FOUNTAINS

PRIMARY SCHOOL

Always achieving our potential

First Aid Policy

This policy integrates first aid, administration of medication and support for pupils with medical conditions into a single framework. Detailed operational procedures are provided in appendices where appropriate.

Written: May 2026
To be reviewed: May 2027
Policy Owner: Mrs Nicola Price (Exec. Headteacher)
Ratified: Local Governing Committee June 2027



Aims

This policy aims to ensure that:

- All stakeholders understand how the school will support pupils with medical conditions
- Pupils with medical conditions can access education including all trips and activities
- The health and safety of all staff and visitors is maintained
- 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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Eleana O Hare (Senco).

Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school. This policy also complies with our funding agreement and articles of association.

This policy is based on the statutory framework for the Early Years Foundation Stage, advice from the Department for Education (DfE) on first aid in schools and health and safety in schools, 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

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 reflects the requirements of the **Education Act 1996** and complies with our funding agreement and articles of association
- This policy aims to set out what suitable education is arranged for pupils on roll who cannot attend school due to health needs
- This policy ensures that pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

In our Early Years Centre, the aim is that the majority of staff will be qualified in paediatric first aid. At times this can vary if staff leave or are off ill, however, there will always be at least one member of staff with this qualification both in the center and/or out on a trip at all times. Throughout the Primary school all members of staff will have first aid training at a basic level, some will have First Aid in the workplace and fewer (but still some) a current paediatric first aid certificate. This will be by a certified provider such as St Johns Ambulance.

Some training will be delivered by the special school nursing team (MPFT) which is commissioned by the ICB. This is training such as the administration of inhalers and EpiPens.

Beyond this, we will ensure a sufficient number of suitably trained first aiders to care for employees in case they are injured at work, across school. We have got an 'appointed person' to take charge of first aid arrangements. Section 3.1 below sets out the expectations of this appointed person and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

Appointed person(s) and first aiders

The school has appointed numerous first aiders and are identified by the lists up and around school, alongside the school also has a designated member of school staff (Linda Turner/Jane Lakin)/NHS nurse (Jo Mears/Sally Clarke) based in the school's medical room. This is due to the large number of children in school who have SEN and medical conditions. There is also a larger number of staff who have Pediatric First Aid Training and again, the current list of trained staff is always up to date in every classroom/communal area.

They are 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
- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Working together with parents, pupils, healthcare professionals and other agencies

First aiders are trained and qualified to carry out the role 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 pupils home to recover, where necessary, under the guidance and permission of SLT
- Filling in an accident report on the same day as, or as soon as is reasonably practicable, after an incident in the BI 510 Accident book, a copy of this will go home with the child.
- Keeping their contact details up to date

Our school's appointed person and/or first aiders are listed in appendix 1. Their names will also be displayed prominently around the school site.

The school allocated Special School Nurses (as appointed by the NHS) are responsible for:

- Developing, monitoring and reviewing Individual Healthcare Plans
- Training staff in the administration of medication

Roles and Responsibilities

The local Authority

Staffordshire County Council has ultimate responsibility for health and safety matters in the school, but delegates' responsibility for the strategic management of such matters to the school's governing board. The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

The Governing Body is responsible for:

- Determining the school's general policy and ensuring that arrangements are in place to support 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 Headteacher is responsible for the implementation of this policy, including;

- Must ensure that an appropriate number of qualified staff are present in the school at all times
- Must ensure 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 pupils
- Reporting specified incidents to the HSE when necessary
- Ensuring that all staff are aware of this policy and understand their role in its implementation
- 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
- Ensure that all staff who need to know are aware of a child's condition in their class

- Take overall responsibility for the development of Individual Health Plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Teachers and Support Staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the appointed persons and first aiders in school are
- Completing accident reports for all incidents they attend to. Filling in the BI 510 Accident book, a copy of this will go home with the child with any supporting guidance that the parent/carers may need. Eg… head injury advice.
- Informing the Headteacher and the appointed persons of any specific health conditions or first aid needs
- Attending training as provided and ensuring that they feel adequately trained in managing conditions and procedures as required.

