Supporting Pupils with Medical Needs Policy

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Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

The named person with responsibility for implementing this policy is the welfare/first aid lead.

Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

This policy also complies with our funding agreement and articles of association.

Definition of a medical condition

Pupils' medical conditions may be summarised as being of two types:

a) Short-term affecting their participation in school activities while they are on a course of medication (requiring a medical information consent form)
b) Long-term potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan (IHCP)

Other definitions:

- "Prescription medication" is defined as any drug or device prescribed by a doctor
- "Staff member" is defined as any member of staff employed by Future Academies, including teachers
- "Welfare lead" refers to the member of staff whose role it is to undertake this pastoral support and can be, but is not limited to, the SENDCo, Inclusion Manager or Pastoral Manager

Roles and responsibilities

The governing board

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

The Principal or Head of School

The Principal, Head of School or appropriate delegate will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way, alongside any other relevant healthcare professionals
- Inform the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that medicines are kept in date and medical records are kept accurate

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines and intimate care (see Intimate Care policy).

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, for example 'administration of medication training' and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be asked termly to confirm any changes to arrangements for their child's medical needs.
- Be involved in the development and review of their child's IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

See appendix 2 for more details.

Pupils

Pupils with medical conditions will sometimes be best placed to provide information about how their condition affects them. Pupils will be requested to be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

The school reserves the right to send a pupil home if they are attending school without having taken the correct medication listed on their IHCP.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP, ensuring staff training takes place where appropriate.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs, ensuring staff training takes place where appropriate.

Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Pupils are expected to bring emergency medication when required on all trips and visits (including Auto injectors / inhalers etc). The school reserves the right to prevent a pupil attending a trip if they do not bring their required medication

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP.

The school will make every effort to ensure that arrangements are put into place before the pupil starts, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1 for more details.

Should a pupil leave our school, details of the IHCP will be transferred to their new school through the normal school file transfer system.

Individual healthcare plans (IHCPs)

The Principal/Head of School has overall responsibility for the development of IHCPs for pupils with medical conditions. This can be delegated to the welfare/first aid lead.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Copies of IHCPs should be uploaded electronically to a child's Bromcom account, and a hard copy should be kept with medication.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal/Head of School will make the final decision. A typical list of conditions needing an IHCP include (but are not limited to): allergies, asthma, bladder/continence issues, blindness, cerebral palsy, congenital adrenal hyperplasia, Crohn's disease, cystic fibrosis, deafness, diabetes, Ehlers Danlos Syndrome, endometriosis, epilepsy, heart conditions, hypermobility syndrome, migraines, multiple endocrine neoplasia, Myalgic encephalomyelitis or chronic fatigue syndrome, neurological conditions, neuromyelitis optica, scoliosis, skin conditions, stoma bag, tourettes, wheelchair use.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Principal/Head of School and the welfare/first aid lead, will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments

- The pupil's resulting needs, 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, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required, and how to communicate this information to key individuals
- Arrangements for written permission from parents and the Principal/Head of School for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

See Appendix 2 for more details.

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent (see appendix 3 for more details).

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Paracetamol may be administered to pupils only with parental consent, and should be logged on Bromcom.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Our practice is to confirm with the student first and if they are unsure, then to contact parents.

The school will only accept prescribed medicines that are:

- In-date
- Labelled

- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage, storage and batch number

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required or if they are due to expire over a holiday period.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in an appropriate room and only named staff have access. Monitoring arrangements should be in place so schools know how much of a controlled drug is taken at any one time.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHCPs.

Pupils will be allowed to carry their epi-pen/inhalers and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

Pupils will be reminded that in no circumstances should medication be shared with other pupils.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs

- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets
- Neglect of equipment

Reviews of medicine

As a minimum, the academy will undertake a review consisting of:

- Termly administering medication audit, using appendix 8
- First aid box audits checked twice half termly, with staff who have used items informing the welfare lead as this happens, using appendix 9
- Half termly AED aids, using appendix 10

The welfare/first aid lead is responsible for conducting these audits and ordering necessary supplies

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance (until parent/carer arrives).

