AUTHENTIC EDUCATION

LONGSPEE ACADEMY

Medical and first aid policy

Longspee Academy Primary

Version	V0.02
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Approved	Principal
Lead Reviewer	Health & Safety Manager
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LONGSPEE ACADEMY

Contents

1. Introduction

1.1. Statement of intent

1.1.1. This policy outlines the Academy's responsibility to provide adequate and appropriate medical care and first-aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. This policy applies to all students in the Academy.

1.1.2. This policy aims to ensure the health and safety of all staff, pupils and visitors. aE ensures that staff and trustees are aware of their responsibilities with regards to health and safety.

1.1.3. This policy provides a framework for responding to an incident and recording and reporting the outcomes.

1.2. Audience

This policy is intended for use by all support, teaching staff and management of Authentic Education.

1.3. Revision history

Issue	Date	Author	Changes
V0.01	25/06/2025	Kelsey Etheridge	Update to new template and change to aE.
V0.02	08/07/2025	Gemma Genco	Added definition of long-term medical condition (9.1.1). Added sections on flexibility in education (section 10), unacceptable practices (section 17) and complaints process (section 19).

2. Legal framework

2.1. This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- 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
- Social Security (Claims and Payments) Regulations 1979
- The Education (Independent School Standards) Regulations 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2021) 'Statutory framework for the early years foundation stage'
- DfE (2022) 'First aid in schools, early years and further education'

3. Roles and responsibilities

3.1. The Trust board with the CEO and Executive team is responsible for:

- the overarching development and implementation of this policy and all corresponding procedures.
- ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- 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 appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- 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.

- ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

3.2. The Principal is responsible for:

- the development and implementation of this policy and its related procedures.
- ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- 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 if necessary.

3.3. Staff are responsible for:

- 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.

3.4. First aid staff are responsible 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.

3.5. Academies should have at least one 'appointed person' to oversee first aid provision. The appointed person is not the same as a first aider, and therefore must not conduct any first aid for which they have not been trained. The appointed person should, at least, be trained in emergency procedures as outlined below.

3.6. The appointed person is responsible for:

- overseeing the school's first-aid arrangements.
- taking charge when someone is injured or becomes ill.
- looking after the first-aid equipment, e.g. 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.

- partaking in 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.

4. Aims and objectives

4.1. Aims

- Ensure that pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- Ensure that there is clarity around the holding and administering of medication at school
- Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils
- To identify the first-aid needs in line with the Management of Health and Safety at Work Regulations 1999.
- To ensure that first aid provision is available at all times while pupils and staff are on academy premises, and also off the academy premises whilst on academy visits.
- To develop staff knowledge and training in all areas necessary for our pupils

4.2. We aim to ensure that our policy is in line with the DFE Guidance on:

- Supporting pupils at school with medical conditions
- First Aid for Schools

4.3. Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the Academy.
- To provide relevant training and ensure monitoring of the training needs.
- To provide sufficient and appropriate resources and facilities.
- To make the Academy's medical and first-aid arrangements available for staff and parents on request.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- All relevant staff will be made aware of students' medical conditions where appropriate.

- Risk assessments for school visits, holidays and other school activities outside of the normal timetable will be completed before the event.
- Monitor individual care plans.
- Parents/Carers are requested to inform the Academy should any aspects of the student's individual care plan change. Whilst the Academy wishes to support your child effectively, there may be occasions the Academy are unable to, consultations with Parents/Carers and/or any relevant agencies will be available where appropriate.

5. Provision

5.1. The Academy is a low-risk environment but will consider the needs of all staff and students at all times, within different places in the Academy and during different activities in deciding on the appropriate provision. In particular, they should consider:

- Off-site trips
- On-site Physical Education
- Off-site Physical Education
- School trips
- Design and Technology and Art rooms
- Out-of-hours provision, for example, clubs/events

5.2. Arrangements will be made to ensure that the required level of cover of both first aiders and appointed persons is available at all times when people are on academy premises.

6. First aiders

6.1. The recommended number of certified first-aiders will be set out according to Academy needs and the site's First Aiders Risk assessment. First-aiders should be based in various areas across the academy as needed.

