Ipsley C of E Middle School

First Aid & Supporting Pupils with Medical Conditions Policy

Recommended by: ASa

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Ratified by: LAGB

Signed:

Chair of Governors

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Next Review: May 2026

Policy Tier (School): Ipsley

Contents:

Statement of intent

The governing board of **Ipsley C of E Middle School** has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Ipsley C of E Middle School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

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

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEN Information Report will ensure compliance with legal duties.

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

This policy covers the statutory requirements for supporting pupils with additional health needs, including those whose medical conditions mean they are unable to attend school, and first aid procedures.

1. Legal framework

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

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2021) 'Statutory framework for the early years foundation stage'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Attendance Policy
- Admissions Policy

2. The role of the Governing Body

2.1. The Governing Body:

- Ensuring there is a schedule of regular updates on the arrangements made for pupils who cannot attend the school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in any school-based arrangements to support the needs of pupils are clear and understood by all.
- ·Ensuring robust systems are in place for dealing with health emergencies and critical incidents where a pupil with health needs is able to, or partially able to, attend school and/or extra-curricular activities.
- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupils and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and can access information and other teaching support materials as needed.
- Ensures that no prospective pupils is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. **The Head of Estates in conjunction with the Principal** holds overall responsibility for implementation of this policy.

3. The role of the Senior Leadership Team

3.1. The Principal:

- Ensures that this policy is effectively implemented with stakeholders.

- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that enough staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHCPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Providing scheduled reports to the governing board on the effectiveness of any school-based arrangements in place to meet the needs of pupils of pupils who cannot attend school due to health needs.

3.2 The Vice Principal is responsible for:

- The management of any pupils registered at the school who are unable to fully attend school because of their health needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying any LA-arranged education providers with information about pupils' capabilities, progress and outcomes.
- Liaising with the headteacher, LA-arranged education providers, and parents to help determine pupils' programmes of study whilst they are absent from school, where necessary
- Keeping pupils who are being educated by LA-arranged education providers informed about school events and encouraging communication with their peers.
- Providing a link between pupils and their parents, the school, and LA where necessary.

4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition through transition paperwork / data collection sheet, and any impact on their school attendance.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development, completion and review of their child's IHCP.
- Carry out any agreed actions contained in the IHCP.
- Ensure that they, or another nominated adult, are always contactable.
- Ensure, where school-based provision is in place, the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school, LA and any LA-arranged provision to ensure the best possible outcomes for their child.
- Notify the school, or the relevant education provider, of the reason for any of their child's absences without delay.

5. The role of pupils

5.1. Pupils:

- Are fully involved in discussions about their medical support needs where appropriate.
- Are fully involved in the management & self-administration of their own personal care plan
- Contribute to the development of their IHCP where appropriate.
- Are sensitive to the needs of other pupils with medical conditions.

6. The role of school staff

6.1. School staff:

- Lead First Aider to review and update all care plans, especially when the annual review of the care plan is due.
- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Consider the needs of pupils with medical conditions in their lessons when deciding whether to volunteer to administer medication.
- Receive sufficient training (if/as required) and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7. The role of the School Nurse / Lead First Aider

7.1. The **School Nurse**

- Can assist referrals to other medical professionals
- Starting Well Service Worcestershire Health and Care NHS Trust Website: https://www.hacw.nhs.uk/starting-well/

7.2 The **Lead First Aider**: Lucy Mitchell

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.
- Calling the emergency services where necessary
- Maintaining injury and illness records as required.

