



Linton Heights Junior School

MANAGING MEDICAL NEEDS AND FIRST AID POLICY

THIS POLICY WAS APPROVED:	SUMMER23
POLICY VERSION:	1.1
THIS POLICY WILL BE REVIEWED:	SUMMER 2024
MEMBER OF STAFF WITH RESPONSIBILITY FOR REVIEW:	DIRECTOR OF OPERATIONS AND THE DIRECTOR OF HR
THIS POLICY WAS CONSULTED WITH:	TRUST LEADERSHIP TEAM

THIS POLICY WAS D ISTRIBUTED TO:	ACADEMIES LEADERSHIP GROUP
-------------------------------------	-------------------------------

1.0 Introduction

- 1.1. The policy sets out Anglian Learning's approach to the management of long term and short term medical conditions and to first aid provision within the academies. This policy should be regarded as detailing the minimum standards required and where individual academies have more stringent and/or detailed approaches these should be maintained. Furthermore, academies are required to amend and adjust this trust policy to suit local context as appropriate.
- 1.2. The policy takes into account the advice from the Department of Education on first aid and health and safety in academies; The Health and Safety (First Aid) Regulations 1981; The Management of Health and Safety at Work Regulations 1999; The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013; Social Security (Claims and Payments) Regulations 1979, Section 100 of the Children and Families Act 2014
- 1.3. This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.
- 1.4. First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill.
- 1.5. Should the pupil be suffering from acute illness e.g. throat infections, eye infections, diarrhoea and sickness, they should be kept at home until they are fully recovered and a minimum of 48 hours after the last episode. This policy refers to pupils who are well enough to attend the academy with medication or become unwell during the academy day.

2.0 Aims

- 2.1 To establish the role that carers and the academy will take in supporting pupils and their families in the administration of medicines and managing emergency and non-emergency medical needs;
- 2.2 To establish clear procedures for storage, administering medicines and communicating with parents;
- 2.3 To maximise attendance at school whilst ensuring the pupil's health and wellbeing, and that of other pupils, staff and members of the community.

2.4 Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

3.0 Roles and Responsibilities

3.1 Anglian Learning has ultimate responsibility for health and safety matters within the Trust but delegates the operational matters and day-to-day tasks to the Local Governing Body, Headteachers of the individual academies and staff members.

3.2 The Local Governing Body of each academy is responsible for ensuring that they have an overview on the management of medical needs within the **academy and are satisfied that the academy has sufficient resources and operational** procedures in place to manage the medical needs of all staff and pupils. The Local Governing Body should ensure that the academy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. The Local Governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the pupil's needs have changed. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption.

3.3 The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the academy at all times.
- Ensuring that First Aiders have an appropriate qualification, that their training is kept up to date and remain competent to perform their role
- Ensuring that First Aiders names, locations and contact details are prominently displayed around the academy
- Ensuring that a lead First Aider is appointed who has the responsibility of ensuring that the First Aid boxes are fully stocked, the First Aid room is fit for purpose and that medicines are stored securely, appropriately and are disposed of properly.
- Ensuring that all staff are aware of the First Aid Procedures

Ensuring that adequate First Aid boxes are located around the academy and that First Aid staff are aware of their location.

- Ensuring appropriate risk assessments (appendix D) are completed and appropriate measures are put in place.
- Ensuring that the annual overarching First Aid risk assessment is undertaken of the First Aid needs within the school (appendix D).
- Undertaking or ensuring that managers undertake risk assessments, as appropriate, and that appropriate measures are put in place;
- Reporting specified incidents to the CCC Health, Safety & Wellbeing Team / HSE when necessary (see section 6)
- Ensuring that adequate records are being kept securely on First Aid, accidents, medicine administration, reports made to CCC Health, Safety & Wellbeing Team / HSE and First Aid training with copies of staff certificates and details of the expiry dates.
- Delegating and overseeing the responsibility to a member of staff to organise first aid training as and when required and for new members of staff where the role incorporates first aid.

