

St. Bartholomew's C of E Primary School

First aid and healthcare policy

Adopted: May 2020

The health and safety of all members of the school community and visitors to the school is of utmost importance. This first aid policy is created with the aim of ensuring that all staff members, visitors to the school, pupils and parents are aware of standard first aid procedures that will be followed in the event of any major or minor illness, accident or injury, and how they can contribute to the effective resolution of such incidents.

In addition to this the school recognises that under Section 100 of the Children and Families Act 2014 it has an additional duty to make arrangements for supporting pupils at their school with medical conditions. This is done through the creation of individual healthcare plans. These will be drawn up in consultation with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported and that no pupil will be excluded from full access to education, including school trips and physical education on the grounds of their medical condition.

This policy is created and maintained by the school governing body with the assistance of the headteacher and Inclusion Leader and is put into practice in conjunction with the school's health and safety policy which can be found in the policies section on the school website. The school expects all staff and pupils to be familiar with this policy, as with all school policies. The governors will ensure that this policy and all individual healthcare plans will be reviewed regularly and be readily accessible to parents and school staff.

Staff should always dial 999 for emergency services in the event of a serious emergency, medical or otherwise, before implementing the terms of this policy.

1. Roles and responsibility

The governing body holds the overall responsibility for ensuring that the school has an up-to-date first aid policy, and effective first aid provision, personnel, and equipment in place.

The governing body must further ensure that arrangements are in place to support pupils with medical conditions and in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. However, it is the school headteacher and senior leadership team that are in the best position to monitor the first aid provision in the school on a day-to-day basis.

The headteacher

The headteacher is responsible for ensuring that first aid provision is up to standard on a day-to-day basis. If this task is delegated to another member of staff, the headteacher is responsible for ensuring that the member of staff is adequately equipped, qualified and willing to carry out this role, and that first aid risk assessments are carried out regularly.

The Inclusion Leader, the headteacher's nominated representative, will ensure that all individual healthcare plans are regularly reviewed and remain relevant and up to date. The plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's

best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. The headteacher is responsible for ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The headteacher at St. Bartholomew's delegates the day-to-day responsibility for the first aid provision to the school's Welfare Officer, Emma Beattie.

The Welfare Officer

The Welfare Officer is responsible for ensuring that the first aid provision in school is up to standard and that any shortfalls in provision are identified and dealt with immediately. This person holds a paediatric first aid certificate.

The main role of the Welfare Officer is to provide medical and welfare support services to ensure the efficient operation of the school to support effective teaching and learning provision. To be responsible for the day to day medical and first aid operations and duties which are supportive to, but do not involve, the teaching function. The Welfare Officer works on a Monday, Tuesday, Thursday and Friday and is based in the front office. In the absence of the Welfare Officer, Debbie Mudie is the key first aider.

First aiders

In addition to the Welfare Officer, all members of staff are trained first aiders. First aiders are members of staff who have completed a Health and Safety Executive (HSE) approved first aid course and hold a valid certification of competence in First Aid at Work [FAW]. First aiders receive updated training every 3 years and first aiders must make sure that their certificates are kept up to date through liaison with the school's Welfare Officer and Senior Leadership Team. First aiders are required to give immediate first aid to staff, pupils and visitors to the school when it is needed and ensure that emergency services are called when necessary. First aiders are not paramedics.

The current school first aiders can be found in the staff list on the school's website.

There will be at least one first aider on the school site when children are present. Pupils will be made aware of which members of staff are designated first aiders, and will be notified of any changes to who holds these positions when they occur.

