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	3	Academy personalisation required (in highlighted fields)

Summary of Changes from Previous Version

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TABLE OF CONTENTS

IMPORTANT CONTACT DETAILS 5
INTRODUCTION 5
RATIONALE 5
LEGILATIVE FRAMEWORK 6
AIMS AND OBJECTIVES 6
ROLES AND RESPONSIBILITIES 7
NOMINATED STAFF MEMBER 9
EQUAL OPPORTUNITIES 11
ASSISTING PUPILS WITH LONG TERM OR COMPLEX MEDICAL NEEDS 11
INDIVIDUAL HEALTH CARE PLANS 12
ADMINISTRATION OF MEDICINES 13
UNACCEPTABLE PRACTICE 21
SPORTING ACTIVITIES 22
EDUCATIONAL VISITS 22
EXTRA-CURRICULAR CLUBS/ACTIVITIES 23
BREAKFAST CLUB AND AFTERSCHOOL CLUBS 23
STAFF TRAINING 23
RECORD KEEPING 24
FIRST AID PROVISION 24
FIRST AID QUALIFICATIONS AND TRAINING 25
FIRST AID PROCEDURES 25
DEFEBRILLATORS: LOCATION, STORAGE, ADMINISTRATION AND NETWORK REGISTRATION 26
FIRST AID CONTAINERS AND EQUIPMENT 27
FIRST AID PROVISION FOR OFF-SITE ACTIVITIES 28
ON SITE DEFIBRILLATORS 28
HYGIENE / INFECTION CONTROL 29
SERIOUS INCIDENTSAND NEAR MISSES 30
HOW THE ACADEMY SHOULD REPORT ACCIDENTS OR INJURY 30
ACCIDENTS TO EMPLOYEES 31
REPORTING to the HEALTH AND SAFETY EXECUTIVE 31

ACADEMY STAFF: REPORTABLE INJURIES, DIEASES OR DANGEROUS OCCURENCES 32
PUPILS AND OTHER PEOPLE WHO ARE NOT AT WORK (E.G. VISITORS): REPORTABLE INJURIES, DISEASES OR DANGEROURS OCCURANCES 33
REPORTING OFSTED AND CHILD PROTECTION AGENCIES (EARLY YEAR ONLY) 33
RECORDING FIRST AID TREATMENT 33
LIABILITY AND INDEMNITY 34
COMPLAINTS 34
APPENDIX 1- EXAMPLE OF AN INDIVIDUAL HEALTHCARE PLAN 35
APPENDIX 1B - EXAMPLE OF AN INDIVIDUAL HEALTHCARE PLAN FOR ALLERGY 39
APPENDIX 2 - STAFF TRAINING RECORD 41
APPEDNIX 3 – CONTACTING EMERGENCY SERVICES 43
APPENIDX 5 – PROCEDURES FOR ADMINISTERING MEDICINE DURING RESIDENTIAL TRIPS 45
APPENIDIX 6 – PROCEDURES FOR ADMINISTERING EMERGENCY ASTHMA INHALER 46
APPENDIX 7A – PARENTAL AGREEMENT FOR SETTING FOR ADMINISTER MEDICINE 47
APPENDIX 7B – PARENTAL AGREEMENT FOR SETTING TO ADMINISTER NON-PRESCRIPTION MEDICINE ON TRIPS AND RESIDENTIAL VISITS 49
APPENDIX 8 – RECORD OF MEDICINE ADMINITERED TO AN INDIVIDUAL CHLD 51
APPENDIX 9 – CONTROLLED DUR RECORD 53
APPENDIX 10A – EDUCATIONAL VISITS – LOG OF CHILDREN REQUIRING MEDICATION 54
APPENDIX 10B – EDUCATIONAL VISITS – RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN 55
APPENDIX 11– SPILLAGES OF MEDICINES 56
APPENDIX 12 – ADMINISTRATION OF NON-PERSCRIPTION MEDICATION 57
APPENDIX 13 – INCORRECT ADMINISTRATION OF MEDICATION 59
APPENDIX 14 – PROCESS TO IDENTIFY AND IMPLEMENT INDIVIDUAL HEALTHCARE PLAN 60
APPENDIX 15 – GUIDE TO USING PPE FOR NON-AGP USE 61
APPENDIX 16 – KEY PEOPLE WITH FIRST AID TRAINING 63
APPENDIX 17 – FIRST AID KIT LOCATION 64
APPENDIX 18 – EMERGENCY MEDICATION LOCATIONS 65
APPENDIX 19 – FIRST AID RECORD FORM 66
APPENDIX 20 – BUMP NOTE 67
APPENDIX 21A – FIRST AID KIT STOCKLIST / STOCKCHECK – ACADEMY KIT 68
APPENDIX 21B – FIRST AID KIT STOCKLIST / STOCKCHECK – TRAVEL KIT 69
APPENDIX 21C – DEFIBRILLATOR STOCKCHECK 70

APPENDIX 21D – DEFIBRILLATOR ACCESSORIES/CONSUMABLES 71
APPENDIX 22 – DEFIBRILLATOR MAINTENANCE 72
APPENDIX 23 – SPECIFIC MEDICAL CONDITIONS / TREATMENTS 74

IMPORTANT CONTACT DETAILS

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Trust Medical Lead		

INTRODUCTION

Within the Place Partnership Trust we have a full commitment to ensuring that all pupils accessing education within our Academies are supported in order to enable them to succeed and maximise their potential. This policy has been formulated to enable Academies to make provision for pupils with medical needs and ensure that their needs are met, and to ensure an immediate response to first aid needs can be made. The Place Partnership Trust is committed to safeguarding and promoting the welfare of children and expects all staff, volunteers and visitors to share this commitment; ensuring pupil medical needs are met is integral to this. It is therefore imperative that pupils with either short or long medical conditions, including diagnosed, pending diagnosis and undiagnosed conditions requiring support, are empowered to enable them to thrive in the academy environment and secure continuity of learning.

The Place Partnership Trust is aware that on occasion, a medical need may constitute a safeguarding concern. This might arise when there are concerns about unmet medical needs, concerns about parental supervision and management of medication and/or concerns that the child's medical condition makes them vulnerable to neglect, abuse or exploitation. Staff in Place Partnership Academies will report concerns to the Designated Safeguarding Lead and the Academy child protection and safeguarding procedures will be followed.

RATIONALE

The Place Partnership Trust values the abilities and achievements of all its pupils and is committed to providing for each pupil the best possible environment for learning. We actively seek to remove the barriers to learning and participation that can hinder or exclude individual pupils, or groups of pupils. This means that equality of opportunity must be a reality for our pupils. We achieve this through the attention we pay to the different groups of pupils within our Academies.

This policy sets out the framework within which we will ensure that pupils with short or long term medical conditions, including diagnosed, pending diagnosis and undiagnosed conditions requiring support, are able to access learning consistently within Place Partnership Academies and be empowered to achieve their potential. Within this policy we are mindful that we have a duty to safeguard children by including them wherever possible, but only through ensuring adequate

training, support and guidance is in place to make sure this is done in a safe manner. This is done by planning the most appropriate way to meet a pupil's needs in partnership with parents, medical professionals and the pupil themselves.

It is vital that plans are agreed in partnership and this policy provides clarity on what Place Partnership Academies will do to ensure pupils with medical conditions thrive. This policy is based on relevant government guidance, for example it should be noted that "medicines should only be administered at a school…setting when it would be detrimental to their health or school attendance not to do so" DFE draft Publication: Supporting Children and Young People with Medical Conditions and Allergy (2026).

LEGISLATIVE FRAMEWORK

Section 100 of the Children and Families Act 2014 places a duty on governing boards to make arrangements for supporting pupils at their Academy with medical conditions. Many pupils, at some point during their time at school, will have a medical condition which may affect their potential to learn and their participation in Academy activities. For most, this will be short term (perhaps finishing a course of medication or treatment) other pupils may have a medical condition that, if not properly managed, could limit their access to education. Pupils attending a Place Partnership Academy with medical conditions will be properly supported so that they have full access to education, including Academy trips and physical education.

This policy is based on the Department for Education's statutory guidance: Allergy Safety in Schools (July2026) and draft statutory guidance: Supporting children and young people at school with medical conditions and allergy (March 2026). It also makes provision for the Trust to meet its obligations under the Equality Act 2010 and ensure every effort is made to ensure the wellbeing of all pupils, staff and adults on site. The Policy is also compliant with our funding agreement and articles of association and should be read alongside the Place Partnership Allergy and Anaphylaxis Policy, Intimate Care Policy and Children with Health Needs Who Cannot Attend School Policy.

AIMS AND OBJECTIVES

The Place Partnership Trust operates on the following principles in supporting pupils with medical conditions so that they achieve their potential:

- **Inclusion as standard**: Pupils with medical conditions will be enabled to participate fully in all aspects of academy life, including the classroom curriculum, trips, physical education and extracurricular activities, unless a health professional advises otherwise.
- **Leaders take a 'can do' attitude**: All efforts will be made to find solutions to any potential barriers which threaten the inclusivity of a child with medical needs.
- **Early identification and intervention**: Academies will take proactive steps to identify pupils with medical conditions and ensure appropriate support is put in place at the earliest possible point.

- **Individualised support**: Support will be implemented based on the individual needs of the pupil; assumptions will not be made based purely on a diagnosis. Health care plans will be shared effectively with staff.
- **Partnership working**: Effective support relies on collaboration between pupils, parents/carers, staff and healthcare professionals.

- **Whole School Approach**: The Academy maintains a whole school approach to supporting pupils with medical needs and ensures that awareness of medical conditions is maintained for all staff, and sufficient numbers of staff are first aid trained, and that safe management of medication extends to off-site activities.
- **Promoting independence**: Pupils will be supported, wherever appropriate, to manage their own medical needs safely and confidently.
- **Promote social and emotional needs**: Pupils may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.

ROLES AND RESPONSIBILITIES

Supporting a pupil with a medical condition during Academy hours is not the sole responsibility of one person. Partnership working between Academy staff, healthcare professionals, and parents/carers and pupils is critical. Place Partnership Trust will ensure relevant staff are aware of pupils with medical conditions and that information is readily accessible to all staff as required, balancing the need for confidentiality with the need to ensure pupil safety. Parents/carers will be aware of how information is shared.

THE BOARD OF THE PLACE PARTNERSHIP TRUST/ACADEMY EDUCATION COMMITTEE

The Place Partnership Board has a legal and strategic responsibility for supporting pupils with medical needs; this includes ensuring that each Academy is appropriately insured, and that staff are aware that they are insured to support pupils. . The Academy Education Committee has responsibility for ensuring arrangements are in place to support pupils with medical conditions. They will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting pupils with medical conditions. Oversight of medical policies and processes are included within the remit of an identified Link Governor who will also ensure that an annual review is undertaken by the Trust

ACADEMY PRINCIPAL

The Academy Principal will:

- Ensure that the policy is effectively implemented to meet the needs of pupils with medical conditions, including an adequate space within the Academy.
- Ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that systems are in place to identify children with medical conditions by collecting information at admission and/or key transition points, and by updating medical information annually.

