Nether Green Junior School

Supporting Pupils with Medical Needs, First Aid, and Intimate Care Policy

Approved by:	Full Governing Body
Last reviewed on:	Autumn Term 2026
Next review due by:	Autumn Term 2027 (or sooner if legislation, guidance, or circumstances change)

1. Introduction and Rationale

At Nether Green Junior School we are committed to safeguarding, inclusion and equality of access for all pupils. This policy sets out our approach to:

- First aid provision and emergency response.

- Administration of medicines.

- Support for pupils with long-term or complex health conditions (including asthma and allergies).

- Intimate care procedures.

- Support for the education of pupils with medium or long-term illness.

We follow DfE statutory guidance Supporting Pupils with Medical Conditions at School (2015) and the Equality Act (2010), ensuring that pupils with health needs are not disadvantaged in accessing school life. This guidance is currently the subject of a Department for Education consultation on updated medical conditions and allergy guidance; we will review this policy again once that guidance is finalised.

This policy works alongside our Health, Safety and Wellbeing Policy and our Allergy and Anaphylaxis Policy, which sets out our full whole-school arrangements for identifying and supporting pupils with allergies and for managing the risk of anaphylaxis, in line with section 34 of the Children's Wellbeing and Schools Act 2026.

2. First Aid

Training and Staffing

- A minimum of two staff hold a Level 3 Paediatric First Aid qualification, refreshed every three years.

- All staff receive basic first aid awareness.

- First aiders are available during the school day and on trips.

First Aid Kits

- Located in each classroom, the office, sports hall and with lunchtime supervisors.

- Portable kits accompany off-site visits.

- Group leaders are responsible for ensuring kits are taken on visits.

Procedures

- Minor injuries: cleaned and covered; all incidents recorded on the Google Sheet.

- Head bumps/facial injuries: always treated seriously; parents contacted by phone (or voicemail) and a sticker given to the child. Staff informed to monitor the pupil.

- Serious injuries: first aider called, emergency services contacted if necessary, and parents notified immediately.

Recording and Reporting

- All incidents logged on the Google Sheet (retention periods are in line with statutory requirements).

- Accident/Incident Reports completed for serious cases and reported to the Local Authority/HSE when required.

3. Administration of Medicines

Principles

- Medicines only accepted where it would be detrimental to a child's health not to administer them during the school day.

- Only medicines prescribed by a healthcare professional will be accepted (in the original packaging with prescriber's instructions).

- Staff administer medicines only with written parental consent.

- We do not administer non-prescribed medicines, such as paracetamol or ibuprofen. Parents/carers are asked to come into school to administer these themselves, usually in the morning or at lunchtime. In exceptional circumstances, a consent form is signed in the school office; however, we do not hold stocks of non-prescribed medicines on site.

Responsibilities

- Parents/carers: provide up-to-date medical information, supply medicines in original containers, and collect/replace medicines as required.

- Staff: check consent forms, dosage, expiry dates, and record each administration (witnessed by two adults where possible).

- Pupils: encouraged to take responsibility for their own inhalers (Year 3 upwards) with supervision as appropriate.

Storage

- Reliever inhalers are stored in labelled classroom boxes for immediate access (see Section 4 – Asthma). Adrenaline auto-injectors are stored in labelled boxes in the workroom (locked cupboard), the school office and the dining hall (during the lunchtime period), as set out in our Allergy and Anaphylaxis Policy.

- Non-emergency medicines stored securely in the medical room.

- Refrigerated storage available where required.

Refusal or Side Effects

- If a child refuses medication, this is recorded and parents informed.

- Parents must advise school of possible side effects in writing.

4. Supporting Pupils with Long-Term Conditions

Asthma

- All pupils with asthma must have a reliever inhaler in school, labelled with their name.

- Inhalers kept in classroom boxes for immediate access.

- Staff trained in recognising asthma attacks and following the emergency procedure.

- The school holds a spare salbutamol inhaler, which may be used in an emergency for any pupil having an asthma attack who does not have their own inhaler available. Inhaler expiry dates, including pupils' own inhalers and the school's spare stock, are checked by our first aid team at the start of each academic year, and any due to expire during the year are flagged for replacement.

