



First Aid and Medical Arrangements Policy

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ADOPTION AND AMENDMENTS TO FIRST AID AND MEDICAL ARRANGEMENTS

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Section	Governors' Meeting or Committee
Whole Document	KET Board of Directors
Whole Document	LGB 14 th February 2019
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POLICY FOR FIRST AID

Aim:

The aim of this policy is to clarify how the school will respond to incidents where accidents and injury require the administration of First Aid.

Principles:

This policy affirms that:

1. The school will ensure that it meets its requirement with regard to the number of appropriately qualified First Aiders for the size of the school community.
2. An appropriately qualified First Aider will accompany trips away from the school site.
3. Training will be made available to all those wishing to achieve or update a First Aid qualification.
4. A member of the support staff will be designated as having responsibility for the management of incidents requiring First Aid.
5. All accidents will be logged on the Medical Tracker system.
6. The accident log will be monitored as a standing agenda item for Governors.
7. Appropriately equipped First Aid boxes will be placed around the school and their status will be monitored by those working in specified areas with re-equipping as necessary.
8. All staff will be made aware of actions to be taken in the event of an accident which requires First Aid.
9. A risk assessment will be completed for any staff or pupils that have specific medical needs/conditions.

Responsibilities:

1. The First Aid Coordinator will be responsible for ensuring that adequate numbers of appropriately qualified First Aiders are maintained.
2. The First Aid Coordinator will be responsible for identifying and fulfilling training needs with regard to First Aid
3. The Educational Visits Coordinator will be responsible for ensuring that trips are always accompanied by an appropriately qualified First Aider.
4. The First Aid Coordinator and/or First Aid trained staff are responsible for managing incidents which require First Aid and logging same as many support and teaching staff as possible are First Aid trained and are responsible for logging incidents on Medical Tracker.
5. In high-risk departments, such as PE, Design & Technology, and Science, all teaching and support staff are First Aid trained and are responsible for logging incidents on Medical Tracker.
6. Untrained staff who have witnessed an incident are responsible for logging this on Medical Tracker, where it will be reviewed by the First Aid Coordinator.
7. The First Aid Coordinator will be responsible for monitoring and maintaining the main First Aid supplies in the office/medical rooms. Additional boxes/kits around the school will be monitored by the appropriate teacher.
8. Staff involved will be responsible for the completion of statutory documentation arising out of any incident which requires the administration of First Aid.
9. Staff will take responsibility for ensuring that any personal medication is kept out of sight and out of reach of all pupils.

Monitoring and Evaluation:

1. The Governors will be responsible for monitoring the accident log on Medical Tracker.
2. The Governors will be responsible for monitoring this policy in practice and for undertaking a review at least annually.

FIRST AID AT KENTS HILL PARK SCHOOL - STATEMENT OF PRACTICE

1. A fully qualified First Aider will be available throughout the school day. Teachers organising or co-ordinating extra-curricular clubs and/or activities must ensure they have a qualified First Aider available.
2. Pupils may present themselves because of an incident in school which has resulted in their sustaining an injury.
3. Pupils may present themselves because they are feeling unwell and have sought medical advice/assistance/support. This may happen during or outside lessons.
4. Pupils may be referred by a member of staff who has noticed signs of illness, distress or injury.
5. On arrival, pupil information and the time will be logged together with described or observed symptoms.
6. The pupil's condition will be assessed and judgement made on the appropriate course of action.
7. If First Aid is required, this will be administered by a qualified member of staff.
8. In the event of a situation judged to be sufficiently serious, the emergency services will be promptly called, as will the parents/carers or the nominated emergency contact(s). The Isolated Medical Emergency Procedure (IMEP) should be followed (see Appendices).
9. In the event of an accident or incident which results in a significant injury or a medical emergency, staff must suspend any ongoing activity and remove other pupils to a place of safety so that the victim can be properly dealt with.
10. Pupils displaying extreme or worrying symptoms will be attended until the emergency service and/or parents/carers arrive.
11. Pupils displaying minor or mild symptoms will be given a short period of time in which to recover. Their status will be regularly monitored while they are in the Medical Room.
12. In the case of minor or mild symptoms, and after the period of recuperation has expired, a judgement will be made as to whether the pupil returns to class or a parent/carer needs to collect them.
13. Medical complaints (aches, pains etc), injuries and accidents will be recorded on Medical Tracker.
14. A record of the outcomes of any and all of the above situations will be kept on Medical Tracker.
15. Medical Tracker will be used to send out emails and/or text message to parents/carers when necessary. Where appropriate, telephone or face-to-face communication will be made and recorded.