3.4 Qualified First Aiders are responsible for:

- Acting as first responders to any incidents
- Assessing the situation, protecting themselves and the casualty from further danger, dealing with any life-threatening condition and where necessary obtaining medical assistance or referring the casualty to hospital as quickly as possible.
- Ensuring that there is an adequate supply of medical materials in First Aid kits and replenishing the contents of these kits after use.
- Informing parents and sending pupils home to recover when it is necessary. First Aiders should have undertaken sufficient examination to satisfy themselves that this is necessary and that the pupil cannot go back to class after a rest or suitable treatment.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident. Reportable accident/incidents must be reported via the online portal within 5 working days and logged on the Every system

Notifying parent / carers that first aid treatment has been given to a pupil or delegating this task to someone else who has sufficient knowledge of the incident and treatment

- Ensuring that they receive a refresher training course three months prior to the date their certificate expires

3.5 Teachers / Staff are responsible for:

- Ensuring that they know who the First Aiders are in the academy (no member of staff should attempt to provide First Aid unless they have been First Aid trained. No member of staff should administer medicine unless nominated to do so).

Referring pupils to the First Aiders when they are in such discomfort that they need to go home, discomfort has continued despite appropriate treatments or if they have a visible injury that requires First Aid.

- Ensuring parents are informed if their child has experienced continuing discomfort following an accident.
- Being mindful that sending a pupil home due to sickness, hinders the academy from pursuing the absence through the usual procedures, should it become longer term, as the academy has made the decision that the pupil is sick rather than the carer.
- Being mindful that if a vulnerable pupil complains of feeling unwell then this may be a referral to Pastoral Support rather than a First Aider as the pupil may require emotional or behavioural support.
- Completing accident forms for all incidents they attend and where a First Aider has been called
- Informing the Headteacher or their line manager of any specific health conditions that they become aware of in the course of their duties
- Reading and ensuring they have understood the First Aid Policy and signing to confirm.

3.6 Parent/Carers are responsible for:

- Providing sufficient medical condition of the pupil to the academy in a timely manner. Information required includes details of the pupil's condition; any special requirements; medication and any likely side effects; what to do and who to contact in an emergency.
- To engage with the academy and other health professionals in drawing up individual care plans, if required to manage longer term conditions.
- Providing spare inhalers/auto-injectors that are clearly labelled with the pupil's name.

Providing health care plans identifying the severity of the pupil's condition, individual symptoms and any particular triggers, such as exercise or cold air.

- Providing prescription medicine to the academy in the original packaging, including the prescriber's instructions. This medication must be given to the school office via an adult and not a child. Bus children, may have the medication handed to the bus supervisor who will pass onto the school bus member of staff to collect and deliver to the office.
- Providing written consent for medication to be given to their child (**No medicine will be given without parental permission**).

Where possible carers should try to administer medicine outside of academy hours.

3.7 Pupils are responsible:

- Taking the medicine as requested. Should the pupil refuse to take medicine, the academy staff will not force them to do so. The academy will inform the pupil's carers as a matter of urgency or call emergency services.

4.0. Equal opportunities

- We acknowledge the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5.0 Administering Medicine

5.1 Medicine will be stored at room temperature in a secure place. If applicable, will be kept in a fridge.

5.2 After medicine has been administered the member of staff should fill in the Medicine Administration Record (MAR)

5.3 Prior to administering the medicine, the pupil will be asked to confirm their name and the academy medicine record will be checked both for the identity of the child and the name of the medicine and the dosage.

5.4 Prescription medicines will be returned to the carer when no longer required.

5.5 When administering controlled drugs, two members of staff will always be present. Care will be taken that the medicine is handled appropriately and that instructions on the label are not rendered illegible by drippage. A glass of water will also be provided to the pupil after administration.

6.0 Disposal of Medicine

6.1 Medicines should be checked at least once a term to ensure that they are still required and in date.

6.2 Medicine should be returned to the carer for disposal or taken to the local pharmacy by a First Aider.

6.3 Where medicine has to be discarded a period of time after opening, the opening date should be recorded on the container.

6.4 Medicine should not be allowed to accumulate and medicine out of date or no longer required should be disposed of in a timely manner.

7.0 First Aid Kits and AED (Automated External Defibrillator)

7.1 First Aid kits (including those for trips) should be checked termly to ensure that they are fully stocked (appendix A to C).

