



Petersfield Church of England (Aided) Primary School
MEDICAL NEEDS & FIRST AID POLICY

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God teaches us we are all equal, valued and unique.

We are a small rural school with deeply held Christian values which motivate and inspire us to provide a rich and diverse education. **"I have come that they may have life, and have it to the full." John 10:10.**

Love: 1 Corinthians 13:4-7 - It is integral in all our decision-making. This equips our children for all aspects in life, as they grow and reach their full potential.

Trust: Isaiah 26:4 - It encourages the whole school to work together for the mutual benefit of all, promoting an excellent working relationship

Peace: Thessalonians 5:13 - It helps us to respect each other, recognising all opinions to provide a safe and inclusive learning environment that encourages discussion of all ideas, so promoting a deeper understanding of each other and the wider world.

Friendship: Luke 6:31 - We constantly strive to build and foster the positive relationships so providing a safe and caring environment in which to learn.

Creativity: Romans 12:6 - Each one of us has a unique talent, we all have inherent creativity, and we actively encourage this in all aspects of school life.

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SUPPORTING PUPILS WITH MEDICAL CONDITIONS

The named members of school staff responsible for this medical conditions policy and its implementation are the Headteachers

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- Staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The school community understand and supports the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs or disabilities (SEND) and may have a statement, or Education, Health and Care (EHCP) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the Special Educational needs and disability (SEND) Policy.

This school's medical conditions policy is drawn up in consultation with key stakeholders within the school.

- Stakeholders include pupils, school staff, governors and external agencies such as the school nursing team.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through communication channels.

Staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- School staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- Staff receive training in what to do in an emergency and this is refreshed annually.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)¹, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up-to-date record of all training undertaken and by whom.
- This school has chosen to hold an emergency salbutamol inhaler for use by pupils.

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive annual updates. First Aid training covers key emergency aid required. In certain cases, specialist school nurses or training providers provide annual training for common conditions e.g. asthma, allergies, epilepsy.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance where appropriate. They will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it has been prescribed by an appropriate medical practitioner and when a pupil is well enough to be in school in line with PHE guidance (appendix 1) and it would be detrimental to a child's health or school attendance not to do so.
- A completed Short-Term medication Request Form or Long-term Medication Request Form and as appropriate Asthma card will be completed by the parent/carer before medication is administered. (Appendix 2, 3 & 4)
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes liaising with School Transport regarding escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.²
- Children are encouraged to take responsibility for their own medicine from an early age where appropriate. Parents/carers are expected to identify where this is relevant on the signed medication form.
- Where a pupil refuses medicine, the parents/carers will be informed the same day.
- This school will not give medication to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example prescribed pain relief, this school will check the maximum dosage and any parent instructions as to when the previous dose was given. Parents must confirm to school staff where medication has been taken before school which may impact medicine administration.
- This school will make sure that reasonable adjustments are made to support a pupil attending a residential visit.
- Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures will be followed.

This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, in the school office, refrigerator or agreed location as appropriate and that pupils with medical conditions know where they are at all times and have access to them immediately. Medication may be stored in first aid boxes. Controlled drugs will be kept in a locked cupboard.
 - Inhalers are stored in named red bags hanging over the sink in the office. These are accessible but out of sight of pupils and not in easy reach. Where children are severely asthmatic, the inhaler will be kept in their classroom in the position identified in the office and staffroom notice board (and will be kept in unlocked classroom cupboard).
 - Epi-pens, when needed for a specific medical condition, are stored in the office on top of the first aid cabinet. (refer to [Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance-on-the-use-of-adrenaline-auto-injectors-in-schools) for further information on AAIs)

- Medication will only be administered once the member of staff has checked the child's medication form and medication log to ensure medication is due.
- This school will only accept medication that is in date, labelled with the child's name, dose, frequency and method of administration and in its original container including prescribing instructions or an accompanying letter from an appropriate medical practitioner for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump. This will be stored in the fridge (EYFS or staff room) if required. Current guidance is that, due to the known shortage, out of date insulin can be administered if needed.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication in person to the office at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept away from pupils at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.
- Out of date or broken medication will be returned to the parent, who should return it to a pharmacist for safe disposal.
- Medicines must be collected by parents/carers at the end of term.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHCP plan, their special educational needs are mentioned in their IHCP. Appendix 5 is used to identify and agree the support a child needs and the development of an IHCP.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff on the medication record form or specific agreed form.
- Headbumps are notified to the classteacher (or Puffins if after school) and the headbump is recorded on the whiteboard in the office for that week.
- Any child being sent home has the reason and factual symptoms written by the first aider on the reverse of the signing out sheet.