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Staff may be asked to support pupils with medical needs; however, they will only undertake medical procedures if they are appropriately trained, competent and confident 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.

The special school nursing team and other Healthcare professionals are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school. However information must be shared, as medical conditions change, with the schools SENCo.
- Providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training.

Parents and 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 IHP and may be involved in drafting and reviewing the IHP annually
- 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

Pupils

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

Procedure when notification is received that a pupil has a Medical Condition

We will:

- liaise with relevant individuals, including as appropriate parents/carers, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child.
- Where appropriate, an Individual Healthcare Plan will be drawn up and shared with the appropriate staff.
- Appendix 3 outlines the process for developing individual healthcare plans.
- The schools SENCO will also gather this information on transition, this forming part of the schools 'new starter pack'. This will be to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either phone call to the school (01283 24700) or an email to enquiries-primary@fountains.staffs.sch.uk if their child's medical needs change during the school year.

First aid procedures

In the event of an accident resulting in injury:

- The nearest trained member of staff 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 the recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon arrival, the first aider will recommend next steps to the parent.
- If emergency services are called an allocated first aider will contact parents immediately and inform a special school nurse if on site.
- To request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
    1. The school's telephone number: **01283 247600 (or school mobile being used)**
    2. Your name: **The Fountains Primary School**
    3. Your location:**, Bitham Lane, Stretton, Burton upon Trent, Staffordshire DE13 0HB**
    4. Provide the exact location of the patient within the school
    5. Provide the name of the child and a brief description of their symptoms
    6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask office staff to contact premises to open relevant gates for entry.

- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.
- The 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
- At least one person with a paediatric first aid (PFA) certificate will be on the premises at all times.

Off-site procedures

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

- A school mobile phone
- A portable first aid kit including, at 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
  - 2 spare Ads and an emergency inhaler
- Information about the specific medical needs of pupils and a copy of their care plans
- Parents' contact details
- Any regular/emergency medication that may be needed during the off site excursion
- When travelling on a mini bus the Mini bus first aid kit must contain, at minimum:
  - 10 antiseptic wipes, foil packed
  - 1 conforming disposable bandage (not less than 7.5cm wide)
  - 2 triangular bandages
  - 1 packet of 24 assorted adhesive dressings
  - 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
  - 2 sterile eye pads, with attachments
  - 12 assorted safety pins
  - 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the Class Teacher/ nominated visit leader prior to any educational visit that necessitates taking pupils off school premises. Planning arrangements will 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.

There will always be at least one first aider with a current pediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage, for all trips with children in EYFS. There will always be at least one first aider on school trips and visits.

First Aid Equipment

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

- A leaflet with general first aid advice

- 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
- Eye wash

EpiPen's and inhalers are kept in class medical first aid boxes. If the first aid cupboard is locked the key is always above it in a box. This is checked monthly regularly by Pam Simkin/Jane Lakin.

First aid kits are stored in:

- Every classroom in their designated area
- Medical room
- Swimming pool
- The school kitchen
- School vehicles

Individual Healthcare Plans (IHCPS)

The Executive headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Commissioned provider. (See Appendix 3). Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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. 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 no 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 pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or may become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an 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 commissioned provider 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, 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 school needs to be aware of the pupil'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 pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or 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

Administering Medicines

Provision and Storage of Medicines

- All medicines must be provided in the original container as supplied by the manufacturer or pharmacist. Containers must be clearly labelled with the child's name, name of the medicine, dosage instructions and date of dispensing. Labels must not be altered.
- Prescribed medication that states 3x a day should be given at home. In exceptional circumstances medication prescribed less than 4x a day may be given in school if it is deemed appropriate.
- Medicines must be in date, stored securely in line with risk assessments, and accompanied by clear administration instructions. Alongside this, some (eg inhalers/EpiPens) must be easily accessible in an emergency
- Insulin is exempt from the original container requirement and may be provided in an insulin pen or pump, provided it is in date.
- Medicines with a limited shelf life once opened must be clearly labelled with the date of opening.
- Emergency medicines (e.g. adrenaline pens or asthma inhalers) must not be locked away and must be immediately accessible.

