

Berkswich CE Primary School			
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Policy Title	Supporting Children with Medical Conditions		

Contents:

Statement of intent

1. [Legal framework](#)
2. [Roles and responsibilities](#)
3. [Admissions](#)
4. [Notification procedure](#)
5. [Staff training and support](#)
6. [Self-management](#)
7. [IHPs](#)
8. [Managing medicines](#)
9. [Allergens, anaphylaxis and adrenaline auto-injectors \(AAIs\)](#)
10. [Record keeping](#)
11. [Emergency procedures](#)
12. [Day trips, residential visits and sporting activities](#)
13. [Unacceptable practice](#)
14. [Liability and indemnity](#)
15. [Complaints](#)
16. [Home-to-school transport](#)
17. [Defibrillators](#)
18. [Monitoring and review](#)

Appendices

- a) [Individual Healthcare Plan Implementation Procedure](#)
- b) [Individual Healthcare Plan](#)
- c) [Parental Agreement for the School to Administer Medicine](#)
- d) [Record of Medicine Administered to an Individual Child](#)
- e) [Record of All Medicine Administered to Children](#)
- f) [Staff Training Record – Administration of Medication](#)
- g) [Contacting Emergency Services](#)
- h) [Incident Reporting Form](#)

Statement of intent

"I have come that they may have life, and have it to the full." John 10:10

The governing board of Berkswich CE school has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to the breadth of education at Berkswich CE (including school trips and PE), and achieve their academic potential and flourish.

The school believes it is important that parents of children with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that children feel safe in the school environment.

Some children with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also have SEND and have an Education, Health and Care (EHC) plan collating their health, social and SEND provision. For these children, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our children with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, children and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting children at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- First Aid Policy
- Complaints Procedures Policy
- Equality information and objectives statement for publication
- Attendance and Absence Policy
- The Administration of Medicines in School
- Admissions Policy
- Children with Additional Health Needs Attendance Policy

2. Roles and responsibilities

The Berkswich CE governing board will be responsible for:

- Reviewing this policy alongside the headteacher and school nurse.
- Ensuring that this policy is readily accessible to parents and school staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that children with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Ensuring that the school is working with the local authority (LA), health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each child and what support is required to support their individual needs.
- Instilling confidence in parents and children in the school's ability to provide effective support.
- Holding the headteacher accountable to ensure that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective children are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that children's health is not put at unnecessary risk. As a result, the board holds the right to not accept a child into school at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children and sets out the procedures to be followed whenever a school is notified that a child has a medical condition.

- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting children at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The headteacher will be responsible for:

- Reviewing this policy alongside the governing board, the SENCo, the First Aid lead and the school nurse (where applicable).
- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a child with a medical condition requires support that has not yet been identified.

The SENCO will be responsible for:

- Supporting through the reviewing of this policy.
- Supporting in the creation and implementation of IHPs and PEEPs as appropriate.
- Supporting in the timely updating of IHPs in collaboration with stakeholders.
- Signposting stakeholders to relevant information and support as appropriate.
- Sourcing funding for equipment or specialist services.

Parents will be responsible for:

- Notifying the school if their child has a medical condition at the earliest point.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Children will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of children with medical conditions.

School staff will be responsible for:

- Providing support to children with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a child with a medical condition needs help.

The school nurse will be responsible for:

- Reviewing this policy alongside the governing board and headteacher.
- Notifying the school at the earliest opportunity when a child has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for children with medical conditions.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical conditions.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for children who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable children.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that children with medical conditions can attend school full-time.

Where a child is away from school for fifteen days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the child is unlikely to receive a suitable education in a mainstream school. See also the Berkswich CE Children with Additional Health Needs Attendance Policy.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

Following notification of a child with a medical condition, the school will arrange a meeting with parents, healthcare professionals and the child, with a view to discussing the necessity of an IHP, outlined in detail in the [IHPs](#) section of this policy.

The school will not wait for a formal diagnosis before providing support to children. Where a child's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a child starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a child joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks whenever practicable.

5. Staff training and support

Any staff member providing support to a child with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the headteacher, SENDCo and First Aid Lead, through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

A first-aid certificate alone will not constitute appropriate training for supporting children with medical conditions.

