



Medical Conditions and First Aid Policy 2024-2025

This policy has been drawn up with regard to the school's responsibility under the Health and Safety at Work, Act 1974 (HSWA). This school is committed to safeguarding and promoting the welfare of children and young people.

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Contents

- Core principles
- Responsibilities
- Rationale
- Procedures
- Coronavirus
- Storage and Administration of Medicines
- Inoculations, School Nurse, and Head Injuries
- Visits and Trips
- Policy and Practice for the care of children with medical conditions in school, and Health Plans
- Unacceptable Practice
- Reporting Accidents, and Reporting for Staff
- Complaints, Key Contacts, and Cross-referencing to other policies
- Appendices:
 - Risk Assessment of First Aid Provision (Appendix A)
 - List of First Aiders and Appointed Person (Appendix B)
 - First Aid and Administration Medication (Appendix C)
 - Head Injury Letter to Parents (Appendix D)

Core principles

This policy sets out our obligations and expectations regarding the provision for students with medical needs at Stopsley High School. It is intended that all reasonable effort and adjustment be made to ensure that students with medical needs have access to the curriculum so that they are not disadvantaged in any way. The policy sets out the plan for students who do not need to take medication regularly or ever, as well as those who do. As such, our intentions are firmly rooted in our statement of equal opportunities.

Two assumptions are made (and communicated to parents) in our provision for students with medical needs. Firstly, students must never come to school with over-the-counter medication which has been given to them by parents. Secondly, the parents of students who do receive prescribed medication inform us immediately.

The school is committed to ensuring that first aid provision is available at all times to those who are on the school premises and also off the premises whilst on school visits. This provision will include:

- A suitably stocked first aid provision
- A designated First Aider to take charge of first aid arrangements
- Named First Aiders and Appointed Persons to administer first aid
- Information for employees on first aid arrangements.

A risk assessment (Appendix A) is carried out annually and determines the extent of the above provision.

The school ensures its responsibility is met by:

- Appropriate insurance arrangements
- Training of identified first aiders
- Training of volunteers as Appointed Persons
- Providing guidance on procedures to be adopted.

A record of First Aiders and certification dates is kept with our Business Manager (Appendix B).

Responsibilities

Governing Body

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

Headteacher

The Headteacher delegates putting the policy into practice and developing detailed procedures to the Senior Deputy Headteacher.

School Staff

Staff in charge of students will, at all times, take action to secure their welfare and the school undertakes to provide appropriate training and guidance for an adequate number of first aiders/appointed persons to be available to meet statutory requirements at all times.

Staff are informed of first aid arrangements through the:

- Handbook – annually to all staff in September and for mid-year starters in the induction pack
- Notices identifying First Aiders and Appointed Persons (Appendix B).

Rationale

The school and the Governing Body are keen to support families in terms of:

- The child's/children's health and well-being
- Maximising attendance at school e.g. when a student is slightly unwell/recovering from an illness but is not so unwell that they cannot attend school.

We recognise that there are some students for whom regular medication is essential for their day to day health and well-being. A letter is included in the welcome pack for parents to fill in regarding their child's medical needs. (Appendix C)

The aims of this policy are to:

- Establish the role the school and its staff will take in supporting children with medical conditions and their families and the school undertakes to provide appropriate training and guidance for an adequate number of First Aiders/appointed persons to be available to meet statutory requirements at all times.
- Establish the role the school and its staff will take in supporting children and their families in the administration of medicines.
- Establish clear procedures for storage, administering medicines and communicating with families.
- Ensure that the interests of students and staff are safeguarded whilst carrying out this policy.

