Pioneer Educational Trust

preparing the way for others to follow

Supporting Pupils with Medical Conditions and First Aid Policy

Key document details

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Approver:	**Trust Board**
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Background

Schools within the Trust are inclusive communities that aim to support and welcome all pupils, including those with medical conditions. The schools within the Trust aim to provide all pupils with medical conditions the same opportunities as their peers at school.

The Trust ensures that all staff understand their duty of care towards children and young people in the event of a medical incident and that staff feel confident in knowing what to do in an emergency.

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill-managed or misunderstood.

We understand the importance of medication being stored and taken as prescribed and where this is done, to be recorded appropriately in the school by responsible adults.

All relevant staff understand the medical conditions that affect children in school and receive training on the impact of these medical conditions on them. Pupils with medical conditions are encouraged to take control of their condition and to feel confident in the support they receive from the school to help them do this.

The Medical Needs and First Aid policy is shared with pupils, families, school staff, relevant local health staff and other key stakeholders to ensure its full implementation. The policy is monitored and reviewed annually.

First Aid

First aid is an important area of support within school. We understand that when first aid is delivered quickly, efficiently and effectively it can save lives and prevent minor injuries becoming major ones. Under health and safety legislation, we ensure that there are adequate and appropriate equipment and facilities for providing first aid in school.

Daily minor first aid situations may be dealt with by emergency first aiders. However, any employee or any person volunteering to administer first aid will be covered and indemnified under Public Liability Insurance Policy.

Main Duties of a First Aider

The first-aiders' main duties are to give immediate help to casualties with common injuries and those arising from specific hazards at school, and, when necessary, to ensure that an ambulance or other professional medical help is called. First aiders must complete an approved training course.

There is a "Lead First Aider" in charge of First Aid at each school within the Trust. They are remunerated with Academy Allowance. Between the Lead First Aider and the Duty First Aiders, they will take charge of the first-aid arrangements. We recommend a First Aid Duty Rota system as best practice.

When considering appointing first-aiders, headteachers will consider an 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;
- Normal duties: a first-aider must be able to leave their usual post and go immediately to an emergency.

The Lead First Aider with support from relevant first aiders:

- Takes charge when someone is injured or becomes ill;
- Looks after the first-aid equipment and supplies;
- Ensures that an ambulance or other professional medical help is summoned when appropriate;
- Manages medicines and health care plans.

What the Lead First Aider within the Trust will do in respect of First Aid:

- Assessment of first aid needs in relation to pupils and visitors as well as staff;
- Assessment of first-aid provision including any specific health needs or disabilities in collaboration with the SENCO / First Aid Lead /relevant member of staff (respectively);
- Provide relevant information to pupils, staff and visitors as required;
- Ensure provision of relevant insurance.

Lead First Aiders within the Trust must consider the following areas in terms provision of First Aid:

- Adequate provision for lunchtimes and breaks;
- Adequate provision to cover for leave and in case of absences;
- First-aid provision for off-site activities, e.g. educational visits;
- Adequate provision for practical areas such as science, technologies and physical-education departments;
- Provision for out-of-school-hours activities, e.g. sports and clubs;
- Agreements with contractors (e.g. school–meals providers or extra-curricular activity providers) on joint first-aid provision;
- Provision for trainees and other responsible adults working on-site;
- Agreed procedures for emergencies in isolated areas, e.g. on the playing field.

Qualifications and Training

All first-aiders must hold a valid certificate of competence, issued by an organisation whose training and qualifications are approved by the HSE. The Trust will arrange refresher training and competence testing at before certificates expire. Pioneer Educational Trust will keep a record of first-aiders and their certification dates.

- The Lead First Aider will be required to undergo the 3-Day First Aid at Work course is the Level 3 (VTQ) – First Aid at Work (FAW) course including AED (defibrillator).
- All duty First Aiders will be required to undergo the 1-day First Aid at Work training, which is valid for three years.
- All First Aiders (Lead and Duty) at early years and or primary settings would need to undergo the Paediatric First Aid training which will be valid for 3 years.

