Parkside Primary School

Medical Conditions Policy

Reviewed September 2026

Medical Conditions Policy

Parkside Primary School is committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, flourish and thrive. Our school wishes to ensure that all pupils with medical conditions receive appropriate care and support at school and that all children have an entitlement to a full-time curriculum or as much as their medical condition allows. All staff understand that some medical conditions can impact on a child's ability to learn.

The school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities and will consider what reasonable adjustments may need to be made to enable all pupils to participate fully and safely. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill-managed or misunderstood. We will ensure that all staff understand their duty of care to children and young people in the event of an emergency and the importance of medication being administered as prescribed.

The school will work in partnership with all interested parties including the school's Governing Body, all school staff, school nurses, parents/carers, doctors, nurses, the local Social Services, the Child & Family Service, the Child Development Team and pupils to ensure the policy is planned, implemented and maintained successfully.
All medical information is treated with confidentiality.

The Medical Conditions Policy is regularly reviewed, evaluated and updated. Overall responsibility for the implementation of this policy will be the Headteacher, Lisa Cousins.

Legislation, statutory requirements and statutory guidance

- This policy has regard to the Department for Education's statutory guidance: Supporting pupils with medical conditions at school.

It is also based on:

- Section 100 of the Children and Families Act 2014, which places a duty on relevant schools to make arrangements for supporting pupils with medical conditions.
- Section 34 of the Children's Wellbeing and Schools Act 2026, which introduces statutory allergy safety requirements and inserts sections 100A and 100B into the Children and Families Act 2014.
- Allergy safety in schools (DfE statutory guidance).
- The Equality Act 2010.
- The Health and Safety at Work etc. Act 1974.
- The Education Act 2002.
- Keeping Children Safe in Education.
- The SEND Code of Practice: 0 to 25 years

Roles and responsibilities

The Governing Body

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions. They will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Take overall responsibility for the development of the Care Plans.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil 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.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Staff

- Supporting pupils 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 pupils with medical conditions, this includes the administration of medicines.
- Those staff who take on the responsibility to support pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents / Carers

- Will be responsible for keeping the school informed about any new medical condition or changes to their child/children's health.
- Will participate in the development and regular reviews of their child's Care Plan.
- Will complete a parental consent form to administer medicine or treatment.
- Will provide the school with the medication their child requires and keep it up to date including collecting leftover medicine.
- Will carry out actions assigned to them in the Care Plan with particular emphasis on, they, or a nominated adult, being contactable at all times.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where possible, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Care Plans. Pupils with medical conditions are encouraged to take control of their condition wherever possible.

School nurses and other healthcare professionals

Our school will liaise with the designated School Nurse when a pupil has been identified as having a medical condition that will require support in school. The school will also liaise with other Healthcare professionals, such as GPs and paediatricians, and notify them of any pupils identified as having a medical condition when necessary.

Asthma & Allergy Champion

The school's asthma & allergy champion is the Welfare Officer, Kay Hales.
The asthma & allergy champion will:

- Manage the asthma and allergy register.
- Update the asthma and allergy policy.
- Manage the emergency kits and ensure medications are available/accessible.
- Communicate to parents/carers regarding any deterioration in a child's condition during school (this may be delegated to other staff as appropriate).

General medical information
New parents at Parkside are asked to declare whether their child has any health conditions or health issues on the enrolment form. Parent/carers are sent a communication each year, asking them to inform the school of any new diagnosis of a medical need or changes to a child's existing medical need.

A Medical Register (by class) is kept detailing children's medical conditions / needs. Copies are kept in the first aid room, on the shared drive and backed-up on the password protected medical tablets. Medical needs and conditions are also recorded on the pupil's Arbor and Medical Tracker records. Teachers have a class summary of their children's medical issues in their class medical cupboard. Supply and temporary staff will be directed to look at this summary to ensure they are aware of pupils with significant allergies before assuming responsibility for pupils

During off-site activities a First Aider will accompany the children and will carry a basic First Aid Kit, a password protected tablet containing the medical registers and care plans and a mobile phone. They also carry the necessary medications required by children on the medical register.

All staff are aware of precautions that must be followed to help prevent infections and all follow basic hygiene procedures. Staff have access to protective gloves.

It is the responsibility of parents/carers to provide the school with full information about their child's health care needs.

Procedures for Medication in School
Pupils who have been prescribed adrenaline devices will have access to their prescribed devices at all times and all children with asthma/wheeze should have immediate access to a reliever inhaler (usually blue) and spacer at all times. This includes during lessons, break and lunchtimes, PE and sport, extracurricular activities and educational visits. (See Allergy Safety policy and Asthma policy for full details).

