



Extend Learning
Academies Network

ELAN Supporting Pupils with Medical Condition & First Aid Policy

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Statement of intent

The Extend Learning Academies Network (ELAN) has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, achieve their academic potential and access to enjoy the same opportunities at school as any other child including access to school trips and physical education.

The ELAN believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The ELAN has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND policy will ensure compliance with legal duties.

ELAN is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting its staff, pupils, and visitors. The first aid arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by ELAN schools in regard to all staff, pupils, and visitors.

In terms of first aid, this policy aims to:

- Ensure that all trust schools have adequate, safe, and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident, or injury.
- Ensure that medicines are only administered at schools when express permission has been granted for this.
- Ensure that all medicines are appropriately stored
- Promote effective infection control

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

1.0 Legal Framework

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

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989

- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- DfE (2021) 'School Admissions Code'
- 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'

1.2 This policy has due regard to the following ELAN/school policies:

Signpost	Document Title	Responsibility
Policy	ELAN Health & Safety Policy	ELAN Estates Manager
	Allergen & Anaphylaxis Policy	Headteacher [ELAN Template]
	Whole School Food Policy	Headteacher [ELAN Template]
	ELAN SEND and Inclusion Policy	ELAN Education
	ELAN Pupil Attendance Policy	ELAN Education
	ELAN Complaints Policy	ELAN HR
	ELAN Safeguarding and Child Protection Policy	ELAN Safeguarding Leads
	ELAN Lone Working Policy	ELAN Estates Manager
	ELAN Educational Visits Policy	ELAN Estates Manager
	ELAN's Mental Health and Wellbeing Policy (Children)	ELAN HR

1.3 The appendices to this policy contain further information and tools to assist schools in its implementation. These are:

- Appendix 1: Parental agreement for setting to administer medicine (TEMPLATE)
- Appendix 2: Model process for developing individual healthcare plans for pupils
- Appendix 3: Individual Healthcare Plan (TEMPLATE)
- Appendix 4: Model Letter Inviting Parents to Contribute to IHCP (TEMPLATE)
- Appendix 5: Record of medicine administered to an individual child (TEMPLATE)
- Appendix 6: Record of medicine administered to all children (TEMPLATE)
- Appendix 7: Staff training record – administration of medicines (TEMPLATE)
- Appendix 8: Contacting emergency services
- Appendix 9: Serious Accident Investigation Record
- Appendix 10 – Pupil Minor Incident Form
- Appendix 11: Staff Accident Record
- Appendix 12: EEC Accident Report – Data Collection
- Appendix 13 First Aid Reporting Procedure

2.0 Roles and Responsibilities

ELAN schools work in partnership with all interested and relevant parties e.g., the governing body, all staff, parents, employers, community healthcare professionals, and pupils in our care to ensure the policy is planned, implemented, and maintained successfully.

The following roles and responsibilities are identified within the Supporting Pupils with Medical Condition & First Aid Policy. These roles are understood and communicated regularly with all schools in the Trust. Each school has a responsibility to:

- Ensure the health and safety of employees and anyone else on the premises including those taking part in activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings, or field trips
- Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions or needs
- Make sure the medical conditions or needs policy is effectively monitored and evaluated and regularly updated
- Provide indemnity for staff members who volunteer to administer medication to pupils with medical conditions or needs

2.1 The Trust Board and Chief Executive Officer (CEO)

The ELAN Trust Board has ultimate responsibility for health and safety matters within the Trust but delegates the operational matters and day-to-day tasks to the Headteacher.

The Trust board has delegated the strategic oversight of this policy to the Headteacher to ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Trust board has a responsibility to:

- Ensure this policy is adopted or adapted to reflect the actual arrangements in each school
- Ensure this policy is formally communicated by specific training to all staff and that this is recorded on personal files
- Ensure that formal monitoring is undertaken to provide confidence that the policy is being followed as the Trust has intended
- Ensure that suitable and appropriate insurance cover is obtained and in place

2.2 **Local Governing Body**

The Local Governing Body of each school is responsible for ensuring that they have an overview on the management of medical needs and first aid provision/arrangements within the school and are satisfied that the school has sufficient resources and operational procedures in place to manage the needs of all staff and pupils in this respect.

2.3 **The Headteacher**

The Headteacher is responsible for the implementation of this policy, including:

- Overseeing the management and provision of support for children with medical conditions, including the overall development of IHPs.
- Ensuring that all members of staff are properly trained or recruited to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Reporting to the CEO the effectiveness of this policy, and its implementation.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the schools specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that 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.