POLICY FOR MEDICAL ARRANGEMENTS FOR PUPILS

Aim:

The aim of this policy is to set a framework for the administration of medicines for pupils at Kents Hill Park School. In practice, this policy should serve to enable regular attendance at school by providing for identified medical needs and for the administration of prescribed medicines.

Principles:

1. The key principle underpinning this policy is that medical needs will be dealt with appropriately and with due regard to the health and safety of all parties.
2. Prescribed Medicines: are those prescribed by a doctor or other medical professional with clear instructions for dosage and methods of administration.
3. Non-Prescribed Medicines: are those proprietary medicines that may be purchased freely over the counter as palliatives for medical conditions that have not been evaluated by a doctor or medical professional.
4. Long-Term Medical Needs: are those identified by a doctor or other medical professional and shared with the school by parents/carers as requiring long term treatment and/or special care arrangements.
5. First Aid Coordinator: is the person trained to be responsible for overseeing day-to-day arrangements for First Aid, the administration of medicines, and the recording of accidents.
6. Headteacher: liaison with all relevant parties with regard to specific medical or care needs and the communication of relevant information to relevant colleagues in school. *As detailed below under Parents/ Carers – these arrangements will be agreed with the Headteacher.*

Responsibilities:

Parents and Carers

1. It only requires one parent/carer to agree to or request that medicines are administered.
2. The school will maintain a record of who has parental responsibility for a child and this record will be retained on the schools administration system.
3. Parents/carers will be given the opportunity to provide the school with sufficient information about their child's medical needs if treatment or special care is needed initially via admissions form
4. This information will be gathered from the common admissions form and the accompanying sheet which requests specific and detailed medical information. They should jointly, with the school, reach agreement on the school's role in supporting their child's medical needs.

The Headteacher

1. The Headteacher is responsible for putting this policy into practice and for developing detailed procedures.
2. The Headteacher has a responsibility to ensure that staff receive appropriate training.
3. The Headteacher is responsible for ensuring that all parents/carers and staff are aware of this policy statement and for making sure that appropriate systems for information sharing are available. It will be made clear that parents/carers should keep children at home when they are acutely unwell.
4. For a child with medical needs, the Headteacher will be responsible for agreeing with parents/carers exactly what support can be provided. Where parental expectations appear

unreasonable, the Headteacher will seek advice from the First Aid Coordinator or doctor, the child's GP or other medical adviser and, if appropriate from the LA.

5. In following documented procedures, staff should be fully covered by public liability insurance should a parent/carer make a complaint. The Headteacher will ask the trust to provide written confirmation of the insurance cover for staff who provide medical support.

Teachers and other Staff

1. Staff with children with medical needs in their class or group will be informed about the nature of the condition by accessing information on SIMS and medical tracker. This information will be provided by the child's parents/carers and relevant health professionals.
2. Staff will be made aware of the likelihood of an emergency arising and what action to take if one occurs. All staff likely to be responsible for children will receive this information.

Staff Giving Medicines

1. The school will ensure that there are sufficient numbers of staff who are either employed or trained to manage medicines as part of their duties.
2. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance.

Monitoring and Evaluation:

In practice, medical matters will be dealt with by the First Aid Coordinator whose performance will be overseen by the Operations Lead. Special care needs will be monitored by the SENCo/HLTAs who will also be responsible for the communication of these needs to all relevant staff. The maintenance of accurate pupil data relating to medical needs will be the responsibility of the First Aid Coordinator.

MEDICAL ARRANGEMENTS FOR PUPILS

STATEMENT OF PRACTICE

The aim of this statement is to provide a clear understanding and acceptance by staff, parents/carers and pupils of the ways in which the school will manage medical needs in order to provide appropriate and proper care.

Further, the objective will be to enable regular attendance through formal systems and procedures in respect of administering medicines, developed in partnership with parents/carers and staff.

