

Policy and Procedures for Supporting Pupils at School with Medical Conditions and First Aid

Foreword

This document has been prepared to provide guidance on the policy and procedures for Supporting Pupils at School with Medical Conditions and First Aid. The requirements for statutory provision of Supporting Pupils at Schools with Medical Conditions and First Aid have been taken into account.

Introduction

Briarwood School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Education establishments cannot refuse to take responsibility for supporting pupils at schools with medical conditions. It should be an integral part of the establishment's approach to safeguarding pupils. They must strive to be an inclusive institution and appeal for volunteers from the staff as a whole to come forward. If not, the establishment must manage change to include appropriate jobs/recruit as necessary.

The school may use recruitment as an opportunity to secure a sufficient number of staff with responsibilities for the supporting pupils at schools with medical conditions and first aid. Where no volunteers come forward, it would then be incorporated into the employment contract.

The pupils at Briarwood school are also disabled and have severe or profound learning difficulties. For children with SEND this policy must be also read in conjunction with the SEND code of practice.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971

- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2023) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'
- DfE (2024) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2025) 'Automated external defibrillators (AEDs): a guide for maintained Schools and Academies'

This policy operates in conjunction with the following school policies:

- Complaints Policy
- Attendance Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Child protection and Safeguarding policy
- Educational Visits and School Trips Policy
- Health and Safety Policy

Responsibility

The Governing Body is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school’s ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils’ health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school’s policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school’s policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child’s needs have changed.
- Ensuring a first aids needs assessment is undertaken to inform policy, practice and protocol.
- Ensuring that all relevant risk assessments are conducted to ensure the health and safety of the school community
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that the school has: A suitably stocked first-aid kit and an appointed person to take charge of first-aid arrangements and that there is information for all employees giving details of first-aid arrangements
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents’ evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.

The Executive Headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

The Head of Provision is responsible for:

- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all protocols and HCPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of medical/health protocols across the school
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified
- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks.

Head of School (as nominated appointed persons on their sites) responsibilities:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. ensuring response team are restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Undertaking an appointed persons course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
 - What to do in an emergency.
 - How to assess and monitor a casualty.
 - First aid for the unconscious casualty.
 - First aid for someone who is having a seizure.
 - Maintaining injury and illness records as required.
 - Paediatric first aid (infants)
- Key information such as 'severe allergy' or 'emergency medicine needed' must be kept on display in the classroom via emergency protocols. Health protocols and any corresponding IHCPs from Health must be available in the classroom. Similarly, information on food allergies needs to be displayed at all times - where food is being prepared/served, and also in classrooms where activities may contain foods (e.g. craft activities with natural materials / tasting in RE etc).
- Heads of Schools must urgently notify delegated services and Public Health England (Email: health.safety@bristol.gov.uk) should there be an outbreak of a notifiable disease such as Norovirus and the postholder will deal with RIDDOR or other reporting requirements. The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should be sent home, and the action to be taken following an outbreak of an infectious disease.
- Delegate the responsibility to check the expiry date of asthma reliever inhalers to the response team

The Pastoral Response Team will be responsible (in their role as first aiders) for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.

- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.
- Restocking first aid boxes within their departments
- Check expiry date on medication and emergency medication across sites, ensuring all expired medication is sent home with pupils and new medication is requested
- Giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits
- Ensuring that an ambulance or other professional medical help is called when appropriate.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms and as a result should not be forced to take part in physical activities if they feel unwell

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's protocols and HCPs
- Carrying out any agreed actions contained in the protocols or IHCP provided by health.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Ensure any emergency medication is provided to the school
- If the child is acutely unwell, parents/carers should keep them at home for an appropriate period, e.g. sickness and/or diarrhoea for 48 hours. More information on exclusion periods following infectious diseases is available from Public Health England.

- Informing the school about any major injuries occurring outside of the establishment, for example, if they return with a plaster cast. This is so that the school can prepare for any additional needs this pupil may then have, and if necessary, risk assess. Externally occurring injuries also need to be reported to the Designated Safeguarding Lead (DSL) immediately.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that HCPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school. For more information please refer to our Pupils with Additional Health Needs Attendance Policy

Liability and Indemnity

The governing board will ensure that appropriate indemnity is in place to cover staff providing support to pupils with medical conditions. Schools should have appropriate levels of indemnity in place to cover staff when supporting pupils with medical conditions this includes liability cover relating to the administration of medication such as AAls. This is a legal requirement under DfE (2015) ‘Supporting pupils at school with medical conditions.’

Briarwood holds Risk Protection Arrangement (RPA) indemnity cover via a Department for Education government scheme. The detailed arrangements relating to the RPA can be found here:

[https://assets.publishing.service.gov.uk/media/663e031eb7249a4c6e9d3250/Local_authority_maintained_community_schools - RPA membership rules.pdf](https://assets.publishing.service.gov.uk/media/663e031eb7249a4c6e9d3250/Local_authority_maintained_community_schools_-_RPA_membership_rules.pdf)

The RPA summary in relation to providing support to pupils who have medical conditions is detailed as follows:

The RPA is not an insurance scheme but is a mechanism through which the cost of risks that materialise will be covered by government funds. The RPA indemnifies the school and any staff for Legal Liability for personal injury to children whom the school is providing support for that have medical conditions.

RPA will provide indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the Membership Year.

Indemnity will be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Where a Member has not complied with the statutory guidance, and can demonstrate mitigating circumstances for not doing so, in the event of a claim the RPA Administrator will consider the circumstances on a case-by-case basis to determine whether cover can be provided.

The Public Liability Indemnity arrangements provide cover to employees in respect of claims for personal injury but is subject to the following conditions:

- Adherence with the statutory guidance: Supporting pupils with medical conditions at school.
- That internal procedures for mitigating risk have been followed.
- That training has been received and regularly updated.
- That all appropriate Personal Protective Equipment has been issued, maintained, updated and used where necessary.
- That the employee has acted within the limitations of their training and has observed all protocols. The employee must also be aware of possible side effects of the medication and what to do if they occur.

Indemnity will not apply where claims relate to a criminal offence, a malicious act or an instance of serious and wilful misconduct.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Protocols and HCPs

Health Care Plans (HCP)

Any pupil who has a medical or health care issue, or who has a care plan provided by a health care practitioner will require a health care plan and a corresponding protocol. If in doubt, please refer to the 'initiating a HCP' document in Appendix X. If teachers or parents are unsure whether a protocol and health care plan is required, the Head of Provision and Inclusion will make the overall decision. Health Care Plan templates can be found in the back of this policy in Appendix W.

An HCP should be as simple and uncomplicated as possible. Schools are free to draw up their own plans, and the level of detail included will depend on each child's needs. Parents/carers involvement will be key to successful IHCPs as they will understand how their child's medical needs affect their personal experiences.

When the school is notified of a new medical concern or development, they will discuss whether a proportionate response would be to create a Briarwood HCP and Protocol.

When pupils start at Briarwood school, there are a number of meetings with parents/carers, health care professionals and previous schools prior to them joining, alongside analysis of corresponding documents which will help us understand whether a pupil needs HCP or a Briarwood Protocol. If they do, this will

already be in place and signed by all relevant parties before the pupil begins at Briarwood School to ensure their paramount safety at all times.

Parents/Carers must provide, in written form, comprehensive and up to-date information on the condition of pupils and changes for better or worse and the medication used. These will inform the HCP and protocols, which in turn will be updated whenever new information has been provided.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an individual healthcare plan prepared by a health care practitioner, this will be used to inform the IHP (and corresponding protocol).

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. The IHP must link to the pupils EHCP, with their primary diagnosis being listed in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

The school will not wait for a formal diagnosis before providing a HCP and a corresponding protocol. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Head of Provision and Inclusion based on all available evidence, including medical evidence and consultation with parents.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Protocols

Any pupil who has a medical or health care issue, or who has a care plan provided by a health care practitioner will require a health care plan **and a corresponding protocol**.

The protocols were designed to ensure there was a consistent approach to pupils' health across the school, and so that staff were familiar with the processes and procedures of each pupil in case of an emergency. These will be in **addition** to HCPs and will support staff with understanding pupils' individual needs and knowing what to do in case of an emergency. All members of staff need to be briefed on the protocols which will be displayed in class on the Health and Safety boards.

Pupils may have one or more protocols in place depending on various medical issues e.g. asthma and a severe allergy.

These protocols can be split in to the following categories:

- Briarwood Health Protocol – no emergency medication (appendix D)
- Briarwood Health Protocol – emergency medication (appendix E)
- Briarwood Seizure Protocol – no emergency medication (appendix F)
- Briarwood Seizure Protocol – emergency medication (appendix G)
- Briarwood Asthma Protocol - (appendix H)

Briarwood Asthma Protocols are to be created by teachers with support from parents based on the information provided and monitored by Head of School with oversight from Head of Inclusion and Provision.

Implementation and Review

Briarwood HCP and Protocols should be updated and reviewed in term 1 each academic year, or if there has been a change in circumstances or need. This should be done in conjunction with parents, school and any relevant health care practitioners who are involved in the pupils care.

Corresponding Seizure Plans or other IHCP from health care providers should be updated once per year by the Seizure nurse, neurology team or lead clinician. The Head of Provision will ensure Heads of Schools and teachers are aware of upcoming seizure plan renewals and work alongside teachers to ensure these are in place. Once received, these will go to inform any updates on the Briarwood Seizure Protocol.

Risk assessments for first aid and the management of medical needs will be formally reviewed and updated at the start of each academic year, or immediately after a change in medication or level of risk. If a sudden change in plans for an activity occurs, an on-the-spot re-assessment can be done. This is sometimes called a dynamic risk assessment. All risk assessments need to be signed by the EVC or the Deputy EVC in their absence.

