First aid, medication, medical conditions and allergies policy

Independent school standards	Paragraphs 13 and 34.
Last updated by senior leaders	September 2026
Last reviewed by advisory board	September 2026
Next review due	September 2027

Introduction

- St. John's is committed to providing effective emergency first-aid and allergy-response provision in order to deal with accidents and incidents affecting pupils, staff and visitors, as well as 'mental health first aid' to those requiring emotional support.

- We have suitably stocked first-aid and allergies equipment, which is checked weekly for stock by a named first aider, including expiry dates; equipment is kept in the break-time first aid bags found in each classroom, kitchen and the medical room at the Preparatory School, and in the medical room at the Senior School.

- Both school sites have many more trained first aiders (including paediatric trained first aiders in the EYFS and mental health first aiders) than required. First aiders are identified on our information posters at each school site. A record is kept of dates on which first aiders were trained, and refresher training is undertaken as required.

- Both of St. John's School's sites are 'nut aware'. This means we do all we can to minimise the bringing of nuts and nut-containing products onto the school premises.

- First aiders actively consider the appropriateness of any first aid treatment given, for example allergies such as latex and plasters.

- The school's designated first aid/medical rooms are clearly marked by a sign on the door and are confidential rooms with access to washing facilities and a fully-stocked first aid supply. They are also near to toilet facilities.

- First aid is always administered, as far as practicably possible, in the designated first aid/medical rooms.

- All staff working at St. John's know that when in doubt, calling 999 is the most appropriate and safe course of action.

- Pupils with specific needs, including allergies, have tailored Individual Healthcare Plans, agreed with families and health professionals in advance. These are shared through whole-staff training to ensure that every member of staff working with the specific pupil knows what to do.

- As a National Nurturing School, St. John's takes mental health as seriously as physical health, and as such ensures that in addition to the availability of our School Counsellor, there are trained mental health first aiders at both school sites. All have completed the full Youth Mental Health First Aid training with Mental Health First Aid England.

First aid

Emergencies

- If an accident, illness or injury occurs on school site or during school hours, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling immediately for an ambulance or calling for a first aider. If summoned, a first aider will assess the situation and take charge of first aid administration.

Ambulances

- The first aider/appointed person/senior leader is to always call an ambulance on the following occasions:
    - in the event of a serious injury and/or any significant head injury.
    - in the event of a period of unconsciousness.
    - whenever there is the possibility of a fracture.
    - whenever the first aider is unsure of the severity of the injuries.
    - whenever the first aider is unsure of the correct treatment.
    - where there are open wounds requiring further medical attention.
- If an ambulance is called then the first aider in charge will ensure the ambulance has access to the injured person. Arrangements will be made to ensure that any pupil is accompanied in an ambulance by a member of staff until one of the parents or carers is present.

Managing bodily fluids

- First aiders will wear disposable gloves where bodily fluids are involved. Any dressings or materials which have been in contact with bodily fluids (such as blood or vomit) must be disposed of in the designated yellow bin in a first aid/medical room.
- Bodily fluids spilt should be cleaned up and bleached or disinfected. If the spillage is significant, pupils and staff should be removed from the area (where necessary) and premises staff should be called upon to clean the area professionally.

Common illnesses

- If a pupil is ill, it is likely to be due to a minor health condition.

- A pupil with a minor cough or cold may attend school. However, if accompanied by a raised temperature, shivers or drowsiness the pupil should remain at home and further medical advice should be sought from their GP; it is then recommended that the pupil does not return to school until fully recovered.

Rashes

- Pupils with rashes should be considered infectious and assessed by their GP or a nurse. If a rash is noticed in school, then a parent should be contacted immediately.

    - **Chicken Pox** - should be assessed by GP and the pupil should not return to school until all vesicles have crusted over.

    - **Hand Foot and Mouth** - a pupil may attend school; however, the local authority should be contacted if a large number of HFM cases are reported.

    - **Measles** - a pupil may return to school after four days from the onset of the rash.

    - **Ringworm** - a health care provider will prescribe antibiotic medication, and the pupil should stay home for 24 hours after starting treatment. Ringworm is contagious as long as the rash is there, but children with this condition may return to school if the area can be covered.