Through training, staff will have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on annual basis for all staff, and included in the induction of new staff members. This timeframe will be termly if required.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting children in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the OSM and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of children with medical conditions
- A professional body or organisation that has been approved by the school nurse or GP consultant

The parents of children with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Cover teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of children in the class that they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Following discussion with parents, children who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, children will be allowed to carry their own medicines and relevant devices. Where it is not possible for children to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the child's IHP will be followed. Following such an event, parents will be informed, so that alternative options can be considered.

Controlled drugs will be stored and administered in line with a child's IHP. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in.

7. Individual healthcare plans

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a child, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the child will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The child's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the child's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the child's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the child
- Separate arrangements or procedures required during school trips and activities (where appropriate individualised risk assessments are also produced for visits)
- Where confidentiality issues are raised by the parents or child, the designated individual to be entrusted with information about the child's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a child has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a child has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8. Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Children will not be given prescription or non-prescription medicines without their parents' or carers' written consent.

Non-prescription medicines may be administered in the following situations:

- when it would be detrimental to the child's health not to do so
- when instructed by a medical professional

No child will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents and carers will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Children will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, children will be informed of who holds the key to the relevant storage area.

When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a child for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual children, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non-prescription medicines

In line with DfE guidance ('Supporting children at school with medical conditions'), the school is aware that children may, at some point, suffer from minor illnesses and ailments of a short-term nature and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines (for example, paracetamol and antihistamines).

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance, the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Children and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a child is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of two months; and tablets (including soluble tablets) from the age of six years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the [NHS advice](#) on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent of parents will be required in order to administer paracetamol to children; they will be asked to complete a permission form.

For children' health and safety the school will ensure staff adhere to the following protocols:

- Paracetamol is securely in a locked medicine cabinet.
- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school.
- Following consent, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain, or any type of mild to moderate pain.
- Paracetamol will not be issued without prior written consent, **and** verbal consent from the parent **on the day**. If verbal consent cannot be obtained, then paracetamol **will not** be given.
- When a child is given medicine, the authorised member of staff will witness the child taking the paracetamol and make a record of it. This record will include:
 - Child's name.
 - The name of the medicine.
 - Dose given.

- Date and time of administration.
- Signature of the person administering.
- Only standard paracetamol will be given, not combination medicines which may contain other drugs.
- Children will only be given **one dose** of paracetamol during the school day; this will only be given to children **after 12.30pm**, or where a minimum of four hours has elapsed since the child arrived in school that day.
- If paracetamol does not alleviate symptoms, the child's parents will be contacted again.
- Paracetamol will not be given following a head injury, or where a child has taken paracetamol containing medicine within the last four hours.
- Children who frequently require paracetamol will be asked to provide their own medication following advice from a GP, which will be kept securely labelled in the school office; parents will be contacted by the office staff in these circumstances.
- If a child has a minor injury whilst at school their condition will be triaged by a First Aider; whereupon appropriate pain relief may be given by an authorised member of staff following consultation and verbal consent from parents.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e., the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour. In school, an orange table cloth or tray is used to indicate where food has been set aside for those with allergies or dietary needs. Adults are always in attendance to ensure that the sale of food items is monitored effectively; lists of children with specific needs are used to ensure a safe approach at these times.

The Mellors catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a child has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the children who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

AAIs are stored in line with each child's IHP.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Berkswich CE Administering medicines policy.

10. Record keeping

Written records will be kept of all medicines administered to children. Proper record keeping will protect both staff and children, and provide evidence that agreed procedures have been followed.

11. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Children will be informed in general terms of what to do in an emergency (e.g. telling a teacher).

If a child needs to be taken to hospital, a member of staff will take the staff grab-bag and remain with the child until their parents arrive. When transporting children with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

12. Day trips, residential visits and sporting activities

Children with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable children with medical conditions to participate. In addition to a risk assessment, advice will be sought from children, parents and relevant medical professionals. The school will arrange for adjustments to be made for all children to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13. Unacceptable practice

The school will not:

- Assume that children with the same condition require the same treatment.
- Prevent children from easily accessing their inhalers and medication.
- Ignore the views of the child or their parents.
- Ignore medical evidence or opinion.
- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell child to the medical room or school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.

- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to children with medical conditions.

The school holds an insurance policy with the DfE (Risk Protection Arrangement Membership with the DfE) covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the insurance policies.

15. Complaints

Parents or children wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16. Home-to-school transport

Arranging home-to-school transport for children with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for children with life-threatening conditions.

17. Defibrillators

The school has a Mediana HeartOn A15 automated external defibrillator (AED). The AED will be stored in the office on a high shelf. The office is locked when the building is empty.