In term 6 of each academic year, transition will occur between classes enabling best practice and experience to be shared between staff, ensuring all information about pre-existing medical conditions can be assimilated and information about new starters, adults and children can be passed on in a time effective manner ready to begin in term 1 of the new academic year (see Appendix S).

The school maintains an online system 'Arbor' which records pupils' medical conditions and allergies e.g. asthma, epilepsy and anaphylaxis. Pupils with severe allergies and requiring adrenaline pens must complete/have Briarwood Health - Emergency Medication protocols. This information must be disseminated amongst all appropriate staff/volunteers involved in the supervision of pupils.

Risk Assessments

Every pupil has a Risk Assessment (see Appendix L).

These should be updated at the beginning of every year and if there is a newly identified risk or change in medical need.

These need to be used when planning off site trips or excursions.

These need to be signed off by the HoS alongside parents. These are to be monitored by Heads of Schools with oversight from ELT.

All of the staff who work with the pupil must be aware of their risk assessment must have read and signed it, at least on an annual basis or if there are any changes. If they don't feel confident then they must inform their HoS and further training or support can be given.

Administration of Medication in School

Supporting pupils at Schools with Medical Conditions is primarily a parent/carer responsibility. Pupils should take medication at home where possible, although provision has been made for medications to remain in school if needed.

The vast majority of antibiotics don't need to be taken at school as they can be taken before and after school and again at bed time. Parents/carers should discuss this with their doctor prior to bringing any antibiotics to school if there is any confusion around when the antibiotics should be taken.

Medication directly administered by staff should always be recorded, together with details of the dose, frequency, date, time, name of pupil and main symptom(s) identified, which would prompt a course of action.

Unless the procedure is incredibly basic (Appendix A), or is emergency treatment such as issuing an inhaler, no member of staff should administer medication unless they have received the appropriate training.

Parents should never be made to feel obliged to attend school to administer the medication to the child themselves.

If medication is missed/refused, parents/carers should be alerted and asked to what we need to do to support their child. If a child refuses to take their medication, staff are prohibited from using any form of force or bribery. The parents should be informed so that alternative options can be considered.

Failure to obtain relief from the prevailing symptom(s) and any other concerns, following administration of prescribed or non-prescribed medication, must result in the Parents/Carers being informed. The pupil concerned must be referred as necessary to an appropriate medical practitioner.

No medicines should be administered if instructions on the consent form are different to the instruction on the medicine.

This would include:

- Where the dose or frequency of the medication requested on the consent form is different to the guidance on the box or bottle.
- The timings of medication administration on the consent form are different to the timings on the bottle
- If in doubt about any procedure, staff should not administer the medicine but check with the parents or contact a healthcare professional before taking further action.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Signing in and out of Medication:

All medication on the property needs to be signed in and out using a signing in/out form (appendix T).

Prescription Medication

Prescription Medication can only be administered in school when it would be detrimental to a child's health or school attendance not to administer it. Assistance in the administration of prescribed medication can only be made at the request of the pupil's healthcare practitioner or parent/carer.

A school can only accept prescribed medicines if they are in-date, labelled, provided in the original container as dispensed by a pharmacist with clear instructions for administration, dosage and storage.

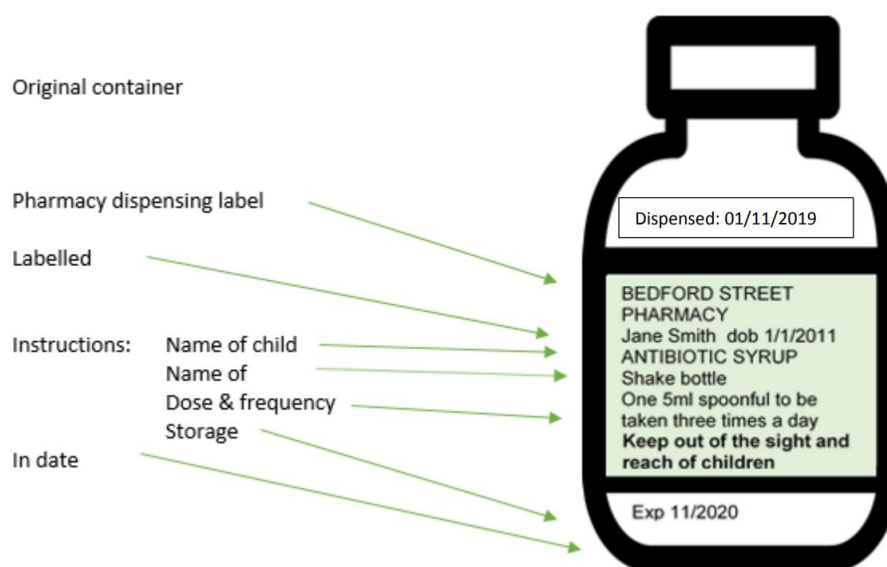


Image 1: Cambscommunityservices.nhs.uk

Staff administering the medication must have completed the Medication Awareness training course and only named staff should have access to it, although it should be easily accessible in an emergency. If staff must administer the medication, they should do so in accordance with the prescriber's instructions.

It is parent/carers responsibility to ensure the school is aware they are sending in medication with their child. They should also inform transport if their pupil gets the bus or a taxi to school so they are aware. The medication should be taken out of the pupils bag on arrival and stored in a safe and secure place. The medication should be sent home each day with a record of what medication was given throughout the school day (MARS form – Appendix C).

In circumstances where pupils may need to have access to life saving prescription drugs in an emergency, the details will be recorded in the pupil's individual healthcare plan and identified staff members will be aware of what to do.

The school is aware that the administration of prescription only medication specified in Schedule 19 of the Human Medicines Regulations 2012 should only be given by those trained to do so. Where a first aid needs assessment identifies that Schedule 19 medication may be required to be administered in an emergency, the school will consider providing first aiders with additional training so that they can be aware of the symptoms and condition and administer lifesaving medication in an emergency situation.

Over the Counter Medication (OTC)

It is appropriate for over the counter medicines to be administered by a member of staff, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary. This must be signed, dated and must expressly authorise staff to administer that medication. Parents/Carers must notify staff of all changes in circumstances and/or any other relevant information.

All OTC medication must be in the original container and contain the following:

- Dose and frequency information (appropriate to the child's age) –

- Expiry date
- Child's name is written on the OTC medicine container by parent/carer

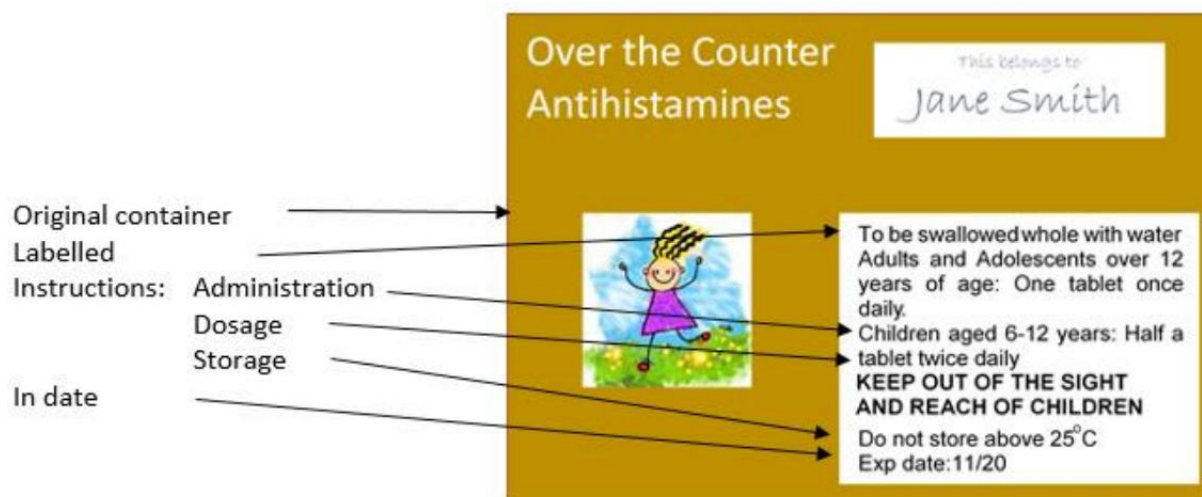


Image 2: Cambscommunityservices.nhs.uk

When agreeing to administer a non-prescription medicine schools should be reassured that they are not making the clinical decision that the medication is appropriate for the child's health condition. This responsibility remains with the parent and/or carer following their written consent.

Over-the-counter medication like Calpol can be given by Admin of meds trained staff with written permission from the parent/carer. The bottle must be clearly labelled with the child's name on it. Staff must fill in a MARs sheet and send a copy home to parents.

Before administering a medication (such as paracetamol), the parent/carer must be contacted and asked if there have been any previous doses that day.

Members of staff should read and comply with the instructions on the container supplied or with the packaging. Expiry dates must be checked.

Staff administering the medication must have completed the Administration of Medication training course.

It is parent/carers responsibility to ensure the school is aware they are sending in medication with their child. They should also inform transport if their pupil gets the bus or a taxi to school so they are aware. The medication should be taken out of the pupils bag on arrival and stored in a safe and secure place. The medication should be sent home each day with a record of what medication was given throughout the school day.

Controlled Medication

Controlled drugs will be stored in a non-portable container and only certain staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of

controlled drugs held and any doses administered (**See Appendix Z**). Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Self-Administration

The DfE Supporting Pupils at School with Medical Conditions guidance state that, 'after discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual health protocols.' The statutory guidance does not prohibit children from carrying their own medication at school, 'Where ever possible, children should be allowed to carry their own medicine and relevant devices or should be able to access their medicines for self-medication quickly and easily'.

A risk assessment will still be required for children who are carrying their own medication and a consent form should still be completed by a parent/carer where it has been agreed that a child should carry and/or administer their own medication. This plan should always be in agreement parents/carers after an initial consultation.