Consent for Administration

Written parental consent must always be obtained prior to administering medication, except in emergency situations where life-saving intervention is required

In exceptional circumstances (e.g. newly prescribed antibiotics), verbal consent may be obtained, with a signed consent form sent home and returned before further doses are administered.

Administration and Recording of Medicines

- Any member of school staff may be asked to support pupils with medical needs but is not required to do so.
- Staff must not administer prescription medicines or undertake healthcare procedures without appropriate training.

Before administering medication, staff must:

- Check the maximum dosage and time of the previous dose
- Confirm the medicine is in date and correctly labelled
- All medicines administered must be recorded on the Medication Administration Record (MAR), including:
    - Name of medicine
    - Dosage
    - Route of medication
    - Time and method of administration
    - Name of staff member(s) administering
- Parents/carers must be informed if their child has received medication or has been unwell during the school day.
- Children should know where their medicine is stored and be able to access it immediately, where appropriate.

Controlled Medication

- Prior to administering controlled medication, the following checks must be completed by two members of staff:
    1. Correct child
    2. Correct medication
    3. Correct dosage
    4. Correct route of administration
    5. Correct time
    6. Expiry date checked

A register will be completed each time a controlled drug is administered.

Restrictions and Safeguarding

- Medicines will not be accepted unless they are:
    - In date
    - In the original container
    - Clearly labelled
    - Supplied with administration instructions

- Prescription or non-prescription medicines must not be given to a child under 16 without written parental consent, except in exceptional circumstances.
- Medicines containing aspirin must not be given to children under 16 unless prescribed by a doctor.
- Children must never be forced to take medication. If a child refuses, staff must follow the child's individual healthcare plan and inform parents/carers. If refusal poses a risk staff must follow emergency procedures and seek medical advice immediately

Adrenaline Auto Injectors

Emergency medicines such as adrenaline auto injectors and inhalers must be immediately accessible. Detailed arrangements for the storage, administration and monitoring of adrenaline auto injectors are set out in the school's Allergy Safety Policy.

Fountains Primary School have four emergency adrenaline auto injector pens. Two for emergency use with children over 6 years old and adults and two for emergency use with children (approximately under 6 years old)

"Spare" adrenaline auto-injectors and emergency asthma reliver inhalers are sourced by **Pam Simkin/Jane Lakin** and held by school. They are not supplied against a named prescription for an individual patient, which distinguishes them from adrenaline auto-injectors prescribed to individual pupils and that should be accessible to them at all times. The use of a school's adrenaline auto-injector, rather than using another pupil's personal auto-injector, to treat an individual not known by the school to be at risk of anaphylaxis ensures that the personally prescribed auto-injector remains available to that pupil. The schools' guidance makes it clear that the spare auto-injectors held by schools are not intended to replace children's own adrenaline auto-injectors. They are available for exceptional use as would apply in this circumstance.

Arrangements may be made for sending work home if the pupils are not physically able to attend due to reasons such as operations. However, access to this is decided through a Team around the pupil meeting on a case by case basis.

Non-Prescribed Medication

- Staff should only give a non-prescribed medicine to a child where there is specific prior written permission from the parents/carers.
- In schools, where the school policy arrangements agree to administer medicines purchased by parents the arrangements must set out the circumstances under which staff may administer these medicines.
- Parents who obtain over the counter medicines can authorize their use in school where appropriate for their child. When medication is to be administered, existing policies should be followed. In all cases best practice should be followed:
    - Written consent from parents must be received before administering any medicine to a child at school.
    - Medication labelled by parent with child's name and the school (not a pharmacy label). Ensure the bottle is unopened Name, instructions and how to administer need to be on the label.

