KING EDWARD VI
HANDSWORTH WOOD
GIRLS' ACADEMY

Supporting Students with Medical Conditions, Allergies and Injuries Policy

Approved by: Laura Bindley, Deputy Headteacher
Date: 28th April 2026
Next review due by:

PART 1:

1.1 Statement of Intent

King Edward VI Handsworth Wood Girls' Academy is committed to ensuring that all students with medical conditions and/or allergies are properly supported so that they have full access to education, including school trips, physical education, residential visits and extracurricular activities.

No student will be denied admission, excluded, or prevented from participating in school life because arrangements for their medical condition or allergy have not been made. Students with medical conditions and allergies will be supported so that they can attend school regularly, remain safe, feel welcome and achieve their full potential.

1.2 Legislation and statutory responsibilities

This policy has been developed in accordance with the Department for Education's statutory guidance "Supporting pupils at school with medical conditions", first issued in September 2014 and last updated in August 2017, which schools must have regard to under section 100 of the Children and Families Act 2014.

The policy also reflects subsequent national guidance and legislative changes, including "Using emergency adrenaline auto-injectors in schools" (Department of Health and Social Care, September 2017) and guidance on the use of emergency salbutamol inhalers in schools, enabling schools to hold and use emergency medicines where appropriate.

In addition, this policy is informed by the Equality Act 2010, the Special Educational Needs and Disability (SEND) Code of Practice (0–25 years), the Children Act 2004, the Education Act 2011, the NHS Act 2006, and the Children and Families Act 2014 and Health and Safety (First Aid) Regulations 1981, all of which remain in force.

King Edward VI Handsworth Wood Girls' Academy also recognises the Department for Education's consultation on revised statutory guidance, published in March 2026, entitled "Supporting Children and Young People with Medical Conditions and Allergy", which is intended to replace the current guidance from September 2026. This policy will be reviewed and updated to ensure compliance once the revised statutory guidance is finalised.

1.3 Aims

This policy aims to:

- Make sure that students, staff and parents/carers understand how our school will support students with medical conditions
- Set out the role and responsibilities for everyone in the academy community in regard to students with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in the academy
- Reassure parents/carers that the academy will help their child feel safe, supported and included

PART 2:

Roles and responsibilities

2.1 The Governing Body

The governing body has ultimate responsibility for making arrangements to support students with medical conditions.

The governing body will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Ensure that the policy sets out the procedures to be followed whenever the school is notified that student has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing body delegates the day-to-day implementation of this policy to Mrs Laura Bindley, Deputy Headteacher.

2.2 The Deputy Headteacher

On behalf of the governing body and Headteacher, the Deputy Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a student's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about students' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for students with medical conditions
- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the academy First Aid Medical Lead
- Make sure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date

2.3 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a students with a medical condition needs help.

2.4 Parents and Carers

Parents/carers will:

- Provide the academy with sufficient and up-to-date information about their child's medical needs

- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

2.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

2.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the students starts at the academy, wherever possible. They may also support staff to implement a student's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with our school nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

2.7 Equal opportunities

King Edward VI Handsworth Wood Girls' Academy will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any students. Our academy is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The academy will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

PART 3

Managing medical conditions

3.1 Being notified that a student has a medical condition

When the academy is notified that a student has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

3.2 Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.
The day-to-day responsibility has been delegated to Laura Bindley, Deputy Headteacher

Plans will be reviewed at least annually, or earlier if there is evidence that the students' needs have changed.

Plans will be developed with the students' best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the academy, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has special educational needs (SEN) but does not have an EHC plan, the SEN needs will be mentioned in the IHP.

Each Individual Health Care Plan will include a clear and specific section outlining the action to be taken in the event of a medical emergency. This will detail the signs and symptoms requiring urgent attention, the steps staff should take, including medication or interventions, and when to seek external medical support or call emergency services. Contact details for parents/carers and relevant healthcare professionals will be included, and all staff who work with or support the student will be made aware of the emergency procedures set out in the plan. This section will be reviewed and updated regularly to ensure it reflects the student's current medical needs.