Children who can take or apply their medicines themselves or manage procedures will require an appropriate level of supervision.

The National Education Union (NEU) advises that application of topical medications, such as sunscreens, should be by self-administration where possible, with appropriate supervision if required.

Even if all pupils can 'self-administer' this does not take away the need for staff to attend training. It is vital that staff understand that a child experiencing an asthma attack or severe difficulty breathing will be unable to administer their own medicines successfully and, therefore, staff will need to have the training to know how to do it. Where the school holds a spare inhaler, all staff must know where it is located and it must not be locked away in a manner that makes it inaccessible to them.

Where pupils are competent to discern whether they require medication, the role of the staff could well be simply to assist with the administration of that medication e.g. asthma inhalers.

Where pupils have difficulty in opening containers, or reading labels they or their parent/carers should discuss with their pharmacist the possibility of compliance aids and labels of large print. Staff should note that pupils may still have such difficulties and will require help, including the opening of bottles or the accessing of out-of-reach items.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

For most pupils at Briarwood, direct administration by staff is permitted where pupils are not competent due to their physical and/or learning difficulties.

Emergency Medication and Treatment

If an incident, illness or injury occurs the first aider will assess the situation and decide on a plan of action. If they need further assistance, they will arrange for the person to access medical help without delay.

Medical emergencies will be dealt with under the pupils protocol or in line with other emergency procedures and site risk assessments.

Where a PROTOCOL is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

The defibrillator machine should be used as soon as possible if required, although some staff have received training, it is not necessary as the machine talks staff through the process. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis, and usually during the first INSET session of the academic year.

As part of general risk management processes there are arrangements in place for dealing with emergency situations. A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent/carer arrives.

Health professionals are responsible for any decisions on medical treatment when the parent/carer is not available. Staff are not usually advised to take a pupil to hospital in their own car. Should they do so, in exceptional circumstances, they must be insured and also accompanied by an additional adult. It is usually safer to call an ambulance. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

There may be pupils who have a “do not resuscitate” instruction, and this information should be sensitively communicated to all staff members and medical professionals involved.

Sadly, first aid / supporting pupils with medical conditions will not always work and there might be a death in the school. Dial 999, have the postcode ready, and ask for immediate police attendance. Preserve the scene in case the police wish to investigate. Remove all staff and pupils present to another room and keep them there, with clear instructions to not spread any news via email or social media. The intention is to limit the opportunity for rumours to start and to ensure the parents / close relatives hear from the correct source

Asthma

Staff will administer the asthma medicines in line with the pupils Asthma protocol. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members’ roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

Parents will be required to label their child’s inhaler with the child’s full name and year group. Parents will ensure that the school is provided with a labelled spare reliever inhaler, in case their child’s inhaler runs out, or is lost or forgotten.

Members of staff are not required to administer medicines to pupils, except in emergencies. Staff members who have volunteered to administer asthma medicines will be insured by the school’s appropriate level of insurance which includes liability cover relating to the administration of medication.

The use of preventer inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to school.

Appropriate support and training will be provided for first aiders on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding MARS form. The pupil's parents will be informed of the incident.

A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

When not in use, emergency inhalers are stored and disposed of in line with this policy.

Epilepsy and Seizures

If it is disclosed that a pupil has epilepsy, the school will ensure that they receive appropriate support, including through the development of an HCP and corresponding emergency protocol – this will outline the specific support for the pupil.

Seizure plans should be provided by Health care practitioners or school nurses. These will be used to form the pupils HCP and corresponding protocol. The school, parents and other healthcare professionals will work in partnership to create and review HCP plans. Where appropriate, the pupil is also involved in the process.

Seizure protocols will be displayed on the class Health and Safety board so everybody is aware of what to do in case of an emergency.

Staff will have appropriate training on seizure awareness and how to respond to an emergency or seizure.

Epilepsy often has an effect on pupils' learning and behaviour, such as tiredness and lack of concentration, and, therefore, the school will make reasonable adjustments and offer additional support.

Parents will be kept fully informed of their child's epilepsy at school and will be consulted before the IHC plan is reviewed and any changes will be made.

An ambulance will always be called in the following instances:

- The seizure continues for longer than usual for that specific pupil, or more than five minutes for any pupil
- One seizure follows another without the pupil regaining consciousness in between
- The pupil is injured following a seizure

- The pupil has difficulty breathing
- Staff believe the pupil needs urgent medical attention

If a child suffers a seizure lasting 5 mins and Buccal Midazolam is advised to be administered according to the Seizure Care Plan / HCP / Seizure Protocol, this must be done, even if it is the first time the child has ever had Buccal. Prior to administering it ring for an ambulance. After administering it, parents must be informed.

If a pupil experiences a seizure that does not require emergency medical attention, parents will be contacted as soon as the pupil has recovered.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Schools have a legal duty to make arrangements for pupils with medical conditions (including those with food allergies) under the Children and Families Act 2014. Schools also have a duty to be able to care for pupils with allergies (and provide emergency care for a child having anaphylaxis) as set out in statutory guidance with *Supporting pupils at school with medical conditions*.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Head of School will inform both the Head of Provision and the catering team so they can ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with a pupils HCP and corresponding protocol. Where a pupil has been prescribed an AAI, this will be written into their HCP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis by the Head of Provision and Inclusion.

An emergency medication Protocol for each pupil who has allergies and requires an AAI will be displayed on the health and safety board within each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

AAI devices will be stored in a suitably safe and accessible place in line with the medicine storage section of this policy. AAIs are emergency medications and must therefore never be placed in a locked cabinet.

In the event of anaphylaxis, staff should alert the response team and the head of school via the alert system. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs to be physically supported.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be always be contacted (even if an AAI device has already been administered). In the event of anaphylactic attack it is important to administer an adrenaline pen as soon as possible and then call 999 for an ambulance, stating your postcode.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded using a MARS form.

AAIs will not be reused and will be sent home with the pupil at the next available opportunity. Parents will need to send in replacement AAIs.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and this should be detailed on their risk assessment.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis by the Head of School and/or response team to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the response office on each site and in the Head of School office on Infants, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Recording of Medication

Schools must keep a written record of all medicines administered to individual children, stating the amount of the prescription drug held in the school, and how much was administered, when and by whom (MARS form – Appendix C).

This should always be counter signed. However, only the member of staff administering the medication need to be Admin of Meds trained.

This needs to be sent home every day with the child so the parent/carers are informed of what medication was given, when and what dosage.

Dealing with Medicines Safely

Some medicines may be harmful to anyone for whom they are not prescribed. Briarwood School agrees to administer this type of medicine, but has a duty to ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) regulations, there must be a system of checks in place to ensure that all medicines are issued to the correct pupil.

School staff should not dispose of medicines. Parents/carers should collect medicines, or they should be sent home at the end of each term. Parents/carers are responsible for disposal of date-expired medicines. If parents/carers do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.

All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves, aprons and masks as necessary and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. This is clinical waste and has to be disposed of by a suitable contractor. If PPE is required for the administration of a medication, all the necessary PPE should be alongside e.g. gloves to encourage use.

Storage

All medicines should be stored safely. Senior leaders and Heads of Schools should make adequate provision for the safe and appropriate storage of medication.

Non-emergency medications should be stored in a locked cupboard, preferably in a cool place, known to the child and relevant staff.

Medicines must be supplied, clearly labelled with person name and dose and stored in the original containers.

Emergency medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to staff and not locked away. Case-by-case risk assessments will be needed to identify the safest and most appropriate way to store these.

Some medicines need to be refrigerated. Medications requiring refrigeration should be stored in, an appropriate refrigerator with restricted access, in a closed, clearly labelled plastic container. The temperature should be monitored daily.

Where a pupil needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers.

The senior leaders and Heads of Schools are responsible for making sure that medicines are stored safely. Where appropriate, pupils should know where their own medication is stored and who holds the key.

Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person or in a lockable facility (for example, the pupil's locker).

It is important that the safe location is known to the child and relevant examples may include the classroom, medical room, school office or on the child themselves where applicable.

Type of Medication	Examples	Storage	Notes
Non-emergency medicines	Prescribed medicines OTC Medicines	A locked cupboard (not a legal requirement, but good practice). Can be carried by a child if competent to do so (e.g. secondary school).	Possible locations include the classroom, medical room, school/setting office or head's office.
Emergency Medicines	Rectal Diazepam Adrenaline (Epipen) Glucose (Hypostop) Asthma Inhalers	Not locked away, secure location. Preferably carried by child if competent to do so (e.g. kept in school bag)	This location will be different in every school/setting; according to where the pupil normally has lessons/ spends most of their day, the size and geography of the school and the pupil/child's age and maturity. Possible locations include the classroom, medical room, school/setting office or head's office.
Refrigerated Medications (Store 2-8 C)	Antibiotics (e.g. flucloxacillin liquid)	Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day.	All storage facilities should be in an area which cannot be accessed by children. Insulin pens may be kept out of the fridge for up to 28 days once opened.
Controlled Drugs (CDs)	Buccal Midazolam [CD2] Dexamfetamine [CD2] Lisdexamfetamine [CD2] Methylphenidate [CD2] Morphine [CD2] Tramadol [CD3] Codeine [CD5]	Securely stored in a non-portable container and only named staff should have access.	Schools should keep a record of doses used and the amount of controlled drug held.

Image 3: Cambscommunityservices.nhs.uk

First Aid

Briarwood School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors. The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

The Health and Safety (First Aid) Regulations require employers to provide trained persons, equipment etc. to deal with First Aid emergencies and ill-health occurring at work.

First Aid is provided to:

- Preserve life
- Limit the effects of the condition
- Promote recovery

Employees must be informed of the location of the First Aid personnel. This will be in the form of a standard notice which will be displayed on the Health and Safety notice board at a minimum.