Procedures

- Staff will be provided with relevant training to support a student with medical needs.
- Children suffering from infectious or acute illnesses e.g. throat infections, eye infections, ear infections, diarrhoea and sickness should be kept at home until they are fully recovered. Occasionally a child will return to school able to cope but still taking prescribed medicine.
- Some dosages can be managed by the family outside normal school working hours and this will be encouraged where possible, unless it would be detrimental to the child's health or recovery e.g. a medicine which is prescribed to be taken three times daily could be taken in the morning, after school and at bedtime.
- If a child needs medicine administered in school, the Medical Officer will be given the medicine at the arrival of the student and administer the medicine in the medical room with the parents' permission.
- All medicines must be brought into school and given to the Medical Officer with the permission from the parent. All medication MUST be in the original container/packaging in which it was received from the pharmacist. There must be no overwriting or hand written alterations to any pharmacy labels showing the dosage and frequency by which the medication is to be administered.
- If a student refuses to take their medicine, staff should not force them to do so, but should note this in the records and contact the parent or carer. If a refusal to take medicine results in an emergency, the school will follow emergency procedures.
- From 1 October 2017 new legislation was passed in Westminster to allow schools in the UK to keep spare adrenaline auto-injectors (Epipen) for emergency use. Epipens deliver a potentially life-saving dose of adrenaline in the event of a severe allergic reaction (anaphylaxis). This will be kept in The Medical Office, readily available and will only be used by a First Aider when faced with a life threatening situation requiring urgent action.
- From 1 October 2014 an amendment to the Human Medicines Regulations 2012 allowed schools to purchase and hold stock of asthma inhalers containing Salbutamol for use in an emergency.

The emergency inhaler should only be used by children for whom written parental consent has been given, who have both been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the student's inhaler is not available (for example, because it is broken or empty).

First Aiders have the right to refuse to administer any medication to any child if they are not happy to do so. This decision will be taken after full discussion with the Medical Officer and will be communicated to parents by the school.

NO MEDICINE WILL BE GIVEN WITHOUT PARENTAL PERMISSION.

Storage of Medicine

Medication will be kept in a cabinet, located in the Medical Room. If applicable, antibiotics will be kept in a fridge in the Medical Office. All emergency medicines (epipens, inhalers etc.) are kept in a secure, but unlocked, cabinet in Medical for immediate access. After medicine has been administered the member of staff involved will fill in the register of medication administered.

NB: Inhalers and epipens should always be readily available for immediate use by the student, but care should be taken that other children do not access them.

Administration of Medicines during the School day

Prescription medicines should only be taken during the school day when essential. Medicines must be provided in the original packaging, including the prescriber's instructions.

Parents and carers should be encouraged to look at dose frequencies and timing so that, where possible, medicines can be taken out of school hour

Prescription medicines

A named member of staff may administer the medication for the child for whom it has been prescribed, according to the pharmacy label instructions.

If we have parental permission, the school may look after the medication on behalf of the child.

The school will store the medication securely, with access only by necessary staff and record keeping for audit and safety.

Prescription medicines should be collected by the parents/carers when no longer required.

Non-prescription medicines

- Paracetamol can only be given to students when parents/carers have signed a permission form. This can be given for no longer than three days and only between the hours of 10am and 2pm.
- School staff will never give aspirin unless prescribed by a doctor and provided in packaging (to include the prescriber's instructions).
- If a parent wishes to provide non-prescription painkillers for their child, the school will only accept Paracetamol, Ibuprofen and Antihistamines. This can be given for no longer than three days.
- Permission from the parents/carers must be given before non-prescription medication can be accepted by the school.

The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent/carer before administering a medicine. Full notes of the conversation and outcome will be recorded on Arbor.

Students managing their own medical needs

After discussion with parents, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, students should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered

Disposal

Medicines should not be allowed to accumulate. They should be collected by the parent for disposal or taken to the local pharmacy. No medicine may be used after its expiry date. Some medicines e.g. Insulin, eye drops and eye ointments have to be discarded four weeks after opening. The date of opening must always be recorded on the container for these preparations.

The safe disposal of clinical waste is a shared responsibility of the Medical Officer and the school site agents. Approved yellow bags must be used for the temporary storage of such waste in clearly defined and safe areas prior to removal from the school by an authorised contractor. Any syringes, needles or other sharp instruments will be disposed of in The Medical Office sharps bin until removed by an authorised contractor.

Expiry of medication

It is the responsibility of the parent to ensure that the school is supplied with medication which is in date and usable. The parent will be expected to bring in replacement medication before the expiry date of medication already held.

