



ALEC REED ACADEMY
PROUD TO LEARN

Medical Policy

And Supporting Children with Medical Conditions

(adopted from the Ealing Council policy)

Policy Owner:	Helen Tinsley	Approved By:	Trustees
Target Audience:	Staff and School Community	Requirement to Publish on Website:	Yes
Purpose:	To support the delivery of effective medical and first aid care	Statutory Policy:	Yes
Review Date:	This policy is reviewed annually or earlier if regulations change.	Approval Date:	September 2025

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Glossary

Controlled Drug (CD): Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong pain killers)

Education, Health and Care (EHC) plans: A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs

General Data Protection Regulation (GDPR): A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

Individual Healthcare plans: A document that describes a child's medical needs and support required in academy to meet those needs.

Individual risk assessment: A risk assessment to determine the risks and controls required for pupils with severe/complex or potentially life-threatening health conditions.

Medical condition: For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions that required on going health professional input (e.g. from GP, clinic or hospital specialist).

Medical Officers: Designated members of staff who lead the implementation of the 'Supporting Pupils at Academy with Medical Conditions' policy and support pupils with medical conditions.

Special educational needs or disabilities (SEND): Special educational needs and disabilities that can affect a child or young person's ability to learn.

Special Educational Needs Co-ordinator (SENCO): Designated members of staff who lead the implementation of the SEND policy and support pupils with SEND.

First Aid Provision

1. General Provision

First aid must be available at all times on school premises and during any off-site activities, including educational visits. The level of provision is determined by the specific needs of each phase and guided by risk assessments.

2. Phase-Specific Requirements

- **EYFS:** A minimum of one paediatric first aid qualified staff member must be present on site whenever children are in attendance and must accompany all off-site activities.
- **Primary Phase:** The designated medical/welfare officer must hold a valid paediatric first aid qualification. The number of qualified staff is determined by a risk assessment conducted by the Primary Headteacher and the Academy Health & Safety Officer.
- **Secondary Phase:** The medical/welfare officer must hold a valid First Aid at Work qualification. Staffing levels are determined by a risk assessment conducted by the Principal, CEO, and the Academy Health & Safety Officer.

3. Minimum First Aid Requirements

- A suitably stocked first aid container, aligned with HSE guidance and the academy's first aid needs assessment.
- An appointed person or designated first aider(s) responsible for managing first aid arrangements.
- Clear information for staff on the location of first aid equipment, facilities, and personnel.

4. Staff Responsibilities

While staff may be asked to assist with first aid, they are not required to do so. However, all staff are expected to act in emergencies with reasonable care, similar to how a parent would respond to their own child. Inaction may result in more serious consequences than attempting to help.

5. Monitoring and Record Keeping

First aid needs are reviewed periodically, especially following operational changes. All incidents and medication use must be recorded using **Medical Tracker**, including:

- Date, time, and location of the incident
- Name and role of the affected individual
- Details of injury/illness and treatment provided
- Immediate outcome (e.g., returned to class, sent home, hospitalised)
- Name of the first aider or responder

6. RIDDOR Reporting

All RIDDOR-reportable incidents must be reported. If uncertain, staff should consult the Academy Health & Safety Officer. Injuries to staff or visitors must be reported to HR, who will liaise with the Health & Safety Officer.

Reportable Incidents Include:

- Death or hospital treatment resulting from a school-related activity
- Injuries caused by poor premises/equipment or inadequate supervision

Not Reportable:

- Minor playground accidents (e.g., slips, trips, falls)
- Pupil-on-pupil violence (disciplinary issue)
- Road traffic accidents on public highways
- Incidents occurring overseas
- Injuries not requiring hospital treatment

7. Special Circumstances

- **School Transport:** Injuries sustained while boarding or exiting a school bus due to another vehicle may be reportable if hospital treatment is required.
- **Work Experience:** Pupils on placements are considered employees. Employers must report any work-related injury, illness, or death under RIDDOR.

Medical Rooms

Alec Reed Academy has designated first aid/medical rooms in all phases. Where possible these should include:

- a sink with hot and cold running water.
- drinking water with disposable cups.
- soap and paper towels.
- a store for first aid materials.
- foot-operated refuse containers, lined with disposable, yellow clinical waste bags or a container suitable for the safe disposal of clinical waste.
- an examination/medical couch with waterproof protection and clean pillows and blankets (a paper couch roll may be used that is changed between casualties).
- a chair.
- a telephone and IT access (medical tracker).