First aiders will hold a valid certificate of competence and will receive refresher training prior to expiration of certificate (if required to be renewed). When selecting first aiders, the school will follow criteria set out in government guidance ensuring:

First Aid boxes are located around each site and are regularly monitored and re-filled by the Response Team.

First Aid should be provided where a person will need further medical treatment until such help arrives, and for the treatment of minor injuries. First aiders must do what is appropriate to relieve extreme distress or prevent further and otherwise irreparable harm, e.g. use of an adrenaline pen while keeping themselves safe.

Senior leaders will take advice from GPs, hospital doctors, occupational health advisors, school nurses, other medical staff and medical charities or other suitable sources as needed.

Arrangements will be in place to make first aid supplies and a defibrillator machine available for any community groups or after school (independent) play schemes, etc. using the facilities, if applicable or ensure the hirers/users have such provision themselves, or achieve the list between them.

Facilities must be provided to ensure that First Aid is rendered to employees, visitors, service users (including students), volunteers, agency staff etc, if they become ill or are injured at work or under the jurisdiction of the school, on or off site.

First aid posters will be clearly displayed throughout the school and a list of staff who are first aid trained can be found in appendix M.

The school will routinely re-evaluate its first aid arrangements through a risk assessment, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of 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-sized individually wrapped sterile unmedicated wound dressings
- 10 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

The Head of School will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed. Head of Schools should liaise with the response team to ensure this is monitored.

First aid needs assessment

The school will regularly monitor and assess its first aid arrangements by conducting a first aids needs assessment, at least annually.

The school will ensure that this assessment informs first aid policies and protocols and that arrangements continue to be appropriate and take account of:

- Hazards and risks on the school premises.
- The size of the school.
- The needs of any vulnerable individuals onsite.
- The nature and distribution of pupils and staff throughout the school.

The school will ensure that first aid provision is sufficient and can be administered without delay at all times.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

The school will expect teachers and other staff working with pupils to use their best endeavours at all times, particularly in emergencies, to secure the welfare of pupils in the same way that parents might be expected to act towards their children.

The school will make staff aware of the government guidance which stipulates that, in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Material, equipment and facilities

The school will provide sufficient materials and equipment to meet the needs identified in the first aid needs assessment and ensure that these are suitably labelled, accessible and available at all time.

Accommodation

The response office will act as a first aid room on both the Juniors and Secondary site, which will be suitable to use as and when it is needed. The rooms should enable medical examinations and treatment of pupils and for the short-term care of sick or injured pupils.

The response office / first aid room will:

- Be large enough to hold a (examination) chair
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have access to/be near to a sink with hot and cold running water and toilet
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

Equality and Diversity

In administering medication/treatments and deciding emergency courses of action, staff must have due regard for the following implications and equality issues:

- Diverse cultural values
- Specific medical conditions encountered in particular ethnic groups
- The practices and ethical values of particular faith groups and
- The need for appropriate privacy of pupils while at the same time ensuring issues such as potential accusations of child abuse, especially where intimate procedures are involved or addressed.

Due care should be exercised where English is not the first language of the pupil or parent/carer. Translation services must be sought if parents have difficulty understanding or supporting their child's medical condition themselves.

Staff Training

Any member of staff providing support to a pupil with medical needs or delivering first aid will have received suitable training. Staff are prohibited from delivering this support unless they have completed adequate training which has been acknowledged by the school and who are therefore in receipt of a certificate of completion. The school will ensure that all first aiders hold a valid first aid certificate, issued by an HSE-approved organisation or provided through recognised practitioners and healthcare professionals, such as school nurses. Following any staff reorganisations, it is important to check that appropriate numbers of trained individuals are still available.

The school is aware that first aid certificates are usually valid for three years and will therefore ensure that adequate monitoring procedures will be in place to ensure that refresher training is arranged for first aiders

before certificates expire. First aiders will ensure that their first aid certificates are kept up to date through liaison with the SBM.

Training needs will be assessed by the Head of Provision after being requested via the implementation or review of an IHP, and whole school training needs will be updated twice annually alongside the admin team to ensure enough coverage across sites. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

The admin team keep a detailed record of all training which has been undertaken and this is reviewed regularly by the Head of Provision and the admin team. Staff will be notified in advance if their training is due for renewal and must act accordingly. Staff should proactively discuss their training needs with their Heads of School and identify whether this training need is required. If it is deemed that the training is required, a CPD booking request needs to be submitted by the Head of School to Head of Provision. Any additional training needs which arise throughout the year need to be raised with the Head of School and the staff this refers to.

The school will ensure that first aid training courses cover mental health in order to help staff members recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Briarwood School provides support for staff who are frequently involved in the administration of medication to pupils through regular medical and behaviour debriefing, our Wellbeing Charter and providing access to the Bridge Therapist when needed. For an exhaustive list of support please refer to our **staff wellbeing brochure**.

Class lists are developed for the next academic year ensuring trained staff are allocated to classes where there is an identified medical need.

The school will ensure that staff are aware that the administration of first aid at work does not include the administration of medication, whether prescribed or not. Only suitably trained individuals can administer medicines to pupils. A suitable course must be completed.

Trained individuals must be available at all times of the school day (e.g. Lunchtimes).

The leadership team must identify suitable employees who are willing to undertake First Aid training and supporting pupils at schools with medical conditions training.

The school is aware that standard first aid at work training courses do not include resuscitation procedures for children. In all cases, the school will ensure that first aiders receive additional training in paediatric first aid so they are able to execute their duties appropriately to the whole school community. If there are pupils under 5 years old there must be suitable numbers of paediatric first aiders. There must be adequate cover to cater for periods of staff sickness or leave.

A register must record the members of staff who have received first aid and / or supporting pupils at schools with medical conditions training. This must be reviewed regularly and always at the start of each academic year with oversight from Governors.

Sufficient numbers of staff must be trained in the use of an Adrenaline pen if there are identified Adrenaline pen users.

EYFS

The school will ensure that it meets the paediatric first aid requirements set out in the statutory framework for the early years foundation stage (EYFS), which also includes arrangements for off-site activities.

In doing so the school will ensure the following:

- At least one person who has a current paediatric first aid (PFA) certificate is always on the premises and available when children are present and accompanies them on any outings - the certificate must be for a full course consistent with the criteria set out in Annex A of the EYFS framework.
- PFA training is renewed every three years and is relevant for people caring for young children.
- Any member of staff who has sole responsibility for looking after a group of children will hold a PFA certificate.
- All staff who have obtained a level 2 and/or level 3 qualification since 30 June 2016 obtain a PFA qualification within three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3.
- It displays, or makes available to parents, staff PFA certificates or a list of staff who have a current PFA certificate.
- All newly qualified entrants to the early years workforce who have completed a level 2 or level 3 qualification on or after 30 June 2016, have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff: child ratios. The school will organise PFA training to be renewed every three years.

Pastoral Response Team

The Pastoral Response team are First Aid trained and trained to respond to any alert or issue across the sites. They are trained in administration of medication and also have bespoke training for specific pupils medical needs, alongside extensive training in other areas such as administering medication for seizures and allergies.

The response team have a bank of knowledge around medical conditions and are the first pillar of support when dealing with a first aid incident. They are located primarily on the Juniors/Sixth Form and Secondary Sites however often move around the school where they are needed.

There are also a number of 'back up' responders with additional contracts who can step up should a responder be off site or ill, enabling classes to have continuous support for medication and first aid needs throughout the school day.

Each class has an alert system, when pressed with send a signal to the response team that support is needed. The response team will respond in a timely manner and notify the Head of School should a more serious incident occur.

The role of the School Nurse

The Department for Education document Supporting pupils at school with medical conditions (2015) places the responsibility of writing and updating of an Individual Healthcare Plan (IHCP) with the school and family of the child/young person outlining the supportive role of the School Nurse who can be contacted for advice and guidance if needed.

The School Nursing Service can support schools in navigating the development of a HCP in signposting to the relevant specialist services such as the Paediatric Epilepsy Team and the Paediatric Respiratory Team if required. The relevant healthcare professional will provide information around the child's medical difficulties and the necessary interventions or treatments as appropriate.

Reporting of accidents and incidents of occupational ill-health

Staff will record all incidents and near misses on an accident form.

In case of staff, this is the responsibility of the person who has had the accident, unless physically unable to do so, in which case a first aider may complete this form for you. It is the responsibility of the member of staff who witnessed the incident (in case of pupils) to complete the form. If you are completing a form on behalf of a pupil, please ensure if first aid was sought, the first aider has completed the relevant box below prior to handing in to admin.

It is not the responsibility of the first aider to complete the first aid form if there were not present for the incident.

These forms need to be handed in and signed by HoS before being passed to the admin team for filing on Arbor. Serious accidents & injuries should be reported to Bristol City Council health and safety team who then escalate to HSE if RIDDOR reportable but we can seek advice from delegated services

All administration of medicine must also be recorded. There should be one incident per page, due to data protection.

We would encourage all staff to be checked by a first aider and ensure they check the form before signing it.

All pupils who have sustained injuries should be seen by a first aider.

All injuries, however minor, must be reported to parents/carers in writing at the end of the day.

Any phone calls to parents should be logged on Arbor.

Any significant incident should be discussed with the leadership team or Head of School and will be reported to parents/carers by telephone straight away.

Any head injuries should also be reported to parents/carers at the earliest available opportunity through a telephone call which is logged on Arbor, on the phone alongside in writing through a BUMP form with advice on how to take further action if symptoms develop (please see appendix y).

Any serious incident must be reported to the Executive Head teacher immediately.

The school operations committee must also regularly analyse incidents to spot any patterns and for investigative purposes.

Notification will be made by the Executive Head teacher to:

- Health and Safety Executive as required under RIDDOR going through Delegated Services
- OFSTED if it is a serious incident and there are safeguarding issues.
- The LA if it is a serious incident and there are safeguarding issues.
- If there is a serious disease the appropriate GP or Public Health England at <https://www.gov.uk/phe> or through Delegated Services.

