

Medicines and First Aid Policy



July 2025 – July 2027

Hillside Primary School are committed to ensuring the health, safety, and welfare of all pupils, staff, visitors, and other users of the school site. This First Aid Policy outlines our procedures and responsibilities in relation to first aid provision and incident management.

We aim to:

- Provide prompt and effective first aid in the event of illness, accident, or injury.
- Ensure that all staff are aware of and follow the correct procedures.
- Meet our statutory obligations under health and safety legislation.

The aims of this policy are:

- Formulate and implement effective procedures for responding to incidents requiring first aid, ensuring that all responsible and practical steps are taken to meet the needs of all site users.
- Ensure appropriate training is provided, and that correct procedures are followed, so staff have sufficient understanding, confidence, and expertise in first aid practices.
- Establish a procedure to monitor accident trends, ensuring that the Board of Directors reviews relevant data and takes appropriate action when necessary.
- Implement suitable investigation methods for all significant accidents, incidents, and near misses to identify causes and prevent recurrence.
- Notify appropriate authorities (e.g., RIDDOR, Ofsted, HSE) of significant accidents or incidents in line with legal requirements.
- Take all reasonably practicable steps to maintain the health and welfare of all persons using the school premises.
- Establish and maintain safe working procedures amongst employees to reduce risks and hazards.
- Ensure insurance arrangements are in place that provide full cover for claims arising from the actions of staff, when acting within the scope of their employment.

At Hillside Primary school, there are clear systems for first aid treatment of pupils, staff and visitors. The following outlines practices and procedures carried out at Hillside Primary.

Trained staff:

Providing first aid is not a requirement for all staff; however, staff at Hillside Primary School may volunteer to take on this role.

We are committed to ensuring that:

- Staff who volunteer to become first aiders or appointed persons receive appropriate training and guidance.
- We maintain a team of staff trained in a variety of first aid qualifications, including:
 - First Aid at Work (18-hour course)
 - Emergency First Aid at Work (6-hour course)
 - Paediatric First Aid (12-hour course)
 - Emergency Paediatric First Aid (6-hour course)
 - Forest School-specific First Aid

Some first aiders may also receive additional training to support the specific medical needs of individual pupils.

First Aid Training:

- All first aiders must hold a valid certificate of competence issued by an approved training provider.
- These providers must meet standards set by the Health and Safety Executive (HSE), which include:
 - Trainer and assessor qualifications
 - Monitoring and quality assurance processes
 - Standards of teaching and first-aid practice
 - Syllabus content and certification
- First aid certificates are usually valid for three years.
- Hillside will ensure that:
 - Refresher training and retesting of competence are arranged before certificates expire.
 - Staff can attend a refresher course up to three months before expiry.
 - If a certificate expires, the full course must be retaken to maintain first aider status.
 - A record of first aiders and their certification dates is kept and regularly monitored.
- All training is based on the outcomes of our First Aid Needs Assessment.
- We ensure we have sufficient trained first aiders to cover the needs of pupils, staff, and activities both on-site and off-site, taking into account staff absences (e.g. due to sickness, leave, or school trips).

- Staff are advised to use appropriate personal protective equipment (PPE), including gloves and aprons, when attending to any first aid incidents to ensure safety and hygiene.

Assessment of Needs:

Under the Management of Health and Safety at Work Regulations (1999), schools must assess the risks to the health and safety of staff, pupils, and others on site, and put in place suitable measures to manage these risks.

At Hillside Primary School, we will:

- Carry out a regular assessment of our first aid needs to make sure we have the right level of first aid cover at all times.
- Take into account the needs of staff, pupils, volunteers, visitors, and contractors when completing our assessment.
- Review our first aid needs at least once a year, and whenever there are significant changes — for example, when staff join or leave, or if there are changes to the school site or activities.
- Ensure that the minimum number of trained first aiders is always met, and monitor this regularly to maintain compliance with legal requirements and good practice.

This assessment helps us ensure that our first aid provision is always suitable, safe, and effective for our school community.