The level of detail in the plan will depend on the complexity of the student's condition and how much support is needed. The role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the academy needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact and contingency arrangements

3.3 Managing medicines

Prescription and non-prescription medicines will only be administered at the academy:
- When it would be detrimental to the student's health or school attendance not to do so, and
- Where we have parents/carers' written consent

The person administering the medicine will keep a written record using Medical Tracker software. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers. Or if a student brings in medication without the academy's knowledge.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check recommended and maximum dosages for the student's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:
- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

3.4 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

3.5 Safe Disposal

- The Academy will request parents/carers to collect and dispose of out of date medicines
- Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's

GP or pediatrician on prescription. All sharps boxes in this academy are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis

- If a sharps box is required for an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to the academy or to the child's parent/carer

3.6 Pupils managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a student refuses to carry out a necessary procedure or take medicine.

3.7 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- Ignore medical evidence or opinion
- 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 IHPs
- Send an ill student to reception a pastoral office or the medical room unaccompanied or with someone unsuitable (e.g. a fellow student who is not old or responsible enough)
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, 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/carer should have to give up working because the academy is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer medicine in school toilets

3.8 Near Misses and Accidents

Definition
An accident is an unplanned event that results in injury, ill health or damage.
A near miss is an unplanned event that did not result in injury or ill health but had the potential to do so.

Near misses are treated as seriously as accidents, as they provide vital opportunities to prevent future harm.

Reporting and Recording

All accidents and near misses involving students, staff or visitors must be reported promptly to a member of the First Aid or Health and Wellbeing team.

Accidents and near misses are recorded on Medical Tracker in line with academy procedures.

The record will include:

- Date and time of the incident
- Location
- Individuals involved
- Description of what happened
- Any immediate action taken
- Outcome (including medical treatment, if required)
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In the event of reporting RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) these must be logged on Medical Tracker and reported to https://www.hse.gov.uk/riddor/

Immediate Response

- In the event of an accident or near miss:
  - The safety of all individuals must be prioritised.
  - First aid will be provided where necessary by a trained member of staff.
  - Parents/carers will be informed where a student is injured or requires medical attention.
  - Emergency services will be contacted when appropriate.

Investigation and Follow-Up

- Accidents and near misses are reviewed by the Health and Safety Lead and Health and Wellbeing Lead to:
  - Identify underlying causes
  - Assess whether control measures were adequate
  - Determine whether further action or risk mitigation is required
- Where appropriate, risk assessments will be updated and shared with relevant staff.
- Trends and recurring issues are analysed and reported through health and safety monitoring processes.

Safeguarding and Pupil Welfare

- Accidents and near misses that raise concerns about:
  - Supervision
  - Environmental safety
  - Repeated incidents involving the same student
  - Possible neglect or safeguarding risk

  will be escalated in line with the academy's safeguarding procedures and logged on CPOMS where appropriate.

Educational Visits and Off-Site Activities

- Accidents and near misses occurring during educational visits, trips or off-site activities must be reported and recorded in line with academy procedures.
- Trip leaders are responsible for ensuring:
  - Immediate actions are taken
  - Parents/carers are informed
  - The incident is recorded promptly upon return to the academy
- Outcomes will be reviewed to inform future planning and risk assessments.

Staff Responsibilities

- All staff have a responsibility to:
  - Act promptly in the event of an accident or near miss

- Report incidents accurately and without delay
- Contribute to a culture of openness and learning, where near misses are reported to prevent harm

- Failure to report accidents or near misses may place individuals at risk and undermine the academy's safeguarding responsibilities.

Monitoring and Review

- Accident and near-miss data is reviewed regularly by the Health and Safety Lead and senior leaders.
- Patterns or high-risk areas are identified and addressed through:
  - Environmental changes
  - Policy review
  - Staff training
- Findings contribute to ongoing improvements in academy safety and wellbeing.

PART 4

Emergency Procedures

4.1 Medical emergencies: Concussion and Head Injury, Anaphylaxis and Allergies, and Lung and Heart Conditions

King Edward VI Handsworth Wood Girls' Academy recognises that some medical emergencies and/or acquired injuries require an immediate and proportionate response, even where symptoms may initially appear mild. All staff have a duty of care to act promptly and appropriately in the event of a medical emergency and must follow academy procedures and training.

All medical emergencies must be managed by trained personnel and recorded on Medical Tracker.