To meet legal and practical obligations, the following staff training structure is expected across the Trust:

- **Lead First Aiders (all settings):**
  - Must complete and refresh the following annually or as required:
    - *Certificate in Administering Medication 2024–25* (The National College)
    - *Supporting Pupils with Medical Conditions* (The National College)
    - Concussion & Brain Injury Awareness (The National College)
  - Training must be recorded on **BlueSky** and monitored by SLT.
- **SEND Staff, Pastoral & Medical Support Staff:**
  - Required to complete condition-specific training (e.g. diabetes, epilepsy, anaphylaxis).
  - Must attend refresher training at least every 2 years or when guidance changes.
- **Trip Leaders (All Phases):**
  - Must attend trip-specific briefings, with clear roles regarding pupils' medical needs.
  - **18 hour Outdoor First Aid training** is mandatory for leaders of outdoor/residential trips.

In addition, **ALL school staff** must complete annual allergy and anaphylaxis training in line with statutory guidance: Allergy safety in schools statutory guidance

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- All staff must complete
  - *Certificate in Allergy and Anaphylaxis Awareness* (The National College)

- **Trust-Wide Oversight:**
  - School Leaders are responsible for monitoring training compliance.
  - Annual audits should be conducted by the central Trust team or Health & Safety Lead.

First-Aid Materials, Equipment and First-Aid Facilities

Schools have a room/area that is appropriate and readily available to use for caring for sick or injured pupils. There is no mandatory list of items for a first-aid container. However, the HSE recommends that the following in relation to the minimum provision for a first aid kit: First aid in work: What to put in your first aid kit - HSE

Schools' first aid kit will be available in first-aid containers and will be kept and maintained in key 'risk' areas such as science and technologies and in the main areas of the school. These items will also be available in first aid containers available for travelling and off-site activities. A well-stocked container will also be available on each of the minibuses. The Lead First Aider will revise the contents of the first aid kits on the minibuses on a termly basis.

Accident Procedures

Outside of class time, pupils should be dealt with in the first instance by a member of staff on duty. However, if the injury requires first aid treatment the pupil should be sent to the lead first aider. If the pupil is unable to move, then the first aider must be called to them. A member of staff must remain with the injured pupil at all times.

During lesson times, if trained members of staff within the department are unable to deal with the injury, then the pupil should be sent to the first aider, if necessary, accompanied by another pupil. If the injury is severe the first aider must be called to the pupil.

All accidents/injuries must be reported by the person who initially dealt with the incident in the accident book which is located in the medical room. All pupils who report for first aid treatment or assessment must be recorded on Bromcom.

If the lead first aider believes that the injured person requires medical treatment, they will follow the emergency procedures which include:

- Arranging for the emergency services (999) to be called if necessary;
- Arranging for parents to be informed;
- Monitoring and supporting the injured pupil until help arrives or if they are to be transported to hospital until the parent/carer arrives.

Injury/accident books will be monitored to identify recurring incidents which may be prevented if appropriate action is taken.

Individual departments are required to discuss and record their response to First Aid.

Sending children home

Children can be sent home following an accident or illness that is deemed serious enough by:

- Lead first aiders
- SLT
- Pastoral/Inclusion and Welfare Lead

All schools have a Lead First Aider and a number of staff who are qualified as First Aiders, these can be found on the Central Training Records for each school, a document maintained by the Heads' PAs for each school.

Schools each have staff who also have medical needs awareness including asthma, epilepsy, and allergies and these staff can also be found named on the document referenced.

Unwell pupils must be signed out when leaving school for medical reasons or following injuries or accidents. If a pupil is not well enough to move for medical attention, then the first aiders must be called to the scene and will take responsibility for managing the situation from there with support from relevant staff as required.

Hygiene/Infection Control

Staff will take precautions to avoid infection and must follow basic hygiene procedures. Staff will have access to single-use disposable gloves and hand-washing facilities, and should take care when dealing with blood or other body fluids, and when disposing of dressings or equipment. Yellow waste disposals bags will be provided and special 'bins' for contaminated waste. Sharps bins will be provided as required.