- Ensure advance preparation is in place for pupils transitioning into the Academy, including information sharing processes, and that adequate support, training and resources are in place from the first day of their attendance, including an IHP where relevant. This also applies to pupils transitioning out of the Academy to a new setting, including attendance at an alternative provision or direction off-site.
- Ensure staff are vigilant to new and emerging medical needs as part of attendance monitoring, pastoral and safeguarding procedures, and through regular communication with parents/carers and healthcare professionals. Use secure systems to ensure that all staff who need to know are aware of the pupil's condition and that information is readily accessible to staff as required, balancing the need for confidentiality with the need to ensure pupil safety. Parents/carers will be aware of how information is shared.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions; this includes the administration of medicines and first aid. All First Aid trained staff must have received training on CPR and it would be good practice for at least one member of staff to be trained in the Full First Aid at Work (3 day) qualification.
- Ensure that First Aiders keep their qualification up to date.
- Ensure that first aid provision is reviewed at least annually to ensure the Academy has sufficient numbers of training staff and that equipment and facilities are readily available for use.
- Ensure that sufficient posters detailing First Aid training staff are displayed prominently around the Academy site along with the location of first aid facilities, including defibrillators (see appendices), emergency inhalers and emergency EpiPens (see Allergy and Anaphylaxis Policy).
- Recruit, if deemed necessary, a member of staff for the purpose of administering medicines where a child has severe/acute needs.
- Ensure that parents/carers are aware of the policy, including the Academy's procedures for administration of medicines. Ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This will be recorded on Appendix 2 which will be kept in their personnel file.
- Take overall responsibility for the development of Individual Healthcare Plans (IHPs) and maintenance of a medical needs register. This will record all pupils with a medical condition, identify those with an IHP, be regularly reviewed and updated, and be accessible to staff.
- Ensure that the school nursing service is contacted in the case of any pupil who has a medical condition that may require support at the Academy but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a pupil's medical needs and that this information is kept up to date.
- Ensure appropriate risk assessments are completed, including regard for Personal Emergency Evacuation Plans (PEEP) and appropriate measures put in place.
- Ensure risk assessments are completed in relation to first aid, with due regard for any hazards, temporary hazards and/or building maintenance work.
- Ensure processes are in place to report specified incidents to the HSE when necessary, and to review incidents as needed to identify trends and patterns to enable measures to be implemented to mitigate their repetition.

ACADEMY STAFF

Supporting pupils with medical conditions during Academy hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so. Teachers will take into account the needs of pupils with medical conditions that they teach.

All staff will:

- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Ensure they follow First Aid procedures and know who the nominated staff member and first aiders are in the Academy.
- Follow the procedures outlined in this policy and record actions using the appropriate forms, including accident reports.
- Be fully aware of health care plans written by relevant health care professionals for children with complex or long-term medical needs.
- Share medical information where necessary to ensure the safety of a child.
- Retain confidentiality where possible.
- Complete any training relevant to the administration of medicines in schools if they are willing to administer it.
- Complete the relevant paperwork as outlined in this policy when administering medicines.
- Take all reasonable precautions to ensure the safe administration of medicines.
- Contact parents/carers with any concerns or refused dose of medication without delay.
- Take account of the medical needs of pupils and the need to administer medication when planning trips and excursions.
- Inform the Principal or their Line Manager of any specific health conditions or First Aid needs in relation to themselves.

NOMINATED STAFF MEMBER

A nominated/appointed person is someone who, as part of their role:

- Takes charge when someone is injured or becomes ill, and this goes beyond the application of first aid.
- Manages the storage and administration of medicines in school.
- Oversees the creation and review of individual health care plans, maintains a whole school log and disseminates information to key staff.
- Ensure documentation is followed in line with the appendices at the end of this policy.
- Works with the Principal and/or designated member of SLT to ensure appropriate numbers of staff are adequately trained in first aid and/or specific medical conditions.
- Looks after the First Aid equipment e.g. restocking the first aid container.
- Ensures that the on-site Automated External Defibrillator is checked in line with the manufacturer's guidance and all accompanying supplies are in date
- Ensures there are sufficient numbers of in-date, emergency EpiPens (see Allergy and Anaphylaxis Policy) on site as well as emergency inhalers.
- Ensures that an ambulance or other professional medical help is summoned when appropriate.
- Ensures that staff are aware of First Aid personnel, location of the designated medical area, location of defibrillators and of Emergency EpiPens.

Nominated/appointed persons are not necessarily First Aiders. They should not give First Aid treatment for which they have not been trained. However, it is good practice to ensure that appointed persons have Emergency First Aid training/refresher training, as appropriate.

Lists of nominated persons and First Aiders can be found in Appendix 16 of this policy.

DESIGNATED FIRST AIDERS

First Aiders must complete a training course approved by the Health and Safety Executive (HSE)

Within the Academy, the main duties of a First Aider are to:

- Act as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Fill in an Accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in Appendix 19).

PARENTS/CARERS

Parents/carers will:

- Notify the Academy that their child has a medical condition and provide the Academy with sufficient and up-to-date information about their child's medical needs.
- Act as key partners and be involved in the development and review of their child's Individual Healthcare Plan (IHP).
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Make reasonable requests of the Academy to support their pupil's needs and listen to medical and educational advice on how these reasonable adjustments can be made.
- Ensure medication is in date and labelled with the appropriate pharmacist dispensing label containing GP's dosage instructions.
- Ensure inhalers are in date and have sufficient medication left in them; this also applied to EpiPens.
- Notify the Academy of any changes to the medication/dose; this must be supported by either a letter from the GP or medication labelled by a pharmacist with new dosage instructions on.
- Follow Trust procedures for bringing medication into the Academy.
- Take any long term medication (e.g. inhalers) home at the end of each academic year.
- Keep the child off school if they are acutely unwell or have a contagious condition. (Recommendations from the Health Protection Agency are used by the Trust).

PUPILS

Pupils with medical conditions will often be best placed to provide information about how their condition affects them and will:

- Be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.

- Comply with their IHPs.

HEALTHCARE PROFESSIONALS

- Notify the Academy when a pupil has been identified as having a medical condition that will require support in the Academy before the pupil starts to attend an Academy, wherever possible.
- Take a lead role in ensuring that pupils with medical conditions are properly supported while attending the Academy, including supporting staff on implementing a pupil's plan and providing advice, training and supervision where required. This may include liaison with lead clinicians locally including specialist nursing teams.
- Healthcare professionals, such as GPs and Paediatricians, will liaise with the Academy's nurses and notify them of any pupils identified as having a medical condition.

EQUAL OPPORTUNITIES

The Place Partnership Trust is committed to meeting its obligations under the Equality Act 2010. As such all Academies are clear about the need to actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.

Each Academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on 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/carers and any relevant healthcare professionals will be consulted.

ASSISTING PUPILS WITH LONG TERM OR COMPLEX MEDICAL NEEDS

A proactive approach is taken towards pupils with medical needs. Every pupil with a long term or complex medical need will be offered a home visit from the Inclusion Manager and/or class teacher at the onset of condition or change in condition. This enables the Academy/parents/carers to identify potential issues/difficulties before a pupil returns to the Academy. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. A Health Care Plan (**Appendix 1**) will be produced for any pupil with long term/complex medical needs and will be reviewed on a regular basis.

To assist pupils with long term or complex medical needs, the Academy will also consider whether any/all of the following is necessary:

- Adapting equipment, furniture or classrooms to enable the pupil to access a particular aspect of the curriculum or area of the Academy. To determine the needs and response, the Academy will involve the home and hospital support service.
- Arranging for additional adult support throughout specific parts of the Academy day.
- Adapting lesson plans.
- Establishing a phased attendance programme.
- Ensuring that there are procedures in place for the administration of medicine.
- Training for Support Staff/Teachers on a specific medical condition.
- Providing a programme of work for pupils who are absent from the Academy for significant periods of time.
- Providing appropriate seating during assembly/carpet time.

- Ensuring there is adequate supervision during social times so that the health and safety of all pupils is not compromised.

- Ensuring that arrangements are made to include a pupil with medical needs on Academy visits.

Where a child is returning to an Academy following a period of prolonged absence due to their medical condition, support will be identified and provided to ensure that their return to school is as smooth as possible. This reintegration plan will be written by a member of SLT and attached to the Healthcare Plan.

INDIVIDUAL HEALTHCARE PLANS

An Individual Healthcare Plan (Appendix 1) is a document that sets out the medical needs of a pupil, what support is needed within the Academy day and details actions that need to be taken within an emergency situation. It provides clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support.

Individual Healthcare Plans may be initiated by a member of Academy staff, the school nurse or another healthcare professional involved in providing care to the pupil. The Healthcare Plan should be reviewed at the beginning of each academic year as a minimum, or more frequently, depending on the nature of the child's particular needs. The Principal has overall responsibility for the development of IHPs for pupils with medical conditions. This is normally delegated to the Academy SENDCo or Designated Safeguarding Lead.

Plans will be drawn up in partnership with the Academy, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. Throughout the process all stakeholders should consider the whole child and whether they are best supported through a formal EHCP application. The IHP will form part of the evidence base for this process which, if successful will afford the child additional protection and accrue additional funding to enable the Academy to meet their needs. The pupil will be involved wherever appropriate.
IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP. They should be developed in the context of assessing and managing risks to the pupil's education, health and social well-being and to minimise disruption.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. For example, hayfever and eczema would not normally require an IHP. Similarly, mild asthma may be manageable through an Asthma Action Plan. However, more severe asthma would require an IHP as would an allergy, conditions requiring prescribed medication (for example diabetes and epilepsy), children with personalised care plans and those children requiring reasonable adjustments, where their medical condition constitutes a disability. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Principal will make the final decision. Parents/carers will receive a copy of the IHP and information shared as appropriate in school, including kitchen staff.

The level of detail in the plan will depend on the complexity of the pupil's condition and how much support is needed. Pupils will be supported to self-manage their medical conditions where assessed as appropriate in order to increase their independence as their age and capacity increases; this will be recorded within the IHP alongside the level of supervision required to ensure adequate safeguards remain in place. The Place Partnership Trust and Academy Principals/SENDCos, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, access to counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the Academy needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff or self-administered by the pupil during Academy hours.
- Separate arrangements or procedures required for Academy trips or other Academy activities outside of the normal Academy timetable that will ensure the pupil can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Most children with medical needs are able to attend school regularly and, with some support from the Academy, can take part in most normal activities. However, Academy staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Additional supervision must be written into the child's Health Care Plan. An individual risk assessment may need to be completed prior to the child carrying out any identified activities.

Place Partnership Academies are also aware that having a medical condition can impact detrimentally on a pupil's mental health and wellbeing. Pupils will be monitored and offered support in line with the Academy's graduated response. Where a pupil has been absent, a reintegration plan will be discussed with them and parents/carers to ensure they are supported in catching up with learning and to safeguard against bullying or isolation. This support will be linked to the IHP.

ADMINISTRATION OF MEDICINES

It must be noted that "medicines should only be administered at a school setting when it would be detrimental to their health or school attendance not to do so" DFE draft Publication: Supporting Children and Young People with Medical Conditions and Allergy (March 2026).

Under normal circumstances, Trust Academies will only administer to children any medicines that have been prescribed by a GP or consultant or have a dispensing label showing they have been prescribed by a pharmacist. Medication MUST be in the original packaging with the pharmacist's label attached stating the prescribing instructions. Trust Academies will only administer the dose prescribed in accordance with the instructions on the pharmacist's label. All the necessary

paperwork must be completed by the parent/carer before an Academy will accept any medication into the building (Appendix 7A)

ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

It is recognised that, in a very limited number of situations, Academy staff may need to administer non-prescription medication to ensure a child's wellbeing is maintained. The Trust will only administer medication if it is supplied in sealed packaging, carries a pharmacy label and written permission has been received from parents. Staff will always check with parents the time of any previous dose before administering non-prescription medication and will not administer non-prescription medication before 12.30pm, and will inform parents this has been done. Similarly, on hot days parents are expected to apply suncream before the start of the school day. Pupils will be allowed to bring suncream into school but will be expected to re-apply to exposed skin at appropriate points of the day; in primary settings this will be under the supervision of an adult. Where children are recognised as being too young to adequately reapply suncream, staff are able to apply suncream provided by parents subject to written parent permission. Suncream will never be applied by a staff member unless 2 adults are present.

