



PARMITER'S SCHOOL MEDICAL POLICY

Including First Aid and Supporting Students with Medical Conditions

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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 that students, staff and parents/carers understand how our school will support students with medical conditions
- Ensure that students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

2. LEGISLATION AND GUIDANCE

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting 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
- This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.
- It is also based on the Department for Education's statutory guidance: [Supporting students with medical conditions at school](#).

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

3. EQUAL OPPORTUNITIES

Our school 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 these students 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 wherever possible. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

4. ROLES AND RESPONSIBILITIES

4.1 Appointed person(s) and first aiders

The school's appointed person is the school Matron. The school Matron is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out the role (see section 11) and are responsible for:

- Acting 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
- Sending students home to recover, where necessary and if Matron is not available
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

- Keeping their contact details up to date.

4.2 The Academy Governance

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

4.3 The Headteacher

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

- Ensuring that an appropriate number of 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
- 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 students
- Reporting specified incidents to the HSE when necessary (see section 8)
- 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, whilst taking overall responsibility for the development of IHPs
- Contacting the school nursing service 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 the attention of the school nurse
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

4.4 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may provide support to students with medical conditions. This **may** include the administration of medicines.

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a trained first aider is not called
- Informing the Headteacher, Matron or their manager of any specific health conditions or first aid needs
- Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Whilst this policy is written primarily to address the medical needs of students, there will be times when staff require medical attention. In that instance the procedures in this policy will be applied as appropriate.

4.5 Parents/Carers

Parents/carers 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 Individual Healthcare Plan 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, and ensure they or another nominated adult are contactable at all times
- Provide the school with in-date medication for their child and be responsible for awareness of the expiry date and providing new medication to the school prior to this date.

4.6 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.

4.7 External Agencies

Where necessary the school will work collaboratively with external agencies and professionals to ensure that the best possible support systems are in place to allow students to access their education. These agencies include but are not limited to; the School Nursing Service, CAMHS, the Educational Support for Medical Absence Team, the Occupational Therapy Service, the Physical and Neurological Impairment team, Children and Young Person Continuing Care Team. Where support from an external agency is required an assigned member of staff will be responsible for monitoring and reviewing the support provided.

5. FIRST AID PROCEDURES

5.1 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 the school Matron or qualified first aider, if appropriate, who will provide the required first aid treatment.
- The Matron/qualified 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 Matron/qualified first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If Matron judges that a student is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, Matron will recommend next steps to the parents/carers.
- If emergency services are called, the School Matron, a member of SLT or the most appropriate member of school staff at the time will contact parents/carers immediately.

- Staff involved in the treatment of the injury will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.
- The P.E. staff (or teachers in charge of a fixture) are responsible for providing immediate first aid during their lessons, clubs and associated after school activities. This also includes making and keeping appropriate records of all accidents. Matron should be alerted. First aid equipment and sundries will be replenished by Matron.
- From time to time there are students or staff who are particularly vulnerable if exposed to diseases such as chicken pox or measles. It is important therefore for staff to alert Matron if they have been in contact with either of these infectious diseases and any others, such as meningitis or septicaemia which could give cause for concern.
- The school has three automated external defibrillators on-site, located at the back of the School Hall/Old Dining Hall, in the Sports Centre Reception and outside the Pavilion opposite the 3G Football Pitch. Matron is responsible for maintenance of the AEDs. Matron maintains a list of members of staff who are trained in its use and is responsible for updating the training.

5.2 Off-site procedures

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

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of students
- Parents'/carers' contact details

Risk assessments will be completed by the trip leader or Head of Department prior to any educational visit that necessitates taking students off school premises. There will always be at least 1 first aider on school trips and visits.

6. FIRST AID EQUIPMENT

A typical first aid kit in our school will include the following items at a minimum:

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

When taking students off the school premises, staff will ensure that they have a portable first aid kit containing, typically, the following items at a minimum:

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

First aid kits are stored in:

- The Medical Room
- Main Reception
- The Sports Centre and Donald Wallace Pavilion
- All Science labs and Design and Technology classrooms
- The school kitchens
- LRC
- Sixth-form admin office
- Estate Team Office
- Grounds Team Office
- The following department offices: Maths, English, MFL, History, RS, Drama, Music and Curriculum Support

7. MEDICINES

7.1 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 parents'/carers' written consent

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

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. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Clearly labelled with name and form of the student
- 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 will be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing kits and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

Students with known allergies are required to leave a spare adrenaline auto-injector in the First Aid Room. This must be accompanied by a treatment plan, placed in a clear plastic box and clearly labelled with the student's NAME, FORM and PHOTO.

Matron has volumatic spacers, which can be used with most inhalers in the event of an asthmatic attack. These are located in the First Aid Room, the Sixth Form Office and also on Reception.

Students with Asthma are strongly encouraged to leave a spare inhaler with Matron. These can be found on a shelf immediately facing the door on entry to the First Aid Room.

Matron maintains a list of students and staff with an adrenaline auto-injector (and details of the emergency procedure) and a list of those with medical conditions. Details of medical conditions are stored in the individual student profile of the school's management system (SIMS) and are accessible to all staff SIMS users. In the event of a school trip or sports fixture, the nominated trip leader will have access to a report of the records of medical conditions for the students involved. Students must be reminded "No inhaler, no trip" and "No adrenaline auto-injector, no trip".