1. It is expected that parents/carers will provide accurate and current information about their child's medical needs. This will be achieved using the common admissions form which requests detailed medical information and be complemented by other relevant information provided by parents/carers and/or health professionals. Parents/carers will also be able to update medical information annually via SIMs parent lite from Jan 2025
2. In all circumstances, the school will comply with the trust, DfE and HSE guidance relating to First Aid at Work. Governors and the First Aid Co-ordinator will ensure that sufficient numbers of staff are trained and qualified, given the size of the organisation, to undertake First Aid and/or to administer emergency aid in school.

Prescribed Medicines:

1. Medicines will only be taken in school when essential, i.e. where it would be detrimental to a child's health if the medicine were not administered during the school day.
2. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Such medicines must always be provided in their original container as dispensed by a pharmacist and must include the pharmacist's instructions for administration. All prescribed medicines must be issued in English.
3. Prescribed medicines will be stored under lock and key in the Medical Room in the care of the appointed First Aid Coordinator. A key for this cupboard will be kept in pupil services.
4. Emergency medication such as Adrenaline Auto-Injectors (AAIs, commonly referred to as 'Epi-Pens') and inhalers MUST NOT be stored in a locked container. Emergency Medications will be stored in a clearly labelled and freely accessible location in either classrooms or the Medical Room for unimpeded use in an emergency.
5. Asthma Inhalers and AAIs may be stored in the classroom in the care of the class teacher if appropriate.
6. The school WILL NOT accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
7. Parents/carers will be encouraged to ask prescribers to enable dose frequencies which can be accommodated outside the school day.
8. The administration of prescribed medicines will be formally recorded to include details of date, time, and dosage, the name of the pupil and the name of the person who administers the medicine on Medical Tracker.

Controlled Drugs:

1. Some medicines are controlled by the Misuse of Drugs Act ('controlled' drugs) and there may be occasions when such a drug is prescribed as medication for use by children.
2. Only suitably authorised staff may administer a controlled drug to the child for whom it has been prescribed BUT staff doing so must comply with the prescriber's instructions. For controlled drugs two first aiders must be present to double check dosage.
3. If a child has been prescribed a controlled drug the school will look after the controlled drug according to the agreement that it will be administered to the child for whom it has been prescribed.
4. Where storage is required, this will be in a locked, non-portable container to which only named staff have access.
5. A controlled drug should be collected by the parent/carer when it is no longer required and the parent/carer will be responsible for its safe disposal.
6. Misuse of a controlled drug will be an offence and will be dealt with under the terms of the school's drugs policy.

Non-Prescription Medicines:

1. Non-prescription medicines that have been recommended by a GP or advised post-surgery will be allowed to be used in school when they are received with a medical consent form completed by parents and provided in original packaging where dosage and instructions are clearly visible. Where possible, with written consent and advice from the GP or hospital.
2. Over the counter medication may be provided by the parents to help alleviate common issues like headaches, period pains or mild allergies. These will also need to be in the original packaging with the instructions and dosage clearly visible. No medication can be given prior to midday to reduce the chance of overdosing. Parental or carers consent MUST be obtained

over the phone prior to the pupil being able to take the medicine and a consent form already provided as detailed above.

3. If a pupil presents to a staff member asking for assistance with a non-prescription medication, the medication should be confiscated and the pupil referred to the First Aid Coordinator or, in their absence, office staff.
4. The pupil should not have the medication returned to them; if they are too unwell to be in school without it, they should be sent home. The parent or carer should be called to collect the medication.

Long-Term Medical Needs:

1. The school expects parents/carers' will provide sufficient information about the medical condition of any child with long term medical needs.
2. The school will need to know about any particular needs before a child is admitted or when a child first develops a medical need.

Administering Medicines:

1. As part of the admission procedure, parents/carers will be required to furnish details of medical needs on a standard pro-forma. These will be held on file and accessed via SIMS and Medical Tracker.
2. NO pupil will be given prescription medicines without their parent's/carers' written consent via the Medication Consent Form.
3. Any pupil given over the counter medication MUST already have a medical consent form completed and signed by the parent or carer and the school must have contacted the parent prior to giving any medicine.
4. Where consent is in place, the member of staff involved will check the child's name, the prescribed dose, the expiry date, and the written instructions provided by the prescriber on the label or container.
5. All prescribed medicines will be administered by a member of staff trained in First Aid and under supervision with a record kept on Medical Tracker.
6. If there is any element of doubt, staff will not administer the medicines but check with parents/carers or a health professional before taking further action.
7. Medicines which are left in storage after they are needed and not collected by parents/carers and those which have reached their expiry date will be safely disposed of by the First Aid Coordinator.