The Headteacher will consider the findings of risk assessment in deciding on the number of first aid trained personnel required, in particular the specific times, places and activities, for example:

- Off-site PE
- School Trips
- Adequate provision in case of absence, including trips
- Out of hours provision e.g., clubs, events

2.4 **Named/Appointed Person**

Each school should nominate a member of staff to act as medical lead to support the Headteacher/Senior Leadership Team and staff in the implementation of medical

policies and procedures within the school setting. At the Headteacher's discretion and depending on the needs of the school, this role may be allocated to more than one member of staff.

The **named person responsible for children with medical conditions** is responsible for:

- Informing relevant staff of medical conditions and ensuring that ALL staff are made aware of any pupil that has a new medical condition and how best they can support them, even if not directly involved with their healthcare plan.
- Where appropriate informing other pupils within the class of the child's medical condition and informing them what they should do if they feel emergency help is required for that child e.g., telling a staff member.
- Arranging training for identified staff
- Developing, monitoring, and reviewing IHPs, working with parents, pupils and other healthcare professionals and agencies.
- Assisting with risk assessments for school activities and visits/trips.
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff where appropriate.
- Providing support to pupils with medical conditions, including the administering of medicines. This will be voluntary unless specifically recruited for this role.

The Headteacher will ensure that their school has 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.

The first aid 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.

2.5 **School Staff**

All Staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions or needs and know what to do in an emergency
- Understand the Trust's Supporting Pupils with Medical Condition & First Aid Policy
- Know which pupils in their care have a medical condition or need and be familiar with the content of the pupil's Healthcare Plan
- Allow all pupils where appropriate to have immediate access to their emergency medication
- Maintain effective communication with parents including informing them if their child has been unwell
- Ensure pupils who carry their medication with them have it with them at all times including off site visits or where they may be relocated to another part of the school
- Be aware of pupils with medical conditions or needs who may be experiencing bullying or need extra social support
- Understand the common medical conditions or needs and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel capable)
- Ensure all pupils with medical conditions or needs are not excluded unnecessarily from activities they wish to take part in
- Ensure pupils have the appropriate medication or food with them during any exercise and are aware of when to take it when needed.
- Making pupils aware of the procedures to follow in the event of illness, accident, or injury.

2.6 **First Aiders**

The main duties of first aiders will be to administer immediate first aid to pupils, staff, or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

Schools will ensure that all first aiders hold a valid certificate of competence, issued by an HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

Schools will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up to date.

First aid staff are responsible for:

- Completing and renewing training as directed by the Headteacher.
- 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.
- Checking the contents of the first-aid kits to be taken off-site at least termly or following use of the contents will arrange to replace items as required.

2.7 Parents/Carers

Parents/Carers are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHCP.
- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.

2.8 Pupils

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs and contributing to the development of their IHP.

2.9 Healthcare Professionals (such as GPs, school nurse, CCGs, etc)

Individual Doctors and Healthcare professionals caring for who attend any of the schools have a responsibility to:

- Notifying the school when a pupil has been identified as having a medical condition which requires support in school.
- Providing advice and training on developing IHPS.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.
- Provide clinical support and appropriate commissioning arrangement for pupils who have long-term conditions and disabilities.

2.10 The Local Authority

North Somerset Council have a responsibility is responsible for:

- Commissioning school nurses for local schools (Schools can make individual referrals to the school nursing team at North Somerset via Sirona Care).
- Making joint commissioning arrangements for education, health, and care provision for pupils with SEND. At the point of consultation, schools identify what provision they need to have in place and produce a costed provision map. The LA allocates funding to ensure that full time placement can be achieved. This might include:
 - Staffing
 - specialist equipment
 - access to external medical support
- Working with the school to ensure that pupils with medical conditions can attend school full-time.
- Making alternative arrangements where a pupil is away from school for 15 days or more (whether consecutively or across a school year).