Lesson times:

Firstly, the class teacher will do an initial assessment to determine the need for first aid treatment. Very minor injuries such as small scratches can be easily treated with a sterile wipe with no further action required. Should a First Aider be required, each phase in school has a minimum of one first aider; the children will go to their phase first aider first for treatment.

If the phase first aider is unavailable, they will find another first aider in the nearest phase.

Playtimes:

At playtimes there is an emergency first aid bag which accompanies the members of staff on to the playground. First aiders will be available on the playground during playtimes.

In the event of additional first aiders being required outside, staff will send in their ID badge with a message or message the office via walkie talkie.

Lunchtimes:

At lunchtime, all Midday Supervisors are trained to offer first aid and have a first aid bag that accompanies them. In the event of additional first aiders being required, middays will use the walkie talkie to request further assistance.

Trips:

First aid boxes, record book and emergency inhalers are to be taken on the trip. These will be stored/carried with the first aider(s). Records will be completed as they are at school.

Where there is a major incident whilst on a trip, the off-site visit risk assessment will have details to follow.

Liability and Indemnity:

At Hillside Primary School, we understand that staff who volunteer to provide first aid are acting in the best interests of pupils, staff, and visitors, and are doing so within the scope of their training and employment.

In the event of a claim related to a first aid incident:

- Any legal action is most likely to be brought against the school, not the individual staff member.
- The school will ensure that appropriate insurance arrangements are in place to fully cover staff for any claims that may arise while they are performing their duties as a trained first aider.
- This includes all actions taken by staff within the scope of their first aid training and their role within the school.

This gives reassurance to all staff that they are protected and supported when acting responsibly and in accordance with their training.

First Aid Kits and Accommodation

At Hillside Primary School, we ensure that suitable first aid equipment and facilities are available at all times to meet the needs of pupils, staff, and visitors.

First Aid Kits

- First aid kits are provided throughout the school, including:
 - One in every classroom
 - Additional kits in key areas such as the hall, office, and playground
- All kits are:
 - Clearly labelled
 - Easily accessible
 - Stocked according to the British Standard BS 8599
- Kits are checked and replenished regularly by trained first aiders to ensure:
 - All necessary items are available
 - All sterile items are in date
- An appointed person maintains records of kit checks.
- A supply of additional first aid stock is kept in a clearly labelled cupboard, accessible to staff when needed.
- All staff are made aware of the location of first aid kits across the school.

First Aid Accommodation

- The school provides suitable and sufficient accommodation for administering first aid, based on our first aid needs assessment.
- The space includes:
 - A wash basin
 - Is located near to a toilet
 - Is clean, private, and readily available when required
- While the space does not need to be used exclusively for medical purposes, it must always be appropriate for treating injuries or illness safely and with dignity.

Hygiene and Infection Control

At Hillside Primary School, we take hygiene and infection control seriously to protect the health and safety of all pupils, staff, and visitors.

We ensure that:

- All staff follow basic hygiene procedures and take appropriate precautions to prevent the spread of infection.
- Single-use disposable gloves and handwashing facilities are available and must be used when dealing with:
 - Blood
 - Vomit

- Other bodily fluids
- Soiled dressings or medical waste

Cleaning After Incidents

- After treating an injury or illness, the first aider is responsible for cleaning any area that has come into contact with bodily fluids.
- Depending on the situation, staff should use:
 - The approved cleaning spray
- Yellow clinical waste bags are provided for the safe disposal of contaminated items.
- Clinical waste bins are located in:
 - The disabled toilet in FS2
 - The Year 4/5 corridor

By following these procedures, we help maintain a clean, safe, and hygienic environment for everyone in the school.

Reporting Accidents and Record Keeping

At Hillside Primary School, all accidents and first aid incidents are recorded accurately and stored securely in line with data protection requirements.

Accident Recording

- Accidents are recorded using our accident book and through Arbor, our school's management system.
- We also use a separate head bump letter system to inform parents or carers when a head injury has occurred.

When to Record an Accident

An accident will be recorded if:

- A head injury results in a visible injury.
- There is possible bruising or swelling (even if not yet visible).
- A break, fracture, or sprain is suspected.
- An injury has been monitored but the child continues to complain of pain.
- A parent has requested to be informed of all injuries.
- The child is on a Child Protection Plan or has a medical condition where recording all injuries is necessary.