Wristbands are given to the pupils to inform parent/carers:

Red- head bumps-head bump form sent home

Yellow- medication given-short term medication

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that reasonable adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- Confirmed medical absences will be counted as authorised absences.
- In line with the school SEND policy, children whose progress is impacted by their medical condition will be supported through the graduated approach.
- Pupils at this school learn what to do in an emergency.
- Where relevant for people with medical conditions, this school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 6.

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this school may seek feedback including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the classteachers in the first instance. This may then be passed onto the Headteacherss. If the Headteacherss cannot resolve the matter, they will direct parents to the school's complaints procedure.

Equal opportunities

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 not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate safely on school visits and sporting activities. 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. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- SEND policy
- Equality information and objectives

- Health and safety
- Safeguarding

Medical Needs – Specific Conditions (Asthma, Diabetes, Epilepsy, Anaphylaxis)

Medical Needs – Asthma

- Each individual must have an asthma card or in severe cases an individual care plan agreed between school and parents /carers and their specialist healthcare provider.
- All children with asthma should have a reliever inhaler and spacer at school
- Staff will be trained to:-
 - Know that asthma is a widespread, serious but controllable condition
 - Recognise that pupils with asthma need immediate access to reliever inhalers at all times
 - Ensure that the child's reliever inhaler must be immediately available to hand when sports activities take place especially at the swimming pool. If it is helpful medication can be used before the activity begins.
 - Know which pupils have an Individual Health Plan and when to follow this
 - Know the common 'day to day' symptoms of asthma which are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.
 - Cough and wheeze (a 'whistle' heard on breathing out) when exercising
 - Shortness of breath when exercising
 - Intermittent cough
 - Know common triggers including
 - Physical activity
 - Change in weather
 - Viruses
 - Colds
 - Environmental factors
 - Know common signs of an attack
 - Coughing (persistent)
 - Shortness of breath
 - Wheezing
 - Feeling tight in the chest
 - Being unusually quiet
 - Difficulty speaking in full sentences or uncharacteristically chatty
 - Tummy ache or not wanting food
 - Know what to do in an asthma attack

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK (see Appendix 7)

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer aero chamber
- The inhaler should be removed from the mouth and shaken between breaths
- Encourage the child to take 5 slow, steady breaths each puff
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- Record all actions and medication
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

The school holds two emergency kits which are in red bags with the inhalers in the office which include:

- a salbutamol metered dose inhaler;
- a plastic spacer compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a blank medicine administration sheet

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. We therefore ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. Where the emergency inhaler is administered, the letter in Appendix 8 may be used.

Storage and care of the inhaler

Mrs Anna Squires is responsible for maintaining the emergency inhaler kit and overseeing the protocol and ensuring the asthma register is up to date. They have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhalers are stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers are kept in a separate bag from any child's inhaler but nearby and the emergency inhalers are clearly labelled to avoid confusion with a child's inhaler.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer will not be reused but given to the child to take home for future personal use. This spacer will then be replaced.

The inhaler will be reused, after cleaning - the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean, safe place. The canister will be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. Where there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it will not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Petersfield will register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal at <https://www.gov.uk/waste-carrier-or-brokerregistration>.

School Staff are:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

Designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

Liability and indemnity

The Governing Body ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Diabetes

- Each individual must have an individual health care plan agreed between school and parents /carers and their specialist healthcare provider.
- Staff will be trained :-
 - To recognise the signs of hypo and hyperglycaemia, what to do in the event of an occurrence and when to call an ambulance.
 - To give or help with self-administration of insulin as needed; a Long Term Medication Request Form must be completed.
 - To assist if testing of blood glucose levels is necessary in school hours. To understand dietary needs and restrictions and consumption of food supervised.

The Governing Body will support and the LA will indemnify any member of staff who has been trained, who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

Epilepsy

This is a complex condition with symptoms which are very varied individually in both type and severity. Each individual must have an individual health care plan agreed between school and parents /carers and their specialist healthcare provider.