Self-Management:

Most pupils will be able to take responsibility to manage and take their own medicines with staff supervision.

Refusing Medicines:

1. If a child refuses to take their prescribed medicine, they will not be forced to do so. The situation must be placed on record and parents/carers informed immediately.
2. If the refusal results in an emergency, then appropriate emergency help will be sought from health professionals or the emergency services and the IMEP followed.

Record Keeping:

1. Parents/carers will be expected to inform the school about medicines that their child needs to take and to provide details of any changes to the prescription.
2. Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. There will be a check that written details include: the child's name, the name of the medicine, the dose, the method of administration, any side effects and the expiry date. All information must be provided in English.
3. A record will be kept of the medicines given to pupils and the staff involved on Medical Tracker.

Pupils Using Mobility Aids

For pupils with short- or long-term mobility issues (e.g. cerebral palsy, a broken bone) arrangements should be made as follows.

1. Prior to a pupil starting or returning to school, the parent/carer is required to contact the First Aid Co-ordinator to facilitate the following points of discussion:
 - Movement between lessons (e.g. leaving lessons early to allow additional time)
 - Medication (e.g. analgesia) in accordance with the above policy
 - Arrival at/Collecting from school arrangements
 - Confirmation of emergency contact details
 - Follow-up appointments noted
 - Timetable and location of lessons including use of pupil services
2. The First Aid Coordinator will create a Personal Emergency Evacuation Plan (PEEP) for the pupil.
3. The First Aid Coordinator will confirm that the suggested routes are appropriate, and discuss arrangements with any named staff in the PEEP.
4. The PEEP will be distributed to all appropriate members of staff for their reference, and be available in the All Staff OneDrive. .
The Science, PE and Technology departments will work alongside the Head of Year/First Aid Co-ordinator to make an individual decision as to whether a pupil with any physical injury/needs can participate in practical activities. This decision will be documented in a risk assessment by those departments.

APPENDIX A: Isolated Medical Emergency Procedure (Primary)



Isolated Medical Emergency Procedure: Primary

The purpose of this document is to set out the sequence of events when an Isolated Medical Emergency is occurring, and to ascribe responsibility for each step.

1. Defining an Isolated Medical Emergency

An Isolated Medical Emergency is one which effects an individual, rather than multiple pupils. This could include a broken bone, a severe allergic reaction or anaphylaxis, or any other severe incident effecting an individual pupil.

2. Designation of Responsibilities

As per the First Aid and Medical Arrangements Policy, while the First Aid Coordinator is responsible for ensuring that there are an appropriate number of adequately trained staff on site, each fully trained First Aider is equally responsible for managing situations where First Aid is required.

A list of First Aiders (includes AAI training) can be found:

- in the Medical Room
- in the Staff Room
- in Main Reception

The First Aid Coordinators as of September 2024 are Emily Hill, Julie Posiak and Jane Merrison
Whole School Medical Lead is Emily Hill.