Head lice

- Parents are to be contacted and encouraged to collect their child as soon as the head lice are noticed. Pupils can return to school as soon as the lice are treated; this can be the following day if treated immediately and effectively.

Vomiting and diarrhoea

- Following a case of vomiting or diarrhoea, pupils must remain off school for the recommended time of 48 hours after the last episode of diarrhoea or vomiting has occurred.

Other infectious diseases

- Please see the latest practical guidance for staff on managing cases of infectious diseases in children and young people's settings, including schools, here.

Medication

Administration of medication

- Parents are strongly encouraged to ask their child's doctor if it is possible for the timing of doses of any medication be set for outside school hours.

- Where it is not possible for parents of pupils requiring medication to come into school to administer the medication to their children, while there is no legal or contractual obligation on school staff to give medication to pupils, medication may be administered on-site after discussion with, and agreement from, the relevant Headteacher or Principal. However, this does not include agreement to treatment which requires intimate or invasive application of medicines (e.g. injections).

- All medication in school must be prescribed by a medical practitioner and dispensed by a chemist. This ensures the pupil's full name, date of birth and the correct dosage is on the label on the medication.

- Parents must provide written consent before any medication will be administered.

- Staff who administer medication will be trained first aiders and receive correct guidance and training before being allowed to administer medication to any pupil.

- Staff who administer medication to pupils will record its administration, including any refusal to take it.

- Any adverse effects experienced by the pupil following the administration must be reported to the parent and a senior leader (either immediately or at the end of the school day depending on severity).

- If the pupil refuses to take their medication, then they should not be forced to do so. Parents must be informed. If a pupil refuses medication in an emergency situation (for example: asthma inhaler during an asthma attack), then professional medical help must be requested and the parents informed immediately.

- Staff should ensure that the privacy and dignity of the pupil is maintained as best as possible, even in an emergency situation.

Diabetes and epilepsy

- Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood levels. In most cases, the condition is controlled by insulin injections and diet. Insulin injections can only be administered by school staff who have been professionally trained in the procedure.

- Pupils with epilepsy have tailored care plans, agreed with families and health professionals in advance. These are shared through whole-staff training to ensure that every member of staff working with the specific child knows what to do in the case of, for example, an epileptic seizure.

Paracetamol, Aspirin and other over-the-counter medicines (OTCs)

- Pupils sometimes ask for painkillers, but school staff do not give any non-prescribed medication (also known as 'over the counter' medicines) to pupils under any circumstances.

Storage

- *Wherever possible* (and generally we appreciate that this is often not realistic), parents will be asked to provide the school with the amount of medication required for the school day only, rather than bringing in a full bottle of medicine or a full bottle/package of tablets.

- The school will not accept any medication which is not in its original container.

- All medication must be clearly marked with the pupil's name and date of birth.

- All medication will be kept in a locked cabinet/container including controlled drugs with the exception of asthma inhalers, medication which needs to be kept refrigerated, and medication which may be needed urgently in an emergency.

- Any medication which requires refrigeration will be stored in the fridge in the medical rooms. The medication will be kept in an airtight container which is clearly marked with the child's name, date of birth and class.

- Staff should never transfer medication from its original container to another container except in the event of the original container being damaged. In such cases, the alternative container must be clearly labelled with all of the information held on the label of the original container. The parent will be notified in the event of any damaged containers.

- School staff must not dispose of any unused medication. This is the responsibility of the parent. Any unused medication must be collected by the parent on request. If the parent refuses or fails to do so within 5 school days, or in the case of a child having left the school, school staff will hand any unused medication to a pharmacist (it must never be disposed of).

- If a pupil's medication runs out or expires, it is the responsibility of the parent to replenish it. Expired medication must not be used or retained on school premises; staff must ensure that any medication used or retained is in-date.

- Health and safety checks also check medication stores at both school sites.

Recording

- Staff record when and how much new medication is sent into school, so that at all times there is a record of the exact amount of medication held in school.

- Records of medication given to pupils will be kept and staff will sign a record each time medicine is administered.

Confidentiality

- All medical information is treated confidentially and access to this information will be provided on a 'need-to-know' basis in consultation with the parent and pupil, without compromising the pupil's health, dignity and wellbeing.