School staff

School staff who are not designated first aiders still have responsibility for first aid provision throughout school. All staff should be aware of this policy, the school's **health and safety policy**, and basic first aid. Staff should:

- ensure that they are familiar and up to date with the school's first aid policy and standard procedures
- keep their managers informed of any developments or changes that may impact on the school's first aid provision, including any incidents that have already occurred
- ensure that all the correct provisions are assessed and in place before the start of any activity
- ensure that activities in school that they are supervising or organising are risk assessed, and in line with the school's health and safety policy, to reduce the risk of accident or injury
- cooperate fully with the employer to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for health and safety purposes are never abused and that equipment is only used in line with manufacturers' guidance

- ensure that any equipment used is properly cared for and in the proper working order, including first aid boxes around the school. Any defects should be immediately reported to a senior manager and that piece of equipment should not be used.
- be aware of the needs of pupils with medical conditions that they teach
- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- where appropriate to the needs of the pupil, teachers and other school staff may be asked to provide support, including the administering of medicines for pupils with individual healthcare plans. Where this is the case, staff should receive sufficient and suitable training to achieve the necessary level of competency before taking on responsibility to support children with medical conditions
- staff will not be asked to administer prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). The school recognises that a first aid certificate is not appropriate training in this instance
- The Inclusion Leader and the Welfare Officer will be responsible for ensuring that all supply staff and new staff members are fully briefed as to the needs of any pupil with individual healthcare plans which they are likely to encounter.

Volunteers at the school have the same responsibilities for health and safety as any other staff, and will be expected to be familiar with the school's health and safety policy and procedures.

Pupils

Pupils at the school should be familiar with this policy and should ensure that they are aware of who the school staff first aiders are. If they are unsure, they should ask a member of staff. Pupils can help the school ensure first aid provision is effectively put into practice by:

- reporting any medical emergencies or incidents to a member of staff immediately;
- reporting anything that they feel to be a hazard to health and safety on or near the school premises
- taking care for their own safety and the safety of others. Pupils that put themselves, staff, or any other members of the school community or visitors to the school in danger through reckless behaviour may be dealt with under the school's behaviour policy
- make sure that staff members are aware of any of their own health conditions or ailments that may require first aid assistance (*for example diabetes, epilepsy*). This is particularly important in circumstances where pupils will be travelling off the school premises, for example for a sports match or a school trip
- where a pupil has a health condition which requires an individual healthcare plan the pupil will be involved wherever practicable in discussions as to their medical support needs and will be required to act in a way which is compliant with the plan
- all pupils are expected to act in a way which demonstrates a positive awareness to the needs of those with medical conditions and be aware of their responsibility for informing a member of staff if a fellow pupil is unwell.

Parents

Parents can help the school maintain effective first aid provision by:

- alerting the school to any ongoing or temporary medical conditions that their child has that may require first aid. This is extremely important, and parents are required to notify the school in writing of such circumstances. Where medicine has been prescribed either for a set timescale or as an ongoing provision, the school must be notified in writing. This medicine will be kept by the Welfare Officer, in the front office unless there is a specific reason for the child to have it on them at all times. It is important that parents do not send their children to school with prescribed medicine or other types of medicine without the knowledge of school staff

- where their child requires an individual healthcare plan, the parent will be involved in the development and review of the plan. They will be expected to carry out any action which they have agreed to as necessary as a part of its implementation, e.g. provision of medicines and equipment, ensuring that they or a nominated adult are contactable at all times
- working with the school to instil a sense of first aid responsibility in their children. This means being alert of health and safety practicalities, and promoting safe behaviour at home
- making the school aware of anything that they feel to be a hazard to health and safety on or near the school premises
- familiarising themselves with this policy so that they understand the steps that will be taken if their child requires emergency first aid for any reason.

Visitors to the school

Visitors to the school are expected to take care around school and have reasonable responsibility for the safety of themselves and other members of the school community. All visitors will have access to this first aid policy, as well as the school **health and safety policy**. Names of key school first aiders are displayed around the school. Emergency administration of first aid should not be delayed by waiting for a particular first aider to arrive, all members of staff are trained first aiders.

2. First aid boxes

Each classroom has a first aid box, and these are situated near to the classroom sink. They can be replenished from supplies kept by the Welfare Officer. It is the responsibility of all members of staff in each Key Stage to ensure that their first aid boxes are fully stocked at all times with items that are within expiry dates, and it is the responsibility of the Phase Leader to oversee this provision.

First aid boxes should only be used by qualified first aiders and can be used in the time it takes for the Welfare Officer or emergency services to arrive.

For off-site activities, first aid boxes should be taken from the front office and returned back to the same place. These will be taken on any off-site activity and should be signed out and in from the front office.