3.0 Admissions

3.1. Admissions will be managed in line with the Trust's Admission Arrangements Policy.

3.2. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child

may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

- 3.3. The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4.0 Notification of a Pupil Medical Condition

- 4.1. All new pupils on entry to the school must complete a pupil information/medical form informing the school of their child's medical needs including any allergies, tetanus history, dietary requirements, and medication.
- 4.2. Parents are made aware that they must notify the school if there are any changes or updates to their child's medical information.
- 4.3. Depending on the medical information, the relevant forms will need to be completed by the school and parent:
 - Individual Healthcare plan
 - Administration of medication during the school day - long term or short term
 - Inhaler/AAI consent form
- 4.4. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 4.5. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.
- 4.6. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

Appendix 1: Parental agreement for setting to administer medicine (TEMPLATE)

5.0 Individual Healthcare Plans (IHCPs)

- 5.1. Individual Healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.
- 5.2. The Headteacher along with the Named Person for Medical Conditions, healthcare professionals and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is shown in **Appendix 2: Model process for developing individual healthcare plans for pupils.**

5.3. An IHCP should include the following information:

- The medical condition, along with its triggers, symptoms, signs, and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social, and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Appendix 3: Individual Healthcare Plan (TEMPLATE) and Appendix 4: Model Letter Inviting Parents to Contribute to IHCP (TEMPLATE)

5.4. The healthcare plan should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

5.5. All healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

6.0 Staff Training and Support

6.1. Staff who provide support to pupils with medical conditions will attend any meeting, if possible, connected with the pupil. Training will be provided to staff to ensure they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will have been provided as part of their training with the knowledge to understand specific medical conditions they are being asked to deal with, their implications and preventative measures. The Headteacher will ensure staff have the appropriate training and refresher training.

6.2. If any new staff are to be involved in support pupils with medical conditions, they will have a full induction and be given full training.

Appendix 5: Record of medicine administered to an individual child (TEMPLATE)
Appendix 6: Record of medicine administered to all children (TEMPLATE)
Appendix 7: Staff training record – administration of medicines (TEMPLATE)

7.0 Unacceptable practice

It is not generally acceptable practise to:

- Assume that pupils with the same condition require the same treatment.
- Ignore the views of the pupil and/or their parents/carers & medical evidence or opinion (although this may be challenged)
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

8.0 Home-to-school transport

- 8.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 8.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

9.0 First-Aid Provision at ELAN Schools

- 9.1 Parents/carers must seek professional medical advice/attention if they have concerns about their child: first aiders are not medically trained professionals.

The term 'First Aider' refers to those members of the school community who are in possession of a valid 'First Aid at Work' or 'Emergency First Aid at Work' certificate or equivalent. First Aid provision must be available while people are on school premises and also off the premises whilst on school visits (DfE - Guidance on First Aid for Schools).

- 9.2 Schools will routinely re-evaluate their first aid arrangements through a risk assessment, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.
- 9.3 Schools will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:
- A leaflet giving general advice on first aid
 - 20 individually wrapped sterile adhesive dressings, of assorted sizes
 - 2 sterile eye pads

- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

- 9.4 The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

The main office in each school has a list of locations of their first aid provisions and kits.

10.0 First Aiders and appointed person

- 10.1 The main duties of first aiders will be to administer immediate first aid to pupils, staff, or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

- 10.2 The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

- 10.3 First aiders will ensure that their first aid certificates are kept up to date through liaison with the Headteacher or appointed person.
- 10.4 First aiders will be responsible for ensuring all first aid kits are properly stocked and maintained. The first aid appointed person will be responsible for maintaining supplies.
- 10.5 First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.
- 10.6 The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.
- 10.7 All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.

- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

10.8 It is recommended that school's will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the ELAN's Mental Health and Wellbeing Policy (Children).

10.9 First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury

10.10 For Early Years Foundation Stage only: In line with government guidance, and taking into account staff to child ratios, schools will ensure that there is at least one member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times when pupils are present, and accompanying pupils on any and all outings taken.

11.0 Automated external defibrillators (AEDs)

11.1 All schools are aware of the location of their nearest AEDs in case of emergency.

11.2 If schools have an AED on site, it will be stored in the medical/first aid room in an unlocked, alarmed cabinet, and:

- All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.
- No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.
- The emergency services will always be called where an AED is used or requires using.
- Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
- The school will ensure that weekly maintenance checks are undertaken on AEDs, and an up-to-date record of all checks and maintenance work.

12.0 First Aid/Medical Room Accommodation

12.1 The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

12.2 The first aid room will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid room includes a wash basin and is situated near a toilet.

The first aid room will not be used for teaching purposes.

12.3 The first aid room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation, and lighting.
- Be kept clean, tidy, accessible, and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

13.0 First Aid Hygiene/Infection control

13.1 Basic hygiene procedures must be followed by all staff and volunteers. Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

14.0 Emergency procedures

14.1 If an incident, illness, or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

14.2 If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

14.3 Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

14.4 Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.