A list of considerations could include:

- How to contain the incident to protect the dignity of the child and potential trauma of others
- Who would be responsible for accompanying the pupil to hospital, should this need to happen
- What paperwork, or documents, would need to be taken to hospital
- When to inform the Principal/Head of School
- When to inform the parent/carer of pupils
- Parking considerations for emergency services

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

Staff involved in the development of IHCPs are expected to have completed the following training:

1. First aid at work
2. Administration of medication
3. Paediatric first aid (primaries only)

Appendix 11 should be read for training in pupils with allergies. If pupils are in school with specific allergies, staff should follow this up by completing 'allergy awareness training'.

Further training will be identified during the development or review of IHCPs. The relevant healthcare professionals should lead on identifying the type and level of training required and will agree this with the welfare/first aid lead. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures through online or nurse led training. It is likely that each school will need staff trained in managing asthma, the use of EpiPens, allergy awareness, and pupil specific arrangements for diabetes. The number of staff trained will depend on the number of pupils with conditions. The school must account for staff absence.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction, or, when IHCPs are reviewed, which may lead to further training needs.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school, and this will be evidenced on Bromcom.

IHCPs are kept in a readily accessible place on Bromcom.

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

Complaints

Parents with a complaint about their child's medical condition should follow the complaints procedure available on the Academy's website.

Monitoring arrangements

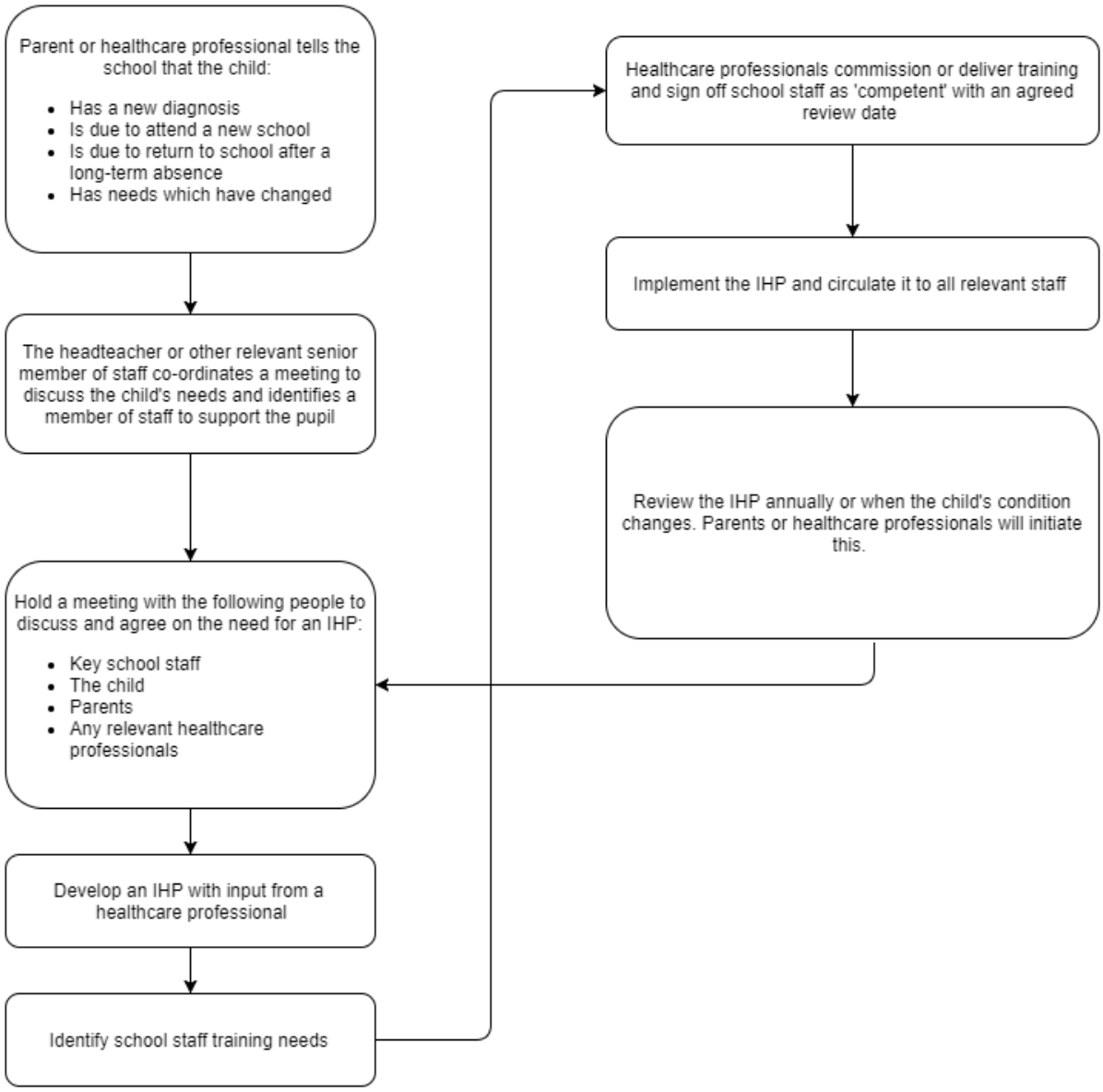
This policy will be reviewed and approved by the governing board every year.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1 – Being notified a child has a medical condition