- When a child with epilepsy is admitted to the school all staff will receive annual training, online or by a qualified first aider in general care and in dealing with possible seizures and if thought necessary a talk can be given to the class children to reassure and explain. An individual care plan from the hospital will be provided.
- Staff will be trained in :-
 - Knowledge of likely triggers.
 - Type of seizure normally suffered.
 - What action is required in this event and what information should be recorded about the event for the parents /carers.
 - When to call an ambulance.

Anaphylaxis

- Each individual must have an individual health care plan and a protocol agreed between school and parents /carers and their specialist healthcare provider. It details how the epipen (or equivalent product) should be used and how use should be recorded.
- Individual Emergency Packs with Epipens are kept easily accessible at all times in the school office. (It is the responsibility of the parents /carers to ensure that they are not allowed to become out of date)
- Care is taken in the management and handling of food as it occurs in the curriculum
- Parents /carers of children with food allergies must contact HCL and complete the appropriate form to ensure that an individual, allergy free menu is provided to their child.
- If a pen is used in school, the parent is responsible for immediately replacing it on their return to school.
- Staff will be trained in :-
 - allergy awareness
 - the administration of Epipens and are aware of the time urgency in treatment.
 - Ensuring that when a visit takes place offsite, Epipens are always taken for identified children and a member of staff trained in their use is always present.
 - If an attack occurs either in school or on a school trip:
 - another person is sent for help and to bring the child's emergency pack.
 - the child is never left alone.
 - If an Epipen is administered, an ambulance is always called and the parents /carers informed.
 - If only oral antihistamine needs to be given as required by the individual protocol, the parents /carers are called for advice on further management of the child.
 - A school can hold emergency epipens, but following shortages does not have a school epipen. This is kept under review and reconsidered if the need arises.

Bodily Fluids

This policy covers the precautions to be taken when dealing with body fluids.

All body fluids potentially carry transmittable disease, the biggest risk being Hepatitis B, which is difficult to destroy and is carried by up to 20% of the population, Hepatitis C, D and G can also be carried in the blood. HIV can be present in freshly spilt blood, but does not survive outside the body for more than a few seconds. It is not possible to identify all risks so ALL body fluids should be regarded as potentially infectious.

This school uses the following treatment guidelines:

- Always use disposable gloves.
- Always use disposable cloths.
- Encourage children to clean their own wounds, as appropriate.
- Always cover a wound.
- Ensure that wounds are covered during contact sports.
- Control surface contamination by blood and bodily fluids through containment and appropriate decontamination procedures Use the following safety guidelines:
- If a child finds a used condom, dispose of it and ensure that the child washes their hands thoroughly. The parents must be informed.
- If a child finds a needle from a syringe, it will be safely disposed of. Ensure that the child washes their hands thoroughly. If there is broken skin, encourage the wound to bleed. The parents must be informed and it is their responsibility to seek medical advice if they believe it to be necessary.

Inoculation Incidents

The most common inoculation incident comes from a sharps injury where a needle or other sharp contaminated with blood or other high risk body fluid penetrates the skin. However, this can also include bites from an infected person, which breaks the skin.

Inoculation incidents involving the potential for injury may be caused by:

- ☐ Needlestick or sharp injury with a used needle or instrument
- ☐ Body Fluids entering uncovered cuts or breaks in the skin
- ☐ Bites and scratches
- ☐ Splashes in the eye and/or mouth.

Actions to take following an incident

- ☐ Immediately stop work.
- ☐ DISPOSE of the causative sharp safely and attend to the injury.
- ☐ BLEED IT by applying gentle pressure - do not suck.
- ☐ WASH IT well under running water.
- ☐ COVER IT – dry and apply a waterproof plaster.
- ☐ If blood and body fluids splash into the mouth, do not swallow. Rinse out the mouth several times with cold water.
- ☐ If blood and body fluids get into the eye, irrigate with cold water.
- ☐ Contact NHS or A&E for advice and or treatment

Where a child will be away from school for 15 days or more because of ongoing health needs

- Pupils with medical needs may receive education provision in a range of settings.
- Most children with medical needs will have their needs met within our school environment, through the provision ordinarily available in school.
- On rare occasions where children are so unwell they cannot attend school they may be educated whilst in hospital, at home or an alternative provision setting.
- A pupil may require intermittent support and require a flexible approach to meet needs.
- The school follows the guidance in the Cambridgeshire Medical Needs Policy (2023) including noting the Hospital Education Provision in Cambridgeshire.
- Appendix 9 outlines the flowchart Process for when it is clear that a child will be away from school for 15 days or more because of ongoing health needs, whether consecutive or cumulative across the school year.
- Appendix 10 outlines the Level of Need Matrix

First Aid

Purpose:

To ensure that the welfare and wellbeing of pupils is secure.