4.2 Concussion and Head Injury

Definition

A concussion is a mild traumatic brain injury caused by a blow to the head or body that results in temporary disturbance to brain function. Loss of consciousness is not required for a concussion to occur. Head injuries may arise during physical education, sports activities, play, trips, or accidental falls.

Recognition of Symptoms

Staff should be alert to symptoms that may appear immediately or develop over time, including:

- Headache, dizziness or nausea
- Confusion, disorientation or slowed responses
- Sensitivity to light or noise
- Fatigue or drowsiness
- Difficulty concentrating or remembering
- Behaviour or mood changes
- Vomiting, worsening headache or collapse (red flag symptoms)

Immediate Response

- Any student suspected of sustaining a concussion or significant head injury must be removed from physical activity immediately.
- The student must be assessed by a qualified first aider.
- Parents/carers must be informed on the same day and as soon as practically possible
- Emergency services will be called immediately if red flag symptoms are present.
- A student with suspected concussion must not return to sport or physical activity on the same day under any circumstances.

Ongoing Support

- Head injuries and suspected concussions are recorded on Medical Tracker.
- Where symptoms persist, a short-term support plan or Individual Healthcare Plan may be implemented.
- Reasonable adjustments to learning may be made to support recovery, including rest breaks or reduced academic load.
- Return to physical activity will be gradual and monitored, in consultation with parents/carers and, where appropriate, medical professionals.

4.3 Anaphylaxis and Allergies

Definition

An allergy is an abnormal immune response to a substance (allergen). Anaphylaxis is a severe, life-threatening allergic reaction that requires immediate emergency treatment.
Common allergens may include food, insect stings, medication and latex.

Identification and Planning

- Students with known allergies or risk of anaphylaxis will have an Individual Healthcare Plan (IHCP).
- IHCPs clearly outline allergens, symptoms, emergency actions and prescribed medication (e.g. adrenaline auto-injectors).

Recognition of Symptoms

Mild to moderate allergic reactions may include:

- Rash, itching or swelling
- Abdominal pain, nausea or vomiting

Symptoms of anaphylaxis (medical emergency) may include:

- Difficulty breathing or wheezing
- Swelling of the throat or tongue
- Persistent coughing
- Dizziness, collapse or sudden weakness

Emergency Response

- An adrenaline auto-injector (Epipen) will be administered immediately by a trained member of staff.
- Emergency services (999) must be called without delay.
- Parents/carers are informed as soon as possible.
- The student will not be left alone and will be closely monitored until emergency services arrive.
- All allergic reactions and anaphylaxis incidents are recorded on MedicalTracker.

4.4 Lung and Heart Conditions

Scope

This includes, but is not limited to:

- Asthma and other respiratory conditions
- Congenital or acquired heart conditions

Students with lung or heart conditions may require emergency medication and rapid intervention in the event of distress.

Recognition of Symptoms

Staff should be alert to:

- Difficulty breathing, wheezing or persistent coughing

- Chest pain or tightness
- Extreme breathlessness during or after activity
- Bluish lips or skin
- Dizziness or collapse

Emergency Response

- Emergency medication (e.g. reliever inhalers) will be administered in line with the student's IHCP and academy procedures.
- Academy emergency inhalers may be used only where written parental consent has been provided.
- If symptoms do not improve or worsen, emergency services will be contacted immediately.
- Parents/carers will be informed as soon as possible.

4.5 Recording, Reporting and Safeguarding

All medical emergencies are recorded on MedicalTracker.

Where repeated incidents, delayed recovery, or concerning patterns arise, these will be reviewed and escalated through safeguarding and pastoral procedures.

Medical emergencies are reviewed as part of the academy's health and safety monitoring.

4.6 Personal Emergency Evacuation Plans (PEEPs)

Where a student's medical condition or disability may impact their ability to evacuate the building safely in an emergency, a Personal Emergency Evacuation Plan (PEEP) will be developed. PEEPs will be individualised, agreed in consultation with the student, parents/carers, relevant healthcare professionals where appropriate, and key school staff, and will set out the specific support, arrangements and equipment required to ensure safe and timely evacuation. All staff who have responsibility for supporting the student will be made aware of the PEEP and receive appropriate guidance or training. PEEPs will be reviewed regularly, and as a minimum annually, or sooner if the student's needs, medical condition, timetable, or the school environment change.