Supporting pupils with medical conditions

- We recognise the need to provide effective support for pupils in school who have a medical condition, with a focus on the needs of each pupil and how their medical condition impacts upon their school life.

Named people

- The principal has overall responsibility for ensuring that this policy is implemented. This includes:

    - ensuring that all relevant staff are aware of a pupil's medical condition.
    - ensuring that sufficient staff are suitably trained.
    - ensuring that risk assessments for school visits, residentials and other activities outside of the school timetable reflect the medical needs of the pupil.
    - ensuring Individual Healthcare Plans (IHPs) are put in place as necessary and monitored regularly.

    - However, supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. At St. John's we work in partnership with pupils, parents, external agencies, healthcare professionals and local authorities in order to ensure that we provide effective support to all pupils with medical conditions.

Procedure following notification that a pupil has a medical condition

- It is the responsibility of the parent to provide the school with any relevant medical information, and to notify the school of any changes to their child's health.

- The named person will ensure that all relevant staff are made aware of the pupil's diagnosis.

- The named person will seek further information from the relevant medical staff working with the pupil.

- The named person will ensure that an Individual Healthcare Plan (IHP) is written for the pupil and any necessary arrangements are put in place by the start of the school term (for new pupils) or within two weeks (for existing pupils with a new diagnosis).

Individual Healthcare Plans

- Individual Healthcare Plans (IHPs) will be put in place if the school, healthcare professionals and parents agree that it is necessary, including for allergies, as per the section below.

- IHPs are developed by the SENDCo in consultation with the parent and are reviewed annually, or earlier if there is evidence that the pupil's needs have changed.

- IHPs aim to ensure that the school effectively supports pupils with medical conditions and allergies. They provide clarity about what needs to be done, when and by whom. IHPs capture the key information about a child's medical condition, the healthcare professionals that are supporting them, and anything that needs to be put in place to support them at school.

- Pupils' IHPs are accessible to staff on our shared Google Drive.

Staff training and support

- School staff providing support to pupils with medical needs will receive suitable training. This is provided by an external training provider. The school will arrange this training and ensure that staff members' training remains up to date.

- Sometimes, whole-staff awareness training may be necessary in order to ensure that all staff are aware of their role in supporting specific pupils with medical conditions.

Emergency procedures

- Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what should be done, including ensuring that all staff are aware of emergency symptoms and procedures. Other pupils should also be told what to do in general terms, such as informing a teacher if they think help is needed. If a pupil needs to be taken to hospital, staff should stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance.

Allergies

Guidance and culture

- This section is dedicated to allergy safety and reflects the latest statutory guidance Allergy safety in schools which is for LA-maintained schools, academies and PRUs. As a matter of best practice, St. John's have chosen to adhere to this non-statutory guidance from September 2026.

- The need for a positive allergy safety culture is reinforced by the tragic death of five-year-old Benedict Blythe, who suffered fatal anaphylaxis after accidentally being exposed to cow's milk at school. His death prompted the campaign that led to the introduction of the statutory allergy safety requirements, demonstrating that effective allergy safety depends not only on effective procedures but also on a whole-school culture in which every member of staff understands their role in preventing and responding to allergic reactions.

Responsibility

- The principal takes overall responsibility for allergy safety, including ensuring our school's approach to allergy safety is reviewed at least annually or more frequently, particularly where incidents or 'near misses' suggest areas for improvement. Any review of allergy safety will take account of any incidents and 'near misses' in order to learn lessons from them.

Allergy awareness and emergency response training

- All staff who work with pupils (including temporary staff, catering staff and peripatetic staff) receive induction training and annual training in allergy awareness and emergency responses. This is in addition to the enhanced training first aiders complete.

Training includes ensuring all staff:

- are aware of allergies, the risks they pose, how allergic reactions can occur and how to manage them.

- understand that allergies include multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist.

- understand the difference between food allergy, coeliac disease and food intolerance.

- know where to find information on allergy triggers.

- can identify the range of symptoms of allergic reactions.

- understand and can recognise anaphylaxis.

- know how to respond in an emergency, including calling emergency services and informing parents; how to locate and administer emergency medication (adrenaline for anaphylaxis; asthma reliever inhaler for an asthma attack).