First Aid

This policy outlines the School's responsibility to provide adequate and appropriate medical support and first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. This policy will be reviewed annually.

Aims

- To identify the first aid needs of the School in line the Health and Safety at Work etc Act 1974.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the school.
- To provide relevant training.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the School's First Aid arrangements.
- To keep accident records and to report to the Health and Safety Executive (HSE) under the Reporting of Diseases and Dangerous Occurrences Regulations (RIDDOR).

Who was consulted?

Staff and Governors have been consulted in the development of this policy.

Relationship to other policies

This policy should be read in conjunction with the school's health and safety policy and the local authority policy relating to educational visits.

Roles and Responsibilities

The **Headteachers** is responsible for implementing the policy, identifying a responsible senior staff member for managing first aid, the administration of medicines, and ensuring that appropriate resources and staff are available and trained. They should ensure that the policy and information on the School's arrangements for first aid are made available to parents.

The **staff members** responsible must draw up procedures in consultation with health specialists, ensure that they are kept up to date and that records are maintained, and provide information to staff.

The Appointed Person need not be a First Aider, but should have undertaken emergency first aid training. They will:

- Take charge when someone is injured or becomes ill
- Ensure that an ambulance or other professional medical help is summoned when appropriate

The First Aider First Aiders are volunteers, however they must attend refresher training every 3 years.

They will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

In selecting first aiders Heads should consider the person's:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties. A first aider must be able to leave to go immediately to an emergency.

Arrangements for monitoring and evaluation

The governing body will receive an annual report on the number of pupils treated for first aid by year group, the programme of staff training, and the nature of any complaints received.

Re-assessment of first-aid provision

As part of the School's annual monitoring

- The Head teacher will review the Schools' first aid needs following any changes to staff, building/site, activities, off-site facilities etc.
- The head teacher will monitor the number of trained first aiders, and provide refresher first aid training when required.
- The head teacher will also monitor the emergency first aid training.
- The first aider will check the contents of the first aid boxes termly. This is overseen by the Mrs Squires.

Providing Information

The Head teacher will ensure that all staff are informed about the schools' first aid arrangements.

- Complete induction using the Petersfield Principles Induction.
- Update the Petersfield Principles at least annually.

PROVISION

How many first aid personnel are required?

The Head teacher will consider the findings of a first aid needs risk assessment in deciding on the number of first aid personnel required. The Head teacher will consider the needs of specific times, places and activities in deciding on their provision.

In particular consideration to the following will take place:

- Off-site visits
- PE
- Curriculum activities and locations
- Adequate provision in case of absence, including trips
- Out of hour's provision, eg. Afterschool clubs.

Arrangements should be made to ensure that the required level of cover of both First Aiders and Appointed Persons is available at all times when people are on school premises.

Qualifications and Training

The school is responsible for making sure whoever trains its staff is competent.

There are four types of provider to choose from. They offer:

- regulated qualifications from an awarding organisation (AO) – these are recognised and regulated by Ofqual, the Scottish Qualifications Authority (SQA) or the Welsh Government
- voluntary approval schemes, such as a trade body accredited by a third party – the United Kingdom Accreditation Service (UKAS) is the national accreditation body recognised by government
- independent training where the provider can prove their competence
- training from one of the three Voluntary Aid Societies recognised by the government:
 - St John Ambulance
 - British Red Cross
 - St Andrew's First Aid

Training of personnel

- ☐ A complete list of trained personnel is updated on the Single Central Record and includes most staff
- ☐ There are at least two members of staff on site that are trained to provide First Aid during core school hours
- ☐ The office staff and support staff are the designated first aiders
- ☐ Current practice is that all staff are offered First Aid training on a regular cycle.
- ☐ There is at least one member of staff trained in First Aid on any school trip and available during Puffins
- ☐ A First Aid kit is taken together offsite with all routine medicines.

First Aid materials, equipment and facilities

The Head teacher must ensure that an appropriate number of first aid kits for the site are available, this can be decided by the level of risk identified in risk assessment and the first aid needs risk assessment.