If a pupil requires other medication during school hours, a medication form must be completed by the parent/carer **(see appendix 1).** All medication must have the pharmacists label with the pupil's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency. Alternatively, a medical letter from the child's doctor including all of this information or medication listed on the child's care plan (e.g. Allergy Action Plan) provided by their medical practitioner will be accepted. The medication must also be in its original container/packaging with instructions for storage clearly legible.

Prescribed medication is normally kept in the first aid room (or in the Nursery) in accordance with the specific medicine storage instructions. If the medicine needs to be refrigerated, then it will be stored in the fridge in the first aid room or fridge in the nursery.

All medication will be administered by a first aider or a member of staff nominated by the Welfare Officer. Prescribed medication is stored separately for each child and the daily dose and any reaction is recorded on the medication use record on Medical Tracker at the time of administration. Medication must be brought to the school office by parents/carers; children must not bring any medication to school via their classroom door, via breakfast club or in their school bags. This is so that the school can keep track of all medication in school, store the medication appropriately and effectively monitor expiry dates.

When a new bottle of antihistamine medication is brought in to be stored in school, the bottle must be sealed and unused. This is because the expiry dates on these medications often depends on when they were opened.

Medication (including antibiotics) should not be given in school the first time if the child has never taken that medication before. In those cases, the medication should be given at home for the first time and monitored at home for adverse reactions before the medication is brought into school.

Parents/carers should collect medicines that are no longer required or are past their expiration date from the school office. Parents/carers will be informed when medication is close to its' expiry date and that if the medicine is not collected from the school by the end of the half term, the medicine will be taken to a pharmacy for disposal.

The school is unable to administer non prescribed medicines although parent/carers may make arrangements to come into school / nursery if they wish to give these to their child. If a medication is given before school that might affect the timings of medicines given in school, the parent/carer must inform the school office so that it can be recorded on Medical Tracker. Any medication that is given during school hours will be recorded on Medical Tracker.

Medication is stored in the first aid room/Nursery. If an auto-adrenaline injector (AAI) is required these will be kept in a clearly marked designated area in the first aid room, (or designated area in Nursery). These will be kept together with a folder of allergy plans for each child at risk of suffering anaphylaxis. The child's own inhalers/spacers will be kept in the medical cupboard in the child's classroom.

Individual Healthcare Plans

An Individual Healthcare plan (IHP) will be drawn up in partnership with the parents and relevant healthcare professional such as the School Nurse, Health Visitor, specialist nurse or paediatrician if relevant, for pupils with long-term, significant medical conditions that require specific and complex adjustments to the school's normal first aid/medical procedures. If a child has an individualised care plan issued by a medical professional (such as a diabetic care plan), this care plan will be used in place of the school's IHP.

The IHP will record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further

documentation can be attached to the Individual Healthcare plan if required. **(See Appendix 2).** It may also include who in the school needs to be aware of the pupil's condition, the support required, what to do in an emergency, including who to contact, and any contingency arrangements.

The IHP will be reviewed annually (or sooner if a child's needs change).
In accordance with the IHP, the Head Teacher accepts responsibility for staff to give or supervise children taking long term prescribed medicines. IHPs are kept in the first aid room, on the child's Arbor and Medical Tracker record and on the shared drive and backed-up on the password protected medical tablets.

Not all pupils with a medical condition will require an IHP. It will be agreed between our Welfare Officer, the parents, the Headteacher and any relevant healthcare professional if an IHP would be appropriate.

Care Plans may be linked to, or become part of an 'Education, Health and Care Plan' (EHCP).

Pupils who are competent will be encouraged to take responsibility for managing their own medicines, procedures and devices i.e. inhalers if necessary. This will be discussed with parents and it will be reflected in their Care Plans.

Unacceptable practice
School staff should use their discretion and judge each case individually with reference to the pupil's medical need, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- 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 Care Plans.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

Staff Training
All staff understand the common medical conditions that may affect children at this school and the impact that medical conditions can have on pupils. Relevant staff are given written instructions of the procedures for dealing with children with significant health needs together with an identity photo. These photos are also displayed in the first aid room and the staff room.

Staff are trained by health professionals to deal with children's specific health needs (e.g. Diabetic training).

Members of staff administering medicines or first aid to children in school hold a first aid certificate or receive specific instructions regarding the child's medical condition/medication from the Welfare Officer. A record of this training is kept by the Health and Safety Officer and renewed when necessary. **(See Appendix 3).**

First Aid
Please refer to the school's first aid policy.