3. Information on pupils

Parents must provide written consent for the administration of first aid and medical treatment by school staff to their child before their child is admitted to the school.

The school takes pupil privacy and confidentiality very seriously. The Welfare Officer will be responsible for sharing medical information to other staff on a need-to-know basis – for example, ensuring that information regarding pupil allergies is shared with staff taking a class on an off-site trip. Pupil medical records will be kept locked in the front office and will only be accessed by the Welfare Officer.

All staff will be made aware of which pupils have access to asthma inhalers, EpiPens, injections, or similar medical equipment and for whom individual healthcare plans have been created. This is important in order that all staff are prepared to deal with medical emergencies relating to these conditions no matter where in school the child is (see *section 4*.)

4. Policy for pupils with medical conditions that are known to the school

This covers pupils with medical conditions such as diabetes, epilepsy and asthma. When the school is notified by a parent or healthcare professional that a pupil has been diagnosed with a medical condition, or will be transferring to the school or returning after prolonged absence the headteacher will implement the procedure outlined in Appendix A to draw up an individual healthcare plan. The school is conscious that it is vital to ensure that all staff are prepared at all times for a medical emergency as far as is practicably possible. The points below outline the provision in place for preparing for this type of an emergency:

- All staff are given up to date and regular training.
- A record of all pupils who have access to asthma inhalers, EpiPens, injections, or similar medical equipment is kept up to date and circulated to all members of staff; this type of medication will be kept in the front office, suitably labelled and easily accessible in case of an emergency. Wherever practicable, pupils will be given the responsibility for carrying this medication on them at all times. Staff will be made aware of each individual's circumstances however, under no circumstances will a pupil be prevented from accessing their inhalers and medication and administering their medication when and where necessary
- All staff will ensure that pupils will always be permitted to drink, eat or take toilet or other breaks whenever they require in order to manage their medical condition effectively. Where a pupil becomes ill and needs to visit the school office they will always be accompanied by a responsible escort.
- A database will be kept on the central school system that details pupils at risk of certain conditions, such as anaphylactic shock. The Inclusion Leader and Welfare Officer are responsible for reviewing this on a regular basis and ensuring that it is up to date. It will be made clear to staff that they have a responsibility to regularly remind themselves which students are on this list, and what they should do in the case of an emergency.
- In the case of a medical emergency, as defined by the individual healthcare plan, the Welfare Officer should be contacted whether the pupil carries their own medication or not. Emergency services should be contacted where they are needed, or thought to be needed.
- If a pupil becomes unwell (e.g. has an asthma attack, suffers a hypo etc) during the course of the school day the parents will be informed as soon as possible so that this may be monitored for any ongoing effects. A record should be made of all such incidents
- If a pupil needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

5. Managing medicines on school premises

The school is only responsible for administering medicines when not to do so would be detrimental to the pupil's health or school attendance. The school requires that parents should always notify the school of any side effects of any medication to be administered at school. The following key points guide the school's policy on managing medicines in accordance with the statutory guidelines for [Supporting Pupils at School with Medical Conditions](#).

- A record of all medication administered will be kept with dosages and times logged in each instance. This will also show who administered the dose and to whom.
- Other than the exceptional circumstance where a medication has been prescribed to child without the parent's knowledge, no pupil under the age of 16 will be given prescription or non-prescription medicines without their parent's written consent. In such an eventuality the school will encourage the young person to involve their parent, but will respect their right to confidentiality.
- No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Where such medication is administered, the time of previous dosage and the maximum dosage will be checked prior to administering the medication and parents will be informed that the medication has been administered.
- Wherever clinically possible, the school requests that medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist. They must include instructions for administration, dosage and storage. It is accepted that insulin will be provided in pen/pump form.
- Medicines will be stored safely at all times but pupils will have immediate access to their own medication at all times and will be given the name of the key holder so that these can be accessed swiftly. Items such as inhalers, blood glucose meters and adrenaline pens should be always readily available and will not be locked away.
- Where a child has been prescribed a controlled drug, this will be administered by a member of staff in accordance with the prescriber's instructions. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Any medication which is no longer required will be returned to the parent to arrange for safe disposal.
- Sharps boxes will always be used for the disposal of needles and other sharps.
- The school recognises that any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to administer it themselves, however it acknowledges that passing it to another child for use is an offence.
- The school will keep a record of any controlled drugs that have been prescribed for pupils and these will be stored in a locked, non-portable, container. This will be accessible only to the Welfare Officer but will be easily accessible in an emergency. A record will be kept of all dosages administered and the amount held in school.

