

Managing and Supporting Students with Medical Conditions & First Aid Policy

Executive Summary –

- Introduction of First Aid to sit within this policy – previously did not exist
- Inclusion of all aspects relating to student first aid
- Update of Managing and Supporting Students with Medical Conditions
- Updated using Bucks guidelines and the Key
- Included role of Academy business manager/SWO

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1. Aims

The aims of this policy are to:

- Ensure the health and safety of all staff, students and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- Ensure students, staff and families understand how our school will support students with medical conditions
- Ensure students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The person with responsibility for implementing this policy is the Student Welfare Officer.

2. Legislation and statutory responsibilities

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

The governing board will ensure the implementation of this policy by:

- Ensuring risk assessments are carried out and reviewed as required
- Ensuring that adequate arrangements are in place for students, staff, volunteers and visitors, especially at special events such as sports days and school fairs (non-exhaustive list)
- Ensuring sufficient staff are suitably trained and that training is up to date
- Ensuring staff are aware of students medical needs/condition, where appropriate
- Ensuring there are appropriate cover arrangements to ensure someone is always available to support students with medical conditions at all times during normal school opening hours
- Providing supply teachers with appropriate information in regards to this policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

3.2 The headteacher

The headteacher will:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Make sure all staff are aware of this policy and understand their role in its implementation through induction, briefings and notices.
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the Student Welfare Officer in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to their attention
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 The Academy Business Manager/Student Welfare Officer

The ABM/SWO will:

- Carry out a risk assessment to ensure that the first aid cover is adequate with regards to the number of employees, students, volunteers, service users and visitors and the type of activities, equipment and premises that are under their control. (Paragraph 4 and Appendix 1 gives guidance on the numbers of first aiders required and first aid risk assessment)

- Select a competent First Aid Training Provider following HSE Guidance Voluntary organisations (For example St John Ambulance or British Red Cross)
- Ensure that there are sufficient first aid facilities and equipment available.
- Ensure travelling first aid kits are issued to staff in regards to out of school activities
- Ensure that there are suitable first aid arrangements in place for off site activities, journeys and home workers, based on the risk assessment.

3.4 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students 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 students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

School staff will take into account the needs of students with medical conditions that they teach. All staff will ensure they know what to do and respond accordingly when they become aware that a student with a medical condition needs aid or a student requires first aid.

In regards to first aid staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider/appointed person is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

3.5 Families

Families will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.6 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.7 Student Welfare Officer and other healthcare professionals

Our Student Welfare Officer will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the Student Welfare Officer and notify them of any students identified as having a medical condition.