Conditions
It is the responsibility of parents/carers to provide the school with full information about their child's health care needs and update the school with any changes.

Asthma, allergies and anaphylaxis
Please refer to the school's asthma and allergy safety policy.

Diabetes
Children that are diagnosed with diabetes will be recorded on the medical registers.

Children that are diagnosed with diabetes are provided with a care plan by their diabetic team and a copy of this will be kept in school and followed by all staff. Diabetic children will have easy access to their blood glucose testing kits in their classrooms together with appropriate hypoglycaemic treatments (e.g. dextrose tablets). Other medical equipment related to their diabetes will be kept in the medical room. Designated staff will receive appropriate training regarding managing diabetes in schools.

Epilepsy
Children that are diagnosed with epileptic seizures will be recorded on the medical registers. All staff need to be aware of any factors that might trigger a seizure.
An individual healthcare plan will be completed.

If medication is required, it will be kept in a marked area in the first aid room or nursery as deemed necessary for that child.

Guidance on Infection Control
The school follows procedures set out by UK Health Security Agency in regard to preventing the spread of infections by ensuring high standards of personal hygiene and practice, particularly hand washing and maintaining a clean environment:

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. Liquid soap, warm water and paper towels should always be used. Hands must be washed after using the toilet, before eating or handling food, and after handling animals. Cuts and abrasions should be covered where necessary.

Coughing and sneezing easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Hands should be washed after using or disposing of tissues. Spitting is not permitted.

Personal protective equipment (PPE) such as disposable latex-free nitrile gloves and plastic aprons must be worn where there is a risk of splashing or contamination with blood / body fluids (e.g. for nappy or pad changing). Correct PPE should be used if handling cleaning chemicals. Cleaning of the environment, including toys and equipment, should be frequent and thorough.

Cleaning of blood and body fluid spillages including urine, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately. When spillages occur, a cleaning product that combines both detergent and disinfectant should be used. Mops must not be used for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below.

Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste must always be segregated from domestic waste. Used nappies/pads, gloves, aprons, and soiled dressings are placed in the clinical waste bins situated in the First Aid Room and nursery changing area. This is collected by PHS clinical waste regularly.

If the skin is broken following a bite, sharp instrument or scratch, the wound should be encouraged to bleed and washed thoroughly using soap and water. Depending on the severity of the injury it may be necessary to contact the GP or go to hospital. If the skin is broken as a result of a bite, the wound should always be examined by medical professionals.

Animals may carry infections so hands should always be washed after handling. Staff should always check if any child has a known allergy to animals. A risk assessment should be carried out if a visit to a farm or similar establishment is being planned.

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. In the case of any children that the school are aware have a vulnerability to infections, the parent/carer should be informed promptly and further medical advice sought.

Immunisations
Parents should be encouraged to ensure that their child's immunisations are up to date.

Female Staff – Pregnancy
If a pregnant teacher develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. Infectious risks may include Chicken Pox, Shingles, German Measles, Slapped Cheek and Measles.

Complaints

If a parent/carer is unhappy regarding the care given to their child by the school, then they should follow the complaints procedure. The Policy can be found on the school website.

Pandemics
The school will follow all guidelines issued by the Government and Public Health England.

Links to other policies
This policy links to the following policies:

- Asthma and Allergy Policy
- First Aid Policy
- Accessibility plan
- Complaints Policy
- Health and safety
- Safeguarding and Child Protection Policy
- Special educational needs information report and policy
- Well-Being & Positive Mental Health Policy

Updated September 2026
Ratified:

Chair of Governors signature……Date……..

Appendix 1

Request to administer medication

Please be aware that we cannot administer any medicines that have not been prescribed by a doctor and that the name, description and dosage must match the prescription label.
All medicines must be dropped off to and collected from the school office.

Name of child…….....**Class** ……

I authorise the School Welfare Officer or nominated member of their team to administer the following medication to my child and confirm that this is a medication that they have taken before without adverse effects:

Name of medicine/treatment……

Dosage…….

When (please tick and complete as appropriate):	
	At set time (please specify):
	When child has certain symptoms **(Please also complete form overleaf)**
	Other (please give details):

Duration (please tick and complete as appropriate):	
	For ……. days or until……..(date - including this date)
	Until finished
	Until further notice

Availability (please tick)	
	The school can keep this medicine as we have more at home
	We need to collect this medicine from the school office daily ASC: M T W Th F Other after school clubs:

Please give a brief description of why your child needs this medicine:

……

……

Is there anything else we should be aware of (e.g. side effects):

……

……

Signed:……..(parent/carer) Date:……

Only complete this side of the form for medication that is given when your child has symptoms (not at set times)

If your child needs their medicine when they exhibit certain symptoms, please also complete this side of the form.