Head Injuries

- A head bump letter may be sent home even if the child appears well and no treatment is needed, as a precaution.
- Staff working with the child will be informed to monitor them closely for the rest of the day.

Injuries Requiring More Treatment

- If an injury requires closer monitoring or medical treatment:
 - The first aider will contact the parents to inform them.
 - The first aider may ask that the child is collected to be monitored at home or that they seek further medical advice.

- In serious cases needing an ambulance, the school will call 999 first, then contact parents.
- When sending a child home or for further medical attention, the child must take the accident letter with them.
- If a break or similar serious injury is later confirmed, the first aider or staff member must inform the school office who will complete an electronic accident report form.

Injury to Staff

- If a member of staff requires first aid, a Staff Accident Form will be completed to record the incident.

Confidentiality

- All first aid and accident records are stored securely.
- For any accident investigation, the school will seek permission from the staff member before sharing any medical details.

Statutory Requirements

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), some accidents and incidents must be reported to the Health and Safety Executive (HSE).

Hillside Primary School will keep a record of any reportable injury, disease, or dangerous occurrence. This record will include:

- The date and method of reporting
- The date, time, and place of the event
- Personal details of those involved
- A brief description of the nature of the event or disease

These records may be combined with other accident records held by the school.

For detailed definitions of major injuries, dangerous occurrences, and reportable diseases, see the HSE guidance on RIDDOR.

[RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - HSE](#)

Hillside Primary school will ensure that all accident records are stored securely at all times and that reports for all injuries are kept for a minimum of three years from the date of the injury.

Emergency Procedures for Medical Emergencies

Hillside Primary School has clear procedures in place to respond promptly and effectively to any pupil medical emergency. In the event of a serious incident, staff must remain calm and act immediately in accordance with the pupil's Care Plan and training guidelines. Emergency first aid will be administered by a trained first aider without delay, and **999** will be called if the situation is life-threatening or requires urgent medical attention. Staff will ensure the pupil is never left unattended, and appropriate personal protective equipment (PPE) is used to maintain safety and hygiene. Parents/carers will be informed as soon as possible, and all actions taken will be recorded accurately. First aid kits and emergency medication are readily accessible across the school, and trained staff are available during lesson times, playtimes, lunchtimes, and off-site visits to provide immediate care.

Mental Health First Aid (MHFA)

It is important to recognise that mental health issues require attention just like physical first aid needs.

Hillside Primary School will ensure that there are enough trained Mental Health First Aiders to identify, understand, and support pupils or staff who may be experiencing mental health difficulties.

Mental Health First Aid certification is valid for three years, and the school will ensure that training is refreshed regularly to maintain adequate MHFA cover.

Emergency Procedures for Anaphylaxis:

If a pupil shows signs of anaphylaxis (such as difficulty breathing, swelling of the face or throat, or sudden collapse), staff must act immediately. Call **999** for an ambulance without delay and inform them it is an anaphylactic reaction. Administer the pupil's prescribed adrenaline auto-injector (Epipen) following their Care Plan and training guidelines. If two adults are present, one should administer the Epipen while the other calls emergency services. A second dose may be given if symptoms persist and a second device is available. Keep the pupil lying down with legs elevated unless breathing is easier sitting up. Do not leave the pupil unattended. Inform parents/carers as soon as possible and provide the used Epipen to ambulance personnel. Record the incident, including time and dose administered.

Emergency Procedures for Choking:

If a pupil is choking and unable to breathe, speak, or cough effectively, staff must act immediately. Encourage the child to cough if possible. If the airway remains blocked, deliver up to five back blows between the shoulder blades using the heel of your hand. If this does not clear the obstruction, perform up to five abdominal thrusts (Heimlich manoeuvre) if trained and it is safe to do so. Alternate between back blows and abdominal thrusts until the object is expelled or the child becomes unresponsive. If the pupil becomes unconscious, call **999** immediately and begin CPR if trained. Do not leave the pupil unattended at any point. Inform parents/carers as soon as possible and record the incident.