Academy staff will only administer the following non-prescription medication on educational visits:

Travel Sickness Pills (Educational Visits Only)

Where pupils are travelling for periods of more than half an hour, the Academy will accept travel sickness pills for the children to take on the return journey. One day pills are effective and should be taken as a preference where possible before the child comes to the Academy.

Travel sickness pills will only be accepted where the Academy has a written statement (Appendix 7B) from the parent/carer stating the medication has been taken before with no adverse reaction AND the child is on no other medication.

Analgesia (Residential Visits Only)

Medication Allowed:

- *Paracetamol (liquid paracetamol (Calpol) only for primary age children)*
- *Ibuprofen (liquid ibuprofen (Calprofen) only for primary age children*
- *For secondary age pupils, paracetamol and/or ibuprofen in tablet form is appropriate providing the tablet does not require to be split)*

When children are taken on a residential visit, they may develop headaches, toothaches, earaches etc. for a variety of reasons. In these circumstances the Academy will ask for staff volunteers to administer paracetamol or ibuprofen in the appropriate age-related form as above. On residential visits it is appropriate for the school to ***securely*** *take a supply of paracetamol and/or ibuprofen. However, this must be purchased from a chemist and kept in the original packaging.*

NO CHILD UNDER 16 SHOULD EVER BE GIVEN ASPIRIN OR PRODUCTS CONTAINING ASPIRIN.

The medication outlined above will only be administered if written permission (Appendix 7A) is given by parents/carers and the medication is in premeasured sachets or tablets in the original packaging, whether this is provided by the parent/carer or the school. Parents/carers will also be asked to confirm that the child has had the medication previously with no reaction (Appendix 7B) and confirmation of when the last dosage was taken.

Where a child is on other medication, the Academy will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

Anti-histamine medication

In extreme circumstances children may be administered anti-histamine medication where an unexpected allergy develops and in consultation with 111 or emergency services. Parents/carers should be consulted in advance of administering anti-histamine medication wherever possible and then a record made on Form G Part B. On educational visits it is appropriate for the school to ***securely*** *take a supply of anti-histamine medication. However, this must be purchased from a chemist and kept in the original packaging.*

A record should be kept (Appendix 10) of any non-prescription medication administered, and the medication should be held by the lead staff member in a sealed envelope clearly labelled with administration instructions and child's name. A record should be kept (Using Form G (Appendix 10)) showing when the medication has been administered and by whom.

A separate copy of this information can be found at Appendix 12.

TRAINING

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans). Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child or supporting a child with a medical condition will have appropriate training and guidance. They should also be aware of possible side-effects of any medicines and what to do if they occur. All staff will be able to notify the Principal or a member of the Senior Leadership Team, if they are unwilling to administer medicines and they will not be asked to administer medicines. This will be kept in their personnel file. No volunteer will be asked to administer medication without the correct authorisation and check forms being completed. Please refer to Administering Medicines Procedures in the appendices.

Any medication that is to be administered to children in any form other than liquid or tablet will require additional training from the school nurse prior to staff agreeing to administer the medication. Academy staff will only administer injectable medication where appropriate training has been provided, competency has been confirmed and suitable indemnity arrangements are in place. Training must not be provided by parents, carers or any other non-medical professional. The Academy will ensure that there are sufficient members of staff who are appropriately trained to manage such medicines as part of their duties and provide robust cover for staff absence, visits etc. The Principal and SLT will ensure that there are appropriate systems for sharing information about children's medical needs.

All staff will be required to be familiar with procedures outlined in this policy and in the Allergy and Anaphylaxis Policy and will be required to complete annual basic training in allergy and anaphylaxis awareness which includes the use of EpiPens. They will be expected to know how to identify signs of a life-threatening situation and know how to call for an emergency response.

The Principal and SLT will be responsible for making sure that sufficient staff have appropriate training to support children with medical needs and will arrange training appropriate to the needs of the

Academy in conjunction with the School Nursing Service or specialist nursing teams and in line with specific conditions outlined in children's IHPs.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure. The Principal and SLT will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to update training (including refresher training) on a regular basis. A First Aid certificate does not constitute appropriate training in supporting children with medical conditions. The Academy administration office will maintain a record of staff members who are trained to administer medication through retention of Appendix 2.

STORAGE OF MEDICATION

Parents/carers will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into an Academy by the child. The parent/carer must hand all medication to a member of the office staff. Medicines must be in date, in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. The exception to this is insulin which may be provided in an insulin pen or pump, rather than its original container, but must be in-date and delivered as prescribed.

Parents/carers must complete an authorisation form (Appendix 7A), prior to any medication being brought into the Academy. Administration of this medication must then be agreed and the header of 'Appendix 8 – Record of medicine administered to a child' completed prior to medication being administered by Academy staff. Parents/carers must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. Please also refer to Administering Medicines Procedures (Appendix 4 – within the Academy OR Appendix 5 – during educational visits).

Large volumes of medication should not be stored (no more than one half term's supply should be kept in an Academy at a time*.) Prescribed medication kept at the Academy should be kept in the administration office to be readily accessible when required. Children should know where their medicines are stored, who is administering it to them and be able to access them immediately.

All emergency medicines, such as asthma inhalers, blood glucose testing meters and adrenaline pens, must be readily available (in the medical room and classroom) to children and will not be locked away. Inhalers should always be available during physical education, break times, sports activities and educational visits. From KS2, children should be encouraged to carry their blue (preventer) inhaler with them (a second inhaler will be kept in the Academy office or medical room). There should be notices around school which provide the location of the nearest emergency medicines including inhalers and EpiPens.

For primary age children, adrenaline pens (used for children with acute or severe allergic reactions to certain food or substances) should be in a named container with a large red cross on the box and instructions clearly written inside the box. All staff should be made aware of where these boxes are kept in the medical room and classroom (one in each location for each child); this will be recorded in each child's 'Individual Healthcare Plan' (Appendix 1). Secondary age children should be encouraged to carry their own adrenaline pen on their person at all times for ease of access, but parental permission obtained to use the emergency EpiPen procured by the Academy. Refer to the Allergy and Anaphylaxis Policy for more information.

All other medication will be kept in a locked cupboard or locked refrigerator. Under no circumstances should medicines be kept in first-aid boxes. No medication should ever be stored in the same refrigerator as food products.

** Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Please refer to Controlled Drugs guidance below.*

REFUSAL TO TAKE MEDICATION

If a child refuses a dose of medication, the child will not be forced to take the dose. The parent/carer will be contacted that day. The missed dose and parental comments will be recorded in the 'missed dose section' of the appropriate form.

SPILLAGES

Any spillages (including broken / dropped tablets) will be recorded and parents/carers will be informed.

This will be recorded on Appendix 11.

RECORD KEEPING

Records offer protection to staff and children and provide evidence that agreed procedures have been followed - recording formats are included at the end of this document. Records should be kept for a period of time as governed by the Trust data retention scheme.

PRIOR TO ACCEPTING MEDICATION

Often a parent/carer will prefer to give medication themselves and therefore, where possible, medication should be given by parents/carers outside Academy hours or by parents/carers at the Academy. Where medication is specifically prescribed to be given during Academy hours, parents/carers can request that this be given by a member of Academy staff. Children with long term medical conditions may require medication to be given on a regular basis and the Academy will ensure that staff who volunteer to give medication receive the relevant training to do this safely.

Short term medication should only be brought into the Academy if it is detrimental to the child's health not to have the medication during the school day. Most antibiotics/other medication can be given around school hours and the Trust asks parents/carers to ensure that they request antibiotics which can be given at home. Where antibiotics/other medication have to be given during the school day this will be done by a trained member of staff who has volunteered to give medication.

Parents/carers must complete an authorisation form (Appendix 7A) prior to any medication being brought into the Academy, whether it is short or long term. Parents/carers must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. A decision will then be made as to whether the Academy can administer the medication or not and parents/carers informed of the outcome.

ACCEPTING MEDICATION

Trust Academies will not accept medication that has been taken out of the container as originally dispensed, nor make changes to the prescribed dose, unless this is insulin in an insulin pump or driver.

Medicines (other than the above exception) should always be provided in the original container as dispensed by the pharmacist and should include the prescriber's instructions for administration.

The medication should be brought into the Academy and the header of Appendix 8 completed prior to medication being administered by Academy staff. Upon receipt of medication, staff administering medication must check the following information is present on the pharmacy label and complete approval has been given for medication to be administered:

- Name of child.
- Name of medicine.
- Dosage.
- Written instructions provided by prescriber.
- Expiry date.
- Number/amount of medication provided.

NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

ADMINISTERING MEDICATION

Where possible, the Academy will support the children to self- administer medication in the presence of an adult – except children from KS2 upwards who may self-administer blue asthma inhalers (preventer).

Prior written consent must be given by the parents/carers for any medication to be given to a child. A record will be kept of all the drugs and medicines administered at the Academy.

Staff administering medication must complete the 'Record of Medication administered to an individual child' (Appendix 8) after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the 'medicines folder.'

The record must be kept even if the child refuses to take the medication. The child should not be forced to take the medication. Parents/carers should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

The child should have had at least the first dosage of any new medication at home before it is brought into the Academy.

The parent/carer will be responsible for collecting the medication at frequent intervals in order to review expiry dates and quantity of remaining medication. Any medication that is no longer required must be returned to the pharmacy by the parent/carer for destruction.

EMERGENCY ASTHMA INHALERS

All Trust Academies have asthma inhalers in the Academies that will be available to pupils who have been diagnosed with asthma and who usually have an inhaler in school.

Emergency inhalers must only be used if a pupil's own inhaler is lost, broken or expired.

Parents or Carers of pupils must sign Appendix 7A and tick to say they are happy for an emergency inhaler to be used if their child's own inhaler is not available/able to be used.

All pupils using an emergency inhaler must use a spacer for hygiene purposes.

Parents/Carers of pupils using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible.

Staff administering the emergency inhaler must log this in an individual child's administered medicines record (Appendix 8).

TIMINGS

Where the timing of medication allows, it should be administered at home by parents/carers. However, when this is not possible, medication will be given as per the timings on the pharmacy instructions – where possible this will be at breaks or lunchtime in order to minimise the disruption to children's learning.

There will be two members of staff present at all times when any medication is administered. Staff will not be interrupted or approached to perform other duties whilst administering.

CONTROLLED DRUGS

The Principal or Vice Principal must be informed if controlled drugs are being stored on Academy premises.

Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the Academy and parents/carers.

No more than a week's supply of controlled drugs should be kept in the Academy at any one time and the amount of medication handed over to the Academy should always be recorded. *See Administering Medicines Procedures.*

Controlled drugs should be stored in a locked non-portable container and only specific, named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent/carer when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

Controlled drug administration will be recorded on Appendix 9.

INCORRECT ADMINISTRATION OF MEDICATION

If medication is given in the wrong dose, or the wrong medication is administered to a child, parents/carers and the Academy Principal must be informed immediately, and medical advice sought via the NHS '111' service. Under normal circumstances Academies will advise parents/carers to take children immediately to the doctors in these circumstances or, in cases where there has been a very significant error either in the amount or type of medication (e.g. controlled medication) administered, an ambulance may be called.

Appendix 13 **MUST** be completed once an incident is concluded and must be countersigned by the Academy Principal.

STORAGE OF MEDICATION – FOUNDATION STAGE

Medication will be stored in accordance with the product instructions and follow the principles outlined above.

Inhalers/ EpiPens for Foundation Stage will be kept in a safe place in the classroom so staff can access them readily if children require them. They will, however, be kept out of the reach of children for safety.

Medication needing refrigeration will be stored in a fridge separate from any foods and in clearly labelled containers.