Any student with life-saving or emergency medication will not be allowed to attend school if their medication is out of date.

Possession and self-administration of regular medicine

This should be discouraged except for inhalers for the relief of asthma.

Students are not permitted to carry non-prescription medication on their person at any time. Any medication should be handed in by a parent, authorised and the necessary paperwork completed.

Parents should inform the Medical Officer of any medical condition or medication which is likely to have an adverse impact on a students' education.

Vaccinations

The Medical Officer, overseen by the School Business Manager, is notified by the School Immunisation Team of dates for the following inoculations and makes arrangements for their administration. Parents will complete forms provided by Luton Immunisation Team.

All Year Groups	Flu Vaccination
Year 8	HPV - 2 parts
Year 9	Booster of Diphtheria, Tetanus and Polio

School Nurse

Luton offers a school nurse linked to the area of the school.

The School arranges for the allocation of a school nurse, not directly employed by the school, to meet with parents and students should the parent or School make this request due to specific health concerns.

Head Injuries

Guidance is provided with the medical questionnaire completed on admission to the school which includes action required following a head injury. The parent is reminded of this guidance by way of a letter should their child sustain an injury of this nature whilst at school as in Appendix D.

Visits and Trips

The teacher in charge of any trip away from school must liaise with the Medical Officer to ensure adequate first aid can be provided, if necessary, and that any medication required is provided. First aid kits are issued for all trips.

A risk assessment should be carried out prior to each trip or visit and medical conditions should be considered during this process. Factors considered should include:

- How all students will be able to access the proposed activity
- How routine and emergency medication will be stored and administered
- Where help can be obtained in an emergency and
- Whether a student is able/capable/responsible enough to carry their own medication during the trip.

Parents should be sent a trip permission form to be completed and returned to school shortly before the student leaves for an overnight stay. This requests up-to-date information about the student's current medical condition and how it is to be managed whilst away.

Staff on educational visits and out-of-school-hours activities should be fully briefed on a student's individual medical needs. They will have access to the Individual Healthcare Plans

and any necessary medication and medical equipment for the duration of the visit.

Students' medication will be in individual boxes with their name clearly marked on the box. They will be handed to the lead teacher before the trip and the teacher will give them out to the individual students. Students will be reminded to be careful and keep their medication safe. Any students who are not able to carry their own medication will have their medication looked after by a designated adult and the student made aware of the person carrying their medication.

All staff on the trip will be made aware of any medical conditions which may require treatment.

Each box should contain a medication record so that any medication given whilst on the trip is recorded and signed by the person administering the medication. Any students who have a care plan will have a copy of the care plan in their box so that instructions can be followed should an emergency arise.

All medication must be collected from the students and returned to Medical by the trip leader and handed over to the Medical Officer so that they can be stored securely on return to the school. The nominated First Aider will administer the medicines during the course of the trip in accordance with procedures set out in this policy.

If any student uses an inhaler, epipen or is on any medication they must have these items on them for the duration of the trip. If they do not, they will not be allowed to go on the trip.

Health Plans

Individual Health and Care Plans relating to individual students are provided by the student's GP via the School Nurse. These are kept by the Medical Officer and forwarded to Heads of Department including the SENCO.

Policy and Practice for the Care of Children with Medical Conditions in School

The school has a duty to ensure that, as far as is reasonably possible, a student's medical condition is managed safely and sensitively. Parents are asked to inform the school about any medical condition that affects their child via the admission form. Any relevant information will be passed on to the Medical Officer and shared with other staff where necessary. Should a child be diagnosed with a medical condition after starting at the school the Medical Officer should be notified in writing followed by a meeting with parents. This will enable the school to ensure that the best possible care is provided for the child and any necessary arrangements can be put in place as soon as possible. A Healthcare Plan should be drawn up by the child's specialist nurse or consultant on request of the parent and a copy given to the Medical Officer.