4. Equal opportunities

The Misbourne is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

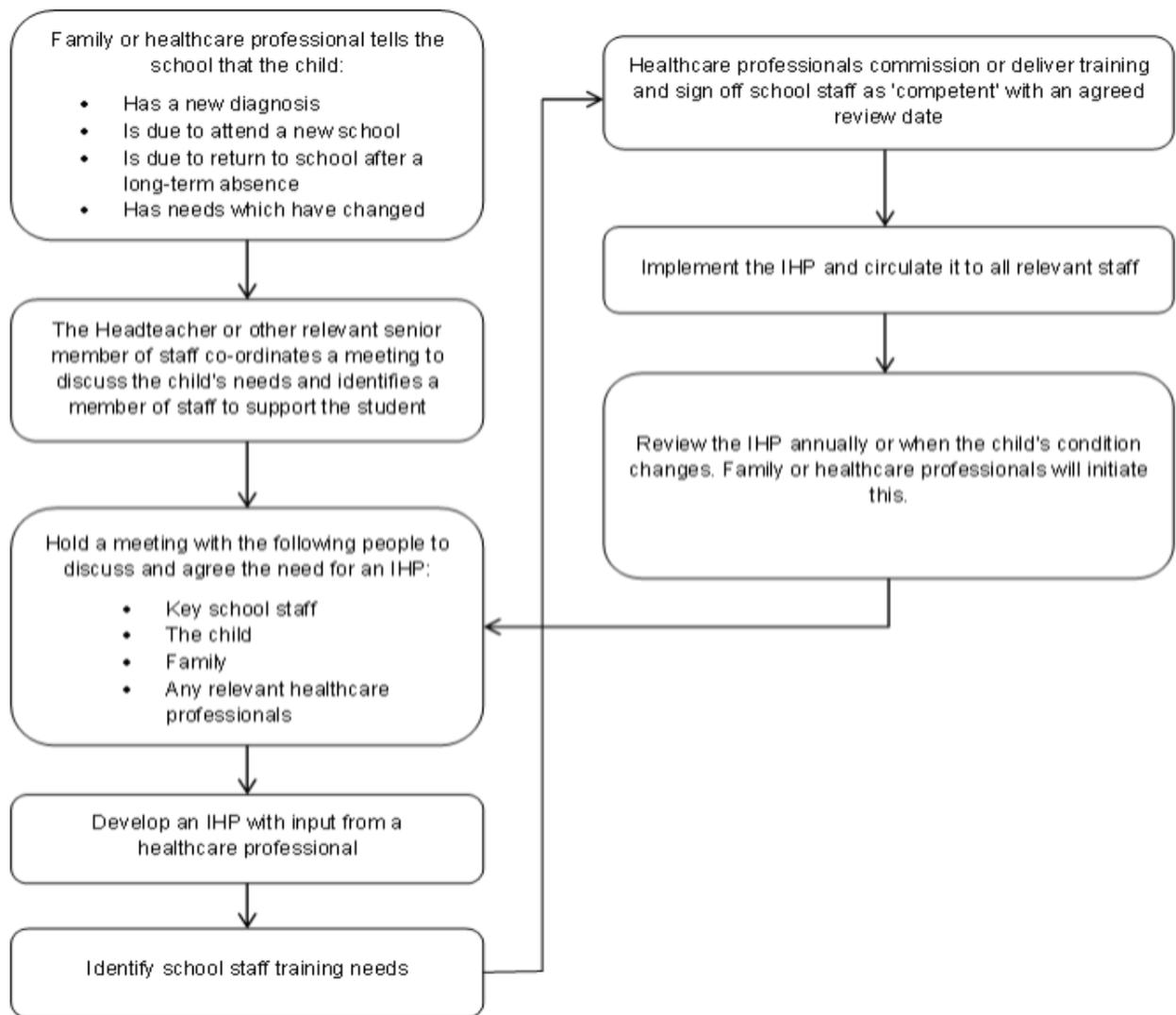
The school will consider what reasonable adjustments need to be made to enable students are able to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their family and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school 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 school will make every effort to ensure that arrangements are put into place within 2 weeks (led by the Student Welfare Officer), or by the beginning of the relevant term for students who are new to our school.



6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the Student Welfare Officer.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the family when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, family and the Student Welfare Officer as well as other healthcare professionals such as a specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the Assistant Headteacher Pastoral and the Student Welfare Officer will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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 student'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 and the use of external agencies.
- The level of support needed, including in emergencies. If a student 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 student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from the family and the Student Welfare Officer for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the family/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. First Aid

For this policy first aid means –

- Treatment for the purpose of preserving life and minimising the consequences of injury and illness until medical help is obtained.

OR

- Treatment of minor injuries which would otherwise receive no treatment or which do not require treatment by a nurse, doctor or other medical personnel

7.1 In-school 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 scene until help arrives

- 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 student is too unwell to remain in school, families will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the family
- If emergency services are called, the Student Welfare Officer or another designated member of staff will contact families immediately
- The Student Welfare Officer/first aider/relevant member of staff 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

7.2 Off-site procedures

When taking students off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of students
- family contact details

Risk assessments will be completed by the Student Welfare Officer prior to any educational visit that necessitates taking students off school premises.

There will always be at least one first aider on school trips and visits.

7.3 First aid equipment/first aid box

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- 20 individually wrapped sterile hypoallergenic plasters (of assorted sizes), appropriate to the type of work
- Two sterile eye pads
- Four individually wrapped sterile triangular bandages
- Six safety pins
- Two large, individually wrapped, sterile, unmedicated wound dressings
- Six medium-sized, individually wrapped, sterile, unmedicated wound dressings
- At least three pairs of disposable gloves
- Adhesive tape
- Disposable aprons
- Resuscitades (a device for use in mouth to mouth resuscitation)
- Paper towels (for clearing up spillages)
- Individually wrapped moist wipes

- Scissors (only required where there is a possibility that clothing may have to be cut away in which case they should be a minimum of 12.7cm long, blunt ended, stainless steel or Tuff Cut Clothing scissors)
- Spills kit
- Milton
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

Where no mains tap water (drinking quality) is readily available at least a litre of sterile water or sterile normal saline solution (0.9%) in sealed disposable containers will be provided. Once the seal is broken, containers will not be kept for reuse.

No medication is kept in first aid kits.

First aid kits are stored in (non exhaustive):

- The medical room
- Reception (at the desk)
- Designated area in the science curriculum area (All the science rooms have eyewash facilities and our science department are knowledgeable of CLEAPSS guidance)
- Designated area in the Design and Technology curriculum area
- The school kitchens
- School vehicles

The Misbourne will carry out a risk assessment of the quantity of first aid boxes that are required around the site. The School Welfare Officer is responsible for ensuring that the first aid boxes are kept fully stocked. Sterile items will be replaced by the date on the wrapper or if the wrapper is damaged. A record of the location of all first aid boxes including travelling ones will be kept.