Material, equipment and facilities

Alec Reed Academy will ensure sufficient materials and equipment is available at all times. These will be available and easily accessible.

First aid containers

There is no mandatory list of items to be included in a first aid container. A suggested minimum provision of first aid items could be:

- 20 individually wrapped sterile adhesive dressings (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 sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

Specialist first aid boxes in areas such as Science, DT, and Food Technology will include additional items based on departmental risk assessments. These may include:

- Blue plasters (Food)
- Burns dressings (Food, DT, Science)
- Eye wash hoses (Science)

Medical/welfare officers are responsible for regularly checking and updating first aid boxes. Staff in areas with first aid kits must also monitor contents and request replacements when used. Expired items must be safely discarded or clearly labelled and stored separately for training use only.

Travelling first aid containers

Before undertaking any off-site activities or educational visits, the visit leader should assess what level of first aid provision is needed and identify any additional items that may be necessary for specialised activities. The academy policy and [Outdoor Education Advisers' Panel \(OEAP\)](#) provides advice on outdoor learning and off-site visits, including the assessment of first aid requirements.

It is the responsibility of the academy Education Visits Co-ordinator, Principal and Trustees to ensure that a full risk assessment (including medical qualification coverage, children with medical conditions and procedures) has been undertaken prior to any off site activities.

Recommended minimum contents:

- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing

- 2 triangular bandages (preferably sterile)
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves

Vehicle Kits (minibuses and larger vehicles) must comply with transport regulations and include:

- 10 foil-packed wipes
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15 × 20 cm)
- 2 sterile eye pads with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt-ended scissors

Audit & Quality Assurance

Medical/welfare officers in both phases conduct regular peer audits to ensure high-quality provision across the academy.

Supporting Pupils with Medical Conditions

Alec Reed Academy supports pupils with medical conditions to ensure full participation in academy life. In line with the **Children and Families Act 2014** and the **Equality Act 2010**, no pupil will be denied admission due to medical needs. The academy follows DfE guidance to ensure appropriate arrangements are in place.

Identification, Registers and Individual Healthcare plans

1. Identification of Medical Conditions

- Parents/carers are asked to declare any physical or mental health conditions during enrolment (via medical questionnaire) and annually thereafter, with consent to share relevant information with staff and healthcare professionals.
- The academy ensures that pupils with medical conditions have an **Individual Healthcare Plan (IHP)** in place before starting, unless otherwise agreed.
- Parents/carers must inform the academy of any new diagnosis or changes to their child's condition. The academy is responsible for acting on this information.

2. Medical Register

- A central, secure register of pupils with medical conditions is maintained, including their IHPs.
- Access is limited to relevant staff, and confidentiality is maintained in line with GDPR.

3. Individual Healthcare Plans (IHPs)

- All pupils with a medical condition require an IHP tailored to their needs.
- IHPs are developed during admissions or induction, with input from parents/carers, relevant staff, and health professionals where appropriate.
- Plans vary in format depending on the condition—from asthma cards to detailed care plans—and include:
 - Medication and care requirements
 - Emergency procedures
 - GP contact details

- For complex conditions, IHPs also include a risk assessment and consideration of the impact on learning, behaviour, and wellbeing.
- Where applicable, IHPs are linked to SEN or EHC plans.
- IHPs are reviewed annually or when needs change. Reviews may take place during parents' evenings or annual reviews.
- Plans are stored securely but are accessible to relevant staff.

4. Administering Medication

- Medication is only administered when necessary for health or attendance. Where possible, parents should request medication schedules that avoid school hours.
- Medication is only given with a completed consent form and as outlined in the IHP. Short-term medication requires written instructions from parents/carers.
- All administration is recorded in **Medical Tracker**, including dose, time, date, and staff involved.

5. Staff Training & Support

- Trained staff are available to administer routine and emergency medication.
- Staff roles are clearly defined, and responsibilities may be included in job descriptions. Staff are encouraged to volunteer for this role.
- The Board of Trustees ensures appropriate insurance is in place.

6. Storage of Medication

- Medication is stored securely and accessibly. Pupils and staff know where it is kept and who holds the key.
- Pupils may carry their own medication if agreed by parents and the academy. Parents are responsible for ensuring it is in date.
- Medication must be labelled and stored according to instructions. Controlled drugs are stored securely with access limited to named staff.
- Parents must provide new, in-date medication and are responsible for its renewal. The academy will issue reminders but does not dispose of medication.