All first aid kits must be marked with a white cross on a green background

- The Local Authority is responsible for the provision of first aid kits on the school bus.
- First aid kits must accompany children off site.

Spare stock should be kept in school.

The responsibility for checking and restocking first aid kits are:

- In school, the Administrator
- On school buses, County Education Transport
- For off-site visits, a named member of school staff.

Accommodation

The Head teacher must provide a suitable room for medical treatment and care of unwell children during school hours. This need not be a dedicated area but should be close to a lavatory and contain a washbasin. This is usually either the Office or Puffins.

Equipment Requirements

- The school office and Puffins room are assigned as the First Aid room where any First Aid treatment is carried out.
- This room contains the following equipment:
 - Washbasin with running water
 - The First Aid kit containing scissors and approved dressings is located in a green box with a white cross.
 - Disposable rubber gloves
 - Bowl
 - First Aid record sheets – available in all room folders and stored in the First Aid Folder once completed
- Wristbands for pupils
- All classrooms have first aid bags.

Hygiene / Infection control

Staff must follow basic hygiene procedures.

Single use disposable gloves must be worn when treatment involves blood or other body fluids.

Care should be taken when disposing of dressings or equipment.

Actions in the Event of an Injury/Illness

- The 'Emergency Medical Consent' question is a new field which appears automatically in the MCAS system Data Sheet. In school, we act in Loco Parentis whilst a child is in school and will administer first aid as required.
- School staff act in
- School systems are in place to request First Aid assistance by the use of a staff lanyard or red triangle.
- Where an injury or illness occurs in a child who has an Individual Health Care Plan, this plan is followed and treatment given accordingly.
- In the event of a minor injury or illness: treatment is carried out as required by a member of staff trained in First Aid.
- Nothing should be given to the child by mouth following an incident of illness or injury.
- Any treatment or observation is recorded on a fully completed First Aid Form.
- In the case of bumped heads or serious incidents, a copy of the First Aid form is put in the child's bag to inform parents.
- In the event of illness, it may be necessary to call the parent/s or carers to take the child home.
- If the child is well enough to remain at school, the class teacher is informed of the child's injury.
- All head injuries MUST be reported to the School Office and classteacher – a band is given to the child to wear to identify this to all adults.
- In the event of a serious injury, the member of staff treating the child may decide that the child needs to go to hospital. In such a situation, an ambulance is called. The following information is provided to Ambulance Control when calling for an ambulance:

- School telephone number
- School address, including postcode
- Brief description of the exact location, giving directions where needed
- Name of the caller
- Name of the child and a brief description of the symptoms of injury
- The most appropriate entrance to use and an indication that the ambulance crew will be met when arriving on site and taken to the child
- Before the ambulance arrives,
 - o The child should be kept warm and given reassurance.
 - o Any history of illness etc is checked.
 - o Nothing should be given to the child by mouth in case an anaesthetic is required.
 - o The child should not be left unattended.
 - The child's parent/carers (or if necessary the emergency contact) will be called as soon as practically possible.
 - If the parent/s or carers for the child have not arrived in time to go with the child to hospital, a member of staff will accompany the child in the ambulance and will remain with the child until the parent/s or carer arrives.
 - Any relevant documentation relating to the child should also be taken, including contact details, records of allergies etc.
 - Details are recorded throughout this period

First Aid Forms

- First Aid Forms are kept in the First Aid Folder and in every room folder.
- All injuries, or requests for First Aid are recorded along with all cases of vomiting and diarrhoea.
- After vomiting or diarrhoea, ~~it is advised that~~ a child ~~must~~ not return to school within 48 hours.
- If a child is sent home unwell during the course of a school day a note is added to the register
 - the emergency register in classrooms is updated by the member of staff which supervises the handover of the child to a parent/carer
 - the office door register is updated
 - the parent/carer signs the child out of school
- For major injuries or incidents, including those caused by a defect or a supervision failure, a County Injury form is completed online which informs the LA www.reportincident.co.uk

Reporting accidents

The First Aider must keep a record of any reportable injury, disease or dangerous occurrence. This must include:

- The date and time
- Method of reporting,
- Place of the event; exact location
- Personal details of those involved and a
- Brief description of the nature of the event or disease.

This record can be combined with other accident records.