6. Procedure in the event of an illness

If a pupil falls ill while in a school lesson they should immediately tell the member of staff in charge, who will assess the situation and decide the best course of action. They will be accompanied to the Welfare Officer if appropriate. Pupils who are clearly in pain, are distressed, or are injured will never be required to go to the Welfare Officer unaccompanied.

The Welfare Officer will administer the appropriate first aid, and parents will be called to pick up their child if they are too unwell to complete the rest of the school day. If a parent or carer is unable to get to the school to pick up the child, the child will remain in the front office until they are able to get there at the end of the school day or arrange for another family member or carer to collect them.

If a child who is sent home early is still too unwell to attend school the next day, parents should follow the procedure outlined under the subheading below. The school aims to reduce the risk of a spread of infection or illness and asks parents to keep their child at home where there is risk. Staff will work with pupils who have missed classes to ensure that they are able to catch up on all the classwork that has been done in their absence.

If a member of staff is unwell, he or she may visit the Welfare Officer throughout the school day but should ensure that their line manager is aware of class cover that has been arranged or needs to be arranged either for a single lesson or for a prolonged period of time.

Reporting continued absence due to illness

Most cases of absence due to illness are short term, but parents will need to make a phone call to alert the school on the first day of absence. When the child returns to school they should bring a note from their parent explaining the absence – this is for the school records.

For prolonged absence due to illness, parents may be asked to provide the school with medical evidence such as a note from the child's doctor, an appointment card, or a prescription paper.

7. Procedure in the event of an accident or injury

In the case of an accident or injury, the member of staff in charge should be informed immediately. They will assess the situation and determine whether or not emergency services need to be called. The Welfare Officer

should be called for as soon as possible and should be informed of the injury, even if their assistance is not required.

First aiders should be called if the Welfare Officer is unavailable for any reason. First aiders are not paramedics, and if the first aider feels they cannot adequately deal with the injury then they should arrange for access to appropriate medical care without delay.

Emergency services

An ambulance should always be called by staff in the following circumstances:

- a significant head injury
- fitting, unconsciousness, or concussion
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture
- in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.

If an ambulance is called, the member of staff in charge should ensure that access to the school site is unrestricted and that the pupil can be easily accessed by emergency services when they arrive.

Pupils who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school site in time to go with their child themselves. Ambulances will not be delayed for waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.

All accidents and injuries must be reported, following reporting procedures.

8. Procedure in the event of contact with blood or other bodily fluid

The school understands the importance of ensuring that the risk of cross-contamination is reduced as far as is reasonably practicable, and the training that staff and first aiders undertake outlines the best practice for this. It is important that the first aider at the scene of an accident or injury takes the following precautions to avoid risk of infection to both them and other pupils and staff:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- wash hands after every procedure.

If the first aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination
- report the incident to a school nurse and take medical advice if appropriate. The Welfare Officer will then arrange for the proper containment, clear-up and cleansing of the spillage site.

9. First aid in the physical education department and off-site provision

The risk of injury is increased during increased physical activity. It is the responsibility of the Sports Leader to ensure that first aid boxes in this department are kept fully stocked. All staff in this department should be aware of where these boxes are stored, what should be in them, and appropriate use.

Signs alerting all members of staff to where these first aid boxes are kept should be displayed within the hall and on the notice board at the entrance to the hall.

For off-site activities and away fixtures, first aid boxes will be taken from the front office and returned back to the same place. These will be taken on any off-site activity and should be signed out and in from the front office. The first aid boxes within the school's physical education department are for use in school only and should not be removed from the site. This is to ensure that boxes are always where they are expected to be in case of an emergency.