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.2 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, 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.

7.3 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers 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 parents/carers so that an alternative option can be considered, if necessary.

7.4 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 parents/**carers**
- 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
- Send an unwell student to the school office or medical room 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 parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent/carer 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 parents/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. RECORD KEEPING AND REPORTING

The Academy Governance will ensure that written records are kept of all medicine administered to students for as long as these students are at the school.

8.1 First aid and accident record book

- An accident form will be completed by the 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
- In the event of a serious incident a copy of the accident report form will be added to CPOMS by Matron at the earliest opportunity.
- 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.

8.2 Reporting to the HSE

The School Matron 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 Business Director will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: 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) which:
 - Cover more than 10% of the whole body's total surface area; or
 - Cause 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 Business Director will report these to 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

Students 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)

8.3 Notifying parents/carers

The School Matron will inform parents/carers 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.

8.4 Reporting to Ofsted and child protection agencies

The Designated Safeguarding Lead will notify Ofsted and Hertfordshire Children's Services 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.

9. INDIVIDUAL HEALTHCARE PLANS

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the school SENCO.

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 parents/carers 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, parents/carers and a relevant healthcare professional, such as the school nurse, 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 and the SENCO 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, counselling sessions
- 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 parents/carers and the Headteacher 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 parent/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

10. DISABILITY

A person is disabled under the [Equality Act 2010](#) if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

Parmiter's will liaise closely with parents/carers and medical professionals to make reasonable adjustments to help meet the needs of students with chronic and long-term health conditions. The school [Accessibility Plan](#) aims to reduce and eliminate barriers to access to the curriculum and to ensure full participation in the Academy community for students and prospective students with a disability

The Equality Act, Special Needs and Access Arrangements

(Please also refer to the Public Examinations Policy and the School's Accessibility and Disability policy in relation to examinations)

The centre will comply with the Equality Act 2010 to deliver the qualification in accordance with requirements defined by the legislation, awarding bodies, and JCQ.

All examination centre staff must ensure that the access arrangements and special consideration regulations and guidance are consistent with the law. The JCQ document 'Access Arrangements, Reasonable Adjustments and Special Considerations' provides detail on all aspects of these arrangements. (<http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration>)

Access arrangements are put in place to allow students with special educational needs, a physical disability, a long-term medical condition, a psychological condition or temporary injury to access the examination / assessment. Examples of access arrangements may include a modified examination paper, extra time, supervised rest breaks or a live voice in a listening examination. In general, these must be applied for and agreed well in advance of an assessment.

Special consideration is a post-examination adjustment to a student's mark or grade applied when their performance in an assessment / examination has been adversely affected by an event beyond their control. For example, a temporary illness or emotional issue, a bereavement or a domestic crisis.

- Candidates for whom access arrangements and/or special considerations may apply will be identified by the examinations team and the SENCO through:
 - liaison with Heads of Year and Matron;
 - communication with candidates and parents/carers via e-mail at the start of each academic year requesting that the examination team be informed of any circumstances that may entitle the candidate to access arrangements or special considerations. It may be necessary to request supporting evidence from suitably qualified professionals; in this case it is the responsibility of candidates and

parents/carers to ensure the school has access to all the necessary information and evidence.

- Submitting completed access arrangement applications to the awarding bodies is the responsibility of the Examinations Officer, and the SENCO. Candidates and their parents/carers will be informed in writing of the outcome of the application.
- Invigilation, rooming and resources for candidates requiring particular access arrangements will be arranged by the Examinations Officer with the necessary support from other colleagues, for example Network Resources, SENCO.

11. TRAINING

The school has assessed the need for first aid provision and identified the following roles to provide first aid (both on site and where required for trips/visits and extra-curricular activities).

First Aid at Work (3 days /18 hrs):

Matron (ext. 116)

Early Years Foundation Stage standard (Paediatric First Aid), 2 days/ 12 hrs):

For those staff allocated to 1:1 support for students with complex medical needs

Emergency First Aid at Work: (1 day / 6 hrs):

- All Physical Education Department staff
- Design & Technology Department Staff
- Science Faculty Staff
- Estate Team
- Sports Centre Supervisors
- Trip Leaders
- Kitchen Staff
- A representative from each curriculum department/ faculty

First aid qualifications remain valid for 3 years. Matron will ensure that refresher training is organised to maintain competence and that new persons are trained should first aiders leave.

All first aiders must have completed a training course appropriate for the level of training required for their role, 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.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

12. LIABILITY AND INDEMNITY

The academy governance will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. They will also ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

13. COMPLAINTS

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Deputy Headteacher in the first instance. If the Deputy Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

14. MONITORING ARRANGEMENTS

This policy will be reviewed by the Deputy Headteacher annually. At every review, the policy will be approved by the academy governance.

15. LINKS WITH OTHER POLICIES

This Medical & First Aid Policy is linked to the

- Health and Safety Policy
- Child Protection & Safeguarding Policy
- Allergy & Anaphylaxis Policy