Reporting Accidents and Record Keeping

Schools will keep an electronic record in Bromcom or Medical Tracker of all first-aid treatment given by first aiders and appointed persons, including any visits to medical or first aid that did not lead to treatment, within 24 hours of the incident. This will be checked periodically by the Safeguarding Lead.
This will include:

- The date, time and place of the incident;
- The name of the injured or ill person;
- Details of the injury or illness and first-aid given;
- What happened to the person immediately afterwards (for example, whether they went home, resumed normal duties, went back to class, or went to hospital);
- The name of the first-aider or person dealing with the incident.
- The records will be kept on the pupil's management information system file, and as per GDPR guidance, will be retained until they are 25 years old
- See the link below for the full HSE guidance on RIDDOR https://www.hse.gov.uk/pubns/edis1.pdf

All accidents/injuries must be reported by the person who initially dealt with the incident in the accident book which is located in the medical room. All pupils who report for First Aid treatment or assessment must be recorded on Bromcom.

All head bumps/injuries must be recorded/reported and the parent/carer must be informed, most will be sent home with a parent/carer for observation and monitoring.

Schools must also upload the following into Bromcom or Medical Tracker:

- IHCPs
- Allergy & Asthma Action Plans
- Parent/Carer consent forms for medication
- Records of self-administration (where applicable)

Roles & Training:

- **Lead/Duty First Aiders** and appropriate admin staff must receive Bromcom/Medical Tracker training.
- Data entry and medical updates should be reviewed termly by the **school medical lead**.

Monitoring:

- The Welfare SLT Lead at all settings should monitor consistency and compliance across schools through routine spot-checks and audits with
- The Trust's Safeguarding Lead will have oversight of this via the Medical Dashboard on Bromcom Vision

Injury/accident books will be monitored to identify recurring incidents which may be prevented if appropriate action is taken.

Individual departments are required to discuss and record their response to First Aid.

Medical Information and Procedures

The Trust prioritises the health and well-being of pupils, involving a collaborative effort among parents, carers, staff, and healthcare professionals to ensure effective medical support and care while at school. Key responsibilities and procedures are outlined below to manage and administer medical information and medication:

- Parents/carers will be expected to take the prime responsibility for their child's health. They will be expected to provide us with all relevant information about their child's medical condition and any medication that is required to manage that condition;
- Where there is no response from parents/carers regarding the return of Individual Healthcare Plans (IHCPs), Action Plans, or medication administration consent forms:

    - A minimum of three contact attempts must be made (phone calls or emails), and each attempt must be logged.
    - If there is no response, the case must be escalated to the designated member of the Senior Leadership Team.
    - An in-person meeting with the parent/carer will be arranged to resolve the outstanding documentation.
    - The school's safeguarding team must also be informed, as failure to provide essential medical information may indicate a wider welfare concern.
    - All actions and communications must be recorded on the pupil's file and monitored until resolved.

- For any temporary injuries or medical conditions requiring reasonable adjustments in school (e.g. reduced mobility, restricted activity, pain-related limitations), the following procedure applies:
    - Parents/carers must notify the school in writing via email.
    - Medical evidence must be provided (e.g. hospital discharge note, GP letter, physiotherapy report) confirming the condition and outlining necessary adjustments.
    - Reasonable adjustments may include, but are not limited to:
        - Wearing trainers instead of formal school shoes due to foot or leg injuries
        - Use of a laptop for writing or classwork if a hand, arm, or shoulder injury affects handwriting
        - Exemption or modification of PE and physical activities
        - Toilet pass

  All adjustments must be pre-approved by designated staff (e.g. SLT, Lead First Aider, or SENDCo) and reviewed regularly based on medical advice and student recovery progress.

- Every pupil who gains a place at a school within the Trust will be required to complete a medical information/declaration form detailing any medical or health needs and any medication that they may need to take in school;
- Lead First Aiders will maintain a whole-school Medical Needs Sheet via Bromcom that details all pupils' medical needs, organised by year groups.
- Every new member of staff who is employed by the Trust will be required to complete a Pre-placement Health Questionnaire detailing any medical or health needs and any medication that they may need to take in school;
- All medical information will be treated as strictly private and confidential and shared on a need-to-know basis only with relevant parties;