The following accidents must be reported to the health & safety team:

- Accidents resulting in death or major injury (including as a result of physical violence)
- Accidents which prevent the injured staff member from doing their normal work for more than seven days

Involving pupils and visitors:

Accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with a work activity.

I.e. if it relates to

- Any school activity, both on or off the premises
- The way the school activity has been organised or managed
- Equipment, machinery or substances
- The design or condition of the premises

The HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The school will report accident to the Health and Safety team who will then report, as necessary, to the HSE under RIDDOR.

The Appointed Person or First Aider must complete incident report form on-line available at www.reportincident.co.uk/cambridgeshire

Most incidents must be reported to the Health and Safety team within 10 days to the incident.

Record keeping

Statutory accident records: The First Aider must ensure that readily accessible accident records, written or electronic, are kept for a minimum of three years for adults and 3 years after their 18th birthday (until the child is 21) for children.

The Head teacher must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- The date, time and place of incident
- The name (and class) of the injured or ill person
- Details of their injury/illness and what first aid was given
- What happened to the person immediately afterwards
- Name and signature of first aider or person dealing with the incident.

The Head teacher must have in place procedures for ensuring that parents are informed of significant incidents.

Monitoring

Accident records can be used to help the Head teacher and the Governing Body identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigation purposes. The Headteachers have a regular review and analysis of accident records.

Appendix 1- School illness exclusion guidelines

[Children and young people settings: tools and resources - GOV.UK \(www.gov.uk\)](#)

[Find your local health protection team in England - GOV.UK \(www.gov.uk\)](#)

Appendix 2 - Short Term Medication Request Form

Staff at Petersfield School will only give your child medicine if you complete and sign this form. If more than one medicine is to be given, a separate form must be completed for each one. There is a policy for the administration of medicine which staff must adhere to for your child's safety.

Name of child: _____

Date of birth: _____ Class: _____

Medical condition or illness: _____ **Medicine**

Name/type of medicine (as described on prescription label):

_____ Date dispensed:

_____ Expiry date: _____

Dosage: _____ Timing:

_____ Date of final dose: _____

Are there any side effects that the school needs to know about?

Self administration? Yes/No (delete as appropriate)

Note: Medicines MUST be in the original container as dispensed by the pharmacy. Only an adult may deliver medicine to the school and collect it if required. Medication will not be accepted from children or given to children to take home. Parents are responsible for ensuring that medication is in date.

Contact Details

Name: _____

Relationship to child: _____

Daytime telephone number: _____

The above information is, to the best of my knowledge, accurate and I give my consent to school staff administering medicine in accordance with the school policy and my child's care plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency, or if the medication is stopped.

If my child has had medication before school, I will notify the school office of time and dosage so that further medication can be administered safely. I consent to this information and any individual health care plan being shared with medical professionals where appropriate (for example in an emergency situation or setting).

Signature: _____

Date: _____

Appendix 3 - Medicine administration form

Petersfield Medication Record			
Child's Name			
Medication			
Dosage			
Additional Information			
Date	Time	Administered by	Wristband

Appendix 4 - Long Term Medication Request Form and Asthma Card

For long term medication, your child must have an Individual Health care plan, protocol or asthma card in place. Staff at Petersfield School will only give your child medicine (**which must be prescribed by a doctor**) if you complete and sign this form. If more than one medicine is to be given, a separate form must be completed for each one. There is a policy for the administration of medicine which staff must adhere to for your child's safety.

Name of child: _____

Date of birth: _____ Class: _____

Long term medical condition: _____ **Medicine**

Name/type of medicine (as described on container):

_____ Date dispensed:

_____ Expiry date: _____

Dosage: _____

Timing: _____

Are there any side effects that the school needs to know about?

Self administration? Yes/No (delete as appropriate)

Individual Care plan/protocol/asthma card review date: _____

Note: Medicines MUST be in the original container as dispensed by the pharmacy. Only an adult may deliver medicine to the school and collect it if required. Medication will not be accepted from children or given to children to take home. Parents are responsible for ensuring that medication is in date.

Contact Details

Name: _____

Relationship to child: _____

Daytime telephone number: _____

The above information is, to the best of my knowledge, accurate and I give my consent to school staff administering medicine in accordance with the school policy and my child's care plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency, or if the medication is stopped.