First Aid kits should include at least the following:

Standard Kit Contents	Primary School Medium	Secondary Medium	Secondary Large
Guidance Leaflet	1	1	1
Medium Sterile Dressings	4	4	6
Large Sterile Dressings	3	3	4
Eyewash Pods	-	10	10
Eye Pad Sterile	3	3	4
Sterile Plaster	60	60	100
Sterile Cleansing Wipes	30	30	40
Adhesive Tape	2	2	3
Nitrile Disposable Gloves	9	9	12
Finger Sterile Dressings	3	3	4

Resuscitation Face Shield	1	1	2
Foil Blanket	2	2	3
Burn Dressing	2	2	2
Shears	1	1	1
Triangular Bandage	2	2	2
Elastic Strip Dressing	-	2	3
Sterile Skin Closure	-	5	5
Gauze Swabs	100	-	-
Emergency Spill Sachet	1	-	-
Washproof Plaster	120	-	-
Safety Pins	2	2	2

- schools are advised to consider purchasing a defibrillator as part of the First Aid equipment. A risk assessment should be undertaken to establish the quantity and location. The Appointed first-aiders should already be trained in the use of CPR

7.3 The school minibus (if the school has one) must have on board a first aid container with the following:

- 10 antiseptic wipes that are foil packaged
- One conforming disposable bandage (no less than 7.5cm wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large (no less than 15cm x 15cm) sterile unmedicated ambulance dressings
- Two sterile eye pads, with attachments
- 12 assorted safety pins

- One pair of rust free blunt-ended scissors
- 7.4 Dependent on the location of the First Aid kit it may be appropriate to have additional items.
- 7.5 AED must be checked regularly, weekly for correct position and battery. Detailed check and pad expiry date once per month.

8.0 Emergency Procedures

- 8.1 A member of the SLT should be informed if an ambulance needs to be called.
- 8.2 The First Aider attending the scene should ensure that SLT is aware of the location of the accident, that an ambulance has been called and that the carers need to be informed. The First Aider should remain at the scene, awaiting the ambulance.
- 8.3 In an emergency, where the ambulance is unable to attend in a timely manner it may be appropriate for the pupil to be taken to hospital in a private car. The member of staff driving should be accompanied by another adult and have public liability vehicle insurance.

9.0 Day trips, residential visits and sporting activities

- 9.1 Schools should consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully and safely
- 9.2 Individual risk assessments and personal emergency and evacuation plans must be in place
- 9.3 Trips are recorded using the Evolve system and risk assessments/plans uploaded

10.0 Record Keeping and Communicating with Carers

- 10.1 All accidents should be reported and entered into the relevant accident book.
- 10.2 All accidents should be investigated and remedial action identified to prevent reoccurrence of the same or similar incidents.
- 10.3 Records should be kept of the administration of medicines in the Academy Medicine Record including the dosage and who was present.
- 10.4 Should a pupil refuse to take medicine then the carers will be informed as soon as possible.
- 10.5 Should a pupil suffer an injury to the head then a bumped head band will be given to the child for them to wear for the day and the accident slip detailing the head bump will always be sent home to the carer in case symptoms develop later. If deemed a serious head bump, parents/carers will always be contacted.

10.6 Carers will always be contacted if a pupil suffers an attack of asthma, diabetes, anaphylaxis, epilepsy, anxiety/panic attack or if an ambulance is called.

10.7 Carers will be contacted immediately to come and collect a pupil should the pupil be physically sick or have diarrhoea.

11.0 Reporting to the CCC Health & Safety Wellbeing Team / HSE

11.1 Reportable injuries are required to be reported to the Health and Safety Executive within 10 days of the incident (RIDDOR 2013 legislation).

11.2 Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries (Fractures excluding fingers, thumbs and toes, amputations, injury likely to lead to loss of sight or reduction in sight, crush injuries to the head or torso causing damage to the brain or internal organs, serious burns including scalding, scalping requiring hospital treatment, loss of consciousness caused by head injury or asphyxia, any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days following the day of the accident.
- Where an accident leads to hospital admittance.
- Near-miss events that do not result in an injury, but could have done. For example, the collapse or failure of lifts or lifting equipment, the accidental release of a biological agent likely to cause severe human illness, an electrical short circuit or overload causing a fire or explosion. This is not an exhaustive list and if in doubt members of staff should consult with Senior Leadership Team or the Trust Director of Operations.

11.3 Information on how to make a RIDDOR report is available on

<http://www.hse.gov.uk/riddor/report.hm>

12.0 Reporting to the CEO, Ofsted and Child Protection Agencies

12.1 The Headteacher will notify the CEO immediately of any serious accident, illness or injury to, or death of, a pupil.

12.2 The CEO will notify Ofsted on behalf of Anglian Learning of any serious accident, illness or injury to, or death of, a pupil. This will happen as soon as it is reasonably practicable, and no later than 14 days after the incident.