Appendix 2 – The Individual Healthcare Plan

Overview

Child's name			
Date of birth		**Form Group**	
Child's address			
Medical diagnosis or condition			

Family contact information

Name of contact one		**Relationship to child**	
Main contact number (e.g, mobile)		**Alternative contact number (e.g, work)**	
Email address			
Name of contact two		**Relationship to child**	
Main contact number (e.g, mobile)		**Alternative contact number (e.g, work)**	
Email address			

Clinic or hospital contact

Name		**Contact number**	
Hospital		**Department**	

G.P details

Name of G.P		**Contact number**	
Surgery name and address			

IHCP details

Plan created by		**Present in the meeting**	
Date of plan		**Review date**	
Healthcare professional reviewed by		**Date**	

Details of the medical need or condition

What are the child's medical needs? (symptoms, triggers, signs, treatments, equipment or devices needed etc.)	
What are the details of the medication needed?	**Name of medication:**
	Dosage required:
	Method of administration:
	To be administered by:
	Where to be taken:
	Side effects:
	Has the parent/carer signed the agreement for medication form? Y/N
What are the daily care requirements? (what level of support does the child need? Who will provide the support?)	
Is specific support needed for the pupil's educational, social and emotional needs?	
Other arrangements (trips, residentials, school events etc.)	
Other information (who needs to know about this condition and how will it be communicated?)	
Contingency plan (what constitutes an	

emergency and what action should follow?)				
Training needs (are there any staff training needs for this condition?)				
Delegated responsibilities (who is responsible for care in school?	**Name of staff**		**Role**	
	Name of staff		**Role**	
	Name of staff		**Role**	

Appendix 3 – Parental agreement to administer medicine
This form should be completed in full for your child to receive medication in school.

Pupil details

Name of child			
Date of birth		**Tutor Group**	
Medical condition or illness			

Details of medicines

Name/type of medicine (as described on the container)				
Expiry date				
Batch number				
Dosage and method				
Time of the day				
Special arrangements or other instructions				
Details of any known side effects				
Pupil to self-administer under supervision?	**Yes/No**	**Pupil to carry his/her own medication?**	**Yes/No**	**Agreement approved by:**

Procedures to follow in an emergency

Family contact information

Name of contact one		**Relationship to child**	
Main contact number (e.g, mobile)		**Alternative contact number (e.g, work)**	
Email address			
Name of contact two		**Relationship to child**	
Main contact number (e.g, mobile)		**Alternative contact number (e.g, work)**	
Email address			