MEDICINE POLICY

Policy Statement

Hillside is an inclusive community that aims to support and welcome pupils with medical conditions. We aim to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Hillside ensures that all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Hillside understands the importance of medication being taken as prescribed.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within The Children and Families Act 2014 and follows all legal requirements.

Where a child has a long term medical needs, a written health care plan will be drawn up with the parents and where possible, the health care professionals (This may be following written advice from a clinic letter.) Parents must inform the school office and Twilight if they use it for child care about any particular needs before a child is admitted or when a child first develops a medical need and is already attending school. A care plan will be drawn up.

All schools have a responsibility to provide a broad and balanced curriculum for all pupils. This statutory inclusion statement sets out three principles for developing an inclusive curriculum which provides all pupils with relevant and challenging learning.

Schools must:

- Set suitable learning challenges
- Respond to pupils' diverse learning needs
- Overcome potential barriers to learning and assessment for individuals and groups of pupils.

Responsibilities

Parents and Carers

When we agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form. Verbal instructions **will not** be accepted.

If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent(s).

For administration of emergency medication, a Care Plan must be completed by the parent and Hillside. This should include advice from health care professionals where possible. Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans are reviewed every September.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of school. Medication should be provided in the original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates whenever possible;
- Dispensing date/pharmacists details.

School Staff Administering Medication

Some teaching unions advise school staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so they advise that the teacher has access to information, training and that appropriate insurance is in place.

In practice, we will consider each request on individual merit. At Hillside we do not wish to see pupils disadvantaged due to medical needs. Any school staff that volunteer to administer medication will have training to understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken.

Health Care Plan

The Health care Plan will be completed by the parent and class teacher. It will be reviewed each September and it is the parents' responsibility to update school if there are changes. A care plan includes the following information, and an example is in appendix 1.

- Details of a child's condition
- Special requirement e.g. dietary needs, pre-activity precautions
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

Staff Training

When training is delivered to school staff, we will ensure that a training record is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epipens (for allergies), although other conditions/procedures may also be included from time to time. This is for both insurance and Audit purposes.

Storage

When items need to be available for emergency use, e.g. asthma inhalers and Epipens, they are kept in the classroom (inhalers), or in the medical cabinet. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by us for administration by school staff they are stored in a fixed lockable cupboard/cabinet, with restricted access to keys.

Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily those prescribed for Attention Deficit Syndrome) are kept at school, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This will detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs are kept in a locked cabinet in a room with restricted access (staff only).

Antibiotics

We would encourage you to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics will be stored in a secure cupboard or where necessary in a refrigerator.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label will be carefully followed. Tablets or capsules will be given with a glass of water. The dose of a liquid antibiotic will be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records will be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

Analgesics (Painkillers)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic can be kept in school. Parental consent and a care plan must be in place. We will not give Aspirin or medicines containing Aspirin.

Over The Counter Medicine (e.g. Hay Fever Remedies)

These will be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form. A care plan will also need to be in place.

Disposal of Medicine

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

Residential Visits

On occasion it may be necessary for school to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold or sore throat while away on an Educational Visit. In this instance the parental consent form (EV4) will provide an "if needed" authority, which will be confirmed by

phone call from the Group Leader to the parent/carer if this is needed and a written record is kept with the visit documentation.

Refusing Medicine

When a child refuses medicine the parent will be informed the same day and be recorded accordingly. Staff will not force a child to take any medicine.

Self-Management

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

Travel Sickness

In the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

- Parents are asked to provide travel sickness medication or wrist bands for both journeys.
- Where possible the first dose will be given before coming into school.

Day Visits (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication will be kept in the charge of a named member of staff.

The Administration of EPIPEN by School Staff

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen will only be administered by school staff that have volunteered and have been designated as appropriate by the head teacher and who has been assessed as competent by medical professionals. Training of all staff will be provided by a health care professional and a record of training undertaken will be kept by the school office. Training will be updated at least once a year.

There will be a Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and health care professional.

Both Epipens will be stored at room temperature and protected from heat and light. They will be kept in the original named box.