14.5 Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least two staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken,

and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.

- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher
- The parents of the victim(s).

Appendix 8: Contacting emergency services

15.0 First Aid Recording and Record Keeping

- 15.1 It is the responsibility of the Headteacher to ensure that every accident in the workplace or arising from work activities, whether involving injury or not, is recorded in an incident log or accident log as applicable and properly investigated.

Appendix 9: Serious Accident Investigation Record

- 15.2 All accidents to pupils should be recorded on a Minor Incident Form

Appendix 10: Minor Incident Form - Pupils

- 15.3 All minor accidents to adults (including visitors) should be recorded onto the Staff Incident Record. A copy of this record should be retained in the employees personnel file.

Appendix 11: Staff Accident Record

- 15.4 More serious incidents or accidents to all staff and pupils are reported on the Trust/school accident recording platform, EEC Ltd.

Appendix 12: EEC Accident Report – Data Collection

- 15.5 A duplicated copy of the EEC accident record will be sent home to parents / carers if it is judged by the staff member completing the accident record that this is appropriate in the circumstances.
- 15.6 The Headteacher will ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.
- 15.7 The headteacher will ensure that any injury or accident that must be reported to the HSE or EEC Ltd under RIDDOR obligations is reported in a timely and detailed manner.

EEC Ltd will report any RIDDOR notification to the HSE on the school's behalf. However, it is incumbent on the Headteacher to ensure that a record of any RIDDOR reportable injury, disease or dangerous occurrence has been made.

- 15.8 The following accidents must be reported to the HSE involving pupils, staff or other 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.
- 15.9 Reportable major injuries are:
- fracture, other than to fingers, thumbs, and toes.
 - amputation.
 - dislocation of the shoulder, hip, knee, or spine.
 - loss of sight (temporary or permanent).
 - chemical or hot metal burn to the eye or any penetrating injury to the eye.
 - injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
 - any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours.
 - unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent.
 - acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
 - acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

For fuller definitions, see HSE website guidance on RIDDOR 2013.

Appendix 13: First Aid Reporting Procedure

- 15.10 There are Data Protection Issues with all Accident Reports, and these should be stored safely and securely.

The retention period for Accident Reports for adults is the Date of Incident + 7 yrs. (+40 year if suspect exposure to Asbestos). The Accident Form is held in the individual's Personnel File.

The retention period for Accident Reports for pupils is the Date of Birth of the student (up to 25 years). The Accident Form is held in the individual's Pupil File. They are then to be shredded at the end of the retention period.

16.0 First aid provision for offsite visits and events

- 16.1 Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

- 16.2 The school will take a first aid kit on all offsite visits which contains at a minimum:
- A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves.
- 16.3 Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:
- 10 antiseptic wipes, foil packed
 - 1 conforming disposable bandage that is not less than 7.5cm wide
 - 2 triangular bandages
 - 1 packet of 24 assorted adhesive dressings
 - 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm
 - 2 sterile eye pads, with attachments
 - 12 assorted safety pins
 - 1 pair of non-rusted blunt-ended scissors.

For more information about the school's educational visit requirements, please see the ELAN Educational Visits Policy.

17.0 Storage of medication

- 17.1 Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.
- 17.2 Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.
- 17.3 An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g., an EpiPen.
- 17.4 Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented, and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes, and anaphylaxis. A disclaimer will be signed by the parents in this regard.
- 17.5 Pupils will have any medication stored and, where appropriate administered, in accordance with their EHC plans and this policy document.

18.0 Illnesses and allergies

- 18.1 When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible.

- 18.2 A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.
- 18.3 Where a pupil has an allergy, this will be addressed via the school's Allergen and Anaphylaxis Policy.
- 18.4 The school will manage any emergencies relating to illnesses and allergies in accordance with the Emergency procedures section of this policy.

19.0 Consent

- 19.1 Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated at the start of each school year.
- 19.2 Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

20.0 Complaints

- 20.1 Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the Trust's complaints procedures, as outlined in the ELAN Complaints Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 20.2 Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

21.0 Monitoring & Review

- 21.1 This policy will be reviewed annually by the Trust Board, and any changes will be communicated to all members of staff.
- 21.2 Any changes to the policy will be clearly communicated to all members of staff involved in supporting pupils with medical conditions and to parents and pupils themselves.