3. Assessing Emergencies & Emergency Medication

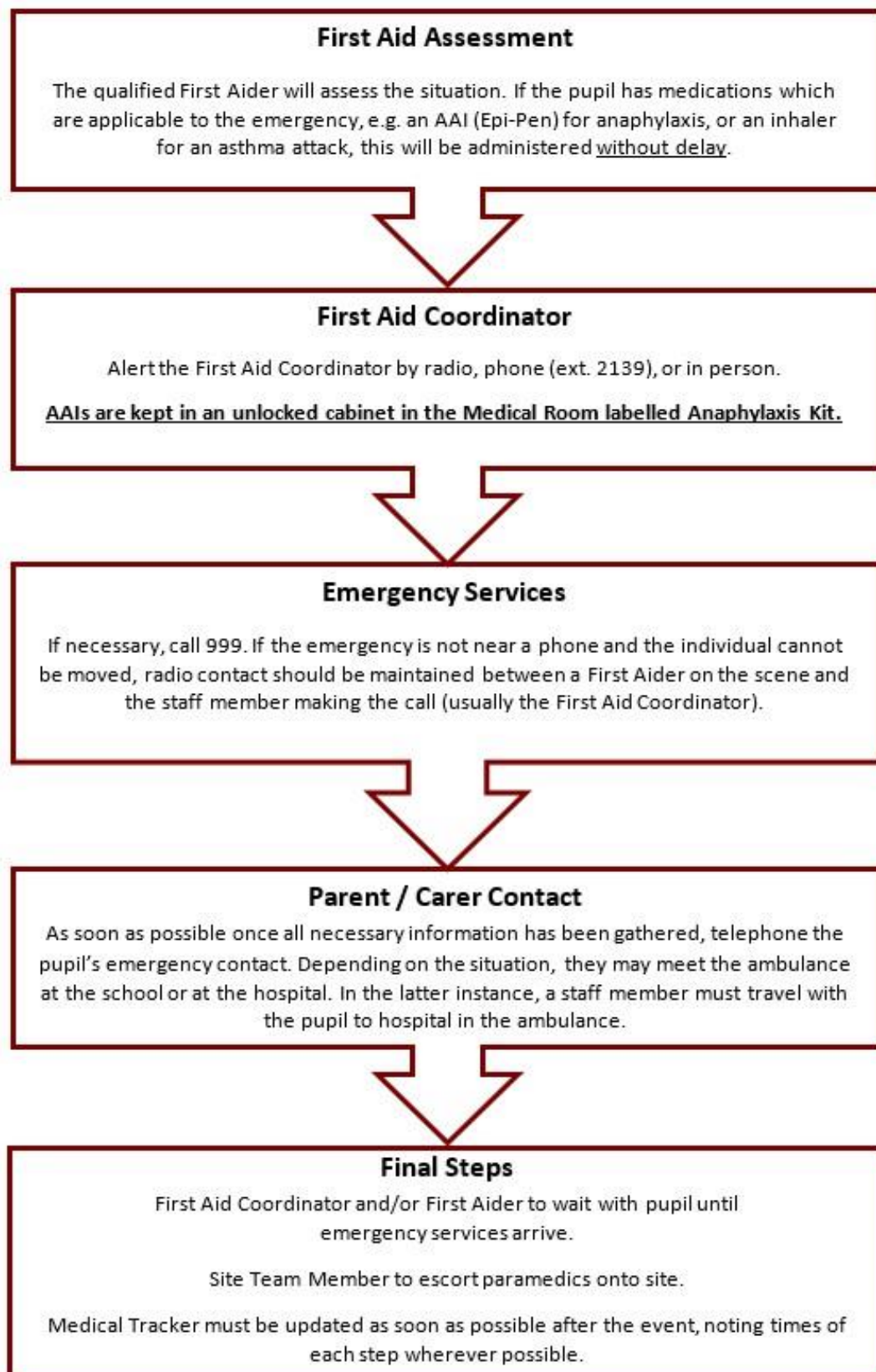
If an emergency medication is needed, such as an AAI or inhaler, this should be administered without delay. **All AAI's are kept in the Anaphylaxis Kit cabinet in the Medical Room.** This cabinet should never be locked. We also have an emergency Epi-Pen and an emergency inhaler if needed.

4. Rationale for Sequence of Telephone Calls

If an ambulance is required, 999 must be called in the first instance. This enables the emergency services to attend when needed without delay. If the person making the call cannot do so from the location of the emergency, such as in a case where the pupil cannot be moved, radio contact must be maintained between the First Aider at the scene and the First Aider making the call. This allows the correct information to be provided to the emergency services.

Once this call has been completed, the pupil's emergency contact must be called without delay. Ideally this should be done by the member of staff who called 999, as they have the fullest picture and can relay the information to the emergency contact as accurately as possible. This will mitigate the risk of partial or incorrect information being given to an emergency contact.

5. Sequence of Events Guidance Flow Chart



6. IMEP Tick List

In the absence of the named responsible person, the action must be performed by either the available First Aider, or an alternative staff member, depending on which is appropriate.