If my child has had medication before school, I will notify the school office of time and dosage so that further medication can be administered safely. I consent to this information and any individual health care plan being shared with medical professionals where appropriate (for example in an emergency situation or setting).

Signature: _____

Date: _____

Asthma Card

If more than one medicine is to be given, a separate form must be completed for each one.

Reliever inhaler when needed for shortness of breath

Name/type of medicine (as described on prescription label):

Signature: _____

Date: _____

What signs indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes/No (delete as appropriate)

Does your child need help taking his/her asthma medicine? Yes/No (delete as appropriate)

What are your child's triggers (things that make their asthma worse)?

Date of last GP/nurse review:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which I will leave in school school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

I consent to this information and any individual health care plan being shared with medical professionals where appropriate (for example in an emergency situation or setting).

Signature: _____

Date: _____

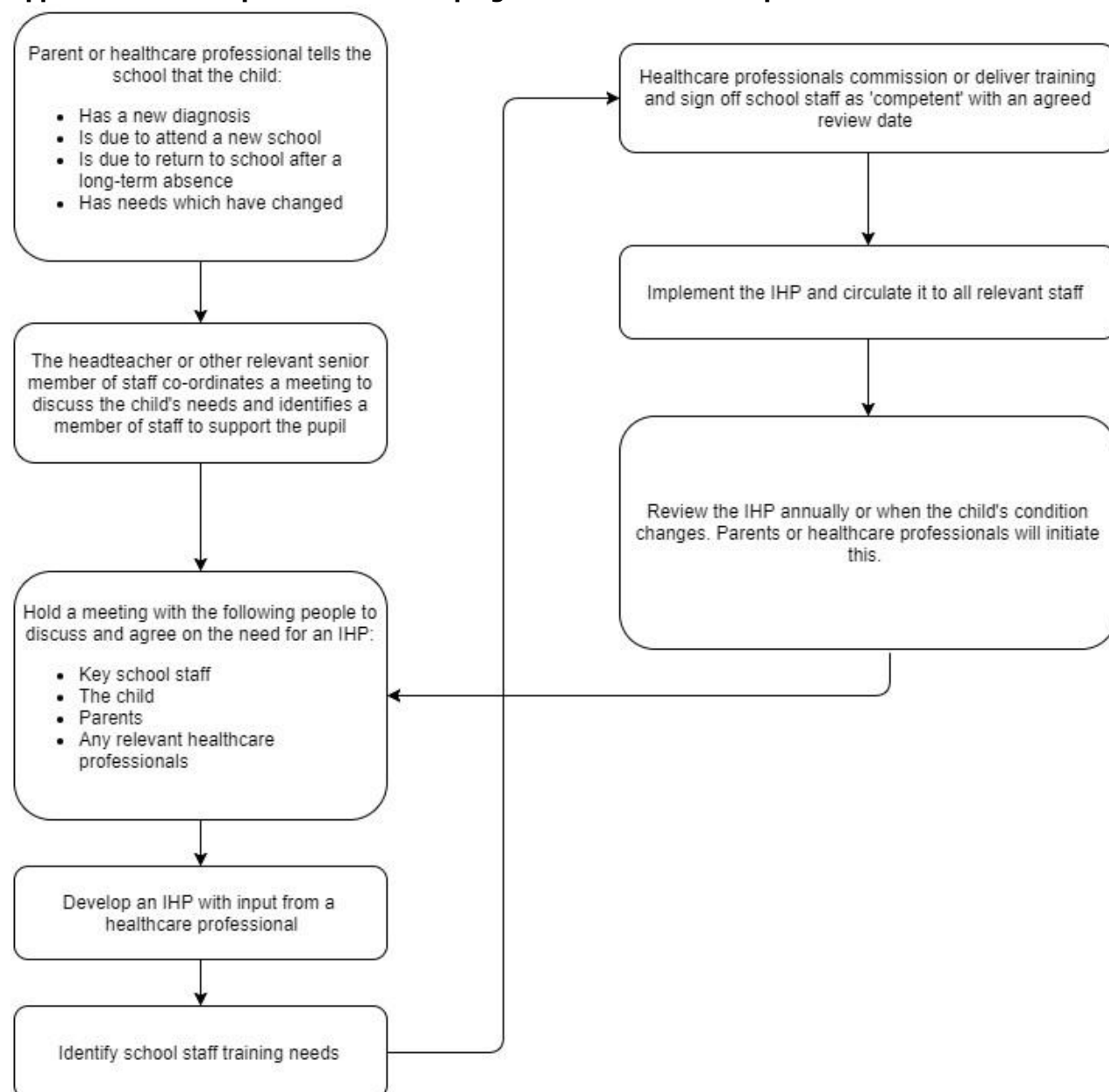
Short Term medication form

What to do if a child is having an asthma attack

Needs line "