Appendix 1: Parental agreement for setting to administer medicine

Parental agreement for **(Insert Name)** School to administer medicine

(Insert name) School will not give your child medicine unless you complete and sign this form, and the school has staff that can administer medicine in accordance with Trust Policy, all at the discretion of the Headteacher.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to **(Insert Name)** School staff administering medicine in accordance with the ELAN Trust policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 2: Model process for developing individual healthcare plans for pupils

ELAN will use this tool across all of its schools to correctly implement, maintain and manage all Individual Healthcare Plans.

Step 1- Inform School
A parent or healthcare professional informs the school that the child has been newly diagnosed or is due to attend a new school or is due to return to school after a long-term absence, or that needs have changed.
Step 2 - Meeting to discuss the child's medical support needs
Headteacher or a senior member of school staff to whom this has been delegated co-ordinates meeting to discuss the child's medical support needs and identifies a member of school staff who will provide support to the pupil.
Step 3 - Agree on need for IHCP to include key parties
Meeting to discuss and agree on the need for IHCP to include key school staff, the child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).
Step 4 - Develop the IHCP in partnership
Develop the IHCP in partnership - agree who leads on writing it. Input from a healthcare professional must be provided.
Step 5 - Training Arrangement for Staff
Staff training is identified, and healthcare professional commissions/delivers training and staff signed off as competent – review date agreed
Step 6 - IHCP Implemented in the School
Plan is correctly implemented in the school and correctly communicated to all relevant staff across the school
Step 7 - IHCP Reviewed Annually
The existing IHCP plan is reviewed by the MAT on an annual basis OR where changes occur to the student's medical conditions or needs. The review is initiated by the parent/ guardian or healthcare professional.

Appendix 3. Individual Healthcare Plan template

Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 4: Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

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 Trust'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 between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. 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 on 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 involve [the following people]. 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 another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 5: Record of medicine administered to an individual child

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 7: Staff training record – administration of medicines

Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 8: Contacting emergency services

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix 9: Serious Accident Investigation Record

Serious Accident Investigation Record			
School:			
Reported By:		Date and Time of Incident:	
Name of Injured Person		Names of Witnesses:	
First Aid Required:	Y/N	Hospital Required	Y/N
Type of Incident:	Near Miss / Accident / RIDDOR		
Brief Details (e.g., what, where, when, who and action taken):			
Investigation Findings:			
Question	Answer		
1	Where did the incident happen?		
2	Who was injured/suffered ill health, and who else was involved?		
3	What happened?		
4	What activity was taking place at the time of the incident?		
5	Was anything unusual about the circumstances at the time of the incident?		
6	Were adequate procedures in place and were they followed?		
7	What is the nature of the ill health / injury?		
8	Was the hazard / risk known?		
9	Did the arrangement and organisation of the work contribute, if yes how?		
10	Was maintenance or cleaning adequate? If not, why not?		
11	Were people involved trained / experienced?		

12	Did the workplace layout contribute, if <u>so</u> how?	
13	Did the nature or shape of materials contribute, if yes how?	
14	Did difficulties using equipment contribute, if yes how?	
	Was safety equipment/PPE satisfactory, if not why?	
15	Was safety equipment/PPE satisfactory, if not why?	
16	Did other conditions contribute, if yes how?	
17	What are the Immediate, Underlying and Root Causes of the incident?	
18	Do similar risks exist elsewhere? Or, have similar incidents happened before?	
19	Do any risk assessments and related procedures require review and updating? If so, which?	
Recommendations		
20a	What additional control measures are required / recommended for this incident?	
20b	By when?	
20c	By whom?	
Records Reviewed and Retained as Evidence		
Additional Information	Type	Included Y / N
Appendix 1	Accident Report	
Appendix 2	Investigation Report	
Appendix 3	Witness Statements	
Appendix 4	Photographs / Diagrams	
Appendix 5	Training Records	
Appendix 6	Risk Assessments (before)	
Appendix 7	Risk Assessments (after)	
Appendix 8	Other Relevant Records	
Completed By:		Date

Appendix 10 – Pupil Minor Incident Form



Pupil Minor Incident Form

Name of Child or Children involved.	
Date:	Class:
Time:	Injury/Illness:
Activity: Class / Break / Lunch Time / PE / School Trip / Other (please specify):	Parents informed & by whom (see overleaf for guidance) Name of parent/carer: Time contacted: Staff member making call:
Treatment Given: (e.g., cold compress, cleaned, plaster, dressing, TLC, etc.)	If not necessary to contact, please note why:
Form Completed by:	Checked by First Aider Yes <input type="checkbox"/> No <input type="checkbox"/>

Guidance on Contacting Parents

Parents must ALWAYS be contacted in the following circumstances:

- Bumped Head
- Suspected fracture/sprain
- Any visible injury/marks
- If there is any other cause for concern

If it is not necessary to contact parents, please note this on the form as well and give the reason this assessment was made.
 'I bumped my Head today' stickers etc should continue to be given to children even if parent have been contacted.