PART 5

Educational Visits / Education Off-Site (Please see Educational Visits Policy for further guidance)

5.1 Educational Trips, Visits and Sporting Events

Risk assessments are carried out by the academy prior to any out-of-academy visit and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

Parents are sent a residential visit form to be completed and returned to academy shortly before their child leaves for an overnight stay. This requests up-to-date information about the child's current medical condition and how it is to be managed whilst away.

Staff on educational visits and out-of-academy hours activities are fully briefed on children's individual medical needs. They will have access to the Individual Healthcare Plan and any necessary medication / medical equipment for the duration of the activity.

For all residential visits, a member of staff is appointed as the designated first aider and the appropriate

first aid equipment will be taken on the trip.

Risk assessments are carried out before children undertake a work experience or off-site educational placement. It is the academy's responsibility to ensure that the placement is suitable and accessible for a child with medical needs. Permission is sought from the student and their parents before any medical information is shared with an employer or other education provider.

PART 6

Training, Recording Keeping, Insurance and Indemnity

6.1 Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Our minimum qualification level we hold our first aiders to is a 1 day First Aid At Work qualification that is HSE compliant.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Deputy Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

6.2 Record Keeping

The governing body will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place on Provision Map software so that all staff are aware.

When recording information about medicines, we will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant

exemptions apply to their disclosure under the Data Protection Act 2018)

6.3 Academy Medical Register

- Individual Healthcare Plans are used to create a centralised register of students with medical needs and are kept in a secure central location at academy (and also attached as a linked document in SIMS)
- Parents are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency, if there have been changes to their symptoms (getting better or worse), or when their medication and treatments change
- Every student with an Individual Healthcare Plan has their plan discussed and reviewed at least once a year
- All staff have access to the Individual Healthcare Plans of the students in their care
- All staff are responsible for the protection of child confidentiality
- Before sharing any medical information with any other party, such as when a student takes part in a work experience placement, permission is sought from parents

6.4 Liability and indemnity

Staff who undertake responsibilities within and in line with this policy are covered by the academy's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions.

We will ensure that we are a member of the DfE's risk protection arrangement (RPA).

6.5 Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Deputy Headteacher in the first instance.

If the Deputy Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

6.6 Monitoring arrangements

This policy will be monitored by Laura Bindley, Deputy Headteacher.

It will be reviewed and approved by the governing body every year.

Appendices

Appendix 1: Academy Individual Healthcare Plan Implementation Procedure
Appendix 2a: Academy Medical Procedures (non-Emergency)
Appendix 2b: Academy Medical Procedures (Emergency)
Appendix 3: School Trip Medical Information Procedure
Appendix 4: Academy Medication Administration Procedures

Appendix 1: Individual healthcare plan implementation procedure

- Parent or healthcare professional informs academy that a student has a medical condition or is due to return from long-term absence, or that their medical needs have changed
- The Health and Wellbeing Lead and SENCO (if an EHC plan is in place) liaise to co-ordinate a meeting to discuss the students' medical needs and identifies a member of academy staff who will provide support to the student
- Meeting held to discuss and agree on the need for an IHCP. This is to include key academy staff, student, parent and relevant professionals
- Develop IHCP in partnership with other professionals and agree on who leads. Academy staff training needs identified.
- Training delivered to staff (if required.)
- IHCP review date agreed

Appendix 2a Academy Medical Procedures (non-Emergency)

First Aid Triage Policy

Purpose

To provide clear guidance for staff on how to manage common student health complaints during lessons and ensure appropriate use of first aid.

General Principles

- Students should remain in lessons wherever possible.
- Minor symptoms should be managed within the classroom using the guidance below.
- First, Aid staff should only be contacted when necessary.
- Students must not be sent to the medical room unless instructed by a qualified First Aider.

Procedure for Common Symptoms

1. Feeling Unwell

- Seat the student near fresh air (e.g., by an open window).
- Encourage them to drink water.
- If they feel nauseous, allow them to go to the toilet accompanied by a responsible student.
- If the student vomits, contact First Aid via email.

2. Headaches

- Allow the student to rest.
- Check whether they have eaten and had sufficient fluids.
- Encourage eating and drinking where appropriate.