7. Emergency Medication

- Pupils may carry their own inhalers or adrenaline pens if appropriate. Otherwise, these are stored securely but accessibly.
- The academy holds emergency inhalers and adrenaline pens for pupils with written parental and medical consent, stored in an unlocked but secure location.

Training

ARA promotes staff training to ensure pupils with medical conditions are supported appropriately. Training is structured across three levels:

Level 1 – Awareness for All Staff

- All staff, including temporary staff, are introduced to the medical conditions policy and emergency procedures and are encouraged to undertake further training.
- Staff are aware of who to contact in a medical emergency and the protocol for calling emergency services. Pupils must not be transported in staff cars.
- Emergency procedure posters are displayed throughout the academy.
- Staff are encouraged to complete CPD modules, including First Aid and condition-specific training (e.g. asthma, anaphylaxis). Training records are maintained.

Level 2 – Qualified First Aiders

- The **Principal, Primary Headteacher, and Health & Safety Officer** are responsible for ensuring sufficient numbers of trained first aiders, including paediatric first aiders, based on risk assessments, statutory requirements and academy size.
- First aiders are trained in managing medical emergencies and CPR, with refresher training every three years.
- An AED is available on site, and named staff are responsible for its maintenance.

Level 3 – Designated Medical Support Staff

- ARA appoints Medical Conditions Coordinators/Leaders, with responsibilities outlined in job descriptions and reviewed during appraisals.
- Staff supporting pupils with complex needs receive condition-specific training from qualified professionals.
- Training ensures staff are confident and competent to meet pupils' needs as outlined in their healthcare plans.
- The academy ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.
- Parents/carers provide input but are not expected to be sole trainers.

Inclusive Environment

12. Accessibility and Awareness

- ARA provides an inclusive physical environment for pupils with medical conditions, including during off-site activities.
- Staff are aware of potential social challenges and use the academy's bullying policy to address issues.
- PSHE and science lessons are used to raise awareness and promote understanding.
- Identification measures are proportionate and sensitive to confidentiality and wellbeing.

13. Curriculum Participation

- Pupils with medical conditions are supported to participate in all aspects of academy life, including physical activity and residential visits.
- Reasonable adjustments are made in line with healthcare plans, ensuring pupils have access to necessary medication, equipment, or food.
- Risk assessments are completed for all educational visits by the **Education Visits Co-ordinator, Principal, and Trustees**, with input from parents/carers and healthcare professionals as needed.

Attendance and Learning Support

14. Impact of Medical Conditions

- Staff understand that medical conditions may affect attendance, concentration, and energy levels.
- A coordinated approach is taken with parents/carers and healthcare providers to support pupils with frequent or prolonged absences.

- Pupils struggling academically due to medical conditions are referred to appropriate staff (e.g. SENCo) for support.
- ARA works with local authorities and external providers to support reintegration after hospital education or alternative provision.

Incident Management and Complaints

15. Learning from Incidents

- Serious incidents related to medical conditions are investigated and reported via the Ealing Council Health & Safety portal.
- Lessons learned are shared with staff and used to improve policy and practice.
- Complaints related to this policy are handled in line with the academy's complaints procedure.

Appendix 1: 'Supporting Pupils at School with Medical Conditions' checklist

Area	In place	Development required	Not in place	Person responsible
Policy and implementation:				
Agreed policy in place	✓			Designated HLT
Policy revised annually in consultation with governors and staff	✓			Designated HLT
Policy on the academy website	✓			Principal
Trustees with a responsibility for and link trustee who visits the academy termly to monitor implementation		✓		Safeguarding Trustee
Identification, registers and individual healthcare plans:				
Process in place for notifying the academy of pupils with medical conditions (e.g. questionnaire)	✓			Applica Admin
Process in place for ensuring all pupils with medical conditions have an individual healthcare plan in place before they start academy	✓			SaFE worker, Parent & medical team
Process in place for reviewing the individual healthcare plans every year	✓			Medical team
A register of pupils with medical conditions in a secure location, with individual healthcare plans, medication consent forms, medication records, and individual risk assessment forms	✓			Medical team
Medication:				
Stores medication securely but accessibly	✓			Medical team
Process for ensuring all medication and equipment (including defibrillators) are in date	✓			Medical team
Accurate record of medication administered	✓			All first aiders
Protocol for use of emergency inhalers and adrenaline autoinjectors (<i>if applicable</i>)	✓			Medical team