Foundation Stage children who stay at an Academy over the lunch time period will need an inhaler/EpiPen to be kept with staff. This is because it is a long distance to retrieve an inhaler from the classroom should a child need it in an emergency.

STORAGE OF MEDICATION – KS1/2

Key Stage 1/2 children should have two Inhalers/EpiPens in the Academy at all times – it is the parent's/carer's responsibility to ensure that these are in date and have not run out. The Inhalers/EpiPen will be kept both in a safe place in the classroom so staff can access them readily if children require them and in the Academy office – this way there will always be one in a known location at all times of day. They will, however, be kept out of the reach of children for safety. Further information regarding EpiPens is contained within the Allergy and Anaphylaxis Policy.

The locked medicine cupboard (separate to the first aid box) in the office will be out of the reach of children and locked. The cupboard is easily accessible in case of an emergency.

Any medication requiring refrigeration will be stored in a lockable airtight container in the staff fridge.

Children will be informed where their medication is kept.

MEDICATION ON ACADEMY VISITS

Arrangements will be made to support pupils with medical conditions participating in educational visits. Teachers will allow for flexibility in their plan for the trip so as to allow pupils with medical conditions to participate according to their own abilities. We will make arrangements for the inclusion of pupils in Academy trips and activities unless evidence from a medical professional states that this is not possible.

All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted.

It may be necessary for an additional teacher, parent/carer or another volunteer to accompany a particular child on a 1:1 basis.

It should be ensured that a member of staff who is trained to administer any specific medication (e.g. Epi-Pens) accompanies the child and that the appropriate medication is taken on the visit.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled)

When accompanying children on residential trips, all medicines must be stored in a locked, secure container.

Staff responsible for administering medicines on residential trips must meet with parents/carers prior to the trip to ensure an authorisation form (Appendix 7A) is completed. Any necessary training will be given by the school nurse or alternative health professional prior to the trip. The 'Record of medicine administered to an individual child' must be completed (Appendix 8).

If in doubt staff should speak to a member of the Senior Leadership Team before administering any medicines.

In the case of reliever medication, the child will be informed where their medication is kept and who to ask if they require it.

Any children requiring medication on an educational visit will be recorded on a log prior to leaving.

All children requiring Inhalers/EpiPens etc should have them with them on any educational visit at all times. These may be carried by the child or by a responsible adult.

In the case of EpiPens all supervising adults should know where the EpiPen is.

This will be recorded on Appendix 10A - Educational Visits: Log of children requiring medication and Appendix 10B - Educational Visits: Record of Medicines administered to all children

UNACCEPTABLE PRACTICE

Academy staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.

- Ignore the views of the pupil or their parents/carers in making reasonable adjustments to the educational provision.
- Ignore medical evidence or opinion (although this may be challenged).
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHPs*.
- If the pupil becomes ill, send them to the Academy office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the Academy is failing to support their child's medical needs.
- Preventing pupils from participating or creating unnecessary barriers to pupils participating in any aspect of Academy life, including Academy trips, e.g., by requiring parents to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

SPORTING ACTIVITIES

Some pupils may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

EDUCATIONAL VISITS

We actively support pupils with medical conditions to participate in Academy trips and visits, or in sporting activities but are mindful of how a pupil's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professionals that are responsible for ensuring that pupils can participate. A copy of the pupil's health care plan should be taken with the pupil on an Educational Visit. The trip leader will be responsible for liaising with the Academy's named officer with responsibility for the administration of medicines to obtain this information, for keeping health records (and any other confidential data) securely for the duration of the trip and ensuring any confidential information which is no longer required is disposed of in a confidential waste bin on return to the Academy. This requirement is in line with Place Partnership's Data Protection Policy.

The class teacher must also ensure that medication such as Inhalers and Epi Pens are taken on all Academy trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all Academy trips. The Trip Leader must ensure that all adults have the telephone number of the Academy in case of an emergency.

An HSE approved First Aider should attend all Academy trips. The First Aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure

that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any pupil with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to pupils on Academy trips should follow the guidelines above.

EXTRA-CURRICULAR CLUBS/ACTIVITIES

It is the responsibility of those running clubs (from outside providers) to liaise with parents/carers and to send home a medical form for completion. Academies must ensure that all clubs know how to obtain medical assistance, where the medical room is, location of the medication and how to dial for an outside line if they need to call an ambulance.

BREAKFAST CLUB AND AFTER SCHOOL CLUB

Each club must have access to a trained First Aider and a First Aid kit. Each club must also have access to the Academy's medical room. On the booking forms parents/carers must state any medical needs and allergies and provide a contact number in case of emergency. Any pupil who requires medicine must have written confirmation from the parent.

STAFF TRAINING

Any member of Academy staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the School Nurse to lead on identifying with other health specialists and agreeing with the Academy, the type and level of training required, and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific pupil.

Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional **(See Appendix 2 – Training record)**. A First Aid certificate does not constitute appropriate training in supporting pupils with medical conditions.

It is important that all staff are aware of the Academy's policy for supporting pupils with medical conditions and their role in implementing that policy. Each Academy should ensure that training on conditions which they know to be common within their Academy is provided (e.g., asthma, epi pen, sickle cell, diabetes) Parents/carers can be asked for their views and may be able to support Academy staff by explaining how their pupil's needs can be met but they should not provide specific advice, nor be the sole trainer.

RECORD KEEPING

The Place Partnership Trust Board and Local Governance Committee will ensure that written records are kept of all medicine administered to pupils (see procedures above and the appendices). Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

FIRST AID PROVISION

Academies are required to provide suitable and sufficient accommodation for First Aid according to the assessment of the First Aid needs identified. The education (school premises) regulations 1996 require the schools and Academies to have a suitable room that can be used for medical or dental treatment when required and for the care of pupils during Academy hours. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed.

Details of the Academy Medical room(s) can be found at the end of this policy.

The Academy will provide adequate and appropriate equipment, facilities and qualified First Aid personnel. The regulations do oblige employers to provide First Aid for anyone other than their own staff, but employers do have health and safety responsibilities towards non-employees.

When considering how many First Aid personnel are required, the Academy Education Committee and Principal should consider HSC guidance as well as:

- Adequate provisions for lunchtime and breaks. It is good practice for lunchtime supervisors and SLT/Pastoral staff to have First Aid training.
- Adequate provisions for leave and in case of absences.
- First Aid provision for off-site activities e.g. educational trips/sporting events etc. If a First Aider accompanies pupils off site, there needs to be adequate First Aid provision for all occasions.
- Adequate provisions for practical subjects, such as Science, Technology and Physical Education.
- Adequate provisions for out of hours activities e.g. sports activities, clubs.
- Adequate provision to meet statutory requirements of EYFS.
- Any agreements with contractors, (e.g. Meals) on joint provision for First Aid for their employees.
- Adequate provisions for trainees working on site. They have the same status as staff for the purpose of health and safety legislation.
- Procedures for if the nominated person or trained First Aider deals with an emergency in an isolated area e.g. on the playing field. He/she goes to the scene with their radio and radios or makes mobile phone contact.
- Procedures to meet an ambulance if there is need for one.

The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools and Academies, which provide a service for others should include them in their risk assessments and provide for them. In light of their legal responsibilities for those in their care,

Academies should consider carefully the likely risks to pupils and visitors and make allowance for them.

There are a number of high incidence medical conditions which occur in our Academies. Information about these and potential responses can be found in Appendix 3 of this policy.

Posters detailing a list of current First Aiders and their locations, locations of First Aid kits, defibrillators and emergency procedures are displayed in the locations around the Academy – see Appendix 4.

FIRST AID QUALIFICATIONS AND TRAINING

A First Aider must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. Information on local organisations offering training is available from HSE offices. Training courses cover a range of First Aid competences and must include resuscitation training and use of an autoinjector/EpiPen.

Refresher training and retesting of competence should be arranged before certificates expire. If a certificate expires, the individual will have to undertake another full course of training to become a First Aider. However, employees can arrange for First Aiders to attend a refresher course up to three months before the expiry date of their certificate. The new certificate takes effect from the date of expiry. The Academy should keep a record of First Aiders and certification dates.

The HSE also produce guidance on the standards and requirements for approval of training including a list of standard First Aid competences.

It is a legal requirement for all Early Years Foundation Stage provisions to have at least one Paediatric First Aid trained staff member on site at all times. Academy Principals and Foundation Stage Leaders are responsible for ensuring that each Academy with an EYFS provision complies with this requirement at all times and that adequate members of staff are trained to mitigate against sickness absence etc.

FIRST AID PROCEDURES

ON-SITE PROCEDURES

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider, if appropriate, who will provide the required First Aid treatment.
- The First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives.
- If the First Aider decides a defibrillator might be needed, this should be sent for immediately and the emergency services called – both these actions should be taken without delay.

- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the First Aider judges that a pupil is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents/carers.

- If emergency services are called, the Academy office will contact parents/carers immediately.
- The First Aider or relevant member of staff will complete an Accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Academies with Early Years Foundation Stage provision will ensure there is at least 1 person who has a current Paediatric First Aid (PFA) certificate on the premises at all times – this will require several staff members to hold this level of qualification to cover absence etc.

OFF-SITE PROCEDURES

When taking pupils off the Academy premises, staff will ensure they always have the following:

- An Academy mobile phone
- A portable First Aid kit
- Information about the specific medical needs of pupils
- Parents/carers contact details.

When transporting pupils using a minibus or other large vehicle, checks should be made to make sure the vehicle is equipped with a clearly marked First Aid box.

Risk assessments will be completed by the Visit Leader and will be approved by the Principal and Educational Visits Coordinator (see Learning Outside the Classroom and Outdoor Learning Policy) prior to any educational visit that necessitates taking pupils off Academy premises. Where these are higher risk (eg. near water or outdoor and adventurous) or residential, Local Authority approval is required.

Where visits include Early Years Foundation Stage children, there will always be at least one First Aider with a current Paediatric First Aid (PFA) certificate on the trip, as required by the statutory framework for the Early Years Foundation Stage. There will always be at least one First Aider on non-EYFS Academy trips and visits.

DEFEBRILLATORS: LOCATION, STORAGE, ADMINISTRATION AND NETWORK REGISTRATION

Every Place Partnership Trust Academy has a defibrillator (or defibrillators) on site. These are located in line with DFE guidance (Automated External Defibrillators in Schools – January 2025) in places of high visibility or where there are most likely to be needed (eg. areas where physical exercise takes place). The defibrillator(s) and accompanying equipment should be checked regularly by the responsible person in line with the manufacturer's operating guidance.

The Academy should decide whether their defibrillators are placed internally or externally and whether these are in locked or unlocked or alarmed cabinets. Locked cabinets are suitable for external locations where schools are worried that the device might be tampered with – this obviously

slows access to the device in an emergency. An alarmed cabinet provides an alternative to a locked cabinet and will deter people from tampering with the devices.

Internal and external signage should clearly reference the location of the nearest defibrillator and, if this is not available at all times, when this is available. This will reduce wasted time and could save lives.

If it is felt that a patient might have suffered a cardiac arrest and requires a defibrillator, this should be sent for and the call for the Emergency Services made – both these actions should be taken immediately and without delay. Any delay in administering CPR and defibrillation could be critical and should not wait for a First Aider to attend. Once the 999 call has been made the operator will provide advice and support.

When a person suffers a cardiac arrest, it is essential to call 999 immediately and for effective CPR to start as soon as possible. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the defibrillator, usually before it delivers a shock. If possible, someone else should attach the pads to the patient while CPR continues. Please check the advice on your device for the preferred pad placement.

Defibrillators should be registered on 'The Circuit' – https://www.thecircuit.uk . This is a national network of defibrillators which ensures that emergency services are aware of the presence of the nearest defibrillator in the event of an emergency. Academies can inform 'The Circuit' if a defibrillator is publicly accessible, and of hours of availability (eg. school opening hours/term time). This means that in the event of an emergency call on site, staff will be directed to the nearest defibrillator even if they are not familiar with its location.