8. The role of other healthcare professionals

8.1. Other healthcare professionals, including GPs and paediatricians:

- May notify the school when a child has been identified as having a medical condition that will require support at school.
- May provide advice on the medication required to enable a developing IHCPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

9. The role of providers of health services

9.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training. Referrals can be made by any member of staff – but generally done by the Pastoral/SEN Team

9.1.1. **The Umbrella Pathway**:
https://www.hacw.nhs.uk/search/service/umbrella-service-125

9.1.2. **WEST; CAMHS; CAMHS CAST & CAMHS Spa**:
https://www.hacw.nhs.uk/camhs/

9.1.3. The **MET**: Medical Education Team School:
http://www.worcestershire.gov.uk/WCFEducationServices/info/7/disadvantaged-vulnerable-learners/22/medical-education

10. The role of Worcestershire Children First:

http://www.worcestershire.gov.uk/worcestershirechildrenfirst/

10.1. Worcestershire Children First:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.
- Have a named officer responsible for the education of children with additional health needs, and parents should know who that person is.
- Have a written, publicly accessible policy statement on their arrangements to comply with the legal duty towards children with additional health needs, making links with related services in the area (e.g. CAMHS, SEND Services, Educational Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.

- Review the provision offered (The Medical Education Team – MET) regularly to ensure that it continues to be appropriate for the child and that it is providing a suitable education.
- Have clear policies on the provision of education for children and young people under over compulsory school age.
- Maintain good links will the schools in its area and put systems in place to promote co-operation between them when children cannot attend due to ill health.

10.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil may be unlikely to receive a suitable education in a mainstream school.

https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

11. The role of Ofsted

11.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

11.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and by pupils' spiritual, moral, social and cultural development.

12. Admissions

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

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

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

13. Notification procedure

13.1. When the school is notified that a pupil has a medical condition that requires support in school or a new entry mid-year, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil if appropriate, with a view to discussing the possible necessity of an IHCP (outlined in detail in section 17).

13.2. The school does not wait for a formal diagnosis before providing support to pupils. A judgement is made by the Team Around the Child (TAC) based on all available evidence (including medical evidence and consultation with professionals). This TAC should include parents and the pupil, and may also include Behaviour and Wellbeing Leaders, the SEN Team, class teachers, other members of the pastoral team and other relevant staff.

13.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous school at transition meetings. All back up medicine is transferred.

13.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place immediately.

14. Staff training and support

14.1. Any staff member providing support to a pupil with medical conditions receives suitable training. First Aid Based Training (FAB) – a 3-day course valid for 3 years.

14.2. Staff do not undertake healthcare procedures or administer medication without appropriate training, or parental carer permission.

14.3. Training needs are assessed by the **Lead First Aider** through the development and review of IHCPs, on a **termly** basis for all school staff, and when a new staff member arrives.

14.4. Through training, staff email / IHCP / pupil passport, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHCPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

14.5. A first-aid certificate does not constitute appropriate training for supporting pupils with all medical conditions.

14.6. Whole-school awareness training is carried out on an **annual** basis for all staff and included in the induction of new staff members.

14.7. The **Lead First Aider** identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

14.8. Training is commissioned by the **Principal** and provided by the following bodies:

- Commercial training provider – FAB
- The School Nurse
- Parents/carers of pupils with medical conditions
- Relevant and available specialists (e.g epilepsy nurse)

14.9. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

14.10. The Governing Body / Principal will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

15. Self-management

15.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.

15.2. Where appropriate, and agreed by parents, pupils can carry their own medicines and relevant devices.

15.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in a secure safe in the First Aid Room / via the Lead First Aider in Reception who can access them quickly and easily.

15.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHCP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

15.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Behaviour and Relationships Policy.

16. Cover Supervisors

16.1. Cover Supervisors are:

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

17. Individual healthcare plans (IHCPs)

17.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHCP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need.

17.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHCPs. Where appropriate, the pupil is also involved in the process.

17.3. IHCPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.

- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively?
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required?
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

17.4. Where a pupil has an emergency healthcare plan prepared e.g. a broken leg, this is used to inform a temporary risk assessment, that may be developed by the parent/carer, pupil and Behaviour and Wellbeing Leader/first aider. A Risk Assessment for temporary medical conditions is to be completed by the Behaviour and Wellbeing Leader or relevant first aider.

17.5. IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

17.6. IHCPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

17.7. Where a pupil has an EHC plan, the IHCP is linked to it or becomes part of it.

17.8. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHCP through between the Lead First Aider and the SENCo.