Staff/training:				
Policy is part of all staff induction, including temporary, supply staff and volunteers		✓		Designated HLT
Staff/training:				
All staff are aware of the emergency procedures (Inc. information displays)	✓			Medical team
Information on this policy in the staff handbook		✓		Designated HLT
All staff know the pupils they work with who have an individual healthcare plan /medical condition	✓			Medical team
ARA has risk assessed and has a sufficient number of trained first aiders	✓			Principal, Primary Headteacher & Director of Finance and Resources
Insurance cover current and adequate to needs	✓			Principal & Director of Finance and Resources
Medical conditions co-ordinator/leads are clearly known by all staff, pupils, parents and other stakeholders	✓			Medical team
Medical conditions co-ordinator/leads are clear about line management arrangements, annual appraisals and attend regular training	✓			Designated HLT
Job descriptions exist for medical conditions co-ordinator/leads and includes relevant responsibilities		✓		HR Lead
Whole academy environment:				
Academy admission arrangements take this policy into consideration	✓			Applica Admin
Risk assessments for educational visits are in place	✓			EVC
Process for reporting incidents to Ealing Council Health and Safety	✓			Designated HLT

Appendix 2: Emergency Inhalers and Adrenaline Auto-Injectors (AAI's)

This section needs to be read in conjunction with the following Department of Health guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_academics.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_academics.pdf

Schools are not required to hold an inhaler or AAIs – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAIs for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler and/or AAIs need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this 'Supporting Pupils with Medical Conditions' policy
- Having a register of children in the academy who have been:
 - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
 - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s), included as part of a child's individual healthcare plan. This should be signed in the academy asthma card or the allergy action plan (Appendix 4).
- Ensuring that the emergency inhaler and spare AAIs are only used by children with written parental consent for their use
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAIs in line with this 'Supporting Pupils with Medical Conditions' policy
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'Supporting Pupils with Medical Conditions' policy and informing the parent/carers when their child has been administered an inhaler/AAI and whether this was the academy's spare inhaler/AAI or the pupil's own device (telephone, e-mail). This should include where and when the attack took place, how much medication was given and by whom.

Schools can purchase small quantities of inhalers, spacers, and AAIs from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher on headed paper stating:

- The name of the academy for which the product is required.
- The purpose for which that product is required, and
- The total quantity required

Asthma

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler.
- At least two plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers, identified by their expiry date, with reminders set up on Medical Tracker.
- A note of the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans.
- A record of administration (i.e. when the inhaler has been used). This should include where and when the attack took place how much medication was given and by whom.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

- On a monthly basis, the inhaler and spacers are present and in working order, and the inhaler has a sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

See also: Healthy London Partnership pharmacy guidance:

<https://www.healthyhendon.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-of-salbutamol-to-academys.docx>

Anaphylaxis

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The academy's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted, and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. 'EpiPen' is the most well-known and likely to be the brand used by most pupils.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's AAI's and the labelled to avoid confusion. The kit should be located not more than 5 minutes away from where it might be needed.

AAI's can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) MUST be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialling 999, give clear and precise directions to the emergency operator, including the location's postcode.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - If the child is known to have an allergy
 - What might have caused this reaction e.g. recent food;
 - The time the AAI was given.

Appendix 3: First Aid Training Requirements

The information in this section is taken from the government publication 'First Aid in Schools, Early Years and Further Education.

<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education#early-years>

There are no set rules on the number of first aid trained personnel in a school (except EYFS). This should be determined by risk assessment. It is recommended that at least 1 first aid trained person is available at all times.

Early years

Early years education providers, including schools, must meet the paediatric first aid requirements set out in the statutory framework for the early years foundation stage (EYFS). This includes arrangements for off-site activities involving young children such as educational visits.

The EYFS requires that at least one person who has a current paediatric first aid (PFA) certificate should be on the premises and available at all times when children are present and should accompany children on outings. The certificate must be for a full course consistent with the criteria set out in annex A in the EYFS.

All staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 must also have either a full PFA or an emergency PFA certificate within 3 months of starting work in order to be included in the required staff to child ratios at level 2 or level 3 in an early years setting.

Childminders, and any assistant who might be in sole charge of the children for any period, should hold a current paediatric first aid certificate.

Paediatric first aid training must be renewed every 3 years and should be relevant for workers caring for young children and where relevant, babies. Employers should take into account, via their first aid needs assessment, the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.