- Parents/carers of pupils who will possibly need medication in school will be required to complete a permission to administer medication form;
- Only medication that has passed the check list (see below) in the original packaging and with the pupil's name on it and the dispenser's label will be accepted;
- Every child with a complex health need or condition that could lead to a potential medical emergency or any child who regularly requires medication during school hours will have an individual health care plan;
- Schools will collaborate with the school health service and NHS PCT to work together to make sure that children and young people with medical needs and complex health needs have effective support and smooth integration;
- Schools will ensure that all staff managing the administration of medicines and those who administer medicines receive appropriate training and support.
- All medication will be stored safely in the medical storage facility and will be checked on a termly basis to ensure that it is still within date for the coming term.
- The lead first aider will lead the management of medicines in school and with the administration of care plan paperwork and updates.

A template copy of Pioneer's 'Permission to Administer medication form' can be found on the link below:
Parental Consent for Administration of medication.docx

Individual Health Care Plans

Individual Health Care Plans are developed in collaboration with parents, pupils, and relevant healthcare professionals who provide guidance on the child's needs – this is led by SENCOs and Lead First Aiders. The goal is to ensure that the school understands how to support the child effectively and to clearly outline the necessary actions, including timing and responsible parties. These include:

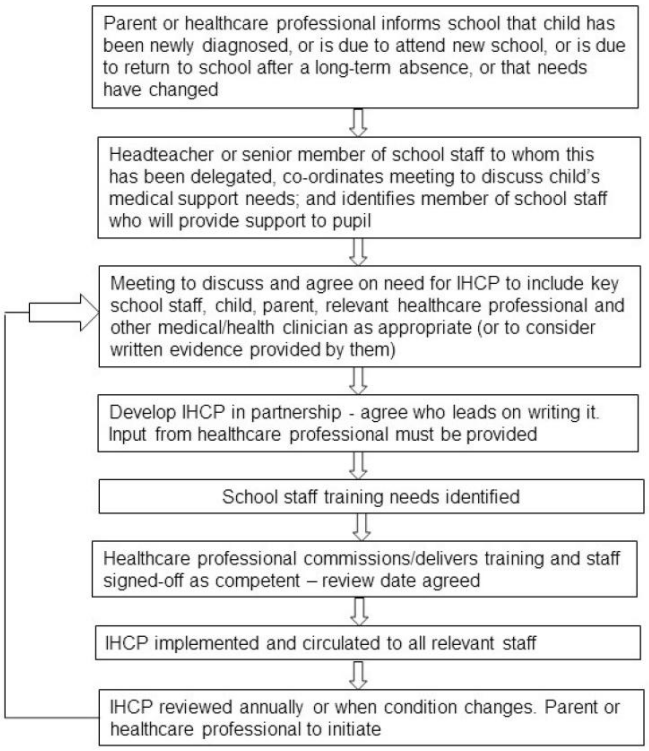
- Details of condition;
- Any special requirements;
- Medicines and side effects;
- What constitutes an emergency;
- What action is to be taken in an emergency;
- Contact details for family/carers and any relevant medics;
- Responsibility of staff;
- Agreement of parents and relevant medical professionals.

Template copies of IHCPs can be found on the link below. Use the ALLERGY template for those pupils with allergy and anaphylaxis:

Individual Health Care Plan for Allergy: IHPtemplate ALLERGY 2026.docx

Generic Individual Health Care Plans provided by DfE:
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

A further flowchart to support in developing IHCPs is as follows:



Medicine Check List

Before any medication is administered or stored at school the following checklist will be adhered to:

- Name of child
- Name of medicine
- Required dose
- Method of administration
- Time/frequency of administration – this must be reasonable and agreed with the school
- Any side effects
- Expiry date
- Dispenser's label and original packaging

A template copy of Pioneer's medication checklist can be found on the link below:

Medicine Checklist.docx

Medicine storage

Medicine will be stored safely and securely but emergency response medication such as auto-injectors or epilepsy medication will be easily accessible in a central location at the front offices for those who may need to use it. Any medication that requires refrigeration will be kept in the medical room fridge.