- Instructions for administration (follow the age-related instructions pre-printed on the medication).
- Clear records are kept regarding the administration of medications; time and dose given to ensure that the daily dose is not exceeded.
- When administering medication this needs to be signed off on each occasion.

Staff must never give a child under 16 aspirin or medicines containing ibuprofen unless prescribed by a healthcare professional.

Documentation

- Two members of staff should verify administration of medication where there is increased risk (e.g. controlled drugs or complex procedures) and undertake the procedure for the administration of non controlled medication.
- Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
- Medicines should be administered directly from the container.
- The setting management must ensure that staff are appropriately trained and receive refresher training at suitable intervals where this is required.
- Training must be by a suitable provider and recorded.
- The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the medicine's administration record.
- All written records relating to medication must be completed in ink (preferably black). All errors must be clearly crossed through, dated, and signed for audit purposes.
- Enteral feeds to be administered according to feeding regime from child's dietician
- The administration of medication via an enteral feeding device such as peg device or gastrostomies may be undertaken where suitable training has been given and the medicine has been assessed as suitable by the pharmacist dispensing the medication. The feeding tubes must be flushed before and after medication administration.
- Training is available on the correct administration of medications via an enteral feeding device. Training support can be provided by the company contracted to provide this service or by the special school nursing service if appropriate to do so for Special Schools

Children with Health Needs who cannot attend School

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. These arrangements will be made with the Headteacher, Senco and Class teacher. The Class Teacher will then monitor this. Arrangements may be sending work home, hospital schools, online learning but will be applicable to the childs age and cognitive ability. Parents/carers will be consulted on this. Weekly phone calls will take place to outline how long the child will be off and how to reintegrate the child back into school

If the local authority makes arrangements

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

Unacceptable Practice

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Requiring parents or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs. The only exception to this is if non-prescribed medication e.g. paracetamol, needs to be given.
- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Record-keeping and reporting

- 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 Health and Safety accident reporting online system
- A copy of the accident report form will also be added to the pupil's educational record by the relevant member of staff.
- 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 as directed by our insurer.

Reporting to the HSE

The appointed person 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)**. This will be sent to Staffordshire County Council.

The Health and Safety Officer will report this 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 scalding 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 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
- 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 where 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)

Information on how to make a RIDDOR report is available here:
http://www.hse.gov.uk/riddor/report.htm

Notifying parents

The appointed person will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

The appointed person will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil 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 relevant member of staff will also notify Staffordshire County Council of any serious accident or injury to, or the death of, a pupil while in the school's care.

Training

All school staff will attend yearly training on medicine administration, epilepsy; asthma and anaphylaxis.

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. Staff are encouraged to renew their first aid training when it is no longer valid. At all times, at least 1 staff member in the Early Years Centre will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

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

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- 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. This will be face to face delivered by nurses, as well as through National College (the schools training provider)

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

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

Recording information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see section five of this policy) and a system for keeping this information up to date

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The Esteem MAT are members of the Department for Education's risk protection arrangement (RPA).

Complaints

- An individual wishing to make a complaint about the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance.
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in the Schools Complaints Policy.

Equality Impact Statement

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to:

- race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity.

We will use appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

Monitoring arrangements

This policy will be reviewed by the Headteacher every year.
At every review, the policy will be approved by the Headteacher and full board.

Appendix 1: list of appointed persons

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS
Pam Simkin	Grade 5 Teaching Assistant	01283247600 enquires-primary@fountains.staffs.sch.uk
Jane Lakin	Grade 5 Teaching Assistant	
Jo Mears	NHS Nurse	
Sally Clarke	NHS Nurse	

Appendix 2: Procedures for children who are sick or infectious

Adapt based on your specific procedures:

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists
- Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)

Establishing a daily cleaning routine for:

- Nappy changing facilities
- Play areas
- Toys, activities and equipment

Appendix 3: Initial Health Questionnaire

NHS
Midlands Partnership University
NHS Foundation Trust

INITIAL HEALTH QUESTIONNAIRE

THE INFORMATION GIVEN ON THIS BOOKLET WILL BE TREATED AS **STRICTLY CONFIDENTIAL**

Childs Name:	NHS number:	Date of Birth:	Ethnicity:
Address: Postcode:			
Parent/ Guardian (person with parental responsibility)			
Contact Telephone Numbers Home: Mobile: Email:		Does your child have a Social Worker? Name of Social Worker:	
Family Summary/Structure:			
Previous School/ Nursery:		Current School:	
Name of previous Health Visitor/ School Nurse:			
G.P. name: G.P.s Address: Postcode:			

For Office Use Only	Details
Date questionnaire received	
Consent Obtained	
Professional's involved form completed	
Further action required?	List action:
Date action completed:	

Appendix 4: Annual Medication Record Consent Form

NHS
Midlands Partnership University
NHS Foundation Trust

Annual Medication Record Consent Form

Pupil's Name: …… D.O.B: ……

Does your child have any allergies? Please List

Important – please complete giving full details of your child's medications including names, dosages and times to be administered during school and also those that are administered at home. Medications prescribed fewer than 4 times per day should be given at home unless a clinical reason is provided to support administration in school.

Name of medication	Dosage	Time	Special Instructions

If during this term your child's medication or dose is changed by a prescribing health professional, please inform us in writing immediately.

Important

- All medicines should be in their original container, clearly labelled with your child's name.
- If you give any extra medication e.g. Paracetamol before leaving for school could you please inform the school.

I ……give permission for any member of staff who agrees to act in loco parentis to administer medicine prescribed by my doctor for:

- The above named pupil only whilst attending school.
- Any medication no longer required will be returned home for safe disposal.

Signed …… **Parent/Guardian** **Date:** ……/……/ 2025…

Please sign and return this form as soon as possible

Received in school by: …… Date: ……/……/ 2025….

Checked against MAR CHART **YES / NO** Double Checked **YES / NO**

If you require this document to be translated into a different language or in a different format (such as easy read or large print, audio) then please contact specialschools.staffs@mpft.nhs.uk

Appendix 5: MAR Chart (prescribed)

MEDICINES ADMINISTRATION RECORD (MAR CHART)

Pupils Name: DoB: NHS No if known: Class:

KEY: R = Refused, NBM = Nil by Mouth, V = Vomited, NA = Not Available, L – Patient on Leave / Absent, O = Omit, A = Asleep

Any known allergies, intolerances /sensitivities (this section must be completed) ..... Nature of reaction.....

Medication Name:	**Date**																														
	Time:																														
Route	**Dosage**																														
	Administered signature																														
	Checked signature																														

Appendix 5: MAR Chart as Required

PRESCRIPTION (AS REQUIRED MEDICATION)

Pupils Name: D.O.B: NHS No:
Class:

KEY: R = Refused, NBM = Nil by Mouth, V = Vomited, NA = Not Available, I – Patient on Leave / Absent, O = Omit, A = Asleep

Medication	Reason for administration	Date																
Dose and frequency	Route (e.g. oral)	Time																
Start Date	Administered signature	Given by initial																
End Date	Checked signature	Checked by initial																

Appendix 6: Process for Developing Individual Healthcare Plans

Parent or healthcare professional tells the school that the child:

- Has a new diagnosis
- Is due to attend a new school
- Is due to return to school after a long-term absence
- Has needs which have changed

The headteacher or other relevant senior member of staff co-ordinates a meeting to discuss the child's needs and identifies a member of staff to support the pupil.

Hold a meeting with the following people to discuss agreed on the need for an IHP:

- Key school staff
- The child
- Parents
- Any relevant healthcare professionals

Develop an IHP with input from a healthcare professional, providing key information.

School staff training needs identified by the schools leadership team.

Healthcare professionals commission or deliver training and sign off school staff as 'competent' with an agreed review date.

Implement the IHP and circulate it to all relevant staff.

Review the IHP annually or when the child's condition changes.
Parents or healthcare professionals will initiate this.