First Aid Kits in Vehicles

All vehicles for school use will be provided with a travelling first aid kit maintained by the School Welfare Officer.

First Aid Room

The Misbourne has a dedicated first aid room which is clearly signposted with notices in the window and directional signage in the corridor.

First Aid Notices

The Misbourne will provide a current list of qualified first aiders, and a copy of the students who have medical needs that would require immediate action if an emergency should occur. The information will be kept in a cardboard file in every department and other key areas so as to maintain confidentiality but also provide staff with easy access. Updates will always be communicated to staff via briefings and the staff bulletin.

The defibrillator is kept in Reception, which is communicated to staff on a regular basis.

Notices will be kept up-to-date and disseminated by the Student Welfare Officer.

8. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have the family's written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the family.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Families will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to families to arrange for safe disposal when no longer required.

8.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so (this is decided at the school's discretion), but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

8.2 Disposal of Used Materials

All staff, students and site users are shown and encouraged to follow strict hygiene procedures and precautions to avoid infection and cross-contamination. When dealing with blood or other bodily fluids, staff use single use disposable gloves. Items contaminated with blood/bodily fluids are always be treated in the following ways:

- Disposable items, unless very small and capable of being flushed away, are sealed in a plastic bag and disposed of with general waste.
- Clothing is cleaned in an ordinary washing machine on the hot cycle (80°C).
- Other equipment and surfaces are cleaned using a fresh hypochlorite solution, e.g. bleach (one part bleach to 10 parts water) or Milton

8.3 Students managing their own needs

Students who are competent (this is decided at the school's discretion), will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with families and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform families so that an alternative option can be considered, if necessary.

8.4 Unacceptable practice

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

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their families
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, send them to the Student Welfare Office (near Student Services) unaccompanied or with someone unsuitable

- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require families, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No family should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring families to accompany their child
- Administer, or ask students to administer, medicine in school toilets

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the family arrives, or accompany the student to hospital by ambulance.

10. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Student Welfare Officer. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid.

11. Record keeping & Reporting

11.1 First aid and accident record book

- An accident form will be completed by the first Student Welfare Officer/first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident report form will also be added to the student's educational record by the Student Welfare Officer/Smaller School Pastoral Administrator
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

11.2 Reporting to the HSE

The Academy Business Manager will keep a record of 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).

The Academy Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
 - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- 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

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

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

The governing board will ensure that written records are kept of all first aid treatments and any medication administered to students. Families will be informed if their student has been unwell at school.

The record includes (See Appendix 2:

- The name and job of the student/(or adult) treated
- The date, time and place of incident
- The nature of injury or illnesses and first aid given/action taken
- What happened to the individual immediately afterwards (sent home, accompanied to hospital, stayed in school)
- The name and signature of the staff member dealing with the incident

The record will always be completed either by the Student Welfare Officer or by one of the other qualified first aiders. All records will be kept secure and confidential; only managers with a need to access the information may do so in order to comply with GDPR.

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

11.3 Notifying families

The Student Welfare Officer/first aider/relevant member of staff will inform families of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

11.4 Reporting to Ofsted and child protection agencies

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

The Academy Business Manager will also notify Buckinghamshire Child Protection and Safeguarding Team and the Safeguarding Partners of any serious accident or injury to, or the death of, a student while in the school's care.

12. Liability and indemnity

All Misbourne staff are expected to do their best at all times and particularly in emergencies, to secure the welfare of the students, their fellow staff members and all other site users. We believe that the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: Insurance through ESFA.

The Misbourne is a member of the Department for Education's risk protection arrangement (RPA).

The Misbourne will contact their insurers to extend medical cover should a medical intervention fall outside the conditions covered by this policy.

13. Complaints

Families with a complaint about their child's medical condition should discuss these directly with the Student Welfare Officer in the first instance. If the Student Welfare Officer cannot resolve the matter, they will discuss this with the Student Services Manager. If the matter still cannot be resolved then they will direct the family to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding and Child Protection Policy
- Special educational needs information report and policy

Appendix 1: list of first aid trained staff

Staff member's name	Role	Contact details

Appendix 2: accident report form

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i>			
Name of person attending the incident			
Signature		Date	

Appendix 3: first aid training log

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
<i>E.g. first aid</i>			
<i>E.g. paediatric first aid</i>			
<i>E.g. anaphylaxis</i>			