- Pupils with straightforward, well-controlled asthma are recorded on our asthma register, using a copy of their GP/clinic-issued Personal Asthma Action Plan where available. A full Individual Healthcare Plan (IHCP) is completed instead where a pupil's asthma is more complex, poorly controlled, requires additional support, or occurs alongside another significant medical condition.

Allergies and Anaphylaxis

Full arrangements for identifying, supporting and responding to pupils with allergies, including our approach to nut and sesame products, our spare adrenaline auto-injector protocol, allergen risk reduction and staff training, are set out in full in our Allergy and Anaphylaxis Policy. Class teachers and first aiders must be familiar with that policy and with each affected pupil's Individual Healthcare Plan.

Other Medical Needs

- Pupils with epilepsy, diabetes, or other conditions will have an IHCP developed in partnership with parents, health professionals and staff.

- Staff will receive condition-specific training where necessary.

4a. Individual Healthcare Plans (IHCPs)

- An Individual Healthcare Plan (IHCP) will be drawn up for any pupil with a significant medical condition that requires regular support, emergency intervention, or monitoring in school (e.g. diabetes, epilepsy, severe allergies, continence needs, or asthma that is complex or poorly controlled). Pupils with straightforward, well-controlled asthma are instead recorded on our asthma register (see Section 4).

- IHCPs are not the same as Education, Health and Care Plans (EHCPs). EHCPs are statutory documents for pupils with special educational needs and/or disabilities, whereas IHCPs are school-level support documents specific to health needs. Some pupils may have both.

IHCPs will be developed in partnership with:

- The pupil (where appropriate)

- Parents/carers

- Relevant health professionals

- School staff (including the class teacher, SENCO, and headteacher if needed)

Each IHCP will include:

- A description of the child's medical needs and triggers

- Specific support required during the school day

- Emergency procedures and responsibilities

- Details of medication and dosage (where applicable)

- Arrangements for trips, residentials, and extracurricular activities

- Review arrangements (at least annually, or sooner if circumstances change)

IHCPs will be stored securely but be readily accessible to staff who need them.

The SENCO will coordinate the completion and review of IHCPs and ensure they link with any EHCPs or SEND provision where relevant.

5. Intimate Care

- Pupils' dignity, privacy and safeguarding are paramount.

- Intimate care will only be carried out by staff familiar with the child and following an agreed care plan.

- Another staff member will always be aware that intimate care is taking place.

- Staff will encourage independence wherever possible.

- Concerns about marks, injuries or behaviour observed during intimate care must be reported to the Designated Safeguarding Lead.

6. Supporting Education During Medium/Long-Term Illness

- School will provide appropriate work within 7 days of being notified of a medium-term absence.

- For absences over 4 weeks, liaison will be made with the Hospital and Home Education Service.

- Reintegration plans, including phased returns, will be agreed with families.

- Examination access arrangements will be made where required.

- The school will also follow the latest DfE statutory guidance on school attendance, ensuring sensitive support and reasonable adjustments for pupils with medical needs impacting attendance.

7. Roles and Responsibilities

Headteacher: overall responsibility for policy implementation, staff training, and ensuring adequate first aid provision.

First Aiders: provide immediate treatment, maintain records, restock supplies, and summon emergency services where necessary.

Staff: familiarise themselves with pupils' medical needs and follow school procedures.

Parents/Carers: provide accurate medical information, supply medicines and equipment, respond promptly when contacted.

Governors: monitor policy implementation and ensure statutory duties are met.

8. Monitoring and Review

- This policy will be reviewed annually, or sooner if national guidance changes.

- The Headteacher is the named contact for all medical needs.

- The school commits to reviewing this policy again once the DfE publishes updated guidance on delegation of clinical tasks to staff, and once the DfE's medical conditions and allergy guidance consultation concludes.

IHCPs will be reviewed **at least annually**, normally at the start of each academic year. They must also be updated immediately if a pupil's medical needs, diagnosis, or medication change, or following any significant health incident. Reviews will be carried out in partnership with parents/carers, the pupil (where appropriate), relevant health professionals and school staff.

9. Related Policies

- Health, Safety and Wellbeing Policy
- Allergy and Anaphylaxis Policy
- Safeguarding and Child Protection Policy
- SEND Policy