- know how to use the medication/device in an emergency (whether prescribed to a given person or a 'spare' adrenaline device).

- understand the impact allergy can have on pupils' wellbeing.

- know how to check whether a pupil is on the record of those with known allergies and how to use an Allergy Action Plan issued by a healthcare professional.

- understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.

- understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss').

Minimising risk

We do all we practically can to minimise the risk of pupils, staff and visitors coming into contact with their known allergens, including:

- managing the risks of exposure to a food allergen through food provided at the school (including break snacks and hot lunches).

- managing the risks of exposure to a food allergen through food brought in by others (including parents, other pupils and staff).

- managing the risk of airborne or contact allergens by being 'nut aware and by implementing appropriate control measures to minimise exposure where awareness of other airborne or contact allergens exists.

- risk assessing exposure to allergens in school and on external visits or trips, for example in science and art activities, or where activities involve animals.

Food allergy

- Our staff, including chefs and catering support staff, manage the risk of food allergy by providing clear and accessible information on allergens in the food provided to pupils, staff, visitors and parents.

- We are 'nut aware'. All ingredients used in the preparation of school lunches are checked regularly to ensure that nuts are not present. In the event that a pupil brings in a packed lunch, or lunch is taken off the school premises, every care is taken to check that no nut products are included.

Identifying and recording information about known allergies

- We proactively gather information about known allergies of pupils from their parents and their previous setting via the admissions process, and for staff via the health declaration form as part of the recruitment process.

- Through regularly training all staff and asking pupils and parents to keep us updated, we proactively identify individuals with allergies (not just pupils but also members of staff and visitors), including their known allergens and whether they carry medication (such as adrenaline autoinjector (AAI) devices).

- We record all individuals with allergies, including whether pupils have Individual Healthcare Plans, on HUBmis.

Individual Healthcare Plans

Pupils have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them at school;

  and

- they are at risk of harm as a result of their allergy

  and

- they require arrangements which are additional to or different from those made generally.

The IHP, written and overseen by our SENDCOs, sets out the additional arrangements in place to support the pupil with their medical condition or allergy, including in emergency situations. This includes pupils whose allergies require flexibility and 'reasonable adjustments', as well as those who require medication (either proactively or in an emergency situation).

Where pupils have an Allergy Action Plan and/or Asthma Action Plan (which are issued by healthcare professionals only), the IHP will both refer to and include a copy of it. Whenever an updated Action Plan becomes available, the pupil's IHP will be reviewed to incorporate it.

Anaphylaxis

- Anaphylaxis is an acute, life threatening, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances but may also happen after a few hours.

- An adrenaline auto-injector device (also known by the brand name EpiPen) is a pre-loaded pen device which contains a single measured dose of adrenalin

(also known as epinephrine) for administration in cases of severe allergic reaction.

- An adrenaline auto-injector device will only be administered by staff who have been trained to do so.

Prescribed adrenaline

- We ensure that pupils who are prescribed adrenaline devices have rapid access to their devices at all times, including in the dining halls, playgrounds and sports fields, or when on visits or trips. This is especially important in the case of anaphylaxis, as adrenaline should be administered within **five minutes**.

- We ensure that:

    - where a pupil is prescribed two adrenaline devices, one is held on the school premises for use during the school day and one remains with the pupil's family to cover the journey to and from school and out-of-school hours; where a pupil has only one prescribed device, this is held on the school premises and covered, where necessary, by the labelled spare adrenaline devices held in the emergency anaphylaxis kits.

    - pupils and their parents check that their individually-prescribed adrenaline devices remain in date.

    - we record on HUBmis which pupils have been provided with prescribed adrenaline devices (and an Allergy Action Plan).

'Spare' adrenaline devices

- We are committed to ensuring that pupils with anaphylaxis are not more than five minutes from adrenaline devices. In practice, this means that adrenaline devices must be able to be brought to the person having anaphylaxis within five minutes.

- By November 2026, we will stock and store pairs of readily available (not locked away) 'spare' adrenaline devices of the appropriate dosages in our medical rooms at both school sites, and the sports hall at the Senior School. The devices are clearly identified as such in labelled emergency anaphylaxis kits.

