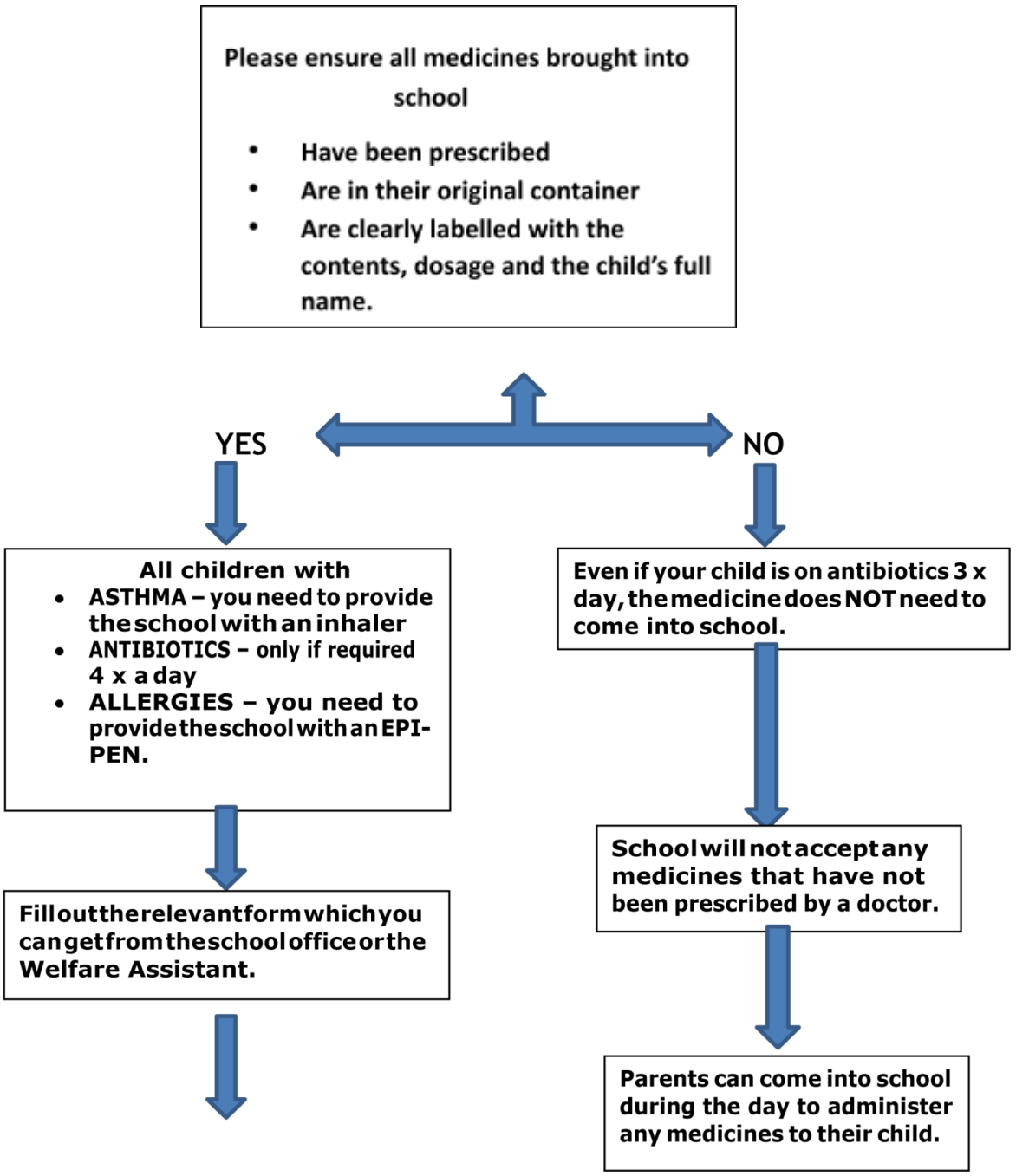
Photo	Name and Role	Qualification
	Charlotte Kendall	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Lee Maxwell	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Charlene Moore	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Nandhini Naga	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness
	Emma Stanbridge	Emergency Paediatric First Aid Asthma/Anaphylaxis/ Epilepsy awareness

	Emma Lowe	Asthma/Anaphylaxis/ Epilepsy awareness
	Corina Constantinescu	Asthma/Anaphylaxis/ Epilepsy awareness
	Kelly Wright	Asthma/Anaphylaxis/ Epilepsy awareness
	Christelle Van Der Merwe	Asthma/Anaphylaxis/ Epilepsy awareness
	Maddison Lukin	Asthma/Anaphylaxis/ Epilepsy awareness

	Jacqueline Langevine	Asthma/Anaphylaxis/ Epilepsy awareness
	Tarun Samra	Asthma/Anaphylaxis/ Epilepsy awareness

APPENDIX 3: Quick Guide for Parents/ Carers

DOES YOUR CHILD NEED MEDICINE IN SCHOOL?



APPENDIX 2: RISK ASSESSMENT FOR PUPILS WITH A MEDICAL NEED

Child's name:
Class:
Context:

RISK ASSESSMENT FOR MEDICAL CONDITIONS AND MEDICATION							
LIST HAZARDS HERE	**PEOPLE WHO ARE ESPECIALLY AT RISK FROM HAZARDS**	**LIST EXISTING CONTROLS HERE OR NOTE WHERE THE INFORMATION IS KEPT**	**With control measures**			**NOTE ANY ACTION YOU WILL TAKE TO CONTROL ADDITIONAL RISKS, WHERE IT IS PRACTICABLE**	**TO BE COMPLETED BY AND WHEN.**
			Probability (P) 1,2,3	**Severity (S) 1,2,3**	**Risk (PxS)**		
Return to school: Child could attend school too early without a full recovery, which could impact on safety and increase risk of another accident.							
Arrival/ Exit of school: Child could be at risk of tripping or falling on arrival or exit at school.							
Lunchtime: Risk of further injury/complicating or hindering recovery when moving around the school ie-Lunchtime							
Movement around school and classroom could cause child to trip or fall							

PE: Subjects with practical elements. eg PE could cause child to further hurt themselves or complicate/hinder recovery.					
Break times and lunch times could increase the risk of injury or hinder recovery due to tripping and falling.					
Toilet Wet floors could be slippy					
Sharing of information					
Lost learning whilst being at home and learning remotely					
Off – site school trips					

Risk Ratings – Probability x Severity **<u>Probability</u>** – based on the existing control measures determine the likelihood of the hazard causing injury or ill health 1 – Very unlikely (i.e. occurs once every 10 years or so) 2 – Possible (i.e. occurs once a year or so) 3 - Probable (i.e. occurs daily or weekly)	**<u>Severity</u>** – if the hazard was to cause injury or ill health, determine the likely injury or illness type 1 – Minor, could return to normal duties after treatment (i.e. minor cut that needs a plaster) 2 – Significant, injured person cannot return to normal duties (i.e. sprained ankle or deep cut) 3 – Major, disabling injury or fatality (i.e. amputation of a limb)	<u>Risk Rating Definitions:</u> **<u>Risk – Probability x Severity</u>** 1 – 3 Low risk, tolerable and only needs to be reduced if it can be done easily and cost effectively 4 – 6 Medium risk, should be reduced to a tolerable level within an agreed time frame 7 – 9 High risk, operation should be stopped immediately until appropriate controls are in place

Risk Assessment completed by: _____ **Designation**: _____
Signed: _____ **Date**: _____

Checked and approved by: _____**Designation**: _____
Signed: _____ **Date**: _____