It is good practice for staff who are in charge of away fixtures and off-site activities to check with the host school that there is adequate first aid provision in place. Risk assessments should be carried out. If an accident or injury does occur, first aid should be sought from the host school's first aiders. If the student must visit the host-school's nurse's office or be given first aid treatment elsewhere, a member of staff from our school should be with them at all times. Where necessary in an emergency situation, students should be taken to the nearest Accident and Emergency Department.

Injuries that occur off-site should be reported to the Welfare Officer on return to the school, who will provide first aid follow-up care where necessary.

Where pupils have individual healthcare plans, sufficient active support will be provided to permit them to take part within sporting and off-site activities as fully as possible. Pupils will be encouraged to participate according to their own abilities and reasonable adjustments will be made ensure that this is practicable. A separate risk assessment will be carried out as appropriate prior to off-site activities and consultation will take place with appropriate parties (pupils, parents, health specialists) during this process.

10. Reporting accidents, emergencies, and first aid administration

Any first aider who has administered first aid or medication should fill out an **incident report form**. These are stored in the front office and are used to record **all** incidents, both major and minor. Each page is used for a separate incident and stored securely in the school's first aid file/first aid section of the health and safety file according to the Data Protection Act 1998. All members of staff supervising at the time of the incident should make a separate report. The date, time and place, what happened, actions taken, injuries or a brief outline of the illness, and first aid administered should be recorded.

Accidents that fall under health and safety issues should also be reported in line with procedures outlined in the school **health and safety policy**.

All injuries that have occurred, and first aid that has been carried out both on and off-site should be reported to the Welfare Officer, no matter how minor the injury. The Welfare Officer is responsible for ensuring that all incident report forms are filled out accurately, and stored properly. The Senior Leadership Team will annually review the first aid file/health and safety file to ensure that it is an effective method of record keeping, and that all incidents are being recorded as is school policy. A written record should also be kept of all medicines that are administered to children, including those prescribed for pupils with individual healthcare plans.

The Welfare Officer is also responsible for ensuring that parents are kept up to date as is appropriate regarding the health of their child in school, injuries that they have sustained, and medical treatment that they are receiving. In an emergency situation or in the case of a serious injury, parents will be informed as soon as is practicably possible.

The Welfare Officer should report to the Inclusion Leader on the effectiveness of the first aid provision, to ensure that the school is continuously on top of first aid best practice and incidents and accidents can be avoided as far as is reasonably practicable.

Serious incidents

Serious incidents will also be recorded, and reviewed by senior leaders. The governing body will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future. The types of minor accidents reported (no personal details discussed) will be reviewed at senior leadership team meetings to determine whether there are any accident trends that could be avoided.

Reporting to HSE

The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE. Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm). All other reportable injuries should be reported online [<http://www.hse.gov.uk/riddor/report.htm>].

It is the responsibility of the Welfare Officer to report to the HSE when necessary. Incidents that need to be reported include but are not limited to:

Involving staff

- work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)
- work related accidents that prevent the injured person from continuing with his/her normal work for more than seven days. which must be reported within 15 days (note that even though over-three-day injuries do not need to be reported, a record must still be retained)
- cases of work related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substances that may cause injury to health).

Involving pupils, parents, or school visitors

- accidents which result in the death of a person that arose out of or in connection with the school's activities
- accidents which result in an injury that arose out of or in connection with the school's activities and where the person is taken from the scene of the accident to hospital.

Incident investigations

An investigation may be launched by *external authorities* in the case of accidents or incidents that fall under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Accident reports will be reviewed and witnesses may be interviewed.

Senior managers or governing bodies may decide to conduct internal investigations into less serious incidents to ensure that policy and procedure are being used correctly and effectively, and that future incidents of a similar nature can be avoided.

Signed by

_____ **Chair of governors** **Date:**

_____ **Headteacher** **Date:**

This policy will be reviewed:

- at regular intervals
- after major accidents, incidents and near misses that have first aid implications
- after any significant changes to workplace, working practices or staffing.