17.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we may work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate.

https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

18. **Managing medicines**

18.1. In accordance with the school's medical procedures, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

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

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

18.3. Pain relief medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed.

18.4. Medication is never administered that is not agreed in an IHCP / or with parents/carers

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

18.6. All medicines are stored safely in a lockable fridge and lockable cupboard. Pupils know where their medicines are always and can access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

18.7. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

18.8. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the number of controlled drugs held and any doses administered.

18.9. The school holds asthma inhalers for emergency use. The inhalers are stored in front Reception in a red 'grab bag' and their use is recorded. Inhalers are always used in line with the school's First Aid Procedures.

18.10. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

18.11. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

19. Allergens, anaphylaxis and EpiPens/adrenaline auto-injectors (AAIs)

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

19.2. Where a pupil has been prescribed an EpiPen, this will be written into their IHCP.

19.3. The Principal and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

19.4. The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

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

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

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

19.8. Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession, or these can be stored securely in the first aid room.

19.9. A Register of EpiPen users will be kept of all the pupils who have been prescribed an EpiPen to use in the event of anaphylaxis. A copy of this will be held in Reception for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

19.10. Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

19.11. In the event of anaphylaxis, a designated staff member will be contacted via a two-way radio. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

19.12. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the first aid room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the

emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

19.13. Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

19.14. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

19.14.1. Where and when the reaction took place

19.14.2. How much medication was given and by whom

19.15. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used. For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

19.16. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

19.17. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

20. **Record keeping**

20.1. In accordance with paragraphs 18.10, 18.11, 18.12 and 18.13, records are kept of all medicines administered to pupils.

20.2. Proper record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed. Appropriate authorities are informed of any serious incidents (RIDDOR).

20.3. Appropriate forms 'Administering Prescribed medication' for record keeping can be found in the appendix of this policy.

21. **Emergency procedures**

21.1. Medical emergencies are dealt with under the school's emergency procedures in this policy.

21.2. Where an IHCP is in place, it should detail:

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

21.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

21.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

21.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

22. Day trips, residential visits and sporting activities

22.1. The designated Educational Visits Co-ordinator (EVC) is Paul Gripton.

22.2. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

22.3. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

22.4. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

22.5. A lead first aider is identified for all educational visits.

23. Children with Health Needs Who Are Unable to Attend School

23.1. Where a pupil has a health need which means they are unable to attend school, staff will follow government guidance to enlist the support of the Local Authority (Worcestershire Children First) to plan and implement appropriate provision.

23.2. A child is deemed unable to attend school due to health needs when their health conditions mean that they are unable to attend school for 15 days. This includes where a pupil may have an extended stay in hospital for longer than 15 days.

23.3. The Local Authority should work jointly with the school, family, pupils and other partners such as medical professionals to ensure that education is arranged as quickly as possible, and that it appropriately meets the needs of the child.

23.4. The process of compiling evidence from medical evidence should not delay the Local Authority in expediting the commissioning of appropriate provision for a pupil who is otherwise unable to attend school due to health needs.

23.5. Where a pupil has long term health needs which prevent them from attending school, they will not be penalised by the school for their attendance.

23.6. When reintegration into school is anticipated, the school will work collaboratively with other agencies and the family and pupil to design a person-centred reintegration plan. Appropriate supports may include a reintegration timetable, training and support for staff, additional intervention or reasonable

adjustments to the school site (such as reorganising furniture to create accessible pathways in designated classrooms.)

23.7. A child with health needs who is unable to attend school will not be removed from the school register without parental consent and agreement from the Principal.

23.8. If a pupil is unable to attend school due to health needs during SATS examinations, it may be appropriate to seek support from the Standards and Testing Agency to minimise disruption to the pupil's education.

24. Unacceptable practice

24.1. The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHCP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition. Where hospital treatment may be required, advice will be taken during the emergency call.

25. Liability and indemnity

25.1. The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

25.2. The school holds an insurance policy with **RPA (Risk Protection Agency)** covering **liability relating to the administration of medication** and **healthcare procedures**. The policy has the following requirements:

- **All staff must have undertaken appropriate training**.