The school will keep a record of all incidents involving staff, pupils and visitors, which require first aid staff to be in attendance. The school will use this record to help identify trends in accidents and areas for improvement as well as when to review first aid needs assessments.

Records will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name and signature of the first aider or person dealing with the incident.

The school is aware that this record is not the same as the statutory accident book; however, for expedience and simplicity, it will combine these records.

The headteacher will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.

All records will be stored in line with our Data retention policy.

Off Site Trips and Excursions

Pupils with medical conditions will be supported to participate in off site trips and excursions.

Prior to taking the pupils off site, teachers must carry out a risk assessments and all staff must be fully appraised of pupils who may require such medication. The risk assessment will also identify what reasonable adjustments need to be taken.

There must be a written and signed-off risk assessment for each pupil that is likely to require medication during an off-site visit.

Advice will be sought from parents, any health care practitioners and any relevant staff prior to the trip.

There must always be an individual present who is trained in paediatric first aid if under 5's are attending the trip.

When outside of school premises, e.g. on school trips, it is essential all medication must be taken and stored in the most appropriate manner (e.g. in a first aid bag). Where it has been agreed that a child is competent to manage and carry their own medicines and relevant devices, they should be kept securely on their person (e.g. in their school bag).

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains 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.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.
- For more information about the school's educational visit requirements, please see the Educational Visits and School Trips Policy.

Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Consent

Parents will be asked to complete and sign a medical consent form when their child brings any form of medication to school, including emergency medication.

Parents will complete an induction pack upon arrival at Briarwood, which includes emergency numbers, alongside details of allergies and chronic conditions – parents will have a chance to update these forms will at the start of each school year if required.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

Home to School Transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Information for staff

The school will inform staff, pupils, contractors and visitors to the school, as appropriate, of the first aid arrangements, including the following:

- The contents and key principles of this policy
- The location of equipment and facilities
- The identities and roles of first aiders or the appointed person.
- How to contact a first aider or appointed person urgently should the need arise.
- The procedures for monitoring and reviewing the school's first aid needs.

The school will include the provision of first aid information during induction training.

Appendices

Appendix A- Guidance in Carrying Out Medical Techniques

The following is given as guidance on the appropriate persons to carry out various medical techniques. Please note this is only guidance, staff have the right to refuse to administer any medication, unless it constitutes part of their terms of employment (Guidance for Supporting the Needs of Children and Young People with Medical Conditions Attending Educational Setting, NHS, 2022)

PART A: More Complex Medical Procedures

To be carried out by Doctor, Specialist Nurse or other qualified practitioner or by a member of staff who has volunteered/had a duty(s) identified in their job description, received appropriate training and had written consent from the parent/carers only:

- Re-insertion of a Nasogastric or Gastrostomy Tube
- Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation
- Intravenous administration of medication
- Programming of syringe drivers
- Administration of prescribed Medication not documented in the child's Individual Health Care Plan
- Re-insertion of permanent urethral or supra-pubic indwelling catheters
- Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the trachea)
- Ventilation care for an unstable and unpredictable child

PART B: Tasks Requiring Training from a Health Professional

The following may be carried out by an employee who has received appropriate Information, Instruction and Training.

- Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan
- Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump
- Stoma care including maintenance of patency of a stoma in an emergency situation
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g., rectal diazepam

- Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g., Community Paediatrician or Consultant Neurologist
- Emergency administration of 'rescue medication' such as Buccal or Intranasal Midazolam for seizures, and Hypo stop or Gluco Gel for the management of low blood sugars in Diabetes
- Intermittent Catheterisation and routine catheter care for both urethral and supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder)
- Routine Tracheostomy care including suction using a suction catheter
- Emergency change of a tracheostomy tube
- Oral suction of the mouth
- Emergency interventions which would be deemed basic first aid and includes airway management
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g., Consultant Paediatrician or Paediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan

PART C: Routine and easily acquired skills

Procedures that can be carried out by other persons:

- Making up of a routine infant feed following instructions as to how much feed and water to mix together
- Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptations to promote independence at meal times
- Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear
- Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc
- Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist
- Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema
- Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist
- Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy

- Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy
- Administering oral medicine in accordance with local policy to include over the counter medication such as Paracetamol
- Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure
- Simple dressings applied to the skin following a written care plan, for example, application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch

Appendix B- Hygiene Procedures

Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

The following precautions must be adhered to when dealing with body fluid:

- (a) Hand washing - a thorough hand washing technique using soap and hot water (Liquid soap is preferable to bar soap). Disposable hand towels are recommended. Hand washing should take place even if gloves were worn.
- (b) Skin - any cuts or abrasions must be adequately covered with a water proof dressing.
- (c) Items of Personal Protective Equipment /Clothing, e.g.

Gloves - single use gloves should be worn when contamination of the hands is anticipated (this does not remove the need for hand washing).

Masks - advice should be sought if unclear about the appropriate type for the task in hand.

Containers - advice should be sought if unclear about the appropriate type for the task in hand.

Safety Spectacles - should be available and worn in circumstances where body fluids might possibly contaminate the eyes.

Aprons - single use plastic aprons are advised if any contamination of the body area is possible.

- (d) Spillage - all blood and vomit spills should be covered with disposable paper towels then treated with a solution, such as Sanitaire, as advised by an Infection Control Nurse. Such solutions can be an irritant to the skin. For this reason, a proper risk assessment on the use of them must be carried out and clear instructions on its use available for staff. Gloves and aprons should be worn whilst it is being used.

Spills of urine and faeces should be cleaned up promptly. Use disposable paper towels to soak up the majority of the spill and then wash the area with a fresh solution of detergent and water. Again gloves and aprons should be worn.

- (e) Fouled laundry - fouled and infected laundry should be securely bagged and sent home. Again gloves should be worn.
- (f) Waste - small quantities of waste contaminated with body fluids comparable to those encountered in normal domestic use should be flushed away or bagged and disposed of in the normal fashion. Significant quantities of waste must be disposed of by a recognised contractor.
- (g) The school has an adequate system of disposal of clinical waste matter. There are various categories of waste and legislation that governs disposal. If assistance is required on these matters contact the safety advisors.

Appendix D –

Briarwood Health Protocol – Medical Condition or Concern

Pupil Name: Class:

Description of medical condition or concern:

Insert any signs or symptoms of this condition or concern here



Does the pupil require any medication within school hours?

This should correlate with any medication and corresponding forms you have in school for the pupil



How to support in class:

Insert any daily care requirements



When to Dial 999:

Describe what constitutes as an emergency

Parent/carers signed Date:

Appendix E –

Briarwood Health Protocol – Emergency Medication

Pupil Name:

Class:

Description of medical condition or concern:

Include any signs and symptoms here



Press Alert



How to Support:



Emergency Meds:



When to Dial 999:

Always phone 999 immediately if any emergency medication has been given and then parents/carers to inform. Emergency protocols are to be read in conjunction with Individual Health Care plans and should under no circumstances replace them or their information be altered by anyone other than Health.

Parent/carers signed Date:

Appendix F

Briarwood Seizure Protocol – No Emergency Medication

Pupil Name:

Class:

Description of Seizure:



Time Seizure + Press Alert



How to Support:



After Care:



When to Dial 999:

Always phone parents/carers to inform

Parent/carers signed Date:

Appendix G

Briarwood Seizure Protocol – Emergency Medication

Pupil Name:

Class:

Description of Seizure:



Time Seizure + Press Alert



How to Support:



Emergency Meds:



When to Dial 999:

Always phone 999 immediately if any emergency medication has been given and then parents/carers to inform

Parent/carers signed Date:

Appendix H –

Briarwood Asthma Protocol:

Pupil Name:

Class:

My asthma triggers:



My every day asthma care:

My reliever inhaler helps when I have symptoms.
 It is called

It's colour is

Other asthma medicines I take every day include

I take puff's of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe



My asthma is getting worse if...

If my asthma is getting worse if I:

- wheeze, cough, my chest hurts, or it's hard to breathe

I need to:

- Press the alert to inform response and SLT
- Take my preventer medicines as normal and also take puff/s of my reliever inhaler (usually blue) every four hours if needed

My teacher will inform my parents/carers and advise them book a next day appointment with my GP or nurse.



I am having an asthma attack

Signs:

- My reliever inhaler isn't helping or I need it more than every four hours
- I can't talk, walk or eat easily
- I'm finding it hard to breathe or I'm coughing or wheezing a lot or my chest is tight/hurts

I need to:

- Press the alert
- Sit up, don't lie down and try to keep calm.
- Take 1 puff of my reliever inhaler every 30 to 60 seconds, up to a total of 10 puffs.
- If I don't have my reliever inhaler, or it's not helping, call 999 for an ambulance.
- Somebody needs to contact my parents/carers immediately

Parent/carers signed Date:

Appendix I –

Safeguarding and child protection

- If a member of staff is treating a pupil and there is evidence of or disclosure of anything relating to child protection the relevant child protection leads should be contacted.
- Information for children with medical support needs will be circulated to relevant staff so that enough people are aware of any critical issues. The information and photographs will be treated with care respecting the rights of the children and their families.
- Please see Safeguarding and Child Protection Policy for more information

Appendix J - Role and Responsibilities of First Aiders and Appointed Persons

The First Aider's role includes (but are not exhaustive of):

- administration of First Aid, up to but not exceeding the level of their training
- ensuring that any incident and any treatment given is recorded appropriately
- ensuring that all spillages of body fluids are cleaned up promptly
- maintaining stocks within the First Aid kit/box (see Appendix L)
- ensuring, in liaison with management, that appropriate documentation is completed and that reportable accidents are reported to the line Manager as soon as possible after dealing with the immediate effects.
- ensuring that their own recommended immunisations/injections are up-to-date and
- reporting any illnesses or injuries which would preclude their abilities to administer First Aid, to local management to arrange alternative cover.
- First Aiders must ensure their qualifications are kept up to date.