3. Period Pain

- Encourage the student to remain in class.
- If the student indicates they have medication stored in school, contact First Aid to confirm before any action is taken.
- Seek advice from First Aid if symptoms persist or worsen.

4. Stomach Pain

- Try to identify any obvious cause.
- Encourage the student to drink water and use the toilet if needed.
- If medication is reportedly available in school, confirm with First Aid before proceeding.

5. Toothache

- If the student reports having medication in school, contact First Aid to verify.
- Otherwise, the student should remain in lessons unless symptoms significantly worsen.

Contacting First Aid

- All non-urgent concerns should be reported via email to the First Aid team.
- A First Aider will respond with further instructions.
- Do not send students to the medical room unless explicitly directed to do so.

Compliance

All staff are expected to follow this policy to ensure student safety, consistency of care, and appropriate use of medical resources.

KING EDWARD VI
HANDSWORTH WOOD
GIRLS' ACADEMY

ACADEMY PROCEDURES FOR FIRST AID (CHILD FEELING UNWELL)

CHILD FEELING UNWELL

Eg. complaining of a headache/migraine, stomach-ache, pain in neck, back etc AND HAS NO SEVERE MEDICAL CONDITIONS THAT THE ACADEMY HAVE BEEN MADE AWARE OF.

↓

KEEP IN LESSON & CALMLY REASSURE

REASSURE them and ensure that the classroom ENVIRONMENT REMAINS CALM too.

↓

COMFORT AND REST

Allow them to TAKE A BREAK from their work for a reasonable period of time OR allow them to slow down their rate of work, as this may help. If removing school blazer/jumper will help the child feel more COMFORTABLE then let them do so.

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CHILD STILL UNWELL? CALL FOR FIRST AIDER.

If their condition doesn't improve or begins to worsen then call for First Aid via email: firstaid@hwga.org.uk

CHILD FEELING UNWELL IS KNOWN TO BE ASTHMATIC, DIABETIC, EPILEPTIC OR HAS A HEART CONDITION

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CALL FOR FIRST AID TO COME TO THE CHILD

↓

KEEP IN LESSON & CALMLY REASSURE

REASSURE them and ensure that the classroom ENVIRONMENT REMAINS CALM too.

↓

IF CHILD'S CONDITION WORSENS – TREAT INCIDENT AS A MEDICAL EMERGENCY

Appendix 2b: Academy Medical Procedures (Emergency)

ACADEMY PROCEDURES FOR FIRST AID (MEDICAL EMERGENCY)

MEDICAL EMERGENCY

1. **STAY CALM**
   [STEPS 2-7 SHOULD HAPPEN SIMULTANEOUSLY]
2. **CALL** FOR HELP
3. **REMOVE** ANY VISIBLE **DANGERS** TO THE CHILD AND MOVE AWAY ANY OTHER CHILDREN (AS BEST POSSIBLE)
4. **IF REQUIRED** - PUT CHILD IN **RECOVERY POSITION**
5. **CALL 999 (USE ANY PHONE AVAILABLE TO YOU TO DO MAKE THIS CALL)**
6. **BE PREPARED** TO GIVE THE FOLLOWING **INFORMATION**, AS BEST AS YOU CAN, TO THE AMBULANCE SERVICES:
   a. NAME AND ADDRESS OF ACADEMY **(KING EDWARD VI HANDSWORTH WOOD ACADEMY, CHURCH LANE, HANDSWORTH WOOD B20 2HL)**
   b. YOUR NAME AND ROLE
   c. NAME, AGE, DOB OF CHILD
   d. PHYSICAL STATE OF CHILD
7. **SEND A CHILD TO RECEPTION** TO ALERT THEM OF:
   a. THE MEDICAL EMERGENCY
   b. NAME OF CHILD
   c. LOCATION OF CHILD
   d. THAT A 999 CALL IS BEING MADE
8. IF CHILD IS **UNCONSCIOUS – KEEP CHECKING THAT THEY ARE BREATHING**
9. IF CHILD IS **SLIPPING IN AND OUT OF CONSCIOUSNESS OR IS FULLY CONSCIOUS, REASSURE THEM AND KEEP TALKING TO THEM** TO KEEP THEM AWAKE.