FIRST AID CONTAINERS AND EQUIPMENT

First Aid containers must be:

- Maintained in a good condition.
- Suitable for the purpose of keeping the items referred to above in good condition.
- Readily available for use.
- Prominently marked as a First Aid container.

Additional First Aid containers will be needed for split sites/levels, distant sports fields or playgrounds, any other high-risk areas and offsite activities. All First Aid containers must be marked with a white cross on a green background. The siting of First Aid boxes is a crucial element in the Trust/Academy policy and should be given careful consideration. If possible, First Aid containers should be kept near to hand washing facilities. Locations of First Aid containers with photographs can be found in Appendix 4 of this policy.

First Aid Containers will follow the minimum provision of First Aid items as recommended by the HSE:

- A leaflet giving general advice on First Aid (see list of publications in Appendix 6).
- 20 individually wrapped sterile adhesive dressings (assorted sizes).
- Two sterile eye pads.
- Four individually wrapped triangular bandages (preferably sterile).
- Six safety pins.
- Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings.
- Two large (approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings.
- Three pairs of disposable gloves.

NB – Equivalent or additional items are acceptable.
The nominated person is the person who is responsible for examining the contents of First Aid containers. These should be checked half termly and fully audited annually at the start of the academic year (September). They should be restocked as soon as possible after use.

There should be extra stock in the Academy. Items should be discarded safely after the expiry date has passed. Stock check forms for on-site First Aid kits can be found at appendix 7A of this policy.

FIRST AID PROVISION FOR OFF-SITE ACTIVITIES

Before undertaking any off-site activities, the risk assessment process should consider what First Aid provision is needed. This should be checked and considered by both the EVC (Educational Visits Coordinator) and Principal who will sign provision off as part of the assessment process. The HSE recommend that, where there is no special risk identified a minimum stock of First Aid items for travelling First Aid containers is:

- Leaflet giving general advice on First Aid. (See list of publications in Appendix 6).
- Six individually wrapped sterile adhesive dressing.
- One large sterile un-medicated wound dressing – approx. 18cm x 18cm.
- Two triangular bandages.
- Two safety pins.
- Individually wrapped moist cleansing wipes.
- Two pairs of disposable gloves.

NB. Equivalent or additional items are acceptable.

Additional items may be necessary for specialised activities. Stock check forms for travel First Aid kits can be found at Appendix 7B of this policy.

Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on a board a First Aid container which meets regulations. Place Partnership Trust will specify within any contract specifications that this level of provision is in place where a tendering process takes place. It is the responsibility of coach providers to ensure that adequate provision is in place when vehicles are routinely hired. Academy minibuses will carry first aid provision at all times which is checked in line with containers kept on-site.

ON SITE DEFIBRILLATORS

On site defibrillators require regular checks to ensure they are functioning correctly these should be carried out as part of the half- termly First Aid checks. These checks should be carried out, at the frequency stated in the user manual, by the nominated person and the check recorded. The defibrillator should be accompanied by a pack of first aid resources which will not necessarily be provided with the device. These should include:

- Electrode Pads (adult/child)*
- Key for switching between adult and paediatric modes*
- Scissors
- Protective Gloves
- Towel or dry wipes
- Safety razor
- Pocket mask/face shield

**Dependent on type of defibrillator – see manufacturers guidance*

A defibrillator checklist can be found at Appendix 7 C/D. Guidance on defibrillator maintenance can be found at Appendix 8.

HYGIENE / INFECTION CONTROL

All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves must be worn, and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into body fluid waste bins with other inert waste. The medical room has full access to protective disposable gloves and care is taken with spillages of blood and body fluid.

All staff will refer to the Health Protection Agency guidance when responding to a child who is ill and considered to potentially be infectious. In this case the need to safeguard other children may override the need to be inclusive of the ill child and all staff will take necessary steps to prevent the spread of infection and take appropriate action. Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other children.

EMERGENCY PROCEDURES

Staff will follow the Academy's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. In emergency situations, where possible, the procedure identified on a pupil's Healthcare Plan will be followed. When this is not available, a qualified First Aider will usually decide on the emergency course of action To be taken but any member of staff is able to request an ambulance by ringing 999 or other professional medical help by ringing 111. In the event of a serious incident, such as those outlined below, there is an expectation that an ambulance will be phoned from the nearest phone **– this is the responsibility of all staff. Where possible, ambulances should be contacted by mobile phone so an on-going commentary can be kept on the patient's condition. Advice and support will be given by the operator where it is necessary.**

Examples where an ambulance would be called would include, but are not limited to:

- Chest pain
- Difficulty in breathing
- Unconsciousness
- Severe loss of blood
- Severe burns or scalds
- Choking
- Fitting or concussion
- Drowning
- Severe allergic reactions.
- Suspected broken bones

- Epileptic seizure lasting more than 3 mins.

In the case of a less serious injury, an assessment will be made by the staff supervising at the time as to whether a pupil can safely move to the First Aider or whether the First Aider should be summoned. Under no circumstances should a pupil be picked up or moved (unless under their own steam)

without the First Aider assessing their condition. The First Aider will then make an assessment of the pupil's condition and decide whether any or what level of action needs to be taken and whether the emergency services need to be called.

If it is deemed a pupil needs hospital treatment the procedures outlined in **Appendix 3** must take place. This guidance should be displayed in the Academy Office and by Academy telephones.

If anyone other than a member of the office staff calls an ambulance then the Academy office needs to be informed immediately so they can ensure that the child's records, IHP etc. are copied for the ambulance crew and that arrangements can be made to meet the ambulance on arrival. The First Aider's priority is the patient and liaising from a medical perspective.

In the absence of a parent/carer, the most appropriate member of staff must accompany the pupil to hospital with all relevant health documentation (Inc. tetanus and allergy status), the health plan and pupil details and stay until the parent/carer arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

A clear explanation of the incident must be given (as a statement) if the witness does not attend. A senior member of staff should attend the hospital to speak to parents/carers if deemed necessary.

SERIOUS INCIDENTSAND NEAR MISSES

A serious medical incident might include a life threatening situation, emergency hospitalisation and incorrect administration of medication. A near miss is also classed as a serious incident where there was potential for harm based on an error, omission or system failure. In the event of a serious incident the Academy will ensure medical support is sought but then inform parents/carers, record the incident and bring the matter to the attention of the Principal and external agencies as appropriate. The Academy will then hold a learning review to identify what measures it can put in place to mitigate future risk including updates to risk assessments and IHPs, staff training and amended procedures. A report should be shared with the link governor, child and parents/carers which catalogues:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded; what was done to support the individual; whether emergency services were called
- How the incident concluded, including whether there was a need to report a food safety issue or to make a report to the Health and Safety Executive.

HOW THE ACADEMY SHOULD REPORT ACCIDENTS OR INJURY

Primary Academies - Parents/carers will be notified of ANY accident or injury which requires First Aid treatment to their child in the Academy or whilst on an Academy led activity.

Secondary Academies - Parents/carers will be notified of accidents or injuries which require First Aid treatment and are more significant, for example where a parent/carer might have to monitor the injury at home.

Head injuries/More significant injuries - Where any pupil has sustained a head injury or more significant injury, the parents/carers will be notified by telephone and a head injury letter/bump note (Appendix 9) will be completed by the First Aider dealing with the incident. The original letter will be given to the pupil to take home for parents/carers or a copy may be sent though the Academy's messaging service or email. A copy will also be filed in the First Aid Record Book.

Parents/carers will always be informed immediately if emergency services are called.

If any medical treatment is required beyond Academy First Aid, including hospital treatment, RMBC Risk Management (healthandsafety@rotherham.gov.uk) must be notified immediately through the RMBC Accident Form (Appendix 10), and the Executive Director or Chief Executive informed. The HSE must be notified of fatal and major injuries and dangerous occurrences without delay (by telephone). This should be done in liaison with Trust Executive Leaders and RMBC. This must be followed up within 10 days with a written report on Form 2508, the Form 2508 can be downloaded from HSE website: www.hse.gov.uk

Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.

Early Years providers are required to notify parents/carers of an accident or injury to their child, and this will be done through a note or electronic communication as well as telephone call to ensure a record of the communication is maintained.

An example bump note is attached to this policy (Appendix 9).

ACCIDENTS TO EMPLOYEES

The Academy needs to report the following accidents to employees to the RMBC Risk Management Section as soon as possible after the incident both by telephone and through emailing the RMBC Accident Form (Appendix 10). The Chief Executive Officer should also be informed. RMBC will inform the HSE if the following injuries occur to either the Academy's employees during an activity connected with work, or self-employed people while working on the premises:

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

It is the Academy's duty to inform RMBC if an absence arising from a workplace injury exceeds three days.

REPORTING TO THE HEALTH AND SAFETY EXECUTIVE

Place Partnership Trust employs RMBC Risk Management to administer its Health and Safety reporting processes. Place Partnership Academies should follow RMBC advice, in liaison with Executive Leaders, and ensure that all information necessary for them to report incidents, such as those

outlined below, through the RIDDOR process is provided (eg. where a staff absence arising from a workplace accident has exceeded 7 days).

The Principal and Lead Administration Officer will record any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7) using the RMBC Accident form. The completed form should be sent to healthandsafety@rotherham.gov.uk as soon as is reasonably practicable and in any event

within 10 days of the incident (except where indicated below), with a copy being retained in school. RMBC will report these to the HSE as necessary.

Fatal and major injuries and dangerous occurrences will be reported to HSE, in liaison with Executive Leaders and RMBC, without delay (i.e. by telephone) and followed up in writing within 10 days.

ACADEMY STAFF: REPORTABLE INJURIES, DISEASES OR DANGEROUS OCCURRENCES

These include:

- Death
- Specified injuries, which are:
- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
- Covers more than 10% of the whole body's total surface area; or
- Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Principal will report these to RMBC using the Accident Form (Appendix 10), who will inform the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g. from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health

- An electrical short circuit or overload causing a fire or explosion

PUPILS AND OTHER PEOPLE WHO ARE NOT AT WORK (E.G. VISITORS): REPORTABLE INJURIES, DISEASES OR DANGEROUS OCCURRENCES

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

**An accident "arises out of" or is "connected with a work activity" if it was caused by:*

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

REPORTING OFSTED AND CHILD PROTECTION AGENCIES (EARLY YEAR ONLY)

The Trust will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the Academy's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Trust will also notify the appropriate Local Authority Safeguarding Children's Partnership of any serious accident or injury to, or the death of, a pupil while in the Academy's care.

RECORDING FIRST AID TREATMENT

The Academy should keep a record of any First Aid treatment given by First Aiders and appointed persons.

This should include:

- The date, time and place of the incident.
- The name (and class) of the injured or ill person.
- Details of the injury/illness and what First Aid was given.
- What happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to class, went to hospital).
- Name and signature of first aider or person dealing with incident.
- Who notified the parent/carer and whether this was by letter, phone, email or in person.

A reporting format (suggested) can be found in Appendix 1 of this policy. This record should be reviewed at least annually and key patterns used to inform future practice.

LIABILITY AND INDEMNITY

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Academy's level of risk.

The Place Partnership Trust is insured through Zurich insurance for the South Hub and RPA for the West Hub and full indemnity is provided to staff providing appropriate medical care through the public liability section of the policy. Further information is provided via the following link:

https://newsandviews.zurich.co.uk/strategic-focus/supporting-schools-pupils-medical-conditions/

COMPLAINTS

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Year Group Leader, a member of SLT or the Principal.