Signature of parent/carer		**Date**	

To be completed where the administration of asthma or anaphylaxis medication is required

Emergency provision of salbutamol inhalers and/or adrenaline auto injectors (AAI)
In the event of my child displaying symptoms of asthma / anaphylaxis, and their inhaler / AAI is not available or unusable, I consent for my child to receive treatment from an emergency inhaler / AAI held by the academy for such emergencies.
The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff administrating medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Name of parent/carer: _____

Signature: _____

Date: _____

Appendix 4 – Academy log of medicines administered (to be held with the medicines)

Pupil Name:

Medication:

Date	Time	Parent consent check?	Parents contacted?	Batch No.	Dosage	Any Reaction: Yes/ No/Give details	Parent informed	Signature	Total tablets/liquid remaining	Notes

Appendix 5 – Model letter inviting parents to contribute to IHCP development

Dear Parent,

Re: Developing an Individual Healthcare Plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and a relevant healthcare professional who can advise on your child's case (if applicable). The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for *xx/xx/xx*. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include *xxx.*

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I *[or add name of other staff lead]* would be happy for you contact *[me / them]* by email *[insert e-mail address]* or to speak by phone if this would be helpful.

Yours sincerely,

[xxxxxxxxxx]

Job title

Appendix 6 – Model covering letters

For requesting an IHCP

RE: Individual Healthcare Plan

From our records it shows that your child has a medical condition. Please complete the attached form thoroughly so as we have all the information needed to support your child with their medical need. It is imperative that this be filled out as soon as possible so we have this on your child's record. We may wish to invite you into school to discuss your child's need further.

Please do not hesitate to contact me should you require any further information.

For requesting completion of a parental permission to administer medication form

RE: Medication in school

Our records show that your child has a medical need which requires medication. It is your responsibility to complete the attached form to advise is of the medication required.
Please also take careful attention to indicate on the form if your child will be carrying the medicine themselves (where permitted by the Academy) and if you wish them to self-administer the medication.

If your child suffers from asthma or severe allergic reaction, you should ensure that your child carries their medication with them and that we have spare medication on site. Please indicate on the attached form if you permit the Academy to administer their emergency asthma inhalers or Adrenline Auto-Injectors in the event of an emergency.

All medication must be in date and in the original container as dispensed by the pharmacy.

We recommend that you note the expiry date of any medication provided to the school as it is your responsibility to ensure that it is in date. Please complete the attached form and send it back to school along with the medication. Medication should be replaced before the expiry date.

Please do not hesitate to contact me should you require any further information.

For sending medication home / alerting parents to expired medication

Re: Medication

From our records it shows that your child has additional medication at school. For the summer holidays we will be sending this medication home with your child. Should your child need to have the medication stored at school for the new academic year, we ask that you send in the medication on the first day of the new term. Please advised of the following;

- Should your child be an asthmatic they will be required to carry their own inhaler and also have a spare which stays on the school premises.
- Should they have and Epi-Pen please be reminded that it is your responsibility for them to be in date which at least 8 months left before expiry.
- You will need to inform us of any change in your child's condition.

If you have any questions regarding this, please do hesitate to contact me.