Appendix 3

School Trip Medical Preparation Procedure

1. Four Weeks Prior to the Trip

- Compile a full list of all students attending the trip.
- Identify students with medical conditions and categorise them according to their needs (e.g., asthma, allergies, diabetes).

Inform students with medical needs that they are responsible for bringing their personal medication. Students who do not bring their required medication will not be permitted to attend the trip.

2. Two Weeks Prior to the Trip

- Email the Medical Lead to request First Aid bags.
- Specify the number of bags required. (how many coaches etc)
- Include the date they are needed and the duration of the trip.

3. The Day Before / Morning of the Trip

(For weekend trips, complete these steps on the Friday before departure.)

- Collect First Aid bags from the medical Lead.
- Bags must be signed out before departure and signed back in upon return.
- Report any supplies used during the trip when returning the bags.
- Check the First Aid room for any spare individual student medication if a student has forgotten theirs.
- If no spare medication is available, the student cannot attend the trip.

Appendix 4

Academy Medication Administration Procedures

KING EDWARD VI
HANDSWORTH WOOD
GIRLS' ACADEMY

ACADEMY PROCEDURES FOR MEDICATION ADMINISTRATION ON-SITE

RESPONSE – READY MEDICATION

If a diabetic or asthmatic child needs to administer medication let them do so in the classroom and call for First Aid to ensure that they can check the student post-medication administration and also log the medication administration.

TIME SPECIFIC MEDICATION

If a child needs to administer medication at a specific time (eg. Temporary antibiotics, eczema cream) then they will have a medical pass to this effect allowing them to do so. When they are on their way to the medical room (where all medication is stored) then First Aid also need to be informed to go to the medical room to supervise the medication administration.

IF YOU SEE A CHILD SELF-ADMINISTERING MEDICATION AND IT IS RESPONSE-READY (ASTHMATIC, DIABETIC) ALLOW THEM TO ADMINISTER BUT THEN INFORM S.SAEED, E. JONES OR K.SAEED (WITH AS MANY DETAILS AS POSSIBLE) ASAP

IF YOU SEE A CHILD SELF-ADMINISTERING MEDICATION AND IT IS NOT RESPONSE-READY, STOP THEM AND REPORT IT TO S. SAEED ASAP. CONFISCATE THE MEDICATION AND GIVE TO S. SAEED, S. AKTAR OR E. JONES

IF THE CHILD REACTS BADLY TO MEDICATION (IE THEIR CONDITION WORSENS OR DOESN'T IMPROVE AFTER TAKING MEDICATION)

THEN FOLLOW ACADEMY FIRST AID PROCEDURES IMMEDIATELY.

Academy Medication Forms

INDIVIDUAL STUDENT MEDICATION LOG

Student name: _____
Address: _____
GP: _____
Date of birth: _____

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If your child is currently taking medication which needs to be administered during Academy hours, including trips, please provide details of this medication below. You will also need to provide the Academy with said medication which will be kept in the Medical office (if not a trip) or with a designated member of staff (if for a trip.) Please hand all medication into reception in a box labelled with your child's name, date of birth and form group.

MEDICATION BEING PROVIDED BY:

The medical information and medication being provided is, to the best of my knowledge, accurate at the time of writing. I give my consent for my child to self-administer this medication whenever required. If the medication my child needs is response-ready medication (Epipen, Asthma inhaler or Diabetic medication) then I give consent for a designated member of staff to administer it if my child is unable to self-administer. If my child is asthmatic, I give consent for my child to use one of the academy's emergency inhalers in the case of a medical emergency. If I am providing medication that I have bought over the counter (eg Paracetamol, Ibuprofen, Piriton etc) I give consent for my child to self-administer this medication whenever the need arises. I will inform the academy immediately if there is a change to anything (regarding the named child's medication or medical condition.)

Name: _____
Relation to child: _____
Signed: _____
Date: _____
Emergency contact details (phone number): _____

Medical condition	Name and strength of medication	Prescription Only Medication (POM) or bought Over The Counter (OTC?)	Quantity (eg. Number of tabs, bottles, inhalers etc)	Date of medication expiry	When medication to be given and dose (how much to be taken)	Any other medication instructions

MEDICATION CHANGE NOTIFICATION – Change of dosage, treatment ending etc.

Change	Date of change

Academy Medical Risk Assessment

On provision map