If they do not feel they have been able to resolve the issue, then parents may make a formal complaint via the Trust's complaint procedure. Information regarding this can be found on the Academy website.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the Academy has breached the terms of its Funding Agreement or failed to comply with any other legal obligation placed on it. Ultimately, parents/carers (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

APPENDIX 1A: EXAMPLE OF AN INDIVIDUAL HEALTHCARE PLAN

Name of Academy/setting	
Student's name	
Group/class/form	
Date of birth	
Student's address	
Medical diagnosis or condition	
Date	
Review date	
Date of next Review	
How will the next review be undertaken	

Family Contact Information

Name	
Phone no. (work)	
(home)	

(mobile)	
Name	
Relationship to student	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in the Academy?	

Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for Academy visits/trips etc.

Other information, including whether the medical need is also categorised as SEND and the child has an IEP/EHCP

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to*:

(any forms in shared areas should be 'read only' with editorial permissions granted only to the named person responsible for administration of medicines and First Aid, the named person responsible for the education of children with medical/health needs, and the SENDCo).

APPENDIX 1B: EXAMPLE OF AN INDIVIDUAL HEALTHCARE PLAN FOR ALLERGY

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</td></tr>
</table>

Indicate how the allergy may impact on the child or young person's learning. *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
Visits and trips: • *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* • *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*

Last discussed with parents:	**Date**
Issued by:	**Date:**
Next planned review:	**Date:**

APPENDIX 2 –STAFF TRAINING RECORD

Staff Training Record – Administrations of Medicines	
Name of Academy / setting	
Name	

Type of Training received	
Date of Training Completed	
Training provided by	
Profession and Title	

I confirm that the member of staff named above has received the training and is competent to carry out any necessary treatment covered in this training. Signed: I recommend that this training is updated (please state how often)	
I confirm that I have received the training detailed above.	
Staff Signature	
Date	
Suggested Review Date	

APPENDIX 3 –CONTACTING EMERGENCY SERVICES

Request for an ambulance.

Dial 999, ask for an ambulance and be ready with the following information.

Your telephone number	
Give your location	
State that the post code is	
Give exact location in the Academy	
Give your name	
Give Name of student and a brief description of the student's symptoms	
Inform ambulance control of the best entrance and state that the crew will be met and taken to the student.	
Stay with the student and keep the operator informed of any change in behaviour.	

Speak clearly and slowly and be ready to repeat information if asked.

Keep a completed copy of this form by the telephone.

APPENDIX 4 - PROCEDURES FOR ADMINISTERING MEDICINE DURING THE ACADEMY DAY

Following a parent/carer request for medicines to be administered, office staff must ask parents to complete an authorisation form. (Appendix 7A) *No medication can be accepted at this point.*

- All requests will be given to a member of SLT or Year Group Leader, who will arrange for a member of staff to provide the medicine.

- Staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with a member of SLT.

- Once a member of staff has agreed to administer medicines, parents/carers can bring the medication to the Academy. Staff administering medicines must complete the header of Appendix 8(Record of medication administered to an individual child) and verify, from the pharmacy label:

    - Name of child on medication.
    - Name of medicine.
    - Dosage is specified.
    - Written instructions provided by prescriber.
    - Expiry date.
    - Number/amount of medication provided.

A copy of the child's photograph will be attached to the form by office staff.

No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.

WHEN ADMINISTERING MEDICINES STAFF MUST:

- Ensure they wear protective clothing if necessary.
- Check they have the correct child by comparing with the photograph attached to the form.
- Ensure a member of teaching staff witnesses them administering the medication.
- Ensure they complete an 'individual child administering medicines record' after each dose (Appendix 8).
- Ensure medication is kept in the 'Medications Fridge' after each dose.

APPENDIX 5 – PROCEDURES FOR ADMINISTERING MEDICINE DURING RESIDENTIAL TRIPS

- Parents/carers wishing staff to administer medicines during residential trips must complete an authorisation form Appendix 7B) prior to trip departure date.

- Requests will be considered by a member of SLT, and staff accompanying children on the trip will be asked to volunteer to administer medicines.

- Once a member of staff has agreed to administer medicines, parents or carers can bring the medication into the Academy. This should not be done on the day of departure for the trip but should be done in advance when possible.

- Staff administering medicines must complete the header of Appendix 8 'Record of medicines administered to an individual child' and attach a photo of the child to it. Before giving any medication and verify (using the pharmacy label):

    a. Name of child on medication.
    b. Name of medicine.
    c. Dosage is specified.
    d. Written instructions provided by prescriber.
    e. Expiry date.
    f. Number/amount of medication provided.

    No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.

- Record the child on Appendix 10A - Educational Visits - Log of children requiring medication.

- All medicines must be kept in secure, locked containers throughout the duration of the trip.

- One identified person is responsible for administering each child's medicines on the trip. (For example, adult A administers child A's medicine.)

- When administering medicines staff must:

    g. Ensure they wear protective clothing if necessary.
    h. Check they have the correct child by comparing with the photograph attached to the form.
    i. Ensure a member of teaching staff witnesses them administering the medication.
    j. Ensure they complete an 'individual child administering medicines record' after each dose (Appendix 8).
    k. Update 'Educational Visits - Record of medicines administered to all children(Appendix 10B).
    l. Ensure medication is kept in the medication's fridge after each dose.

- At the end of the trip all medicines must be returned to parents.

APPENDIX 6 - PROCEDURES FOR ADMINISTERING EMERGENCY ASTHMA INHALER.

- Parents/carers must tick to give consent on the form giving consent for the child's regular inhaler.
- If a child presents as needing an inhaler, then an emergency inhaler can be used.
- These are kept in the medical room in the Academy office.
- A spacer must be attached.
- The child should administer the recommended dose, with adult support if needed.
- Parent/Carer of the child must be informed immediately.
- The adult present must complete an 'individual child administering medicines record' after each dose (Appendix 8).
- Parents/Carer must supply a new asthma inhaler as soon as possible.
- Each Academy should keep a separate asthma register which includes the expiry dates of inhalers kept in school and consider implementing the South Yorkshire ICB Asthma Friendly Schools Policy for children with asthma. This can be found at
    - Primaries: Aim (sybhealthiertogether.nhs.uk)
    - Secondaries: Aim (sybhealthiertogether.nhs.uk)

APPENDIX 7A: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The Academy/setting will not give your child medicine unless you complete and sign this form, and the Academy or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of Academy/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

If this permission is for a salbutamol inhaler, do you consent for the Academy's emergency inhaler to be administered if needed?	YES/NO (please delete as appropriate)
If this permission is for an EpiPen, do you consent for the Academy's emergency EpiPen to be administered if needed? **Medicine**	YES/NO (please delete as appropriate)
Name/type of medicine ***(as described on the container)***	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the Academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy.

CONTACT DETAILS

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy/setting staff administering medicine in accordance with the Academy/setting policy. I will inform the Academy/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) **Date**

APPENDIX 7B -PARENTAL AGREEMENT FOR SETTING TO ADMINISTER NON-PRESCRIPTION MEDICINE ON TRIPS AND RESIDENTIAL VISITS

The Academy recognises that, in a very limited number of situations, Academy staff may need to administer non-prescription medication to ensure a child's wellbeing is maintained.

Academy staff will only administer the following non-prescription medication and only in the following circumstances:

- Travel sickness pills (journeys of longer than half an hour only)
- Paracetamol (residential visits only): Liquid form for primary age; Tablet form for secondary age.
- Ibuprofen (residential visits only): Liquid form for primary age; Tablet form for secondary age.
- Anti-histamine medication (in consultation with 111 or emergency services)

The Academy would normally require the above medication to be provided by parents/carers in the original packaging, complete with a pharmacy label, and in an envelope with the child's name clearly marked on the front with administration details. However, in respect of paracetamol and ibuprofen the Academy will take a limited supply obtained from a pharmacy for residential visits only. The Academy will also carry a limited supply of anti-histamine medication for all educational visits, also obtained from a pharmacy. Travel sickness pills must be provided by the parent/carer.

If your child is taking other medication then the Academy requires a written confirmation from a doctor or pharmacist that there is no possibility of an adverse reaction between the prescription and above non-prescription medication.

To enable Academy staff to administer non-prescription medication, the following information must be provided:

Name of child	
Date of birth	

I give permission for Academy staff to administer travel sickness pills (journeys of longer than half an hour only)	Yes/No
I confirm my child has taken travel sickness pills recently and had no adverse reaction	Yes/No
I give permission for Academy staff to administer paracetamol, including medication provided by the Academy	Yes/No

I confirm my child has taken paracetamol recently and had no adverse reaction	Yes/No
I give permission for Academy staff to administer ibuprofen, including medication provided by the Academy	Yes/No
I confirm my child has taken ibuprofen recently and had no adverse reaction	Yes/No
I understand that the Academy may consult with 111/emergency services if my child appears to have an allergic reaction, and on their advice may administer anti-histamine medication.	Yes/No
I confirm my child is not taking any other medication	Yes/No

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy/setting staff administering medicine in accordance with the Academy/setting policy.

Parent/carer name	
Parent/carer contact number	
Parent/carer address	
Parent/carer relationship to child	

Signature(s) **Date**

APPENDIX 8: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of Academy/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent/carer

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			

Staff initials			

APPENDIX 8: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD (CONTINUED)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			

Staff initials			

APPENDIX 9 - CONTROLLED DRUG RECORD

Name of Child: …… **D.O.B:** ……

Class: ……

Date & Time	Medication In	Medication out	Running Balance	Initials of staff members	

Dose refused **Date:**	**Name of parent/carer contacted:**	**Time:**
	Parent/carer comment:	

APPENDIX 10A) – EDUCATIONAL VISITS – LOG OF CHILDREN REQUIRING MEDICATION

Educational Visit:				
Date:				
Year Group / Class:				
Child's Name	**Medication**	**Dose**	**Time**	**Medicine Packed**

APPENDIX 10B – EDUCATIONAL VISITS – RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN

Record of medicines administered to all children.

Name of Academy:

Date	Child's name	Time	Name of medicine	Dose Given	Any reactions	Signatures of staff	Staff Names
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Date: Child's Name:	Name of parent/carer contacted:	Time:

Dose refused:	**Parent/Carer Comment:**

APPENDIX 11– SPILLAGES OF MEDICINES

Name of Child	
Class	
Date	
Medication	
Amount Spilled	
Parent / Carer informed	
Staff Name	
Staff Signature	
Staff Name	
Staff Signature	

APPENDIX 12– ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

The Academy will not normally administer non-prescription medication. This will only be done in exceptional circumstances and only a defined set of medicines will be administered.

EDUCATIONAL VISITS

Travel Sickness Pills

Where students are travelling for periods of more than half an hour, the Academy will accept travel sickness pills for the children to take on the return journey.

One day pills are effective and should be taken as a preference where possible before the child comes to the Academy.

Travel sickness pills will only be accepted where the Academy has a written statement (Appendix 7B) from the parent/carer stating the medication has been taken before with no adverse reaction AND the child is on no other medication.

Where a child is on other medication, the Academy will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

Appendix 10A should be completed and the tablet should be given to the lead staff member in a clearly labelled envelope with administration instructions and child's name. The tablet will be given back to the child at the appropriate time for them to self-administer (recorded on Appendix 10B).

RESIDENTIAL VISITS

Analgesia

Medication Allowed:

- *Paracetamol (liquid paracetamol (Calpol) only for primary age children)*
- *Ibuprofen (liquid ibuprofen (Calprofen) only for primary age children*
- *For secondary age students, paracetamol and/or ibuprofen in tablet form is appropriate providing the tablet does not require to be split)*

When children are taken on a residential visit, they may develop headaches, toothaches, earaches etc. for a variety of reasons. In these circumstances the Academy will ask for staff volunteers to administer paracetamol or ibuprofen in the appropriate age-related form as above. On residential visits it is appropriate for the school to ***securely*** *take a supply of*

paracetamol and/or ibuprofen. However, this must be purchased from a chemist and kept in the original packaging.