7. Qualifications and training

7.1. First aiders hold a valid certificate of competence, issued by an organisation approved by the Health and Safety at Work Executive (HSE). These are either 3-day 'First aid at work qualifications, or 1-day Emergency First Aid qualifications.

7.2. The Academy will keep a register of all trained first aiders, what training they have received and when this is valid until.

8. First aid materials, equipment and facilities

8.1. The Principal/lead first aider must ensure that the appropriate number of first-aid containers according to the risk assessment of the site is available. All first aid containers must be marked with a white cross on a green background and are generally kept near hand-washing facilities. If a first aid box is running low on stock the first aiders who use this box will inform the lead first aider as soon as possible so it can be re-stocked. Responsibility for checking and re-stocking the first-aid containers is that of the Lead First-aider. This will be checked for compliance during Trust 6 Monthly Health and safety audits.

8.2. The school mini-buses must carry a first-aid container and these first-aid containers must accompany teachers off-site with students. Spare stock is kept in the Medical room.

9. Identification and treatment of pupils with particular medical conditions

9.1. Students with long-term medical needs

9.1.1. A long-term medical condition, is any long term, i.e. (12 months or more) reoccurring chronic health condition. They are usually complex and comprise of more than one health issue. While they often come on gradually they can also have acute episodes.

9.1.2. Parents are requested to approach the Academy with any information that they feel the Academy will need to care for individual students. The parent will be required to complete a Medical Information form to identify any medical needs. This may require endorsement from the student's General Practitioner. Where appropriate a written individual care plan will be devised, involving parents and relevant healthcare professionals.

9.1.3. Parents are responsible for informing the Academy of medical issues that arise during the student's time in the Academy. The Academy would like to have any relevant healthcare information if possible, before the start of any term or at the earliest time possible; this will ensure a smooth transition into the Academy.

9.1.4. Students with medical needs entering the Academy from local primary schools will usually be identified through discussions with the Principal / SENCO through the Academy Transition process. Such information will be checked with the parent by the Inclusion team / lead first aider, to ensure appropriate records are kept and appropriate provision can be made.

9.1.5. The Academy requires the following healthcare information:

- The medical condition, its triggers, signs, symptoms and treatments, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons or social and emotional support sessions.
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Written permission from Parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- What to do in an emergency, including whom to contact, and contingency arrangements.

9.2. Medicines in the Academy

9.2.1. The student's Tutor, the Lead First Aider, the Inclusion Team and Head of Year should be informed of any medication brought into the Academy at any time. At this point Parents are asked to complete a Parental agreement form for administered medication (see Appendix A). These are kept in a file in the medical room.

9.2.2. Information regarding any prescribed medication should be made available to the student's Tutor and the Lead First Aider, a copy of the Parental agreement form for administered medication (see Appendix A) will be made available to the staff, if applicable.

9.2.3. In the event of any special form of administration of medication being required, the parent must contact the Academy so that arrangements can be made for this to occur.

9.2.4. No students under the age of 16 will be given medicine without their parent's written consent, a copy of the Parental agreement form for administered medication (see Appendix A) will be made available to the staff, if applicable.

9.2.5. When administering medicines staff should check the student's name, prescribed dose, expiry date and any further instructions. If in doubt, staff will not administer the medicines. If staff have any concerns they will raise them with the Principal or Lead First Aider or Head of Year who in turn will bring them to the attention of the parent and/or health professional attached to the school.

9.2.6. If a student refuses their medicine staff will not force them, but will inform parents immediately, and note this in the records. Parents may be requested to attend the Academy to give the medicine. If refusal to take the medicine results in an emergency the Academy will put emergency procedures into practice.

9.2.7. The trained First Aider will liaise regularly (every half term) with the Lead First Aider who will in turn liaise with the Vice Principal and/ or the SENDCo to discuss any short/long-term medical needs of children and to assess any training needs which may be required. The Lead First Aider will cascade this information to the appropriate staff.

9.3. Automated external defibrillators (AEDs)

9.3.1. Each Authentic Education Academy has procured an AED internally or through the NHS Supply Chain. The AED is located in the Academies designated area e.g. reception office or first-aid room.

9.3.2. Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs can be provided by Trust Health and Safety manager if required.