APPENDIX A: Individual Healthcare Plans

Devising an individual healthcare plan

On being informed by a parent or healthcare professional that a pupil has been newly diagnosed, or is due to attend or return to school after a prolonged absence the school will begin the following process to devise an individual healthcare plan to ensure that the pupil is actively supported:

1. A delegated member of the leadership team will meet with key school staff, child, parent and relevant healthcare professionals (or to read written evidence provided by them) to determine the pupil's needs. They will also identify a member of staff to provide support to the pupil.
2. In conjunction with input from the healthcare professionals an individual healthcare plan will be drawn up.
3. The plan will also identify any school training need required and in conjunction with healthcare professionals this specialist training will be undertaken and school staff signed off as competent.
4. The plan will be circulated to all relevant parties and to all relevant staff and a review date set.
5. The plan is implemented. The plan will be reviewed at the annual review date by all parties or sooner if parents or healthcare professionals feel there is a change in circumstances.

Contents of an individual healthcare plan

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this documentation will be used to inform development of their individual healthcare plan. Every individual healthcare plan will contain:

1. Details of the medical condition, its triggers, signs, symptoms and treatments.
2. An explanation of the pupil's individual needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing and how this impacts on aspects of day-to-day living, eg access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, eg crowded corridors, travel time between lessons.
3. Details of any specific support required for the pupil's educational, social and emotional needs, eg how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
4. Details of the level of support required and the level to which they can take responsibility for managing their own health needs. This will include details of support required in emergencies.
5. Details of monitoring arrangements required if a pupil is self-managing their medication.
6. Details of who will provide support within the school along with an explanation of how they will be trained and how their proficiency will be evaluated.
7. Details of cover arrangements for when the key support member of staff is unavailable.
8. Written consent from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil.
9. Arrangements for procedures for school trips or other school activities outside of the normal school timetable to ensure the child can participate, eg risk assessments.

10. An explanation of what to do in an emergency, including contact details and contingency arrangements.
11. Where confidentiality issues have been raised by either parent or child there will be a list of designated individuals to be entrusted with information about the child's condition.
12. Details of how complaints may be made and how these will be handled concerning the support provided to pupils with medical conditions.

APPENDIX B: Implications of the Statutory Guidance Document

Additional legal implications for governors

In making arrangements for supporting pupils with medical needs, governing bodies are now legally obliged to take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some of these will be much more obvious than others and it should never be assumed that two individuals with the same condition will have the same needs or require the same treatment. Governing bodies are obliged to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The aim of the governing body should be to ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff, including temporary and supply staff, are properly trained to provide the support that pupils need and further ensure that the school makes explicit behaviour that is not acceptable in relation to the medical needs of pupils, for instance preventing them from taking part in normal activities, requiring parents to attend school to administer medication or provide medical support on out-of-school activities, ignoring the views of children, parents or medical evidence, penalising pupils for absence where this is related to a medical condition etc.

Governing bodies are further legally obliged to ensure that the school has an appropriate level of insurance in place which appropriately reflects the level of risk involved for staff providing support. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support and must provide liability cover relating to the administration of medication. Be aware that additional cover may be needed for dealing with specific healthcare issues and for items such as off-site activities.

ADDITIONAL ISSUES FOR CONSIDERATION

The following issues should also be considered in conjunction with the new guidance

1. Home-to-school transport: once a plan has been devised it is important to ensure that the local authority is aware of this so that they can ensure that appropriate transport is available where required. They should also be made aware of emergency procedures. This is particularly important when considering transport issues for pupils with life-threatening conditions.
2. Asthma inhalers: following the change in regulations, schools will now be able to hold asthma inhalers for emergency use. This is entirely voluntary, and further guidance on the topic will be produced by the Department of Health in the near future.
3. Defibrillators – A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. Modern defibrillators are easy to use, inexpensive and safe. Although schools are not legally required to carry a defibrillator as part of their first aid equipment they are undoubtedly useful. If a school installs a defibrillator for general use they should notify the local NHS ambulance service of its location. Staff members appointed as first aiders should

already be trained in the use of CPR, however, it would be good practice to then extend knowledge of these techniques amongst staff and pupils.