Action	Responsible Person	Named Person (Jan 2023)	Complete
Assess Emergency	First Aider at scene	All First Aiders	
Alert Staff via Radio*	First Aider at scene	All First Aiders	
Bring Emergency Medicine to scene**	First Aid Coordinator OR any staff member	J Merrison	
Administer Emergency Medicine**	First Aid Coordinator OR other trained staff member	J Merrison or trained staff.	
Call 999	First Aid Coordinator OR Office Staff Member	J Merrison M Circuit C Zamojski	
Call Parent / Carer	First Aid Coordinator OR Office Staff Member	J Merrison M Circuit C Zamojski	
Alert Site Team	Office Staff Member	J Merrison/ Mel Circuit C Zamojski	
Guide Emergency Vehicle to Entrance	Site Team	E Andrews/M Nichol/A Sait	
Escort Emergency Personnel to scene	Site Team OR Office Staff Member	J Merrison/J Available staff	
Log on Medical Tracker***	First Aider who initially responded OR First Aid Coordinator	J Merrison or trained staff dealing with the incident	

***First Aid Coordinator and Office Staff **if applicable**

*****under "What happened next?" select "Ambulance was called"**

APPENDIX B: Isolated Medical Emergency Procedure (Secondary)



Isolated Medical Emergency Procedure: Secondary

The purpose of this document is to set out the sequence of events when an Isolated Medical Emergency is occurring, and to ascribe responsibility for each step.

1. Defining an Isolated Medical Emergency

An Isolated Medical Emergency is one which effects an individual, rather than multiple pupils. This could include a broken bone, a severe allergic reaction or anaphylaxis, or any other severe incident effecting an individual pupil.

2. Designation of Responsibilities

As per the First Aid and Medical Arrangements Policy, while the First Aid Coordinator is responsible for ensuring that there are an appropriate number of adequately trained staff on site, each fully trained First Aider is equally responsible for managing situations where First Aid is required.

A list of First Aiders (includes AAI training) can be found:

- in the Pupil Services office
- in the Medical Room
- in the Staff Room
- One Drive

The First Aid Coordinator as of September 2020 is J Walters (Pupil Services Administrator).

3. Assessing Emergencies & Emergency Medication

If an emergency medication is needed, such as an AAI or inhaler, this should be administered without delay. **All AAI's are kept in the Anaphylaxis Kit cabinet in the Medical Room.** This cabinet should never be locked. We also have an emergency Epi-Pen and an emergency inhaler if needed.