Pupil Minor Incident Form

Name of Child or Children involved.	
Date:	Class:
Time:	Injury/Illness:
Activity: Class / Break / Lunch Time / PE / School Trip / Other (please specify):	Parents informed & by whom (see overleaf for guidance) Name of parent/carer: Time contacted: Staff member making call:
Treatment Given: (e.g., cold compress, cleaned, plaster, dressing, TLC, etc.)	If not necessary to contact, please note why:
Form Completed by:	Checked by First Aider Yes <input type="checkbox"/> No <input type="checkbox"/>

Guidance on Contacting Parents

Parents must ALWAYS be contacted in the following circumstances:

- Bumped Head
- Suspected fracture/sprain
- Any visible injury/marks
- If there is any other cause for concern

If it is not necessary to contact parents, please note this on the form as well and give the reason this assessment was made.
 'I bumped my Head today' stickers etc should continue to be given to children even if parent have been contacted.

Appendix 11: Staff Accident Record

STAFF ACCIDENT RECORD

WHEN FILLING IN THIS FORM PLEASE USE BLOCK CAPITALS

Details of the person involved in the accident:

Name:

Home Address:

..... Postcode.....

Occupation:

If you are not the person above, please give your details below:

Name:

Home Address:

..... Postcode.....

Occupation:

Details of the accident:

Time: Date:

Where did it occur? Please state room or place:

State what happened and give the cause if you can:

.....
.....

Did the person involved suffer any injury? If so what injury?

.....

Did the person receive first aid? Yes/No

Please sign and date this record: Signature Date.....

SLT signature Date.....

Name..... Role.....

Appendix 12: EEC Accident Report – Data Collection

EEC Accident Report – Data Collection Form

(Version NOV22)

EEC **MUST** be used for reporting details of **INJURIES** that occur to our employees, visitors, pupils / children in our care, clients or service users **as a result of an accident or incident that is connected with our work.**

This form is designed to assist users of EEC in collecting the necessary data required to submit accident reports on the Accident Reporting module. Therefore, you do not have to use this form if you do not need to. You should enter a report for any incident which resulted in anything more than trivial first aid provision, or where the incident or near miss could have resulted in a serious injury.

If you have any queries about whether an incident should be reported contact Sam at Educating Safely LLP on 07973 725218 or your H&S advisor