9.3.3. Further guidance on AED's can be found on the DfE document: Automated External Defibrillators (AEDS) guidance for schools January 2023

9.4. Storage of medicines

9.4.1. Any regular medicines are named and kept in a locked first-aid cabinet in the medical room, with the exception of antibiotics which are stored in the fridge in the medical room. Medicines dispensed are kept in a separate log. For students with asthma, inhalers/spare inhalers are kept in the medical room, with easy access in the case of an emergency.

9.4.2. In severe cases of asthma, spare inhalers should be kept in the first-aid cabinet and on the students' person.

9.4.3. Inhalers will be sent home to be cleaned (responsibility of the parent) when appropriate.

9.5. Adrenaline Auto Injectors (AAI) devices (Epipens)

9.5.1. All AAI devices – including those prescribed to the pupil themselves, as well as any spare AAI(s) – must:

- Be accessible at all times, in a safe and suitably central location e.g. school office, first aid room or staffroom
- NOT be locked away in a cupboard or kept in an office where access is restricted. If stored in a restricted cupboard or area all staff must have easy access IE coded lock with all staff given the code so devices are readily available when required

9.5.2. Further guidance on the use of AAI's can be found on the Department for Health Guidance document: Guidance on the use of adrenaline auto-injectors in schools

9.6. Maintaining Medical / Accident Records

Accident records

9.6.1. Statutory accident records: The principal or designated lead must ensure that readily accessible accident records, written or electronic, are kept for a minimum of 3 years. The Principal/designated person must ensure that a record is kept of any first-aid treatment given by first-aiders or appointed persons. This should include:

- The date, time and place of the accident / incident.
- The name, year and school of the injured or ill person.
- Details of their injury/illness and what first aid was given.
- What happened to the person immediately afterwards.
- Name and signature of the first aider or person dealing with the incident.

9.6.2. The Principal/designated person must have in place procedures for ensuring that parents are informed of significant incidents.

Monitoring

9.6.3. Accident records can be used to help the Principal/designated person and SENCO identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

9.6.4. The Principal/designated person should establish a regular review and analysis of accident records.

Medical records

9.6.5. Any sick students will be seen in the first instance by a First-aider in the first aid room for assessment. If they feel it is necessary to send a student home they then get it agreed with the student's Head of Year and then the parent or primary carer will be contacted and the student collected by a responsible person. In ALL instances, an incident form will be filled in and put into the student's file (see Appendix B).

9.6.6. It is the Academy policy that when a student has either been physically sick or had Diarrhoea he or she must be kept at home for 48 hours from the last incident.

9.6.7. Written/verbal permission will be obtained for each and every medicine to be given to our students. Parents/carers will be informed of every incident/accident and any first aid applied, either via a phone call or a slip (Medical Treatment Slip, appendix B) given to the student to take home.

9.7. Accommodation

9.7.1. The Medical room is used for medical purposes and at times intimate care, where there is a bed and a sink.

9.8. Illness in the Academy

9.8.1. If a student becomes ill in a lesson and the teacher feels that medical treatment is required, the student will be collected by an available first aider and taken to the first aid room where an assessment/treatment is carried out.

9.8.2. The Academy has a strict policy that no medication will be given orally or externally unless permission has been given by the parent. Parents will be contacted depending upon the nature of the medical problem.

9.8.3. If the member of staff feels that the student is too ill or injured to be moved, then a designated First Aid member of staff should be called via the site's recognised communication methods. First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent will be contacted or a letter sent home with the student. In all instances of general first aid a student takes home a first aid slip (see Appendix B) outlining the first aid that has taken place so that parents/carers are informed and aware.

9.8.4. In more serious cases, where hospital attention is deemed necessary, the Academy will contact parents, who will be expected to take their child to hospital.

9.8.5. In an emergency, an ambulance must be called and the parent contacted by the Academy. In the absence of a parent, a member of staff must accompany the student to the hospital and remain there until the parent arrives.

9.8.6. If a parent cannot be contacted, the Academy will act in loco parentis and give permission for any emergency treatment required, as per the Administering Medication parental consent form and Student admissions form.