Children with Long-Term or Complex Medical Needs

Where a child has a long-term or complex medical need, the school will draw up a Health Care Plan in consultation with parents, the child and any relevant health professionals.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Childhood Communicable Diseases

Parents should let the school know if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be notified to the public health authority.

A full list of communicable and notifiable diseases can be found on the Public Health England website. At the time of reviewing this policy the link to this information is:

<https://www.gov.uk/topic/health-protection/infectious-diseases>

Unacceptable Practice

The Department for Education guidance issued in 2017 mandates schools to include the following as unacceptable practice from school staff. It is therefore unacceptable to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal activities, including lunch, unless this is specified in their Individual Healthcare Plans.
- If a student becomes unwell send them unaccompanied or with an unsuitable person to medical room or student services
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Reporting Accidents

A central electronic record is kept of all first aid treatment given by first aiders and appointed persons. This includes:

- First Aiders
- The date, time and place of incident
- The name (and class) of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards
- The name of the first aider or person dealing with the incident.

The Pastoral Welfare Officer contacts the child's parent as soon as possible in the event of an emergency or, their next of kin/named person.

Reporting for Staff

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. The Medical Officer is responsible for reporting accidents and keeping a record of any reportable injury, disease or dangerous occurrence. This includes:

- The date and method of reporting
- The date, time and place of the event
- Personal details of those involved
- A brief description of the nature of the event or disease.

The following accidents are reported to LBC Health and Safety team, who review the incident and report online to the HSE (or in the case of a death by telephone) if they injure either the school's employees during an activity connected with work, or self-employed people while working on the premises:

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

The HSE email back the completed Form 2508.

Major injuries, dangerous occurrences and reportable diseases are defined in the HSC/E guidance on RIDDOR Regulations 1995 available in Student Services.

HSE are notified of fatal and major injuries and dangerous occurrences without delay. This is followed up within ten days with a written report on Form 2508. Other reportable accidents do not need immediate notification, but they must be reported to HSE within 10 days on Form 2508.

An accident that happens to students or visitors must be reported to the HSE on Form 2508 if:

- the person involved is killed or is taken from the site of the accident to hospital, and the accident arises out of or in connection with work.
-

As with fatal and major injuries to employees or dangerous occurrences, these accidents must be notified to HSE without delay and followed up in writing within ten days on Form 2508. Staff accident records are kept in written form for a minimum of three years and usually indefinitely.

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the School Business Manager. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the MLT Complaints Policy. Making a complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Key Contacts

Cross Referencing to other policies

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Intimate Care Policy

Appendices

Appendix A - Risk Assessment of First Aid Provision

Issue	Level of Risk	Control in place
Number of first aiders	Circa staff 160 / Students 1150	14 First Aiders as at 26/11/2024
Location of first aid containers	One site	Caretaker's Office Medical Office PE Department Construction Room DT rooms
Arrangements for off-site activities/trips	PE activities Trips Residentials	Nominated staff member with a working knowledge of First Aid arranged by Trip Leader Medical Officer provides First Aid container for each coach Medical Officer provides First Aid container for school minibuses
Out of school hours arrangements, eg lettings, parents evenings	Lettings Parents Evenings	Senior Caretaker First Aid trained Assistant Caretaker, First Aid trained All of the Site team
Specific hazards	Boiler Room Chemicals Store	First Aiders in all areas Site team
Specific needs	Knowledge of medical conditions	Medical Questionnaire for all new students Personal Details pro forma for all new staff (on induction and annually as part of start of year information) which includes: <ul style="list-style-type: none"> ● Next of kin contact details ● Medical Conditions

		<ul style="list-style-type: none"> • NI Number • Car registration <p>Student data base</p> <p>Staff data base</p>
Accident statistics	Analysis of data	Recorded on Arbor
Continuity of provision	Over reliance on any one individual	Numbers of trained staff ensure provision always available

AppendixB

FirstAiders

All First Aiders complete a training course approved by the Health and Safety Executive (HSE). Their main duties are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- When necessary, ensure that an ambulance or other provisional medical help is called.