The Epipen will be readily accessible for use in an emergency in a red first aid bag.

Expiry dates and discoloration of contents should be checked by the parents termly. The Epipen should be replaced by the parent(s) at the request of the school or health care professional.

The use of the Epipen will be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen.

Once the Epipen is administered, a 999 call will be made immediately. If two people are present, the 999 call will be made at the same time of administering the Epipen. The used Epipen will be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school. If the child leaves the school site e.g. school trips, the Epipen will be readily available in the red first aid bag.

Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.

Inhalers will be readily available when children need them. They will be kept in the first aid cupboard of classrooms. The parent is responsible for the supplying of an in date inhaler. All inhalers should be labelled with the child's name.

Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be collected by parents at least once a term for cleaning.

School staff will take appropriate disciplinary action if the owner or other pupils misuse inhalers.
Parent(s) are responsible for renewing out of date and empty inhalers.
Parent(s) will be informed if a child is using the inhaler excessively.
Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler will be available during PE. If pupils are unwell they will not be forced to participate.
If pupils are going on offsite visits, inhalers will still be accessible.
Out of date inhalers, and inhalers no longer needed will be returned to parent(s).

Managing Hypoglycaemia (Hypo's or low blood sugar in people who have diabetes)

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff. Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

There will be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff will be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.

Pupils will be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or Glucogel (dextrose gel), as per Care Plan. Whichever treatment is used, it will be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term by parents.

It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered, a slower acting starchy food such as biscuits and milk will be given. If the child is very drowsy, unconscious or fitting, a 999 call will be made and the child put in the recovery position. Parent(s) will be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

Glucogel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Glucogel must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Glucogel when it has been used.

WE WILL NOT USE Glucogel IF THE CHILD IS UNCONSCIOUS

Guidelines For Managing Cancer

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- The type of cancer they have
- Its stage (such as how big the tumor is or how far it has spread)

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. We will help to reassure them and if necessary arrange extra teaching or support in class.

We will adjust our expectations of academic performance based on individual merit. This is important because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

We will explicitly teach the pupil strategies to help with concentration and memory when necessary as the pupil may initially need longer to process new concepts.

We will regularly revise the pupils' timetable and school day as necessary.

Our pastoral systems will also help to support individuals.

Physical activity

We will include the pupil as far as possible in PE lessons e.g. allowing them to take part for 20 minutes rather than the full session to avoid tiredness or find other ways for them to participate e.g. as referee or scorer. Their family will be aware and will need to notify school if there are specific restrictions on them doing PE due to medical devices or vulnerability.

Briefing staff

All staff, including lunchtime supervisors will be briefed on key information

If staff are concerned about the pupil, we will phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) we will call an ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment

We will inform parents about infection risks when requested by the child's family or health professionals.

Appendices

1. Health Care Plan
2. Contacting Emergency Services
3. Administration of Medicines record form (Class 1 and 2 drugs)

- 4. Staff training record – administration of medicines
- 5. Permission letter for administration of medicines
- 6. Medical permission form – GP
- 7. Medicine Administration

Appendix 1: Healthcare Plan

Name		Class	
Date			
Date Of Birth			
Introduction	<p>This protocol has been written to formalise the care required by ????? whilst s/he attends Hillside Primary School. The contents of this document have been devised and agreed upon by the adults involved in ensuring their continued well-being.</p>		
Agreement	<p>This protocol has been agreed by the following adults: Parents Miss Linsey Taylor(SENCo) Class teacher (Insert name)</p>		
General Information	Address		
Emergency Contact Details	Home		
Summary Of Medical Problems			
Daily Care Requirements			
What constitutes an emergency			
Management of medicine			
Management of equipment			
Additional information			
Offsite visits			
Review Date			
Signed (parent / carer)			Date:
Signed (school representative)			Date:

Appendix 2: Contacting Emergency Services

1. Dial 999, ask for ambulance and be ready with the following information
2. Your telephone number
3. Give your location as follows: (insert school/setting address)
4. State that the postcode is
5. Give exact location in the school/setting (insert brief description)
6. Give your name
7. Give name of child and a brief description of child's symptoms
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