Appendix K - Payment for First Aiders

For non-teaching staff an allowance may be paid to First Aiders who have a valid current First Aid at Work Certificate and if being a first aider is detailed as an essential criterion on the relevant person specification. Other staff who are not required to be first aiders as part of their job description may have the opportunity to do so and the school will pay for their training in the same way as for essential staff, however there will be no first aid allowance paid.

This payment will be stopped if the First Aider:

- chooses not to continue as a First Aider, or
- does not attend the 12 monthly refresher courses, or
- on attendance at the refresher course is found not to be competent, or
- allows their certificate to lapse, or
- relocates to a unit/establishment which already has sufficient First Aiders, or
- leaves the organisation.

Appendix L – Risk Assessment.

Briarwood School Risk Identification, Assessment and Reduction

Assessing and managing foreseeable risks for pupils who present challenging behaviours and/or have high medical needs.

Name: _____ Class: _____ Teacher: _____ Date: 19 _____

Note: The risk rating is based on the existing situation including control measures present at the time of assessment (see Risk Rating Matrix):

Identification of Risk: Describe the foreseeable risk: What has the potential to cause harm (hazards). (Group hazards in one row if similar controls apply, insert hazard number/s)	Is the risk potential or actual? (has there already been an incident)	If the risk arises, who is likely to be injured or hurt?	What kinds of injuries or harm are likely to occur?	Existing control measures: What are the preventative measures already in place to prevent injury or ill health? (Inc. PPE, staffing)	Severity: How serious are the adverse outcomes	Likelihood: How likely is it that the risk will arise?	Overall Risk Rating Score:	Risk Reduction / Further Measures: What further action, if any, needs to be taken to reduce risk? (incl. PPE, staffing)	Risk rating after the proposed measures
Risk No.1									
Risk No.2									
Risk No.3									

Risk Assessment Completed by: _____

Review Date: _____

Agreed by _____

Date _____

Signed Head Teacher _____

Date _____

All of the staff team trained to work withmust read and sign this risk assessment. If they don't feel confident then they must be honest and request they are not working with..... Further training can be given. Once agreed, email risk assessment to

Staff Name	Staff Signature	Date

RISK RATING MATRIX

Risk scoring and rating table

Impact/ Severity (S)

This is the degree of harm that may be caused.

1. NIL (No injury)	No harm.
2. LOW (Minor Injury)	Low to minor harm or upset. Injuries or ill health causing no significant long-term effects and no significant absence from work.
3. MEDIUM (Serious Injury)	Injuries or ill health causing short-term disability/absence from work (over three days absence).
4. HIGH (Major Injury)	Major injuries or ill health causing long-term disability/absence from work.
5. MAJOR (Fatal Injury)	Death.

Likelihood (L)

This is the likelihood that an event will occur.

HIGHLY UNLIKELY Low	Only under a very rare combination of circumstances /conditions could there be any likelihood of an incident.
2. UNLIKELY Low	Possible occurrence if other factors were present the incident might occur but the probability of this is low.
3. LIKELY / POSSIBLE Medium	The incident may happen.
4. HIGHLY LIKELY / Frequent	If the prevailing circumstances continue it is probable an incident will occur.
5. NEAR CERTAIN Frequent	If the work continues as it is, there is almost a 100% certainty an incident will happen.

$$\text{SEVERITY (S)} \times \text{LIKELIEHOOD (L)} = \text{RISK RATING (RR)}$$

Calculating Risk

Note: To determine the overall risk rating use the chart below.

Multiply the Impact/severity score x likelihood score and plot the results on the risk matrix in terms of a colour and a numerical score for the risk.

The risk rating is based on the **existing situation including control measures present at the time of assessment** and it can be evaluated as follows:

$$\text{SEVERITY (S)} \times \text{LIKELIEHOOD (L)} = \text{RISK RATING (RR)}$$

		Potential Severity of Harm (S)						
		1	2	3	4	5	(S) x (L) = Risk Rating	
Likelihood of harm (L)	1	1	2	3	4	5		
	2	2	4	6	8	10	1-4	Low
	3	3	6	9	12	15	5-10	Medium
	4	4	8	12	16	20	12-25	High
	5	5	10	15	20	25		

<u>1 – 4</u>	<u>Low Risk</u> Proceed with Caution!	1-2: No further action required. The risk is no more than is to be encountered in normal everyday life & is, therefore, regarded as being acceptable. 3-4: Review on change of process or if circumstances change. Any small and/or easy methods to improve should be made to ensure continuous improvement of risk management.
<u>5 – 10</u>	<u>Medium Risk</u> Proceed with Caution!	Implement all additional precautions that are not unreasonably costly or troublesome. Examine the risks associated with the pupil; decide timescales for completion of all agreed actions. Provide additional monitoring of agreed controls until they are fully implemented. Closely monitor effectiveness of new controls put in place.
<u>12 – 25</u>	<u>High or Very High Risk</u> STOP ACTIVITY!	Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue. Effective interim controls to be agreed and implemented, and an action plan to permanently reduce the risk to an acceptable level.

Appendix M – First Aiders

Named First Aiders in Briarwood:

First Aiders:

- Alistair Mackintosh
- Holly Regan-Wiles
- Tina Oram
- Danielle Oberhansli
- Hazel Staddon
- Sarah Lane-Batt
- Kirsty Stitfall
- Kathryn Weeks
- Adam Lipinski
- Stacey Jones
- Louise Rudrum
- Jack Crate
- Marie Evans
- Tracey Fullerton
- Georgina Andrews
- Lisa Foster
- Danielle Lloyd
- Matt Bowden
- Antonios Petropoulos
- Lauren Mulcahy
- Bethany Bradley
- Daisy Purnell
- Tim Harris
- Sarah Gilder

Mental Health First Aiders:

- Matt Bowden
- Sarah Lane-Batt
- Danielle Oberhansli
- Kirsty Stitfall
- Danielle Lloyd
- Antonios Petropoulos
- Alistair Mackintosh
- Stacey Jones
- Katrina Maclaren Amor
- Sarah Gilder
- Anna Kudrjasova
- Adam Lipinski
- Daisy Purnell
- Tim Harris
- Jack Crate

Paediatric First Aiders:

- Freya Houghton
- Elaine Crook
- Megan Webster
- Sophie Flynn

Appendix N - Physical resources needed to support first aid

Type	Resources
First aid supplies	The and Response Team on each site will manage stocking and maintenance in conjunction with the Head of School
Trips and sporting events first aid	
Trips and sporting events medical support e.g. for asthma, heart conditions etc.	<p>Personal medical equipment taken by the individual if necessary for critical incidents. Other items can be put in a suitable pack with staff member.</p> <p>Risk assessments and protocols will also be required when transporting a pupil with medical needs.</p> <p>All medication will need to be stored and taken on trip in accordance with this policy.</p>
Medicines cabinet	<p>A secure medicines cabinet (and fridge if required) will be available in the Classrooms or nearby in accordance with site risk assessment/pupil risk assessment.</p> <p>Records forms and identification of people needing medical support along with contact details for further advice should be found in the medical file.</p>
Staff medication	Should be stored in a locked cupboard or if emergency medication somewhere safe out of reach of pupils in accordance with staff members medical risk assessment
Defibrillator	Located in admin office at each site

Appendix O: Contents of main first aid boxes

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

- A leaflet giving general advice on first aid.
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings,
- 10 pair of disposable gloves.

Equivalent or additional items are acceptable.

Before undertaking any off-site activities, the headteacher should assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of first-aid items for travelling first-aid containers is:

- six individually wrapped sterile adhesive dressings
- one large sterile unmedicated wound dressing approximately 18cm x 18cm
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes and
- two pair of disposable gloves.

Equivalent or additional items are acceptable.

Additional items may be necessary for specialised activities.

Transport Regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have onboard a first aid container with the following items:

- ten antiseptic wipes, foil packaged
- one conforming disposable bandage (not less than 7.5 cms wide)
- two triangular bandages
- one packet of 24 assorted adhesive dressings
- three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm)
- two sterile eye pads, with attachments
- twelve assorted safety pins and
- one pair of rustless blunt-ended scissors.

This first-aid container shall be:

- maintained in a good condition
- suitable for the purpose of keeping the items referred to above in good condition
- readily available for use and prominently marked as a first-aid container.

Appendix P: Anaphylaxis guidance document

1. Introduction

Anaphylaxis is a serious reaction to some foods and some other substances such as bee stings. In some cases it can be life threatening.

It is not clear why some people have a serious reaction to everyday foods or relatively mild insect stings. Until they have a reaction the person concerned may not be aware that they are sensitive in this way. Sometimes the sensitivity can begin when previously there was no effect.

Not all reactions to food or other materials are “anaphylaxis”. Some people may have food intolerance, a mild allergy or a personal emotional reaction to food or other substances. The significant aspect of anaphylaxis is the extreme level of reaction and the possible risk to life.

A national organisation which gives helpful guidance is:

www.anaphylaxis.org.uk

2. Parental duties for their children

Once parents are aware that their children are very sensitive to certain substances they should have been in contact with their GP and other medical advisors. All the information they have needs to be provided to the establishment in written form and discussed between the establishment, parents and the child.

The presumption is that full inclusion in the life of the establishment community is the objective. The child needs to be aware of their condition and involved in the decisions on managing it. They will grow up with it and will need to manage it themselves as adults.

Parents are naturally anxious about what will happen to their child at the establishment or on off site visits. Support for the pupil and the establishment is essential. The parents can encourage their child to be confident in dealing with their condition. Parental partnership with the establishment in reviewing the management of the condition is very helpful.