9.9. Staff accidents and illness

9.9.1. Staff accidents should be reported and recorded in line with the Health and Safety policy and site processes.

9.9.2. Further information and guidance on accident reporting can be found in the Trust Health and Safety policy.

10. Flexibility in Education

10.1. The Academy will consider reasonable adjustments for students whose medical needs amount to a disability under the Equality Act 2010. Any adjustments will be based on individual circumstances, professional advice, and the need to maintain the safety and integrity of the curriculum. Adjustments may include short-term modifications to learning arrangements where this is evidence-based and appropriate.

10.2. Staff will work collaboratively with families, healthcare professionals, and individual pupils to develop personalised strategies that support both health needs and educational progress. Flexibility ensures that medical needs do not create unnecessary barriers to learning, attendance, or participation in academy activities.

11. Hygiene/infection control

11.1. Safe cleaning and disposal of blood and bodily fluids

11.1.1. All blood and body fluids are potentially infectious and can present risks to employees whilst at work. Following these safe cleaning and disposal practices will help reduce the risk of exposure

11.1.2. This guidance applies to managers and employees where there may be a risk of exposure to infections from blood-borne viruses and infections.

11.1.3. Blood-borne viruses and bacteriological infections are carried by some people in their blood. These may cause severe illness in some people, whilst in others there may be few or no symptoms at all. It is possible for a virus (such as Hepatitis) or a bacteriological infection to be spread to another person whether the carrier is ill or not.

11.1.4. These viruses and infections can be found in the following body fluids: blood, semen, vaginal secretions, breast milk, urine, faeces, saliva, sputum, sweat, tears, and vomit. In many cases it may not be possible to see if the body fluid is contaminated with blood so assume that it is contaminated and follow the advice below. The precautions taken to reduce the risk of contamination from blood-borne viruses will also combat the spread of bacterial infections. It is important any person clearing up spillages of body fluids is aware of how to do this correctly, the following details procedures that should be followed and is not an exhaustive list, sites should add additional requirements as required.

Activity: Cleaning body fluid from floor or a surface such as:	What you need:	PPE required:	Task clean up and disposal:
Saliva Sputum Vomit Faeces Urine	When handling body fluids that are away from a person wear: • single-use disposable gloves for all activities • consider face protection • Paper towels • Detergent recognised cleaner/sanitiser • Plastic bin liner x2 • Spills kit vomit/fluid granules • Mop bucket • Dustpan brush	• Single-use disposable gloves • Consider face protection • Consider single-use disposable apron	Clean up spill as required Disposal: Body fluids and paper can be flushed down the toilet or double-bagged and placed into general waste. Items that cannot be flushed down the toilet such as plasters, swabs, and wipes cannot be flushed down toilet and will need to be placed into double bags and put into general waste or the Bio-hazard Yellow waste bin in the first aid room. Consideration to flushing items down the toilet needs to be given to large volumes including vomit granules as they may lead to blockages. These may need to be flushed over 2 or 3 flushes and not all at once.
Activity: Cleaning body fluids on a person	**What you need:**	**PPE required:**	**Task clean up and disposal:**
Saliva Sputum Vomit Faeces Urine	When handling body fluids that are in contact with a person wear: • single-use disposable gloves	• Single-use disposable gloves • Single-use disposable plastic apron	Clean up spill as required Disposal: Body fluids and paper can be flushed down the toilet or double

	• a disposable plastic apron • consider face protection • clean the person using liquid soap and water, and paper towels • Use a plastic bin liner x2 to dispose of the items used.	• Consider face protection	bagged and placed into general waste. Items that cannot be flushed down toilet such as plasters, swabs, wipes and dressings will need to be placed into double bags and put into general waste or the Bio-hazard Yellow waste bin in the first aid room. Consideration to flushing items down the toilet needs to be given to large volumes or vomit granules as they may lead to blockages. These may need to be flushed over 2 or 3 flushes and not all at once.

11.1.5. Faeces, urine, sputum, menstrual fluids on tampons and sanitary towels, and vomit and paper towels can be flushed down the toilet where practicable. Consider the amount or volume, this may need to be completed in 2 or 3 separate flushes. These can also be double-bagged and placed into general waste.