12.3 The CEO will also instruct the Headteacher to notify any relevant local child protection agencies of the situation.

13.0 Monitoring and reviewing

13.1 This policy will be reviewed annually by the Director of Operations and the Director of HR

Appendices

A) First aid box supply checklist

Item	Suggested stock As listed	Current stock	Date Ordered if required?
A leaflet giving general advice on first aid			
Individually wrapped sterile adhesive dressings (assorted sizes)			
Sterile eye pads			
Individually wrapped triangular bandages (preferably sterile)			
Safety pins			
Medium-sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings			
Large (18cm x 18cm) individually wrapped sterile unmedicated wound dressings			

Disposable gloves			
-------------------	--	--	--

B)

B)

C)

B) Travel first aid box supply checklist

Item	Suggested stock	Current stock	Date Ordered if required?
A leaflet giving general advice on first aid	1		
Individually wrapped sterile adhesive dressings	6		
Large sterile unmedicated wound dressing (18cm x 18cm)	1		
Triangular bandages	2		
Safety pins	2		
Individually wrapped moist cleansing wipes	10		
Disposable gloves	1 pair		

**C) Minibus first aid box supply
checklist**

Item	Suggested stock	Current stock	Date Ordered if required?
Foil packaged antiseptic wipes	10		
Conforming disposable bandage (not less than 7cm wide)	1		
Triangular bandages	2		
Assorted adhesive dressings	24		
Assorted safety pins	12		
Large sterile unmedicated ambulance dressings (no less than 15cm x 15cm)	3		
Rust free blunt-ended scissors	1 pair		
Sterile eye pads with attachments	2		

.

AED CHECKLIST – WEEKLY CHECKS

Check AED is in correct position with green light flashing. If AED missing or green light not flashing, report to First Aid Lead

Date of check	Pass or fail	Signed by	Date of check	Pass or fail	Signed by

Signed									
---------------	--	--	--	--	--	--	--	--	--

If the AED shows a fault, remove from service and report immediately to the First Aid Lead

Version 1.0

Managing Medical Needs and First Aid policy June 2023

7.2

D) First Aid Risk Assessment Example Template

First Aid Risk Assessment Form	<i>School Details</i>	
Name of School:		
Address of School:		
Person(s)/Group at Risk: Staff/Pupils/Contractors/Visitors/ Hirers		
Area: First Aid Needs/Provision		
Type of Assessment: Initial Assessment/Review/Following Incident*		
Date of Assessment:	Assessor:	
Significant Hazard and possible Outcomes/injuries	Control Measures in Place (Delete non applicable control measures or add additional ones)	Are any additional measures or actions required? (if yes put on the Action Plan)

		Yes	No
<p>Environment</p> <p>What is the classification of the school?</p> <ul style="list-style-type: none"> Low/Medium risk - Secondary 	<ul style="list-style-type: none"> In general terms, the school is classed as low risk but with certain activities being undertaken or multiple buildings this classification may be raised to a medium risk. Depending on the layout of the building, extra first aid equipment may be required on each floor/building. 		
<p>Are high risk activities undertaken i.e. science, D&T, PE etc. Is the workplace remote from emergency medical services?</p> <p>Is the Site split or on different levels?</p> <p>Are there any hazardous substances or dangerous tools on site?</p>	<ul style="list-style-type: none"> If the site is shared with other organisations, can their first aiders be shared/called upon in an emergency? The site is split into different buildings and one small area is on a second level Hazardous substances are used in a controlled environment and stored as per guidelines. Dangerous tools should be used only under supervision and rooms/tools kept locked when not in use. First Aid Kits are sited in both High risk areas 		

<p><u>People on site</u></p> <p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors. Do they know what the first aid arrangements are for the site?</p> <p>Have they other information available to them (how to contact emergency services)?</p> <p>Are there people with special health needs on the site? Do they have health conditions or illnesses that may require sudden, urgent or specialist attention?</p>	<ul style="list-style-type: none"> • • There are a total of approx an average ofpersons on site. Made up of staff, pupils and a number of visitors/contractors at any one time. • Appropriate ratio of qualified first aid staff to numbers on site. See below calculator of number of First Aiders required • First aid arrangements are covered on induction training and subsequent changes brought to their attention. • Out of hours hirers are made aware of location of defibrillators and first aid boxes. • There is a list of local external contacts (GPs, nearest hospital etc.) readily available at Pupil Support for staff to use. • Cleaning staff and contractors, when working outside core hours or in holidays, have been informed what the process for first aid provision is whilst on site. • Members of staff and pupils with special health needs and the first aid provision or additional training accounts for these specific needs are made known to the Full First Aid persons The first aid arrangements and other information are available to all including supply staff, work experience placements and employees • Lists of all first aiders and appointed persons are displayed in the Staff hand Book • 	<p>School to add details</p>	
---	--	-------------------------------------	--