3. Establishment duties towards pupils and students

Anyone with a serious allergy which might cause anaphylaxis provides challenges in a number of establishment activities:

Catering on and off site

Food and snacks during the day

Curriculum lessons and trips

Casual contact with substance(s) to which the person reacts

It is impossible to reduce the risk of exposure to a common substance to zero. Risk reduction to an acceptable level is possible. The person concerned in discussion with their parent/carers, medical advisors and the establishment must decide on what is an acceptable level.

Even with the best controls over contact with a food for example to which the person is very sensitive there may be accidental exposure. Staff must be aware of what to do if there is contact followed by a serious reaction.

4. Catering on-site

A suitable approach to meals and drinks can be worked out that is practical and achievable. Parent/Carers may wish to see the canteen and other food areas.

It may be appropriate to avoid using certain foods. The needs of all the pupils and staff should be considered as well as those who cannot eat certain foods. Nuts and fish for example are well-liked foods and are options for those who do not eat other items such as red meat.

5. Catering off-site in the UK

The establishment approach for the pupil when using the canteen can be used as the basis for catering at other sites. A note can be forwarded to the establishment or other venue. If the venue being visited cannot confirm that appropriate catering can be done then alternatives need to be provided. This may mean a packed lunch.

Plan the catering requirements in advance with advice from the Catering Manager if needed. Make sure everyone knows what is OK and what needs to be kept away from the relevant people. Pack expedition bags appropriately.

Make sure the emergency procedures are in place.

6. Curriculum lessons – with food or related substances

There may be less control over foods and processes than in the establishment catering area and so more vigilance is required by teaching staff as well as by the relevant pupils.

Banning the use of some foodstuffs may be appropriate although it is better in the terms of life skills for the relevant pupil to learn how to function when unsuitable foodstuffs are around.

Information supplied by the makers of an adrenaline pen called Epipen®

<http://www.epipen.co.uk/patient/what-is-epipen/>

NOTE: There are other brands of adrenaline injectors such as Jext® and Anapen® and which type pupils are prescribed is a matter for the GP.

Appendix Q – Automatic External Defibrillator machines

AEDs are small machines that can have a big impact. Easy to use and portable, if used in the crucial minutes before an ambulance arrives they double the chances of someone surviving after their heart stops.

Sudden cardiac arrest can happen to anyone who may or may not be diagnosed with a cardiac condition. A defibrillator is a life-saving machine that gives the heart an electric shock and can make a difference between life and death.

Why should you have a defibrillator?

Immediate defibrillation can be the difference between a life lost and a life saved.

- Around 30,000 people have a cardiac arrest each year outside the confines of a hospital
- The chance of survival after the heart stops falls by around 10% for every minute that passes without defibrillation
- It can take the emergency services several minutes (and sometimes longer) to arrive.



Time and again, AEDs have proven to be the difference between life and death. Yet, access to AEDs remains out of reach for most victims who have sudden cardiac arrest in public spaces.

You can't make it worse by using an AED

Modern AEDs talk users through the exact steps to take in a first aid emergency, and are very reliable. **You can't do any harm with an AED**, as they read the casualty's electrical system and will only give a shock if their heart has stopped.

Anyone can use an AED

You don't need training to use an AED as they give audible instructions. However, we recommend that people who might need to use them, such as workplace first aiders, are trained to reduce possible anxiety during an emergency.

The importance of AEDs in schools

Sudden Arrhythmic Death Syndrome (SADS) affects children as well as adults. AEDs have saved numerous young people in schools across the country, yet deaths can happen if this life saving equipment isn't in reach, and many schools don't have one.

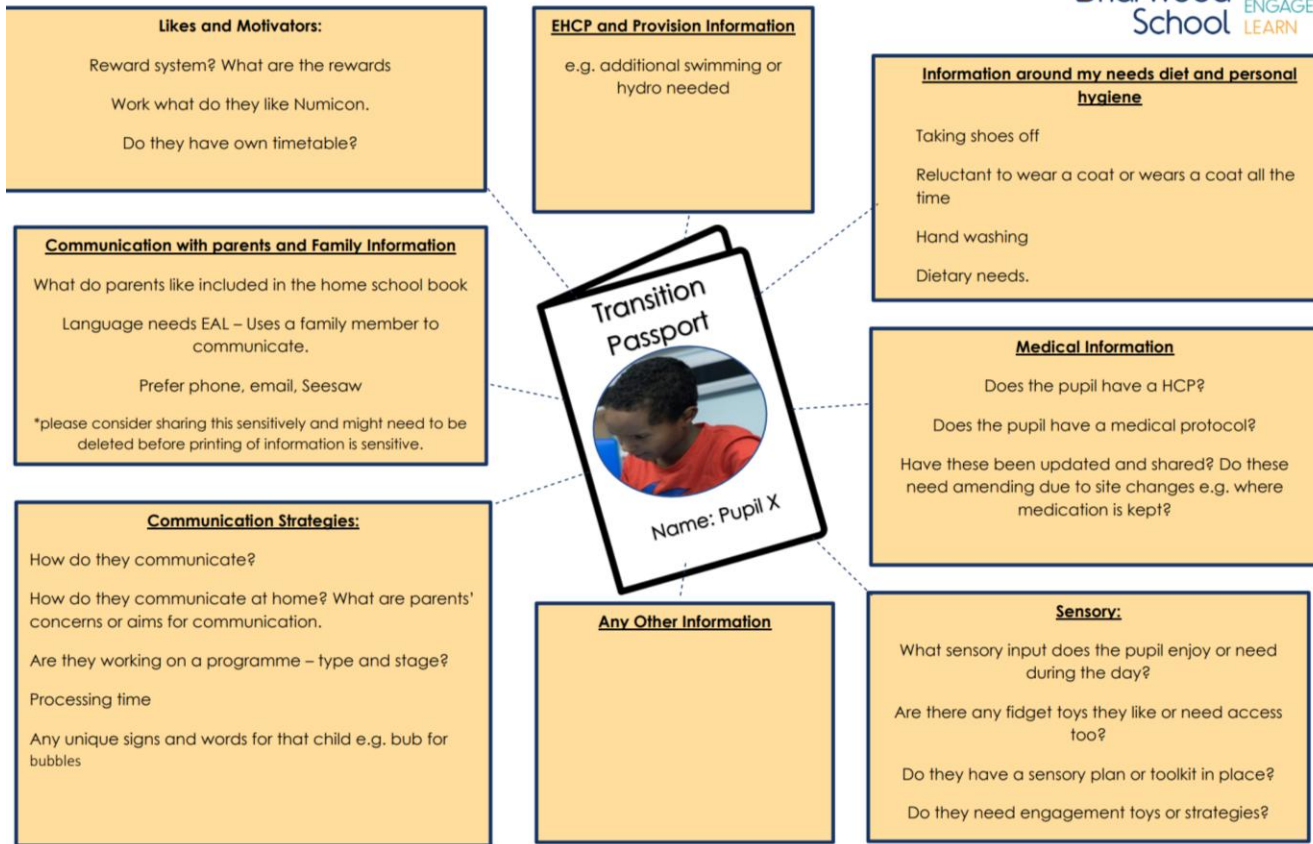
The American Heart Association claims an 80-100 % survival rate for children who have cardiac arrest when an AED is used within the first few minutes of the incident.

Schools are often located at the centre of communities, with sports fields and facilities used outside school hours. Locating public-access AEDs on school grounds puts the equipment in reach of the whole community. Other well-accessed locations are care homes, commercial premises and work places.

Appendix R – Schools Complaint Procedure

Please see Briarwoods Complaint Policy for more details

Appendix S – Transition Passport



Appendix V – Training and Information Directory for Schools

Information directory for school staff supporting children with medical conditions

Topic	Website	QR codes	Content	Suitable for
Epilepsy	https://www.youngepilepsy.org.uk/ https://www.youngepilepsy.org.uk/professionals		Some information on epilepsy on main page with links for children, young people families and professionals. Section for professionals with a free 90-minute training package staff can book on. Also, can order resources, ask questions.	School, transport and Health staff. Children, young people and families
Epilepsy	https://www.epilepsy.org.uk/ https://www.epilepsy.org.uk/professional		Good website with clear management of seizures outlined. Offer a range of courses. Those for teachers and health staff are free. Includes: Basic facts and figures about epilepsy; What to do if a pupil has a seizure at school; Some issues that affect children and young people with epilepsy; What the law says about supporting pupils with epilepsy; What to include in an individual healthcare plan (IHP) and school medical conditions policy; How epilepsy can affect learning, behaviour and wellbeing; Safety; and Including pupils with epilepsy. Also training packages for families. Information on available resources for schools.	School, transport and Health staff. Children, young people and families
Epilepsy	https://www.youngepilepsy.org.uk/guide-schools-key-elements-support/guide-schools-individual-healthcare-plans-information-schools		Helpful guide for schools about healthcare plans and a template to support writing a healthcare plan.	Schools, families
Epilepsy	https://www.bbc.co.uk/teach/class-clips-video/summers-story-living-with-epilepsy/zb9pbdm		Video explaining what it's like to have absences and tonic clonic seizures from a child's perspective.	School, health staff, children, young people and families
Allergy and anaphylaxis	https://www.anaphylaxis.org.uk/ https://www.anaphylaxis.org.uk/education		Detailed information on anaphylaxis with a good section for teachers that has links to free webinars and safer schools programme with resources, allergy action plans, risk assessment policies and allergy protocol checklists, template allergy awareness letters. Orientated towards supporting schools to be safe spaces for all children with allergies.	Wider website good for children, young people, families, health and education staff. Specific safer schools section for education staff
Allergy and anaphylaxis	https://www.allergyuk.org/ https://www.allergyuk.org/about-allergy/anaphylaxis/ https://www.allergyuk.org/living-with-an-allergy/at-school/		Detailed information on causes, signs symptoms and management of anaphylaxis. Is designed more for parents and carers to help them work with schools and has details on legislation, care plans, action plans medications and other relevant advice.	More for children, young people and families
Asthma awareness	https://www.asthmaandlung.org.uk/ https://www.asthmaandlung.org.uk/corditions/asthma/child/manage/action-plan		Website more for families and health professionals. Does have information on asthma action plans. No training resource available.	Families but some broad information for schools

Sirona is not responsible for content on external websites.