Name of child……**Class** ……

Name of medicine/treatment……

Dosage……

I authorise the School Welfare Officer or nominated member of their team to administer the above medication when my child exhibits the following symptoms:

……

……

Please read carefully and tick the option that applies:	
	This medicine is an emollient cream and can be kept in the class medical cupboard and applied as often as needed. My child can apply their own cream ☐ My child needs assistance to apply cream ☐
	My child does not routinely have their medication in the morning before school, so can be given their medicine in school at any time. I will let Mrs Hales know (by emailing kay.hales@parkside.waltham.sch.uk or by calling 02085594278) if they do have their medicine in the morning before school.
	My child sometimes has their medication before school. If they need their medication in school before 12.30pm, please call parent/carer before administering medication in school to see whether it is appropriate. After 12.30pm, they can be given their medicine as needed.
	My child has a dose of this medicine each morning before school and therefore this medication should not be administered before 12.30pm. After 12.30pm, they can be given their medicine as needed.
	Other (please give details):

Please tick the following statements if they apply:

	My child can have a second dose of this medicine after 4 hours if they need it
	The school can send an email via Medical Tracker to inform parent/carer contact each time my child has their medicine in school (This will not apply to emollient creams)

Signed:……(parent/carer) Date:……

Appendix 2

Parkside Primary School
21 Wellington Avenue
Chingford, LONDON, E4 6RE
Tel: 020 8559 4278

Individual Healthcare plan for a Pupil with Medical Needs

Pupil Details:

NAME:	
DATE OF BIRTH:	
CONDITION:	
ADDRESS:	
GP:	
PAEDIATRICIAN:	
NAMED RESPONSIBLE PERSON(S) AT SCHOOL:	

PHOTOGRAPH

DATE OF ORIGINAL CARE PLAN:		
REVIEW DATES:		
NEXT REVIEW DUE:		

FAMILY CONTACT 1	**FAMILY CONTACT 2**
NAME:	**NAME:**
1st PHONE NO (MOB/HOME/WORK):	**1st PHONE NO (MOB/HOME/WORK):**
ALTERNATIVE PHONE NO (MOB/HOME/WORK):	**ALTERNATIVE PHONE NO (MOB/HOME/WORK):**
RELATIONSHIP TO CHILD:	**RELATIONSHIP TO CHILD:**

DESCRIBE CONDITION AND GIVE DETAILS OF PUPIL'S INDIVIDUAL SYMPTOMS:

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

ADDITIONAL INFORMATION:

Including specific support for the pupil's educational, social and emotional needs, details of other medical conditions which would not require a care plan etc.

DAILY CARE REQUIREMENTS (E.G. BEFORE SPORT/AT LUNCHTIME)

Including arrangements for school visits/trips etc.

MEDICATION:

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

ACTIONS TO BE TAKEN IN THE EVENT OF PRESENTING WITH THE FOLLOWING SYMPTOMS:

WHEN TO CALL FOR EMERGENCY SERVICE (999)

RESPONSIBILITIES (add more as appropriate):

School:

- Will keep an up to date copy of the care plan in the medical room and the classroom
- Will inform parent of observed symptoms or other relevant information as outlined in care plan
- Provide appropriate training for staff

Parent:

- Will inform the school of all relevant changes as they occur.
- Will provide all medication and equipment

Pupil

- Will inform staff when/if they feel unwell
- Will participate/comply with the requirements of the care plan & attend the initial & review meeting if appropriate.

ADDITIONAL SUPPORTING DOCUMENTS

- **Allergy Action Plan**
- **Asthma Care Plan**
- **Medication Form**
- **Consent to use Emergency AAI form**
- **Consent to use Emergency Inhaler Form**