11.1.6. Blood spills

- Always wear single-use gloves and a disposable apron, consider face protection.
- Use the disinfectant recommended by Churchills or Trust
- Blood spills should be contained by a solid substance e.g. vomit granules, Sanitaire, which is powder to soak up spillage.
- Clear up with paper towels or, if available, a plastic scoop which should be discarded after use.
- Wash and clean the contaminated area with detergent and hot water.
- Disposable gloves, paper towels etc must be put into a plastic liner and doubled bagged then placed in a general waste bin or yellow Bio-hazard waste bin.
- Hands need to be washed thoroughly. (If the spill is urine which is visibly contaminated with blood do not use chlorine-releasing agents (see below)).

11.1.7. If urine is visibly contaminated with blood:

- Wear single-use disposable gloves and disposable apron, consider face protection
- Use paper towels to soak up the spill.
- Wash and clean the contaminated area with hot water and recommended detergent
- Clean contaminated area with recommended disinfectant
- Discard gloves, apron and waste into the plastic liner and double bag then bin for general disposal – consider use of Yellow Bio-hazard bin.
- Hands need to be washed thoroughly

11.1.8. Where large amounts of waste are produced, specialist contractors may be required to dispose of the waste safely.

12. Risk assessment

12.1. A risk assessment (see Appendix D) is completed when staff or students arrive in school with a broken limb that is in plaster/sling, or the person is using crutches. Strategies are put in place for example, students using crutches where necessary, no physical activity for example dance/ Physical Education should be undertaken. Staff are made aware of these planned controls and the action plan. A Personal Emergency Evacuation Plan (PEEP) is also completed for persons who are on crutches (please see enclosed in Appendix E). The PEEP along with the student timetable is then placed in the fire documents boxes that are in each building.

13. Off-premises visits

13.1. The Academy believes that all students are entitled to participate fully in activities associated with the Academy and will attempt at all times to accommodate students with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept, a risk assessment will be completed prior to any event.

14. Policy on specific medical issues

14.1. The Academy welcomes all students and encourages them to participate fully in all activities.

14.2. The Academy will advise staff on the practical aspects of management of:

- Asthma attacks
- Diabetes
- Epilepsy
- Cystic Fibrosis

- An Anaphylactic Reaction
- Any additional Healthcare information will be shared if the Academy feel appropriate.

14.3. The Academy will keep a record of students who may require such treatment.

14.4. The Academy expects all parents whose children may require such treatment to ensure that appropriate medication has been logged with the Academy together with clear guidance on the usage of the medication, failure to follow procedures or have the correct signed forms may result in the child being unable to receive the required medication.

15. Reporting accidents

15.1. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some extreme accidents must be reported to the Health and Safety Executive (HSE). The Health and safety officer must keep a record of any reportable injury, disease or dangerous occurrence.

15.2. This must include:

- 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. This record can be combined with other accident records.

15.3. If deemed necessary by the first-aider, parents will be informed of an accident either by telephone or via an incident slip (see Appendix B) sent home with the Student.

15.4. The following accidents must be reported to the HSE:

- Involving employees, students or self-employed people 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 seven days.
- For definitions, see HSE guidance on RIDDOR 1995, and information on Reporting School
- Accidents Involving pupils and visitors:
  - Accidents resulting in the person being killed, or being taken from the site of the accident to hospital **and** the accident arises out of or in connection with work. i.e. if it relates to

- Any academy activity, both on or off the premises
- The way the academy activity has been organised and managed
- Equipment, machinery or substances
- The design or condition of the premises

15.5. HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508. The Principal is responsible for ensuring this happens. The Principal or designated person must complete the RIDDOR Form attached to this policy and email it. It can also be completed on-line. The e-mail address is riddor@natbrit.com. To report an incident over the telephone, call 0845 300 99 23 (Monday to Friday 8.30 am to 5.00 pm).

15.6. If needed staff are to contact the Trust estates team for further advice on RIDDOR reporting.

15.7. Staff should also refer to the aE Health and Safety Policy where needed.

16. Re-assessment of first aid provision

16.1. As part of the School's monitoring and evaluation procedures:

- The Academy shall review the first-aid needs following any significant changes to staff or first aiders, building/site, activities, off-site facilities, etc.
- The lead first-aider monitors the number of trained first-aiders, alerts them to the need for refresher courses and organizes their training sessions.
- The lead first-aider checks the contents of the first-aid boxes monthly and re-stocks as appropriate for that department.