NO CHILD UNDER 16 SHOULD EVER BE GIVEN ASPIRIN OR PRODUCTS CONTAINING ASPIRIN.

The medication outlined above will only be administered if written permission (Appendix 7A) is given by parents/carers and the medication is in premeasured sachets or tablets in the original packaging, whether this is provided by the parent/carer or the school. Parents/carers will also be asked to confirm that the child has had the medication previously with no reaction (7B) and confirmation of when the last dosage was taken.

Where a child is on other medication, the Academy will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

Anti-histamine medication

In extreme circumstances children may be administered anti-histamine medication where an unexpected allergy develops and in consultation with 111 or emergency services. Parents/carers should be consulted in advance of administering anti-histamine medication wherever possible and then a record made on Appendix 8 and 10B. *On educational visits it is appropriate for the school to* ***securely*** *take a supply of anti-histamine medication. However, this must be purchased from a chemist and kept in the original packaging, and follow guidance in Appendix 7B.*

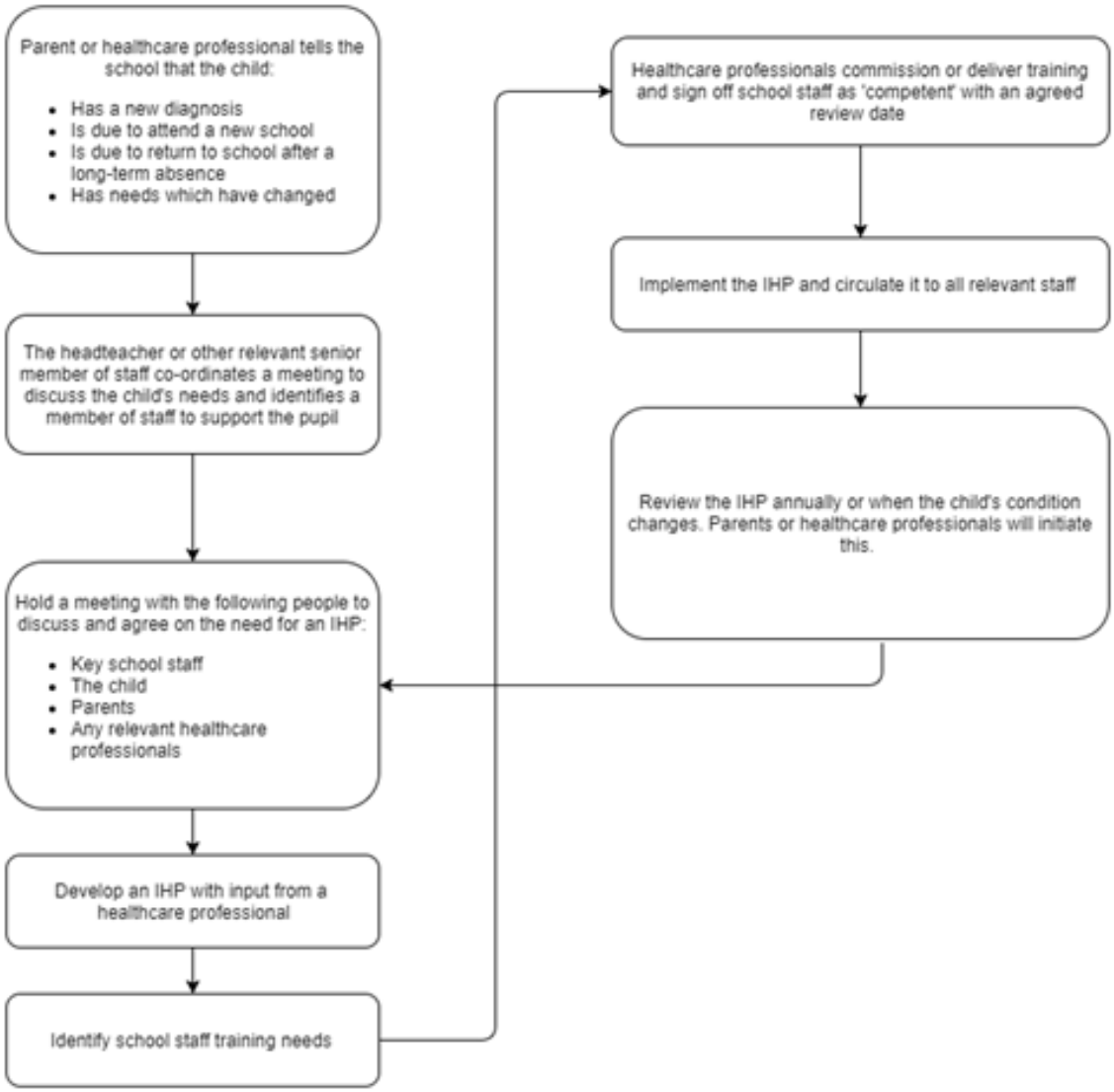
APPENDIX 13– INCORRECT ADMINISTRATION OF MEDICATION

Name of Child	
Class	
Date	
Medication	
Amount Given	
Parent / Carer informed/ **Action taken**	
Staff Name	
Staff Signature	
Principal Name	
Principal Signature	
Further Treatment Received	

APPENDIX 14 – PROCESS TO IDENTIFY AND IMPLEMENT INDIVIDUAL HEALTHCARE PLAN

When the Academy is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The Academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to the Academy.



APPENDIX 15 – GUIDE TO USING PPE FOR NON-AGP USE

Public Health England

Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1. Perform hand hygiene before putting on PPE.

2. Put on apron and tie at waist.

3. Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.

4. With both hands, mould the metal strap over the bridge of your nose.

5. Don eye protection if required.

6. Put on gloves.

Public Health England

Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

- **PPE should be removed in an order that minimises the risk of self-contamination**
- **Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area**

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.

Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.

2 Clean hands.

3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.

Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.

4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.

5 Clean hands.

6 Remove facemask once your clinical work is completed.

Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.

APPENDIX 16 – KEY PEOPLE WITH FIRST AID TRAINING

MPA First Aiders

Name	Date completed	Type	1 year advisory refresher	2 year advisory refresher	Requalification before
Kath Carr	07/10/2024	Paediatric	Oct-25	Oct-26	Oct-27
Hope Jones	07/10/2024	Paediatric	Oct-25	Oct-26	Oct-27
Holly Cooper	16/01/2025	Paediatric	Jan-26	Jan-27	Jan-28
Jennifer Quinn	08/06/2026	Paediatric	Jun-27	Jun-28	Jun-29
Emma Centeno	04/03/2024	Paediatric	Mar-25	Mar-26	Mar-27
Rachel Johnson	11/03/2024	Paediatric	Mar-25	Mar-26	Mar-27
Rachael Lafferty	09/07/2025	Paediatric	Jul-26	Jul-27	Jul-28
Laura Yuille	09/07/2025	Paediatric	Jul-26	Jul-27	Jul-28
Debbie Byard	09/07/2025	Paediatric	Jul-26	Jul-27	Jul-28
Annalise Walters	09/07/2025	Paediatric	Jul-26	Jul-27	Jul-28
Sophie Rushfirth	15/09/2025	Paediatric	Sep-26	Sep-27	Sep-28
Sharon Teasdale	05/02/2026	Paediatric	Feb-27	Feb-28	Feb-29
Grace Rowley	05/02/2026	Paediatric	Feb-27	Feb-28	Feb-29
Jack Andrews	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Karen Ashurst	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Nell Hayes	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Karen Bradbury Hall	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Caroline Hunter	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Julia Lilley	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Maisy Meadows	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Katey Smith	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29
Isabelle Thornhill	28/04/2026	Emergency first aid at work	Apr-27	Apr-28	Apr-29

APPENDIX 17 – FIRST AID KIT LOCATION

Location – e.g. Medical cupboard in Academy office	Photo of storage area	Designated First Aid area? At what time (e.g. lunchtime)?
First Aid resources outside Year 3 Classroom		**Playtime and lunchtimes**
Inhaler bags in individual classrooms		**All day**
Specific persons' EpiPen in individual classroom where they are based		**All Day**
Emergency medication (inhaler and EpiPen) in the locked cupboard in the office		**All day**

APPENDIX 18 – EMERGENCY MEDICATION LOCATIONS

Medication	Location	Photo of storage area	Closest landmark – building or internal feature
Emergency EpiPen	**Locked cupboard in the school office**		**Main school building**
Emergency Inhaler	**Locked cupboard in the school office**		**Main school building**
Defibrillator	**Outside KS1Hall Entrance**		**Main school building**

First Aid Record Form

Date	Time	Full Name/Class	Place Incident Occurred	Action taken – First Aid administered? Sent/contacted home? Ambulance called? Bump note given?	Further action for student? Near miss book?	Signed by First Aider

APPENDIX 20 – BUMP NOTE

Dear Parent/Carer

Your child ……has had an accident today/bump on the head

today,…….. at…….am/pm.

It was not serious enough to notify you at the time but with every injury which requires First Aid/head injury we now send out this note.

For Your Information: Head Injuries to Children

Dr Ian Adams, Consultant Physician, Accident and Emergency Department, St. James's Hospital, Leeds has provided the following guidance notes for when a young person has a bump on the head.

If a young person has been unconscious, he or she **must** attend an Accident and Emergency Department.

Young people with apparently minor injuries should be watched carefully for 24 hours. They can be allowed to go to sleep but in the first 2 hours after the injury the young person should be roused every 30 minutes.

After this time check every 3 to 4 hours including through the night. Parents/carers should check the young person when they go to bed, again at about 3.00am and again when they get up in the morning. The young person should merely be roused so as to open their eyes and move their arms and legs.

Young people should be seen at Hospital if they:

- have a fit, or
- become difficult to rouse, or
- repeatedly vomit, or
- complain of increasing headache, or
- have weakness in an arm or leg.

Below are details of accident:

……

……

……

……

APPENDIX 21A – FIRST AID KIT STOCKLIST / STOCKCHECK – ACADEMY KIT

Date Checked		Kit location		Checked by	

Stocklist	Missing (Cross) Present (Tick)	Exp date	Comment (e.g. reorder date)
A leaflet giving general advice on First Aid (see list of publications in Appendix 24			
20 (min) individually wrapped sterile adhesive dressings (assorted sizes)			
Two (min) sterile eye pads			
Four (min) individually wrapped triangular bandages (preferably sterile)			
Six (Min) safety pins			
Six medium size (approx. 12cm x 12cm) individually wrapped sterile medicated wound dressings			
Two (min) large (approx. 18cm x 18cm) sterile individually wrapped undedicated wound dressings			
Three pairs of disposable gloves.			