Appendix W –

Briarwood – Health Care Plan

Pupil's details

Pupil's name	
Class	
Date of birth	
Primary diagnosis	
Medical diagnosis (reason for HCP)	
Date	
Review date	

Family contact – emergency information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Medical contact

Lead clinician	
Phone number / email address	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

List: teachers, any specifically trained staff, escorts, etc.

Pupil's medical needs/issues

Issues:

Symptoms:

Triggers:

Treatment:

Additional resources, facilities or equipment needed:

Name of medication, dose and method of administration

Daily care requirements

What does this look like on a day to day basis? Does the pupil require additional support? Does the pupil require specific care or medication throughout the day?

Arrangements for school visits and trips

Please list any additional consideration to ensure this pupil can participate in trips and excursions.

Other information

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

Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when:

Signed Parent/Carer :
Signed Teacher:
Signed HoS:

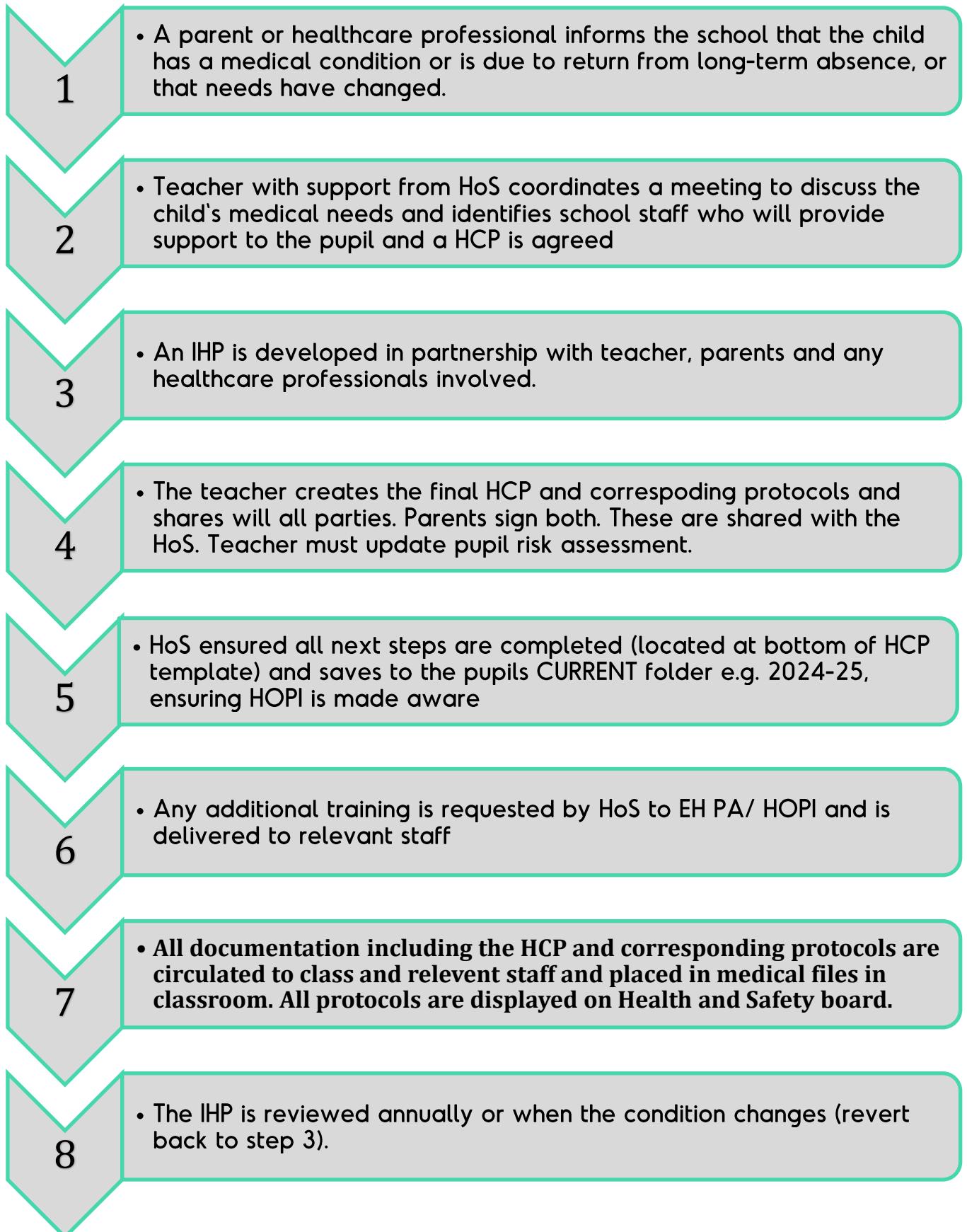
Date:
Date:
Date:

For HoS only:

- Has this been shared with the Head of Provision and Inclusion?
- Has additional training been requested via Kate Williams (PA to EH)?
- Has teacher completed corresponding protocols?
- Has all additional information e.g. allergies been put on to Arbor?
- Has the catering company been made aware of any allergies?
- Have pupils/site risk assessments been updated to reflect this HCP?
- Have parents signed the HCP and protocols?
- Have these been circulated to relevant staff including medical team?

Appendix X –

Individual Healthcare Plan Implementation Procedure



Appendix Y -

Dear Parent / Carer,

..... had a bump today!

Your child was seen by a first aider and is now feeling



Details:

.....
.....
.....

In rare circumstances, symptoms of concussion may develop up to 24 hours after an injury. If any of the following conditions occur, please refer the child to a doctor, preferably at the local A&E department:

- Severe headache (persistent)
- Sensitivity to bright light
- Vomiting
- Dizziness, double vision, or blurred vision
- Disorientation or confusion
- Changes in consciousness level

For more information please visit:

<https://www.nhs.uk/conditions/head-injury-and-concussion/>

Signed:

Date:

Controlled Medication – Medication Administration Record (MARS)

Pupils name.....D.O.B.....

Name of Medication.....Dose.....

BATCH number: Strength

Date	Time	Dose	Sign	Counter Sign	Amount left	Reaction	Refusal

Appendix Zb

Accident, Injury or Near Miss Process

Staff should report all accidents, injuries or near miss (potential risk of an accident) on the form detailed below. These should be completed for anyone who is involved in an injury or accident on site and is relevant to staff, pupils, visitors, contractors, supply staff.

Adult process: If you are an adult, please complete the form on behalf of yourself if you have sustained an accident, injury or near miss, unless physically unable to do so, in which case a first aider may complete this form for you. If first aid has been sought, please ensure you have asked the first aider to complete and sign the box below prior to handing this form in.

Pupil process: If you are completing a form on behalf of a pupil, please ensure the first aider has completed and signed the box prior to handing this form in.

1. Staff to complete on the day of the event
2. If a first aider has been sought, first aider needs to sign and list any treatment administered including if parents have been contacted (this is compulsory for pupils)
3. Staff hand completed form to Head of School for review.
4. Head of School to review form, address any resulting actions; including reporting RIDDOR to LA and submission of LA Accident and Injury Reporting form via online portal if necessary. bristolhs.alphatec.net
5. If LA reporting form submitted, Head of School receives confirmation of submission and saves email to M:\Health and Safety\Accident and Injury Reporting.
6. Head of School to give signed and dated accident form to site administrator.
7. Site administrator to input on pupil/staff Arbor file.
Forms relating to visitors, supply staff contractors should be saved to:
M:\Health and Safety\Accident and Injury Reporting.
8. Paper form shredded to adhere to GDPR.
9. Arbor Accident Injury data reported to FGB termly by EHT.

Accident, Injury or Near Miss Form

Please complete with as much information as possible. Please ensure the form is signed and dated before handing to Head of School. If the incident occurred due to challenging behaviour, please ensure relevant behaviour documentation is completed.

If you are an adult, please complete this form on behalf of yourself if you have sustained an accident, injury or near miss, unless physically unable to do so, in which case a first aider may complete this form for you. If first aid has been sought, please ensure you have asked the first aider to complete and sign the box below prior to handing this form in.

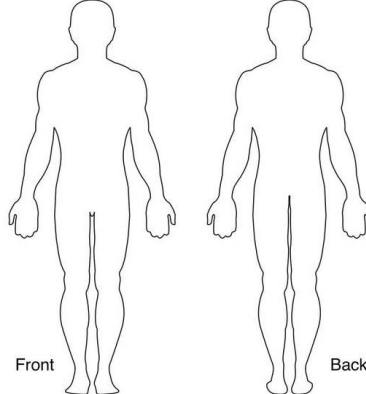
If you are completing this form on behalf of a pupil, please ensure if first aid was sought, the first aider has completed the relevant box below.

Injured Persons Details

Name		Date of birth	
Address		Telephone	

About the Incident

Date of incident		Time of incident	
Location of incident		Was this a near miss?	
Name of others involved		Was a First Aider sought? (if yes, please ensure they complete first aider box below)	
Description of incident			

Location of Injury	
--------------------	--

What happened next?	<input type="checkbox"/> Person stayed at school <input type="checkbox"/> Person went home <input type="checkbox"/> Person went to hospital
---------------------	---

For completion by First Aider only:

Treatment Administered	
Have parents been informed?	
Name of first aider	
Signature of first aider	

For Office use;

Injured person (if staff)		Date	
Head of School		Date	

Received by admin		Date	
Input on Arbor		Date	
Further actions required			