All staff members and children will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

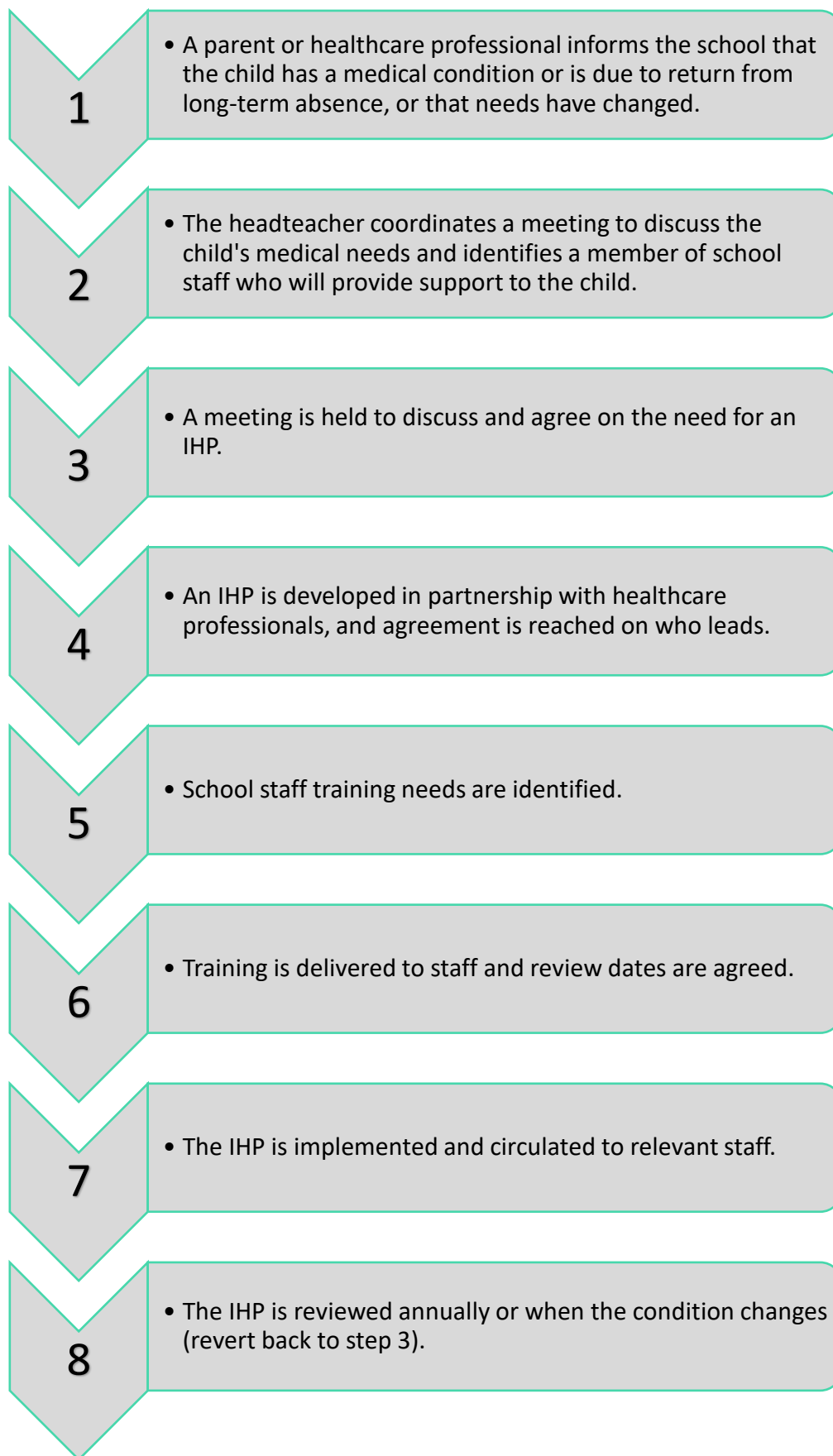
Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.

Maintenance checks will be undertaken on AEDs on a scheduled basis by the OSM.

18. Monitoring and review

This policy is reviewed on an annual basis by the governing board, school nurse, SEND and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Individual Healthcare Plan Implementation Procedure



Contacting Emergency Services

To be stored by the phone in the school office

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

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

- The telephone number: 01785 337360
- Your name.
- Your location as follows: Cedar Way, Walton-on-the-Hill, Stafford, Staffordshire
- The postcode: WS13 7BU
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.