APPENDIX 21B – FIRST AID KIT STOCKLIST / STOCKCHECK – TRAVEL KIT

Date Checked		Kit number		Checked by	

Stocklist	Missing (Cross) Present (Tick)	Exp date	Comment (e.g. reorder date)
A leaflet giving general advice on First Aid (see list of publications in Appendix 24			
Six individually wrapped sterile adhesive dressing			
One large sterile un-medicated wound dressing –approx. 18cm x 18cm			
Two triangular bandages			
Two safety pins			
Individually wrapped moist cleansing wipes			
Two pairs of disposable gloves			

APPENDIX 21C – DEFIBRILLATOR STOCKCHECK

Date Checked		Defibrillator Location		Checked by	

Stocklist	Missing (Cross) Present (Tick)	Exp date	Comment (e.g. reorder date)
Electrode Pads (adult/child)*			
Key for switching between adult and paediatric modes*			
Scissors			
Protective Gloves			
Towel or dry wipes			
Safety razor			
Pocket mask/face shield			

Dependent on type of defibrillator – see manufacturers guidance

APPENDIX 21D – DEFIBRILLATOR ACCESSORIES/CONSUMABLES

Item description	Generally supplied with defibrillators as standard?	Notes
Electrode pads	Adult: yes Paediatric: no Universal: yes	These are adhesive pads which are applied to the casualty's chest and through which the shock is delivered. They will include a cable for connection to the defibrillator. Most defibrillators require separate pads for adult and paediatric use (children aged 1 to 8). Where this is the case, schools should ideally put arrangements in place to ensure that they have at least one set of each available and that these are stored with the defibrillator. If paediatric pads are not available in an emergency situation, adult pads can and should be used. Schools should pre-connect adult pads to a defibrillator to ensure that the device is ready to use more quickly in the event of an emergency. Most defibrillators require pads to be preconnected in order to conduct regular self-tests. Paediatric pads are not recommended for pre-connection as the majority of cardiac arrests occur in adults and paediatric pads will be ineffective if used on an adult. Pad positioning will generally be shown on the defibrillator or the pad packaging. The pads themselves may be labelled 'left' and 'right', but it does not matter if they are accidentally inverted – they will still work. Where separate paediatric pads are required, these are not generally included with a defibrillator at the time of purchase. All suppliers providing defibrillators via NHS Supply Chain must, however, include a set of paediatric pads as standard, if required.
Key for switching between adult and paediatric modes	No	Defibrillators that do not require separate adult and paediatric pads will sometimes have a switch or require a key to switch between adult and paediatric modes.
Scissors	No	These will enable rescuers to cut away a casualty's clothing if required. Make sure these are able to cut through material/clothing.
Protective gloves	No	Rescuers may wear protective gloves to guard against infection if desired, but these are not necessary. The risk of infection is very low.
Towel or dry wipes	No	If the casualty is wet, a towel or dry wipes should be used to dry the chest in order to ensure that the pads are able to

		adhere properly. Pads need to have good contact with an individual's skin in order to effectively analyse their heart rhythm.
Safety razor	No	Pads are designed to function with chest hair, but excessive amounts may prevent them from adhering to the casualty's chest and impair conductivity. In these situations, a safety razor should be used to dry-shave excessive chest hair where the electrodes are to be applied.
Pocket mask/ face shield	No	Rescuers may use a pocket mask or face shield to guard against infection while administering rescue breaths if desired, but this is not necessary. The risk of infection is very low. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, they may perform compression only CPR.

APPENDIX 22 – DEFIBRILLATOR MAINTENANCE

REGULAR CHECKS

Modern defibrillators undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. Schools should ensure that they have a procedure in place for defibrillators to be checked for such a warning on a regular (and no less frequently than weekly) basis, possibly by a designated person, and have a method for recording when a check has taken place.

If defibrillators are kept in an internal or external cabinet, schools should also regularly check the condition of the cabinet, including the door closure and any lock. Schools should consult the user manual of their defibrillator to ensure that they are aware of what to look for and what remedial action will need to be taken in the event of a fault. Any fault which occurs during the defibrillator's warranty period and for which a solution cannot be found in the manual should be reported to the manufacturer immediately.

Schools should consult the user manual of their defibrillator to ensure that they are aware of what to look for and what remedial action will need to be taken in the event of a fault. Any fault which occurs during the defibrillator's warranty period and for which a solution cannot be found in the manual should be reported to the manufacturer immediately. Contact details to obtain technical assistance for devices provided by the department's defibrillator programme and devices purchased via NHS Supply Chain can be found in Appendix B of the guidance, Automated External Defibrillators (AEDs) Guidance for Schools (January 2025).

Many defibrillators may require schools to perform some additional monthly and/or annual checks to ensure that they are functioning correctly. Schools should consult the user manual for details and ensure that they have appropriate arrangements in place. Failure to perform these checks could potentially mean that the defibrillator fails to function properly when needed. Further advice on the purpose of such inspections can be found in the Provision and Use of Work Equipment Regulations 1998 (PUWER), regulation 6.

Defibrillators do not normally require regular servicing by a suitably qualified technician. Schools may wish to enquire about servicing costs when discussing their requirements with suppliers, in order to rule out any devices which will require chargeable maintenance to be carried out during the defibrillator's standard warranty period.

REPLACING CONSUMABLES

Pads, safety razors, protective gloves and pocket masks need to be replaced after every incident. Some manufacturers may also advise that the battery is replaced after an incident, whether or not the charge level on the battery indicator is showing as low; schools should check the device user manual for details.

Even when an incident has not taken place, batteries and pads have finite service lives, and should be replaced after the period of time specified by the manufacturer. This will usually be upon reaching the expiry date indicated on each consumable, or in the case of batteries, when the battery indicator shows that the battery is low – whichever is the sooner.

Care should be taken to ensure that replacement consumables are the correct ones for the device. Consumables designed for different defibrillators are not usually compatible with one another.

NHS Supply Chain has negotiated special arrangements with suppliers, enabling schools and other settings which have purchased defibrillators through the arrangements put in place by the Department for Education to obtain discounts on consumables such as batteries and pads throughout the standard warranty period. To take advantage of these arrangements, please refer to the contact details in Appendix B of the guidance Automated External Defibrillators (AEDs) Guidance for Schools (January 2025). When ordering, you will need to mention that you have purchased your defibrillator via the DfE defibrillators for schools' arrangement.

Defibrillators supplied by the department will be provided with batteries and pads throughout the lifecycle of the device (8 years). Schools do not need to place orders for replacement batteries or pads. Deliveries will be made automatically at the end of the previous battery or pad lifecycle. If you experience a fault, you can contact Lyreco using the details in the contact details for defibrillators supplied by DfE section.– if a device has not been purchased through this route, these consumables will need to be purchased through alternative routes

SOFTWARE UPDATES

The UK and European resuscitation guidelines are updated as and when new evidence is available. This may mean that it is necessary to update the defibrillator software accordingly. Where defibrillators are registered on The Circuit, schools will be notified directly to advise when new software updates are required.

The manufacturer of the defibrillator should be able to arrange to update the software, possibly in partnership with the local ambulance service. All suppliers providing defibrillators through the department's defibrillator programme and via NHS Supply Chain must agree to provide such updates to schools free of charge.

REPLACING YOUR DEFIBRILLATOR

Defibrillators have an anticipated service life, details of which should be included in the device's accompanying documentation. If not, please contact the supplier or manufacturer for details.

Schools should note that the anticipated service life will not necessarily be the same as the warranty period, which may well be shorter. Some manufacturers may offer to extend the warranty for a fee.

APPENDIX 23 – SPECIFIC MEDICAL CONDITIONS / TREATMENTS

Some conditions require students/staff to have constant and rapid access to medication. Where this is the case, consideration should be given to the location of the medication and staff awareness of the conditions. Where medication which is needed immediately can safely be carried by the student (for example with asthma) this should be the case.

There are various conditions which may require the administration of First Aid on site – some, such as epilepsy and diabetes require highly personalised approaches and specialised training. These should be accompanied by Care Plans. For treatment for anaphylaxis refer to the Allergy and Anaphylaxis Policy. Outlined below are guidelines for asthma management, type 1 diabetes and managing cancer.

ASTHMA MANAGEMENT AND INHALER ADMINISTRATION

Asthma is a serious and potentially life-threatening respiratory condition which must be treated promptly and appropriately. All staff receive asthma training as part of their basic First Aid training. If a student has been diagnosed with asthma and prescribed an inhaler their parents/carers must ensure that:

- The necessary medical documentation for the Academy is completed in full and signed by a parent/carer; this includes an Education Health Care Plan, parental Agreement for the Academy to administer medicine and request for student to carry his/her own medication – all of these are included in the administration of medicines point.
- Inhalers must be clearly labelled to avoid cross-infection – however in an emergency they are all one dosage.
- FS/KS1 – The teacher keeps the inhalers in the classroom. They must be available to the student at all times.
- KS2/3/4/5 - The student carries a reliever inhaler on their person at all times, including on the sports pitch.
- The Academy is supplied with a spare boxed reliever inhaler prescribed for that student (and a preventer inhaler should this be included in their asthma treatment plan). The box is important as it shows the expiry date of the inhaler.
- The spare inhaler/s will be stored securely in the medical area, in a clearly labelled box with their name.
- A record of expiry dates of all medications held in the medical room is kept by the Academy and parents/carers will be reminded in advance of any medication that is due to expire and needs replacing.
- It is the responsibility of the parents/carers to ensure that the inhaler carried by the student is in date and has sufficient supply.

An asthma attack can be recognised from one or more of the following symptoms:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty in breathing (the student could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or speak in complete sentences. Some children will become very quiet.

- They may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

CALL 999 IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT:

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

IN THE EVENT OF AN ASTHMA ATTACK DURING ACADEMY HOURS THE FOLLOWING GUIDELINES SHOULD BE FOLLOWED:

- Encourage the student to sit up and slightly forward.
- Use the student's inhaler that they carry on them – if it is not available, use their own named spare inhaler kept in the Medical room.
- Remain with the student at all times and send another person to fetch the inhaler from the Medical room if necessary (ensure that the Medicine Administration Form is completed).
- Ensure that the spacer device is used with the inhaler if one has been supplied by the parents/carers (not all children will use one).
- Assist the student to take two separate puffs of their reliever inhaler (via the spacer if applicable).
- If there is no immediate improvement/relief, continue to give two puffs at a time every two minutes, up to a maximum of ten puffs.
- Remain calm, reassure the student and stay with them until they feel better. Once better they can return to normal activities.
- If the student does not feel better, symptoms have not eased or you are concerned at ANYTIME before you have administered ten puffs, ask another member of staff to CALL 999 FOR AN AMBULANCE, ensuring you give accurate details of the student's condition to the emergency services.
- If an ambulance does not arrive in ten minutes, give another ten puffs in the same way as detailed above. Inform parents/carers.

Guidance taken from Department of Health: Guidance on the use of emergency salbutamol inhalers in schools, September 2014

GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE TYPE 1 DIABETES

Type 1 diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. All teaching staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

To prevent "hypos"

1. There should be a Care Plan provided by the diabetes nursing specialist.

2. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.

3. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular

activities at lunchtimes or detention sessions. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carers(s).

To treat "hypos"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech (Blood Sugar levels below 4 mmols).

2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, by the first aider.

3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with the Care Plan.

4. Glucogen may be administered if parental consent is in place. This will be stored in a fridge with restricted access. If Glucogel has been provided the Consent Form should be available. Glucogel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Glucogel must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Glucogel when it has been used. **DO NOT USE GLUCOGEL IF THE CHILD IS UNCONSCIOUS.**

There are emergency Glucogel kits stored at key points around the Academy for use in an emergency:

Locations:

GUIDELINES FOR MANAGING CANCER

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

- the type of cancer they have;
- it's stage (such as how big the tumour is or how far it has spread);
- their general health.

The three main ways to treat cancer are:

- chemotherapy;
- surgery;
- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit.

It depends on the type of cancer, their treatment and how their body reacts to treatment.

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

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to Academy and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers. Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of the Academy, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to the Academy, a pupil may have physical differences due to treatment side effects. These can include:

- hair loss;
- weight gain/loss;
- increased tiredness.

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

FALLING BEHIND WITH WORK

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The Academy, and the child or young person's parents, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.

Regularly revise the pupils' timetable and Academy day as necessary.

PHYSICAL ACTIVITY

Make arrangements for the child or young person to move around the Academy easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

BRIEFING STAFF

Ensure that all staff have been briefed on key information.

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

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on or has recently finished cancer treatment.

Circulate letters about infection risks when requested by the child's family or health professionals. Inform other Academy staff about long-term effects, such as fatigue, difficulty with memory or physical changes.