They should only give first aid treatment for which they have been trained:

- What to do in an emergency
- Cardiopulmonary resuscitation
- First aid for the unconscious casualty
- First aid for the wounded or bleeding

List of first Aider as on 26/11/2024

Name	Location	Ext	First Aid Provider	Certificate Expiry Date
Sharon Wilde	Construction	349	British Red Cross	07.01.2025
Lisa Ashken	Attendance Office	112	British Red Cross	23.03.2025
Lauren Wilkinson	PE Dept	144	British Red Cross	07.07.2025
Neil Fitzjohn	Construction	349	British Red Cross	17.11.2025
Luke Sicheri-Peel	PE Dept	144	British Red Cross	31.01.2026
Glen Swain	PE Dept	144	British Red Cross	21.02.2026
Mandy Gatenby	PE Dept	144	British Red Cross	02.03.2026
Lauren Mayling	General Office	340	British Red Cross	24.05.2026
Forida Ali	Medical Room	102	British Red Cross	05.07.2026
Adam Wise	DT	149	British Red Cross	16.11.2026
Philip Bridgeman	Site Office	120	British Red Cross	16.11.2026
Karen Fry	General Office	119	British Red Cross	09.09.2027
Philp Gordon	Site Office	120	British Red Cross	22.10.2027
Kevin Gould	Site Office	120	British Red Cross	05/11/2027

Appendix C - Letter sent out to new parents



First Aid and Administering Medication

Where a student requires the use of asthma pumps, epipens, etc, we ask that parents ensure their child carries a supply in their school bag at all times and that a spare is left with the medical room staff. The items must be clearly marked with the student's name and form.

The school can also provide use of an asthma pump if the student's personal one is unavailable. Consent for its use is required from parents.

If a student is put on medication for a short while by the doctor, it should be brought to the Medical Room with an accompanying letter signed by the parent, advising of the dosage, etc.

The parent is responsible for checking the 'use by' date of any medication and replacing it when necessary. When going on school trips, please ensure that your child takes their medication with them.

All regular medication must be collected from the Medical Officer at the end of the summer term.

Please advise the school if there are any activities in which your child is unable to participate, or if your child is diagnosed with any illness which requires their teachers or the PE department to be informed. Please also advise if any other special arrangements are needed.

Please take note of the letter overleaf regarding head injuries. Where a student has received a minor head injury, we will call you and if required to come and collect them immediately. The letter indicates symptoms you need to look out for and how to react to these.

The Medical Officer and First Aiders are on duty at the school throughout the day.

Consent is required from parents for the administration of Paracetamol to their child.

Consent is required from parents for use of an asthma pump provided by the school. Consent is also required from parents for the school to arrange transport to the hospital by car for their child, should an ambulance be delayed

Appendix D - Head Injury Letter to Parents

Link to head injury letter:

Head Injury Letter to parents

Dear Parent

This is to inform you that received a minor head injury today.

While

Minor Head Injury

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can cause damage to blood vessel which may bleed next to the brain. This is uncommon, but can be serious. Symptoms may not develop for some hours, or even days, after a knock to the head. In rare cases, symptoms can develop even weeks after a head injury.

This is why 'head injury instructions' are given to people who have had a head injury. These are the symptoms to look out for following a knock to the head.

Head injury instructions

See a Doctor quickly if any of the following occur after a head injury

- Increase drowsiness (see below)
- Worsening headache (see below)
- Confusion or strange behaviour (see below)
- Vomiting
- Loss of use to part of the body, for example, weakness in an arm or leg
- Any visual problems such as blurring of vision or double vision
- Blood, or clear fluid leaking from the nose or ear
- Unusual breathing patterns

Drowsiness

After a knock to the head, children will often cry, be distressed and then settle down. It is then quite common for them to want to sleep for a short while. This is normal, however, it will appear to be a 'peaceful' sleep and they wake up after a nap.

Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. Some paracetamol will help. It is a headache that becomes worse which is of more concern.

The Stopsley High School Policy for all head injuries is to advise a hospital check and treatment where necessary.

ALWAYS SEE A DOCTOR IF YOU ARE CONCERNED ABOUT AN INJURY