25.3. All staff providing such support are provided access to the insurance policies.

25.4. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

26. Complaints

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance and can request a copy of the Complaints Procedure Policy.

27. Home-to-school transport

27.1. Arranging home-to-school transport for pupils with medical / life-threatening conditions is to be discussed with the LA.

28. Defibrillators/Automated External Defibrillator

28.1. The school has an Automated External Defibrillator (AED) kept on the wall in Reception, one opposite the music room and one in the A Block office.

28.2. All staff members and pupils are aware of the AED's location and what to do in an emergency.

28.3. A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

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

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

28.6. Maintenance checks will be undertaken on AEDs on a **weekly** basis by the **Lead First Aider**, with a record of all checks and maintenance work being kept up to date by the designated person. **Refrigerator temperature is also checked.**

29. First aid provision

29.1. The school will routinely re-evaluate its first aid arrangements, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

29.2. The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

29.3. The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

29.4. The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them

develop the skills required to approach and support someone, while keeping themselves safe.

29.5. The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

29.6. The school will take a first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

29.7. All first aid containers will be identified by a white cross on a green background.

29.8. The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid boxes are in the following areas:

- The school office
- Gymnasium

- Pastoral Offices
- SEN Centre
- Minibuses

30. **The First Aid Room**

30.1. The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

30.2. The first aid room will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid room includes a wash basin and is situated near a toilet.

30.3. The first aid room will not be used for teaching purposes.

30.4. The first aid room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

31. **Policy review**

31.1. This policy is reviewed on an **annual** basis by the **Health & Safety Lead**

31.2. The scheduled review date for this policy is **May 2025.**

Appendices –

a. First Aid Procedures
b. Individual Healthcare Plan template
c. Individual Healthcare Plan implementation procedure
d. Parental Agreement for the School to Administer Medicine/consent form

e. Head bump letter
f. Asthma audit letter

First Aid Procedures

Aim

To ensure the medical safety and welfare of all persons, pupils, staff and visitors in the school by supporting and caring for anyone who is taken ill or is injured during the school day and ensuring that anyone who needs to take medication can do so safely.

Key Staff

The First Aid Lead at Ipsley C of E Middle School is: Nadine Murray

The First Aid Lead is supported by a number of First Aid Officers. These are currently: Miss Goddard, Miss Holloway, Mrs Cross, Miss Morris, Miss Jackson, Mr McRobie, Mr Duffin, Mr Gripton, Miss Nicholls and Mr R. Williams.

Facilities and Equipment

First aid is generally administered in the first aid room. First aid staff are available in the staff room or on call from 8:30am until 4.15pm every school day. In the instance that a pupil, staff member or visitor is injured before 8.30am or after 4.15pm and a first aider is not available, a Senior Leader will be contacted who will seek guidance from 111 or 999 as appropriate.

Pupils and staff who are taken ill or injured will attend the first aid room – generally, they will be escorted by a member of staff or appropriate peer unless it is clear that they will be able to safely attend themselves. Pupils should not self-refer to the first aid room unless it is an emergency.

In the instance that a pupil or member of staff is unfit to safely make their way to the first aid room, they will be treated in their current location by a first aid officer.

First aid kits will be available as ‘grab and go’ bags in the first aid room, in the incident that support is required across the school site, and in key locations around the school (e.g. pastoral offices and the SEN Centre).

The school defibrillators (AED) are stored in reception, opposite the music room and in A Block office.

An emergency EPIPEN is stored in the first aid room.

Controlled medication is stored in the safe.

First Aid Protocol

When any pupil or member of staff receives first aid, the first aider will first ensure they have consulted any relevant IHCP to identify whether their condition could be impacted by underlying or prevalent health conditions and follow appropriate procedures.