Appendix 3: Qualified First Aiders

Emergency First Aid at Work	Date for Renewal	Full Paediatric First Aid	Date for Renewal
Amy Hartzer-Coyle	8th Jan 2027	Amy Hartzer-Coyle	8th Jan 2027
Erin Naylor	8th Jan 2027	Erin Naylor	8th Jan 2027
Tina Olliver	8th Jan 2027	Tina Olliver	8th Jan 2027
Joanne Ginn	8th Jan 2027	Joanne Ginn	8th Jan 2027
Yasmin Limbada	8th Jan 2027	Yasmin Limbada	8th Jan 2027
Carly Tuttle	8th Jan 2027	Carly Tuttle	8th Jan 2027
Claire Burns	8th Jan 2027	Claire Burns	8th Jan 2027
Michelle Eggington	8th Jan 2027	Michelle Eggington	8th Jan 2027
Amber Grange	8th Jan 2027	Amber Grange	8th Jan 2027
Nicky Williams	8th Jan 2027	Nicky Williams	8th Jan 2027
Andrew Peckham	31st May 2027	Kay Hales	25th Jan 2028
Marios Adamides	31st May 2027	Lauren Austin	25th Jan 2028
Timothea James	31st May 2027	Kelly Brett-Fine	25th Jan 2028
Kay Hales	25th Jan 2028	Liz Bugler	25th Jan 2028
Lauren Austin	25th Jan 2028	Debbie Gayle	25th Jan 2028
Kelly Brett-Fine	25th Jan 2028	Dilek Mahmut	25th Jan 2028
Liz Bugler	25th Jan 2028	Lucy Edwards	25th Jan 2028
Debbie Gayle	25th Jan 2028	Sophia Reilly	25th Jan 2028
Dilek Mahmut	25th Jan 2028	Nikki Moon	25th Jan 2028
Lucy Edwards	25th Jan 2028	Sophia Poppleton	25th Jan 2028
Sophia Reilly	25th Jan 2028	Lesley Pearce	7th Feb 2028
Nikki Moon	25th Jan 2028	Debbie Murphy	7th Feb 2028
Sophia Poppleton	25th Jan 2028	Desire Lubbe	8th Jan 2029
Desire Lubbe	8th Jan 2029	Koulla Giordano	8th Jan 2029
Koulla Giordano	8th Jan 2029	Sanam Mahmood	8th Jan 2029
Sanam Mahmood	8th Jan 2029	Connie Nisbet	8th Jan 2029
Connie Nisbet	8th Jan 2029	Debbie Rowan	8th Jan 2029
Debbie Rowan	8th Jan 2029	Lynne Wearing	8th Jan 2029
Lynne Wearing	8th Jan 2029	Amy Buckle	8th Jan 2029
Amy Buckle	8th Jan 2029	Ayesha Ahmad	8th Jan 2029
Ayesha Ahmad	8th Jan 2029	Emma Chandler	8th Jan 2029
Emma Chandler	8th Jan 2029	Jesy Cordell	8th Jan 2029
Jesy Cordell	8th Jan 2029	Nicola Pond	8th Jan 2029
Nicola Pond	8th Jan 2029		

If Nursery or Reception children are onsite or going on a school trip, at least one First Aider must have a

Full Paediatric First Aid Certificate

Those with Certificates in First Aid Awareness cannot be the lead first aider on a school trip as they have not been practically assessed doing CPR			
Certificate in First Aid Awareness	**Date for Renewal**	**Certificate in Paediatric First Aid Awareness**	**Date for Renewal**
Imren Boran	7th Nov 2027	Deborah Dyer	16th June 2027
Tracy Joshua	18th Nov 2027		
Naran Hussein	19th Nov 2027		
Seyran Elginoz	26th Nov 2027		
Salma Hussain	26th Nov 2027		
Sharon Tomlinson	27th Nov 2027		
Sakine Kilinc	6th Jan 2028		

Appendix 4

Ambulance Procedures

When the decision to call an ambulance for a child has been made, these procedures should be followed: -

- A first-aider stays with the child
- The person calling the ambulance needs to have a verbal report on the child's condition from the first-aider to pass onto the operator, who then gives advice on dealing with the child until the ambulance arrives
- If necessary, a red triangle should be sent to summon help in dealing with the other children (e.g. in the gym or playground) or help via the telephone system
- As soon as the ambulance has been summoned, the Parents/Carers should be contacted
- If they can get to the school quickly, they can go with the child to the hospital
- If not, they should be asked to go straight to the hospital
- The child's details should be copied out for the paramedics
- If Parent/Carers have not arrived, a member of staff should accompany the child to hospital and wait with the child until their Parent/Carer arrives
- The red ambulance book should be completed
- The other children should be reassured and kept informed at a level appropriate to their age and understanding.

Accident and Incident Reporting via My Compliance Management System

Accidents must be reported on the online form generated by scanning the QR code on the posters which are located around the school, including in the medical room, staff room and office. The form can also be found by clicking on this link: MY Compliance Management - Incidents (my-compliance.co.uk) Staff need to be aware of the accident reporting system. An online form should be completed for ALL:

- Significant accidents/injuries
- Violence and aggression
- Occupational illnesses
- Incidents/near misses

Full details of reportable accidents/incidents can be found in the first aid policy.

Reviewed January 2026