<p><u>General Arrangements</u></p> <p>Do employees work remotely or work alone?</p> <p>Is there adequate provision for lunchtimes and breaks?</p> <p>Is there first-aid provision for off-site activities i.e. school trips etc.</p> <p>Are people present on site out of hours? Is there a fluctuating need for first aid at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these highrisk activities if so, then first aid cover may need to be increased.</p> <p>Are provisions in place for use of the school minibus</p>	<ul style="list-style-type: none"> • • The provision of personal communications/mobile phones are used when working alone. • If a first-aider is not on site, there is adequate first-aid provision available. Consider the need to make different levels of provision for different areas/departments • within the site. First Aid provisions are in place for all off site activities. Adequate first aid provision has been identified for the out of hours/off-site activities. • The cover needed for annual leave and planned absences has been accounted for and a • regime established. The first aider(s) for this premises – see attached list • The appointed person(s) for this premises - See attached list • • First aid needs are considered on any risk assessments conducted for the activities undertaken by the establishment. • • First Aid kit is situated in the minibus and is checked regularly to ensure provisions are in date and replenished 		
---	---	--	--

<p><u>Record of Accidents and Ill-health</u></p> <p>What is your record of accidents and ill health, accounting for all groups?</p> <p>What illnesses/accidents have occurred and where and what time did they happen?</p> <p>What is the College/School's policy for reporting accidents</p>	<ul style="list-style-type: none"> • The number and type of injuries have been adequately dealt with through the existing first aid arrangements and first aider capabilities. • What other arrangements were available and used (did they work?) <p>Accident statistics that indicate the most common injuries, times, locations and activities in a particular area (trend analysis) are part of the management team meetings held</p> <ul style="list-style-type: none"> • monthly/quarterly/annually. The College purchase H & S guidance from the local authority. All reportable accidents are done through this system and recorded accordingly 		
--	---	--	--

Additional equipment	Asthma, severe allergy, diabetes, epilepsy etc) this is added to the Medical alert board on the College intranet system		
----------------------	---	--	--

Sports Centre

Medical Information

<p><u>Accident Recording & Reporting</u></p> <p>e.g. accidents not reported or investigated</p>	<ul style="list-style-type: none"> • All accidents and treatment provided recorded in the school's accident book and SIMS • All appropriate accidents are reported on-line to the H&S Service at Cambridgeshire County Council. The report is to be completed by the person in charge of the area in which the accident occurred. • All accident and near misses will be investigated by the relevant manager in charge of the area where the event occurred. • Accident information to be reviewed as a minimum monthly/quarterly/annually in order to minimise future accidents and reported to Governors 		
--	---	--	--

Calculating the number of First Aiders

NB. Appropriate numbers of additional qualified **Required** aiders should be established based on each schools specific staffing arrangements to cover absences. qualified

first **Number of first aiders Required**

Number of people on site (Staff, pupils, etc.)

Type of school

Nursery/Primary	0 - 100	1 qualified first aider and 1 relief to provide cover for absences Thereafter 1 additional first aider for every 100 persons on site
-----------------	---------	---

Secondary	0 - 100	1 qualified first aider and 1 relief to provide cover for absences Thereafter 1 additional first aider for every 100 persons on site Plus 1 qualified first aider for each high risk area i.e. Science, D&T, PE, Food Technology
-----------	---------	--

Special	0 - 100	1 qualified first aider and 1 relief to provide cover for absences Thereafter 1 additional first aider for every 100 persons on site Plus 1 qualified first aider for each high risk area i.e. Science, D&T, PE, Food Technology
---------	---------	--

Conclusion: (EXAMPLE ONLY) * Delete as applicable

The above assessment has highlighted:

- The Low/Medium* risk nature of the site and activities, the number of people present (including staff, pupils, visitors and contractors) and the accident history, that at least (number) qualified first aider(s), are deemed to be adequate for the establishment's needs.*

OR

- The external medical facilities have proven to adequately support the first aid provision of the site and all trained first aid staff know how to contact them in an emergency. OR*
- The additional actions documented below are required to ensure suitable first aid provision is available.*