- We regularly check the devices are in-date (as we do for all other first aid equipment) and replace them when they are used or go out of date (disposal is safe and in line with disposal of sharps as adrenaline autoinjectors contain a needle).

Asthma inhalers

- We ensure that all pupils with asthma feel secure and are encouraged to participate in all activities, notwithstanding any restrictions imposed by their condition.

- Pupils with asthma are strongly encouraged to carry their inhalers with them at all times (clearly labelled with their names) including their spacer for optimum delivery of the medication, if appropriate. They should be able to administer their own inhalers, however if a pupil is considered too young or immature to take personal responsibility, staff will make sure that it is stored in a safe but readily accessible place, that the child is aware of its location, the medication is clearly marked and labelled with the child's name.

- Where agreed with parents, a spare asthma pump can be kept on the premises in a labelled container in the school offices, which is made known to the pupil and all staff.

- Pupils considered mature enough to take responsibility for their asthma inhaler are allowed to carry them on their person provided that there has been an agreement between a senior leader and the parent. The staff team are made aware, particularly physical education teachers. During off-site activities, any medication which may be needed will be carried by the member of staff in charge of the activity or a member of staff with first aid training. Pupils who may urgently require their medication should be in a group which is supervised by the member of staff carrying the medication.

Visits and trips

- We are committed to ensuring that allergies are not a barrier to pupils accessing the full curriculum, including visits and trips. As such, risk assessments include ensuring that arrangements and adjustments are made to pupils with allergies (including anaphylaxis) are able to participate safely (including ensuring access to adrenaline where required).

- Pupils at risk of anaphylaxis must have their own adrenaline device with them, and there will aways be staff trained to administer adrenaline in an emergency.

Serious incidents and 'near misses'

- We record, report and respond to serious incidents or 'near misses' – including those involving allergy safety – accordingly. In the case of a serious incident or 'near miss' involving an allergy response, we investigate the circumstances, identify any lessons learned, and implement any necessary changes to reduce the risk of recurrence.

- In some cases, the impact of exposure to an allergen while at school may not be recognised until the pupil is back at home. It is therefore important that the pupil, their parents or others (for example healthcare professionals) report to us there has been an incident.

Allergy safety as part of the curriculum and sharing with peers

- Allergy safety is raised with pupils as part of the PSHE education curriculum.

- Where pupils are prescribed adrenaline devices and willing to share this information with their peers, we encourage them to make their peers aware of how to seek help in an emergency.

Wellbeing and bullying

- We are aware that the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety for pupils and their parents. We therefore actively consider pupils' social and emotional wellbeing in a holistic way.

- We are also aware that pupils with allergies may be bullied for this reason and as such staff are aware that any such behaviour is to be addressed promptly and effectively as per all incidents of bullying in line with the anti-bullying strategy.

Information sharing and data protection

- Pupils' health information is considered special category data under the UK GDPR, which means it is highly sensitive and has additional legal protections. We always hold and share such data and information carefully and sensitively, in line with our data protection policy.

Reporting

- All accidents or administration of first aid are recorded on our online management system (for pupils) or the accident book (for staff), which are located in the school offices at each site.

Reporting to parents and carers

- In the event of accident or injury to a pupil at least one of the child's parents will be informed as soon as practicable. In the event of a minor injury requiring first aid, a first aid notification form will be filled out by the first aider who administered the first aid. This will be sent home to parents/carers at the end of the school day. It may usually be preceded/followed up by a phone call home, if it is deemed appropriate and/or necessary.

Reporting to the Health & Safety Executive (HSE)

St. John's Preparatory and Senior School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to report the following to the HSE:

Accidents involving pupils and visitors

- Accidents where there is a fatality involving either a pupil or visitor or is taken from the site of an accident to hospital and where the accident arises out of or in connection with:

    - any school activity (on or off the premises)
    - the management or organisation of a social activity
    - the way a school activity has been organised or managed
    - equipment, machinery or substances
    - the design or condition of the premises.

Accidents involving staff

- Work-related accidents resulting in death or major injury (including as a result of physical violence) must be reported to the HSE immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs).

- Work-related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days.

- Certain cases of work-related disease and dangerous occurrences (i.e. near misses such as the bursting of closed pipes; electrical short circuit causing fire) are also reportable.