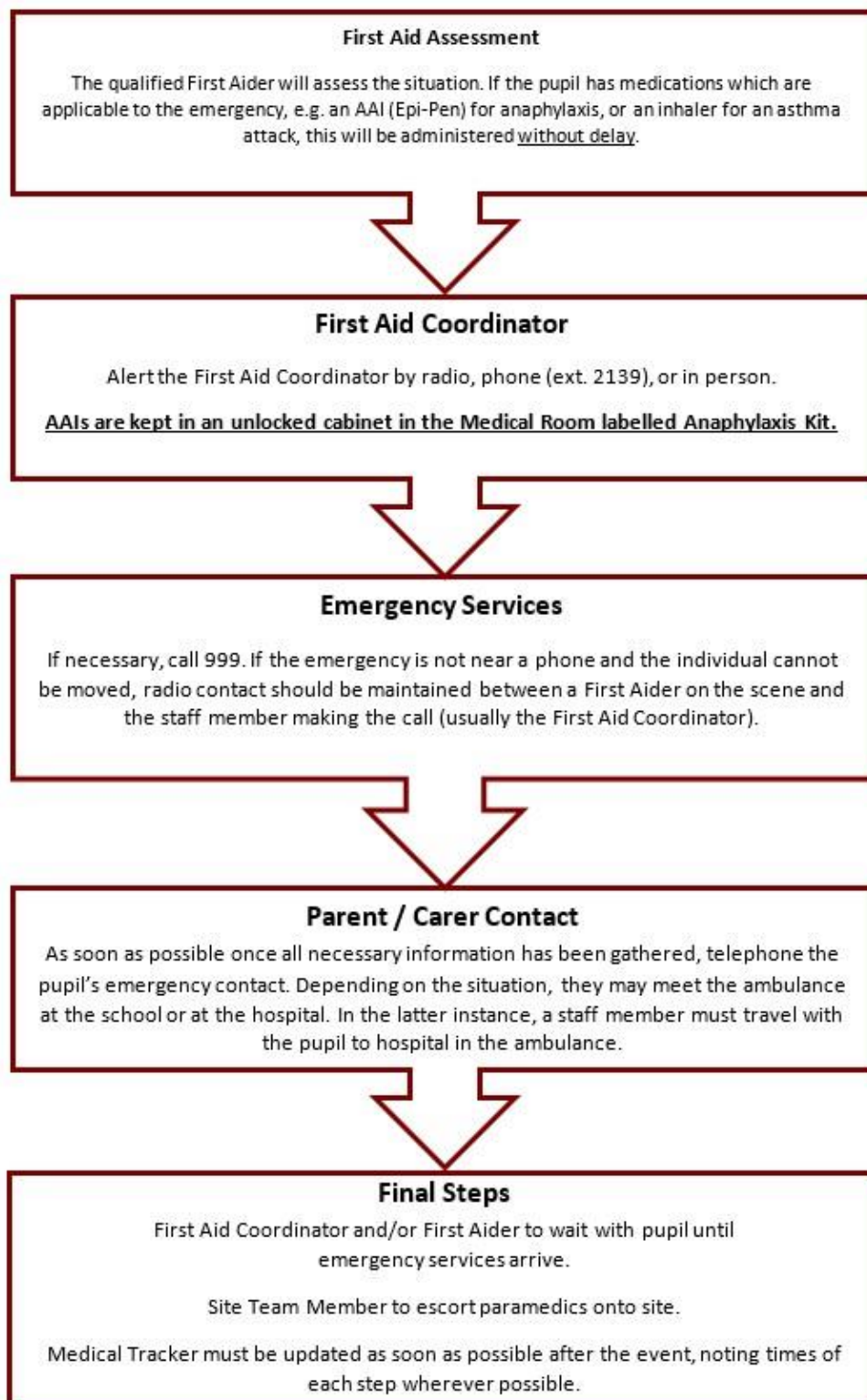
4. Rationale for Sequence of Telephone Calls

If an ambulance is required, 999 must be called in the first instance. This enables the emergency services to attend when needed without delay. If the person making the call cannot do so from the location of the emergency, such as in a case where the pupil cannot be moved, radio contact must be maintained between the First Aider at the scene and the First Aider making the call. This allows the correct information to be provided to the emergency services.

Once this call has been completed, the pupil's emergency contact must be called without delay.

Ideally this should be done by the member of staff who called 999, as they have the fullest picture and can relay the information to the emergency contact as accurately as possible. This will mitigate the risk of partial or incorrect information being given to an emergency contact.

5. Sequence of Events Guidance Flow Chart



6. IMEP Tick List

In the absence of the named responsible person, the action must be performed by either the available First Aider, or an alternative staff member, depending on which is appropriate.

Action	Responsible Person	Named Person (September 2024)	Complete
Assess Emergency	First Aider at scene	All First Aiders	
Alert Staff via Radio*	First Aider at scene	All First Aiders	
Bring Emergency Medicine to scene**	First Aider OR any staff member	E Hill/J Posiak	
Administer Emergency Medicine**	Any Trained or Competent Staff Member	E Hill/J Posiak	
Call 999	Office Staff Member	L Minns/M Doanca/J Hubbard/E Saddler/ L Ettaoussi	
Call Parent / Carer	Office Staff Member	L Minns/M Doanca/J Hubbard/E Saddler/ L Ettaoussi	
Alert Site Team	Office Staff Member	L Minns/M Doanca/J Hubbard/E Saddler/ L Ettaoussi	
Guide Emergency Vehicle to Entrance	Site Team	E Andrews/M Nichol/A Sait	
Escort Emergency Personnel to scene	Site Team OR Office Staff Member	E Andrews/ M Nichol/ A Sait L Minns/M Doanca/J Hubbard/E Saddler/ L Ettaoussi	

***First Aid Coordinator and Office Staff **if applicable**

*****under "What happened next?" select "Ambulance was called"**



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