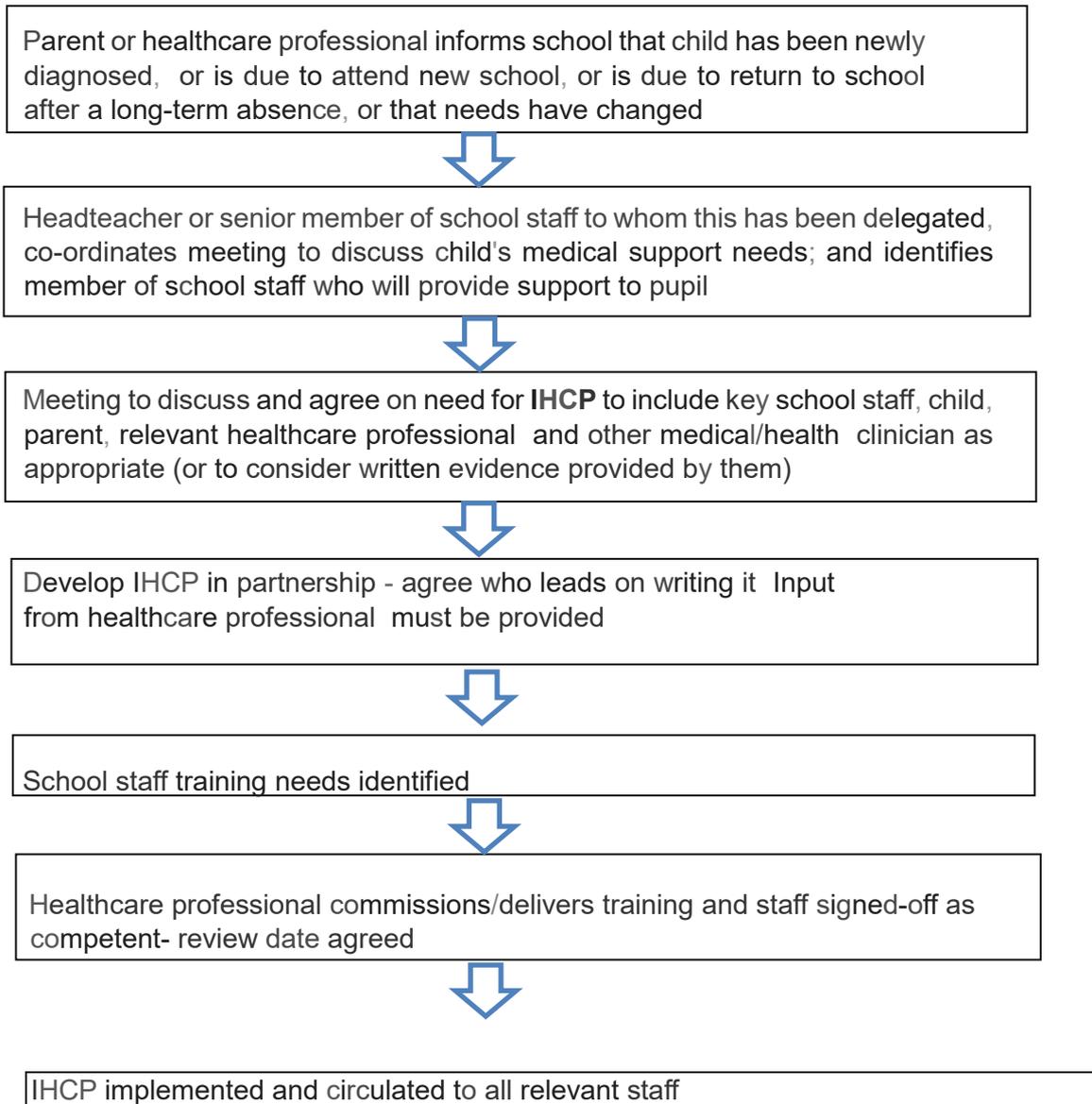
Assessor's Recommendations – Additional Control measures or Actions

Assessor's Recommendations - Additional Control Measures or Actions

List Actions / Additional Control Measures	Date action to be carried out	Person Responsible
If the site is shared with other organisations, can their first aiders be shared/called upon in an emergency. Sports centre staff		
The site is split into different buildings – adequate first aiders across site. Lift?		

Signed Headteacher:	Date:	

D) Model process for developing individual healthcare plans





IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