Your Establishment		Where did the incident occur?			
1. ABOUT THE INCIDENT AND INJURED PARTY					
Date of incident	Time	No. of injured parties. (The following data will be required for each party)			
Name	Date of Birth (if Known)	Home Phone (if Known)			
Address (if Known)	Employee <input type="checkbox"/>	Contractor <input type="checkbox"/>	Trainee <input type="checkbox"/>		
	Pupil/Student <input type="checkbox"/>	Client / Service User <input type="checkbox"/>	Public <input type="checkbox"/>		
	NI Number (if known)				
2. ABOUT THE INJURY		**** SCHOOLS ONLY ****			
Nature of injury indicating affected body part. (i.e. cut to left leg etc.)		Is the incident attributable to the condition of the premises, facilities or equipment? <input type="checkbox"/>			
		Is the incident attributable to the quality and/or suitability of the supervision or instruction? <input type="checkbox"/>			
Was the injury to a member of the public, pupil or client / service user which meant they had to be taken from the scene of the accident to a hospital for treatment? <input type="checkbox"/> NOTE - This is not applicable if the injured party visited hospital later in the day or at another time.		Did the incident occur during an organised activity? i.e. curriculum activities. <input type="checkbox"/>			
A minor Injury (Including verbal abuse) <input type="checkbox"/>		Did the injured party go absent from work as a result of this injury?			
No injury – NEAR MISS <input type="checkbox"/>		Date of first first day of absence			
		Date returned to work (if known)			
What were the extent of the injuries? →		Unconscious <input type="checkbox"/>	Resuscitation <input type="checkbox"/>	Hospital for 24h+ <input type="checkbox"/>	None of these <input type="checkbox"/>
3. WHAT HAPPENED – Kind of incident (TICK ONE BOX)					
Animal or Insect related <input type="checkbox"/>	Exposed to Asbestos <input type="checkbox"/>	Harassment – Racial <input type="checkbox"/>	Injured whilst handling, lifting or carrying <input type="checkbox"/>	Slipped, tripped or fell on same level <input type="checkbox"/>	Violence – Physical Assault – Deliberate <input type="checkbox"/>
Contact with electricity <input type="checkbox"/>	Exposed to Fire <input type="checkbox"/>	Harassment – Sexual <input type="checkbox"/>	Injury not related to a specific event <input type="checkbox"/>	Sport <input type="checkbox"/>	Violence – Restraint and Control Incident <input type="checkbox"/>
Contact with hot surface or liquid <input type="checkbox"/>	Exposed to, or contact with, a harmful substance <input type="checkbox"/>	Harassment – Other <input type="checkbox"/>	None – Near miss <input type="checkbox"/>	Stepping on / Striking against a fixed or stationary object <input type="checkbox"/>	Violence – Threatening Incident <input type="checkbox"/>
Contact with moving machinery or materials being machined <input type="checkbox"/>	Fall from bed <input type="checkbox"/>	Hit by a moving vehicle <input type="checkbox"/>	Other <input type="checkbox"/>	Trapped or crushed by something collapsing <input type="checkbox"/>	Violence – Verbal Assault <input type="checkbox"/>
Drowned or asphyxiated <input type="checkbox"/>	Fall from height <input type="checkbox"/>	Hit by a moving, flying or falling object <input type="checkbox"/>	Repetitive Strain Injury (RSI) <input type="checkbox"/>	Use of Hand Tools <input type="checkbox"/>	Work related non-accidental illness <input type="checkbox"/>
Explosion <input type="checkbox"/>	Found on floor <input type="checkbox"/>	Injured whilst assisting client <input type="checkbox"/>	Road Traffic Accident <input type="checkbox"/>	Violence – Physical Assault – Accidental <input type="checkbox"/>	Work related stress <input type="checkbox"/>
4. WHAT WAS INVOLVED?					
Height of fall (if applicable)		Name of alleged assailant (if applicable)		Crime No. (if applicable)	
None - Near Miss <input type="checkbox"/>	Equipment/ Furniture - Office <input type="checkbox"/>	Hot Surface/ liquid <input type="checkbox"/>		Person - Other (Please state in description of Incident) <input type="checkbox"/>	
Animal/ Insect - Dead <input type="checkbox"/>	Equipment/ Furniture - Other <input type="checkbox"/>	Ladder or scaffolding <input type="checkbox"/>		Person - Relative of Client/ Service User/ Pupil <input type="checkbox"/>	
Animal/ Insect - Live <input type="checkbox"/>	Explosion <input type="checkbox"/>	Machinery/ Equipment - Other <input type="checkbox"/>		Portable power or hand tools <input type="checkbox"/>	
Any material, substance or product being handled, used or stored <input type="checkbox"/>	Fire - Fire Fighting <input type="checkbox"/>	Machinery/ Equipment for lifting / conveying <input type="checkbox"/>		Process plant, pipe-work or bulk storage <input type="checkbox"/>	
Building, engineering structure or excavation / underground working <input type="checkbox"/>	Floor, ground, stairs or any working surface <input type="checkbox"/>	Moveable container or package of any kind <input type="checkbox"/>		Recurring injury <input type="checkbox"/>	
Construction formwork, shuttering and falsework <input type="checkbox"/>	Gas, vapour, dust, fume or oxygen deficient atmosphere <input type="checkbox"/>	Pathogen or infected material <input type="checkbox"/>		Sport <input type="checkbox"/>	
Electricity supply cable, wiring, apparatus or equipment <input type="checkbox"/>	Handling person <input type="checkbox"/>	Person - Client/ Service User/ Pupil/ Member of the public <input type="checkbox"/>		Vehicle or associated equipment / machinery <input type="checkbox"/>	
Entertainment or sporting facilities or equipment <input type="checkbox"/>	Horseplay <input type="checkbox"/>	Person - Employee/ Colleague <input type="checkbox"/>		Violent incident <input type="checkbox"/>	
OTHER: Please Specify <input type="checkbox"/>					