Any illness or injury will be reported to the school nominated First Aid Officers who will decide on the action to be taken, as follows:-

Where a pupil, staff member or visitor has received a minor injury (e.g. a cut knee or grazed elbow), first aid will be administered. It may be appropriate to make contact with home depending on the circumstances of the injury. Generally, pupils will then have recovered suitably to return to the classroom, as assessed by a first aider.

In the instance that a pupil receives a bump to the head, a letter will be provided to the parents/carers and a text message will be sent alerting them to the incident. Generally, the pupil will then have recovered suitably to return to the classroom, as assessed by a first aider. If concussion is suspected parents will be recommended to consult a doctor immediately.

Where a first aider believes a pupil, member or staff or visitor has received a more significant injury, parents/carers will always be contacted without delay and treatment will be given in line with the first aider's training. Pupils may be given a short time to recover in the first aid room. Where appropriate, it may be necessary for pupils to be taken home by parents/carers. First aiders may call 111 for advice.

If a first aider believes a pupil or member of staff has been injured or unwell and the circumstances constitute an emergency, then emergency procedures will be initiated without delay. This includes contacting emergency services (via 999) alerting parents/carers/next of kin and making the Principal aware. Pupils will be taken to hospital in an ambulance. An adult should normally accompany the ambulance: in normal circumstances, this will be the parent if they arrive in time, or a family friend. In some cases, it may be more appropriate for the parent to meet the ambulance at hospital and a member of staff will remain with the pupil (and accompany the ambulance) until a parent is present. Pupils will be taken to the hospital in staff cars if necessary. Essential pupil personal and contact details will be shared with ambulance personnel.

In the instance that a visitor is injured, the above processes will be followed where possible. Medical guidance will be sought where appropriate, as assessed by a first aid officer.

When a pupil feels sick, a first aider will assess their symptoms and offer appropriate support. This could be suggesting the pupil sits near a window for fresh air, has a drink of water, takes a walk on the playground or, where they are concerned that a pupil may be/has been sick, a phone call will be made to parents/carers.

Medication Procedures

Provision of medication is a parental responsibility.

Pupils should only bring prescribed medicines to school accompanied by a 'Parent/Carer agreement for school to administer prescribed medication' form. All medicines should be

carefully labelled with the pupil's name and instructions regarding dose, and the time(s) at which it should be taken.

Non-prescribed or commercially available medicine, such as paracetamol or ibuprofen, will only be allowed to be taken in school if accompanied by a 'Parent/Carer agreement for school to administer prescribed medication' form. All medicines should be carefully labelled with the pupil's name and instructions regarding dose, and the time(s) at which it should be taken. A first aid officer will contact home to establish the time the last dose was taken. The medicine will be stored in the first aid room and pupils will take the medicine in the first aid room.

Medicines will be locked away securely and administered only by the school's First Aid Officer in the medical room at appropriate times; EXCEPT in cases of life-threatening conditions e.g. Epipen, inhaler or Insulin users. Where required to do so by a prescribing doctor, and with consent from parents/carers, pupils will carry their medication on their person. Wherever possible a reserve injector and inhaler will be kept centrally where it can be accessed quickly if necessary.

Controlled drugs, e.g. Ritalin, will be kept locked in the safe. A record of all additions to stock and amounts administered will be kept, with the balance of stock recorded. All additions to stock and administrations will be signed for by the person in charge and countersigned by a witness (this is a legal requirement).

The taking of the drug must be witnessed by the member of staff giving it to the pupil concerned. Under no circumstance will any amount of the drug, however small, be given to a person other than that for whom it has been prescribed/authorised by parent.

Recording and Monitoring

All referred illness and injuries will be logged and recorded in a secure electronic first aid log.

When a first aid officer is notified of an illness via an IHCP, this is shared with staff and logged via CPOMS.

Serious injuries to pupils will be logged and reported via RIDDOR.

All injuries to staff or visitors (including contractors working in the school) will be recorded in the Staff / Adult / Visitor Accident Book and reported to the Trust Board.