17. Unacceptable practices

17.1. Unacceptable practices include any actions that compromise the safety, dignity, or educational access of pupils presenting with medical conditions or requiring first aid attention. These may include ignoring or dismissing a student's medical needs (emergency and/or planned), preventing them from participating in normal school activities, or penalising them academically for absences related to their condition. It is also unacceptable to require parents to attend school to administer medication when trained staff can do so, or to delay access to prescribed medical treatments. Discriminatory behaviour, lack of confidentiality, and failure to create or follow individual healthcare plans also undermine student wellbeing and are not tolerated.

18. Equality and diversity

18.1. We are committed to promoting equality and respecting diversity in all aspects of first aid and medical support provision. We ensure that no student is treated less favourably or denied appropriate care on the grounds of disability, medical condition, race, gender, religion, sexual orientation, or any other protected characteristic under the Equality Act 2010. All medical and first aid support will be delivered in a way that recognises and respects individual needs, cultural sensitivities, and communication preferences. Staff receive training to ensure inclusive, non-discriminatory care, and reasonable adjustments will be made to ensure all pupils have equitable access to medical support and participation in school life.

19. Complaints

19.1. The availability of a clear policy about first aid arrangements and supporting medical conditions should reduce the likelihood of complaints but may not eliminate them. Any complaints about staff will be dealt with under the Academy's Complaints Policy. Where a complaint is made which involves an allegation of an injury being inflicted on a pupil this incident needs to be directly reported to the principal. The principal will decide if it is appropriate to contact the LADO. The principal will seek advice from the LADO if a complaint is received that names a member of staff. The Chair of the Academy Committee will be informed of complaints.

20. Policy review

20.1. This policy will be reviewed annually by the Academy Leadership team as part of the Academy annual review process.

20.2. This policy will be actively promoted and implemented throughout the Academy.

Appendix A: Parental agreement form for administered medication

Parent/Carer Agreement for Longspee Primary Academy to Administer Medicine

The Academy will not give your child medicine unless the below form is completed and signed.

Name	
Date	
Year Group	
Name and Strength of Medication	
Expiry Date	
Dose/Quantity to be given	
Quantity to be given	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime Contact Number	
Name/Number for GP	
Agreed Review Date	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Longspee Primary Academy staff administering medicine in accordance with their policy. I will inform Longspee Primary Academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent/Carer signature _____

Print name _____

Date _____

Appendix B: Medical incident notification

Dear Parent/Carer,

FIRST AID

This is to inform you that _____ (name) attended first aid today for

_____.

Treatment given: _____

Time: _____

If your son/daughter has suffered a head injury and has been sent home, please be aware that if they feel sick, dizzy or have blurred vision they should be seen by their family practitioner.

Signed: _____

First Aider

Appendix C: Risk assessment form

Risk Assessment

1. Risk Assessment Title

2. Location

3. Assessor

4. Date completed

Recording Risk Assessments

There are many methods available to assess risks and record the findings as required in Regulation 3 of the Management of Health and Safety Regulations 1999. The format chosen by aE should be followed by all Academies and is included below as an example template. The Matrix shown below is included in risk assessment templates and helps in deciding whether a risk is acceptable or not acceptable and whether an assessment should be completed (see Section A).

The following illustrates how a risk assessment should be completed in line with aE policy.

Actions and Priorities for Varying Levels or Risk Level Action and Priority

- Low 1-2

If the risk is low, then no further action is required. However, you should continue to monitor the residual risk and ensure that it remains low as far as is reasonably practical.

- Moderate 3-6

Tasks which have been identified as containing moderate residual risk, after controls are in place, may only be undertaken if the risk has been reduced so far as is reasonably practicable and must be reduced to a minimum commensurate with the needs of the task. Contact the Trusts Estates department for further advice.

- High 8-12

High risk activities must not proceed.