Appendix 7 – Administering medication audit

Item	Action	Y/N
1	Are the staff leading on medical and first aid aware of the contents of the medical policies?	
2	What checks are in place to ensure the policies are complied with?	
3	Does your academy have an accurate up to date list of all pupils with medical needs?	
4	Does the academy capture any changes in medical needs or new medical needs on a regular basis?	
5	Does the academy have a policy for supporting pupils with medical needs, including a named person who has overall responsible for the implementation of the policy?	
6	Are Individual Health Care Plans (IHCPs) in place where required, and signed?	
7	Where appropriate, are pupils involved in the formulation of their IHCP?	
8	Is there evidence that IHCPs are reviewed annually?	
9	Where a pupil has special educational needs identified in an EHCP, is the IHCP linked to the EHCP?	
10	In evaluating the quality of IHCPs, do they all include: • the medical condition, its triggers, signs, symptoms and treatments; • the pupil's resulting needs, 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, counselling 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; • who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable; • who in the school needs to be aware of the child's condition and the support required; • arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours; • separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments; • where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and • what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.	
11	Are staff made aware of the pupils with medical conditions and what care is required for them?	
12	How are supply staff informed of the medical needs of pupils in class(es) they will be teaching?	
13	Is the academy able to demonstrate, with evidence, that each child with a medical condition is fully supported and their needs met?	
14	Where medication is provided for a child, does the academy have the appropriate consent to administer that medication?	
15	Does the academy ensure that medication, where held, is stored correctly and safely and when administered is recorded?	
16	Are all medicines held by the school prescribed only?	
17	Are staff trained to administer medication, where required?	
18	Are there cover arrangements in place in case of absence?	

19	Does the academy hold emergency adrenaline auto-injectors (AAIs)?	
20	Has the academy produced a policy for keeping emergency AAIs?	
21	Has the academy noted the recommendations outlined in the **DHSC Guidance on the use of adrenaline auto-injectors?**	
22	Are medicines and devices such as inhalers and AAIs always readily available to pupils and not locked away?	
23	Are there clear procedures for dealing with head injuries, including informing staff if the pupil is returning to class, post injury?	
24	Are all staff aware of the allergy policy and their role in implementing it?	
25	Are catering staff aware of which pupils have allergies?	
26	Are all staff aware of the medical needs and medicines policy, and their role in implementing it?	
27	Does the academy hold emergency asthma inhalers and spacers?	
28	Does the academy have sufficient first aiders to accommodate the medical needs within the academy, including school trips and events?	
29	Are risk assessments completed for school visits and other school activities outside the normal timetable?	
30	Are all first aiders given the opportunity to practice first aid?	
31	Do staff in EYFS have paediatric first aid training?	
32	Does the academy display a list of first-aiders and auto-injector trained staff?	
33	Are first aid kits checked and regularly restocked?	
34	Is the academy's defibrillator checked to ensure it is always in the 'ready' position?	
35	Are Personal Emergency Evacuation Plans (PEEPs) in place for pupils who require them?	
36	Are there arrangements in place for returning unused medication to parents/carers for safe disposal?	
37	Does the academy hold body spill kits for cleaning up body spills?	
38	Does the academy have suitable medical accommodation?	
39	Complete medications audit.	

Appendix 8 – First aid box checklists

Date of check: _____
Checked by: _____
Location of box: _____

Contents	Required	Box 1	Box 2	Box 2
Guidance Card	1			
Contents List	1			
Medium Dressing	2			
Large Dressing	2			
Triangular Bandage	2			
Safety Pins	1 pack			
Sterile Eye pad	2			
Plasters	40			
Alcohol Free Wipes	20			
Adhesive Tape	1			
Nitrile Gloves (Pairs)	9			
Sterile Finger Dressing	2			
Resuscitation face shield	1			
Foil Blanket	2			
Burn Dressing	2			
Shears	1			
Conforming Bandage	2			
Burn Gel	1			
Ice Pack	1			

Appendix 9 – AED audit

Check	Y/N	Further action required?
AED sign still visible and in the correct place?	Y/N	
AED visible and unobstructed?	Y/N	
Check AED for damage. Is it damaged defective or appear to have been tampered with? If yes, notify your H&S Lead immediately.	Y/N	
Is the battery sufficiently charged in accordance with manufacturer's instructions?	Y/N	
Electrode pads (adult and child) intact and in date?	Y/N	
Check the other emergency supplies stored with your defibrillator are accessible: - CPR mask - Clothing shears - Safety razor - Gloves	Y/N	

Appendix 10 – Allergy awareness

From September 2026, all schools are required to have a dedicated allergy policy. For information on allergy safety, please refer to this policy which is published on the school's website.

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