1. Help them sit up straight and keep calm.
2. Help them take two puffs of their reliever inhaler (usually salbutamol, blue reliever inhaler, emergency inhaler if permission given) every 30-60 seconds up to 10 puffs.
3. **Call 999 for an ambulance if:**
 - Their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - They don't feel better after 10 puffs
 - You are worried at any time
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes

Appendix 5 - Model process for developing individual healthcare plans



Appendix 6 - Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

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

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

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

Appendix 7 - Available in all room and class folders, with the inhalers and on the medicine board

HOW TO RECOGNISE AN ASTHMA ATTACK The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer aero chamber
- The inhaler should be removed from the mouth and shaken between breaths
- Encourage the child to take 5 slow, steady breaths each puff
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- Record all actions and medication
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way • The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Appendix 8 - Letter to inform parent/carers of emergency inhaler use

Child's name:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Appendix 7 - Process for when it is clear that a child will be away from school for 15 days or more because of ongoing health needs, whether consecutive or cumulative across the school year.

Physical and Mental Health Condition Pathway

Child or Young Person is absent for 15 school days (Consecutive or non consecutive) and reasons for absence have been explored by school.



Parent informs the school that the child or Young person has been unwell or has a long term condition



Meeting is held to discuss and write the IHEP (Individual health and education plan. Link under useful resources).

This should include contributions from key school staff, child/Young person (where appropriate), parents, relevant medical and healthcare professionals and Access and Inclusion coordinator (Primary SEND District Team) or Education Inclusion Officer (Secondary).



Assess, plan, do review cycles using IHEP, to include school professionals, parents, Health and medical professionals if possible.



Where medical advice states child is too poorly to attend school IHEP and supporting documents to be sent to Access and Inclusion (Primary) child receives medical tuition from LA or Child receives medical tuition via devolved funding (Secondary). this is reviewed on a regular basis (approx 6 weekly)

Appendix 10 – Level of Need matrix

7. Response to absence due to health need

Most children with severe needs will follow a continuing care pathway. There may be a very small minority of children for whom their medical needs impact their access to education at a level beyond what would be expected to support from their school resources. In these cases, schools may wish to consider application for an EHCNA.

Level 1	Level 2	Level 3	Level 4
Emerging Needs	Additional Needs	Complex Needs	Severe Needs

PROVISION CONTINUUM

Minor Need in School	In School Significant Need	Out of School Significant Need	Inpatient / Severe Need
<ul style="list-style-type: none"> Refer to strategies and resources in SEND OAP toolkit for SEMH and SEND related support <u>SEND OAP toolkit EBSA and mental health awareness resources</u> Parents and School meet to discuss need and duration. Ensure young person is known about by all staff working with the child. Provision made for young person to catch up on work missed. Practical needs such as stairs, time between lessons, distance to classes 	<ul style="list-style-type: none"> Named staff member for contact. Identified space in school for rest. Plan for non-attending days. Plan for work catch up and prioritisation. Enhanced pastoral offer. Review meetings planned. Timetable review. Key contact with medical lead established. Refer to Reduced Timetable Guidance. Member of SEND service EG Link Specialist teacher, educational psychologist, Access and Inclusion 	<ul style="list-style-type: none"> Up to 25 hours per week of learning. Contact with qualified teacher. Essential – use of IT. Referral to District team for support with home visits. IHEP completed involving member of SEND service 	<ul style="list-style-type: none"> If Young Person attending inpatient school, ensure links are maintained assuming eventual return. If YP at home, ensure contact with qualified teacher at agreed intervals. Pastoral support agreed. IHEP completed involving member of SEND service

<ul style="list-style-type: none"> Involve parents/carers to support a child who is anxious about attending from an early stage. Maximise face to face attendance as far as possible supported by planning with the family and CYP. Consider additional pastoral care/SEND support input, including Cognitive Behavioural Therapy, Counselling, Play Therapy, Educational Psychology, Solution Focused Therapies. 			
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