Probability/likelihood if harm occurring

Risk Assessment Matrix				Impact/ Severity			
				1	2	3	4
				Acceptable	Tolerable	Unacceptable	Intolerable
				Little or no effect	Effects are felt but not critical	Serious Impact to course of action and Outcome	Could result in Disasters
Likelihood/ Probability	1	Improbable	Risk Unlikely to occur	1	2	3	4
	2	Possible	Risk will likely Occur	2	4	6	8
	3	Probable	Risk will Occur	3	6	9	12

	SCORE
LOW	1 - 2
MEDIUM	3 - 6
HIGH	7 - 12

Hazard *(What have you identified?)*	**Risk** *(What could happen? Who can be affected?)*	**Description**	**Control Measures**	**Risk L/M/H**	**Further Actions/Control Measures**	**Revised risk level L/M/H**	**Person/s responsible for implementation**	**Timescale for action**

Hazard *(What have you identified?)*	**Risk** *(What could happen? Who can be affected?)*	**Description**	**Control Measures**	**Risk L/M/H**	**Further Actions/Control Measures**	**Revised risk level L/M/H**	**Person/s responsible for implementation**	**Timescale for action**

Appendix D: Personal emergency evacuation plan (PEEP)

Personal Emergency Evacuation Plan (PEEP)

This form should be completed for anyone who requires assistance with any aspect of emergency evacuation.

Academies and other settings should ensure they are familiar with the Dorset County Council guidance *'Safe moving and handling for children and young people with mobility difficulties'* (Physical & Medical Needs Service) before completing a PEEP.

Date of PEEP:					
Date to be reviewed:					
New PEEP		Revised (change in circumstance)		Annual update	

Photo	Name of child/young person:
	D.O.B.:
	Class/group/form:
	Location of class/group/form in building: See timetable
	Play Leader/Teacher/Tutor: (including telephone extension)

PEEP Lead at the school/setting:
Those involved in developing the PEEP:

Consider	Yes	No	Comments
Does the child/young person change rooms during the day – taking them to more than one location within the building or site?			
Does the child/young person have difficulty identifying or reading emergency exit signs?			
Does the child/young person experience difficulties hearing the fire alarm?			
Is the child/young person likely to experience difficulties independently travelling to the nearest emergency exit?			
Does the child/young person experience difficulty using stairs?			
Is the child/young person dependent on a mobility aid for walking or a wheelchair?			
If the child/young person uses a wheelchair, do they have difficulty transferring from this without assistance?			

Can the child/young person raise the fire alarm upon discovering a fire?	Yes		No	
If no, detail the procedures agreed with the child/young person about how they will inform someone of this:				

How is the child/young person to be informed of an emergency evacuation?			
Existing alarm		Visual alarm	
Vibrating Pager		Other (specify)	
Provide details of how the child/young person would know if there was a fire:			

Provide details of the Exit Route Procedure (starting from when the alarm is raised to the final exit of the building). Ensure all safe routes that can be used are included:
(consider attaching a building plan with all routes clearly marked)

Provide details of the persons designated to assist the child/young person in the evacuation and the nature of assistance to be provided by each person:

Provide details of the methods of assistance (e.g. transfer procedures and methods):

Equipment provided for use during evacuation: (include details of where this is stored)
Training in the use of equipment provided by:
Persons receiving training:
Date:
Date to be reviewed:
Comments:

Final Check by Competent Person	Yes	No
Have the route(s) been travelled by the child/young person and the responsible person/designated assistant?		
Has a copy of the exit route been attached?		
Has the equipment detailed above been tried and tested?		
Have any issues been satisfactorily resolved?		
Has a copy of this form been sent to the person responsible for the fire evacuation within the school/setting?		
Has the fire safety competent person informed all relevant staff of these arrangements, e.g. Class Teacher, Teaching Assistant etc.?		

If no to any of the above, please explain and detail the next steps:

Record the length of time of practice evacuation:

I am aware of the emergency evacuation procedures and agree with the plan set out above	Signature of parent/carer
I will ensure that all relevant staff are aware of and will practice the emergency evacuation procedures outlined in this plan on a regular basis	Signature of Leader/Headteacher/Principal

The completed Personal Emergency Evacuation Plan should be held:

- In the child/young person's individual record
- By the Leader/Headteacher/Principal (Responsible Person for Fire Safety)
- By the Competent Person for Fire Safety at the school or setting (this may be the responsible person in some schools)
- By the Key Worker, Class Teacher or Tutor
- By the Designated Assistant
- In the Fire Log Book