Individual Healthcare Plan (IHCP)

Name of School	Ipsley C of E Middle School
Childs Name	
Tutor Group	
Date of Birth	
Child's Address	
Medical Diagnosis/condition or SEN	
Today's date	
Review Date	

Emergency Contact Information:

Name	
Relationship to child	
Work phone no.	
Mobile phone no.	
Home phone no.	

Name	
Relationship to child	
Work phone no.	

Mobile phone no.	
Home phone no.	

Clinic/Hospital Contact:

Name	
Phone no.	

GP:

Name	
Phone no.	

Describe medical needs and give details of child's symptoms:

Daily care requirements (e.g. before sport/at lunchtime)

Any activities the child can not undertake e.g. PE/break and lunch times:

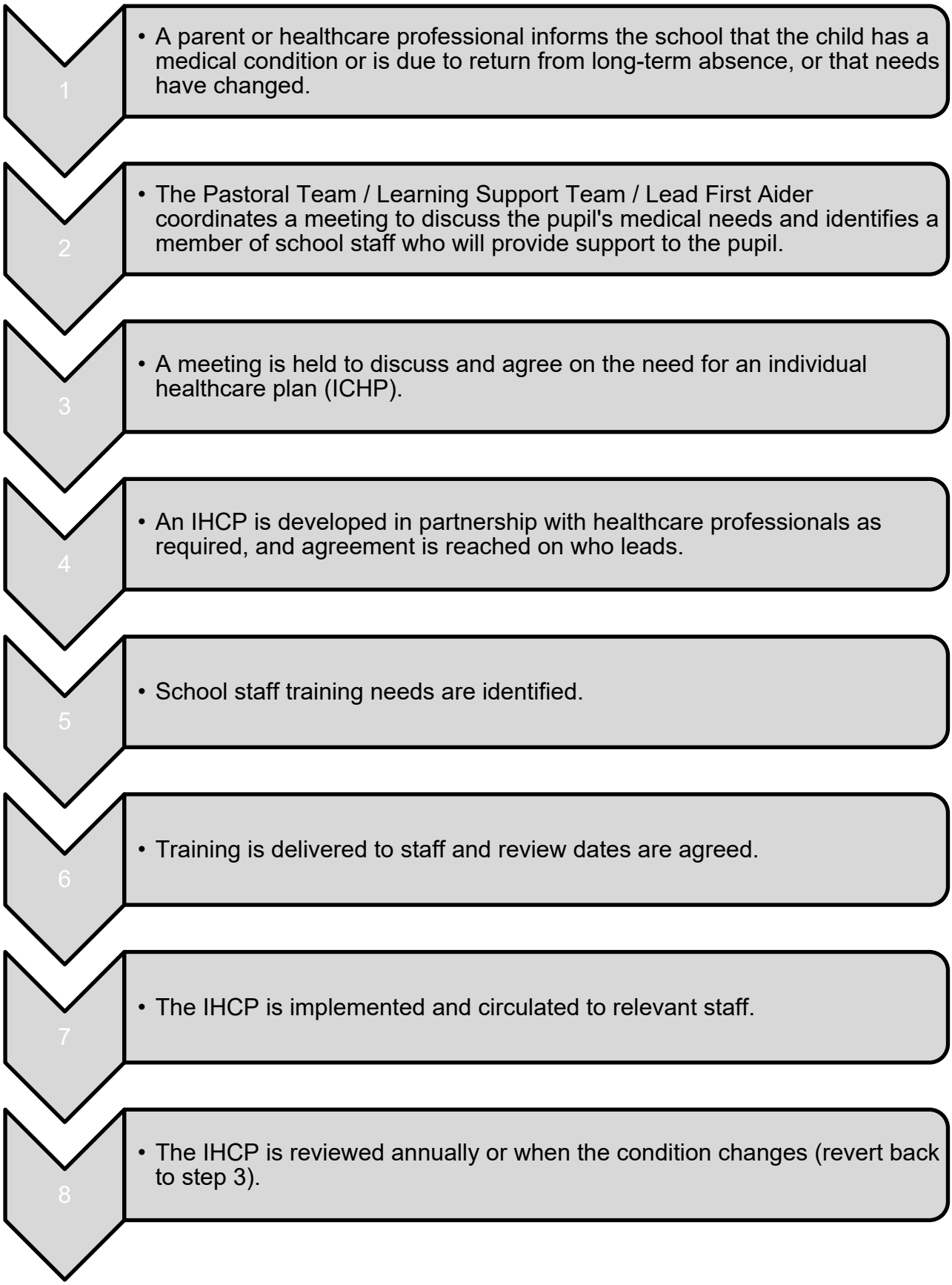
Describe what contributes an emergency for the child and the action to take if this occurs:

Follow up care:

Form copied to:

Parents
Class Teacher
First Aid Registers

Individual Healthcare Plan implementation procedure



Parents Agreement for the School to Administer Medicine/Consent Form

Parent/Carer Agreement for school to administer prescribed medication

School Name	Ipsley C of E Middle School
Principal	Angela Saul

Pupil Details:

Name of Pupil	
Date of Birth	
Year / Tutor Group	
Medical Condition Medication Required for	

Medication Details:

Name of Medicine (as described on container)	
Date Dispensed	
Expiry Date	

Administration:

Dosage & Method					
Day (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
AM Timing (please enter)					
PM Timing (please enter)					
Duration					
Side Effects					
Special precautions					

Contact Details:

Name	
Relationship to Pupil	
Daytime telephone numbers	
Address	

TERMS AND CONDITIONS

- Prescribed medication will only be given if this form is correctly completed and handed into the office/reception staff with the medication needed.

- It is the pupil's responsibility to remember to come to the First Aid room at the correct time to take the medicine.

- Pupils are to collect and take home the medicine at the end of each day, unless agreed otherwise.

- All medication not collected by the end of each term will be correctly disposed of, unless agreed otherwise.

CONSENT:

- I understand that I must deliver the prescribed medicine personally to the office/reception staff and that medicine should be in the same container as dispended by the pharmacy.

- The above information is to the best of my knowledge accurate at time of writing and I understand that I must notify the school of any changes in writing using this form.

- I undersign consent to the administration of the prescribed medicine as detailed above:

Parent/Legal Guardians Name	
Parent/Legal Guardians Signature	
Date	

Head bump letter

Date……

Dear Parent/Carer,

Today in school at approximately …….. received a bump to the head. One of our First Aiders looked after and assessed your child and at the time it was thought not necessary to refer him/her for further attention.

However, in rare circumstances, symptoms can develop up to 24 hours after the injury. Should any of the following conditions occur please refer the child to a doctor, preferably at the local A & E.

- Severe headaches, excessive sleepiness
- Does not like bright light
- Vomiting and/or fever
- Dizzy, double or blurred vision, weakness of any limbs
- Becomes disorientated or confused, cannot remember the recent past
- Has an apparent alteration in consciousness level.

For more information relating to head injuries, please see
http://www.nhs.uk/conditions/head-injury-minor/Pages/Introduction.aspx

Yours sincerely,

Miss A Saul
Principal

……

Child's Name……. Class……

I acknowledge receipt of notification of my child's head bump.

Signed…….Parent/Carer

Date……

Asthma audit letter

Dear Parent/Carer,

ASTHMA AUDIT

As a school we are permitted to keep salbutamol inhalers in our First Aid room in the event that a child with asthma requires medication. To ensure we are only providing the use of the inhaler to those children that have been diagnosed with asthma, we are contacting you to update our records held for your child.

Our current records indicate that your child has been medically diagnosed with asthma. Please could you confirm this information is correct using the reply slip below.

If your child has been diagnosed with asthma we will need you to complete the attached Individual Healthcare Plan and consent form to administer prescribed medication, and return it to the school office.

Kind Regards,

Miss N Murray
First Aider

✂----------

Childs name:…… Tutor group:…….……

I confirm that my child has been medically diagnosed with asthma YES/NO

I confirm that I am happy for the school to administer salbutamol to my child in the event that an inhaler is required YES/NO

Parent/Carer Signed……..…..…….. Dated……