5. DESCRIPTION OF THE INCIDENT		****THIS IS A MANDATORY FIELD****						
6. ADULT WITNESSES (This information should be collected for each witness)								
Name	Number of Witnesses (Max 5)	0	1	2	3	4	5	
Address	Consent to record personal information obtained? <input type="checkbox"/>							
	Job Title (If appropriate)							
7. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT?								
What date was the injured parties line manager made aware of the incident:								
Please tick all the boxes which describe the action taken following the incident ↓								
First Aid Given <input type="checkbox"/>	Name of first aider	Taken Home <input type="checkbox"/>			Returned to work <input type="checkbox"/>			
Taken <u>directly</u> to hospital from the scene of the accident <input type="checkbox"/>	Admitted to Hospital <input type="checkbox"/>	None of the above <input type="checkbox"/>						
If taken to hospital provide the following details if known ↓								
Name of GP / Doctor that provided treatment								
Name and address of Hospital attended								
8. INVESTIGATIONS		****THIS IS A MANDATORY FIELD****						
Each and every incident should be investigated. The investigation should be relevant to the type of incident that is being reported. Therefore, some minor or trivial incident's may not require a full investigation. If this is the case, you should indicate why a full investigation has not been carried out. i.e. Sporting Injury No investigation reqd, or Known behavioural issues No Investigation reqd, etc.								
At the time of the incident was the person authorised:								
To be where they were? <input type="checkbox"/>		To be doing what they were doing? <input type="checkbox"/>						
Explain the outcome of any investigation or indicate why an investigation is not required								
YOU MAY SELECT 3 PEOPLE / MANAGERS TO BE AUTOMATICALLY ADVISED OF THIS INCIDENT								
1.								
2.								
3.								
Close the report once all actions, investigations have been completed. Remember to add the return to work date once known.							CLOSED	
							YES	NO

DATA CAPTURER DATE

ENTERED ONTO EEC BY DATE

YOU MUST ENSURE THAT THIS INFORMATION IS ENTERED ONTO EEC.

For queries or guidance contact Sam at Educating Safety LLP on 07973 725218 or your Health and Safety advisor

Appendix 13 – First Aid Reporting Procedure

First Aid Reporting Procedure

- A minor incident form **MUST** be completed for **ALL** first aid incidents
- This includes incidents where a child has reported a minor accident/injury, but no treatment was deemed necessary (other than TLC)
- The form must always be completed **IN FULL**
- Completing the form is the responsibility of the person undertaking first aid.
- If a child is brought to the office following a more serious incident, the classroom staff member/SMSA should complete the form as fully as they are able before passing it onto office staff.

DESCRIPTION OF INJURY ILLNESS

- Injury/Illness section should be completed as fully as possible, especially where an accident is the cause e.g., rather than 'kicked in the back' the form could say 'whilst playing handstands, another child fell and their foot hit Sarah in the back'.
- If you did not witness the injury taking place this should be noted e.g., 'Sarah reported that whilst playing handstands another child fell and their foot hit her in the back (not witnessed)'
- If a child is hurt during a behaviour incident, the first aid form should not name the child responsible for the injury (this should be reported via the appropriate behaviour reporting procedure instead).
- Unless you witnessed the behaviour incident the report should not say 'another child hit Charlie on the arm', it should say 'Charlie reported that he had been hit on the arm by another child (not witnessed)'

PARENT CONTACT

- The parent contact section is important, and guidance is on the rear of the forms for when a parent should be contacted. These are:
 - Bumped Head
 - Suspected fracture/sprain
 - Any visible injury/marks
 - If there is any other cause for concern
- If it is not necessary to contact a parent this **MUST** be recorded with the reason why.

ADDITIONAL GUIDANCE FOR CLASSROOM STAFF

- Minor incidents should be dealt with in the classroom wherever possible (a large number of TAs and LSAs have first aid training)
- Incident forms will be kept with medical supplies in the first aid box
- If you keep medical supplies in your classroom or anywhere other than the first aid box, please ask the office for additional forms.
- Completed forms must be sent to the office **TWICE DAILY**
- Morning incidents should be sent down with PM registers
- Afternoon incidents should be dropped down to the office at the end of the school day

ADDITIONAL GUIDANCE FOR SMSAS

- Where parent contact is required, the form must be completed as fully as possible and then handed over to office staff who will contact the parent.
- All forms should be handed into the SMSA supervisor at the end of the lunchtime. who will pass to the office.

ADDITIONAL GUIDANCE FOR TRIPS

- Incident forms will be available in first aid kits
- Completed forms must be handed onto the office as soon as the trip returns (not just left in the first aid kit)