Procedure for managing prescription medication:

- Complete medicine check list
- Ensure completion of medicine administration form
- Complete record of administration of medication every time the CYP receives his/her medicine
- Note any side effects or problems and notify parents/carers at the earliest opportunity
- Any unused or out of date medication will be taken to a pharmacy for safe disposal or returned to parents for them to dispose of and followed up with the pupil's family in case medication needs replacing.

Emergency Medication (Must Be Immediately Accessible)

Emergency medication refers to life-saving treatments that must be accessible to staff without delay. Under no circumstances should these medications be locked away in a manner that would delay access in an emergency.

Examples include:

- Adrenaline auto-injectors (e.g., EpiPen, Jext) – for treatment of anaphylaxis
- Salbutamol inhalers – for asthma attacks
- Glucogel or Glucagon kits – for diabetic hypoglycaemia
- Buccal Midazolam or Rectal Diazepam – for seizure management

Storage Guidelines:

- Clearly labelled with the pupil's full name and instructions for use.
- Kept in accessible locations known to trained staff, such as the medical room, front office, classroom kits, or carried by the student (if appropriate).
- A secondary (spare) emergency dose should be held in the school for critical conditions.
- Emergency medication must be taken on all off-site visits and field trips.

All Pioneer Schools have a separate Allergy and Anaphylaxis Policy on their websites. These outline:

- Named Allergy Governor
- Named School Allergy Lead
- Annual Allergy Training
- Storage and accessibility of adrenaline medication
- Processes to support children with allergy and anaphylaxis
- The safeguarding of visitors to the school

Foxborough Primary School: https://www.foxboroughprimary.co.uk/

Trevelyan Middle School: https://www.trevelyan.org.uk/

Upton Court Grammar School: https://www.uptoncourtgrammar.org.uk/

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Controlled Drugs (Strictly Regulated)

Controlled drugs, as defined under the Misuse of Drugs Regulations 2001, must be stored securely with access restricted to authorised staff.

Examples include:

- Methylphenidate (e.g., Ritalin, Concerta XL) – for ADHD
- Dexamphetamine
- Morphine or codeine-based medication (occasionally prescribed)
- Diazepam (non-emergency rectal formulation)

Storage Guidelines:

- Kept in a non-portable, locked cabinet located in the designated medical area.
- A Controlled Drugs Register must be maintained, logging all administrations with date, time, dose, and two staff signatures where possible.
- Medications must remain in their original packaging with the pharmacy label

Routine Prescribed Medication

This refers to prescribed medicines administered as part of a regular treatment plan. Examples include oral antibiotics, insulin, and eye drops.

Examples include:

- Insulin pens or cartridges (stored in a designated medical fridge)
- Oral antibiotics (e.g., Amoxicillin)
- ADHD medications (not classified as controlled drugs)
- Creams, ointments, nasal sprays, and eye drops

Storage Guidelines:

- Stored in a locked, secure cupboard or designated medical fridge.
- Clearly labelled with student's name, dosage, and expiration date.
- Parents must complete a permission form and provide the medication in its original packaging.

Over The Counter (OTC) Non-prescription medication

Medications such as hay fever treatments (nasal sprays, eye drops etc) and anti-histamine medicine will be stored and managed under the same criteria as prescription medication

- Checklist;
- Parental permission form;
- Strict record keeping;
- Safe storage and management.

Paracetamol (tablet or liquid form e.g. Calpol) will be given in extreme circumstances but only with express parental permission and strict record keeping. Aspirin will be kept in case of a cardiac emergency and used only if instructed to give this by emergency services.

Self-Administering of Medication

The ability of pupils to self-administer medication will vary by **age, maturity, and individual need**. The Trust recognises the need for a tailored approach across phases:

- **Primary & Lower/Middle Schools:**
  - Self-administration is rare and generally not permitted except in cases of **lifesaving/emergency medication** (e.g. asthma inhalers, EpiPens, diabetes kits).
  - Pupils must be supervised by a trained staff member, even when self-administering.
  - All medication should be stored securely and handled by staff unless otherwise agreed through an IHCP.
- **Secondary Schools:**
  - Competent pupils may self-administer certain prescribed medication (e.g. insulin, asthma inhalers) where deemed appropriate by medical professionals and parents/carers.
  - **Parental consent and healthcare professional input** must be documented.
  - Staff should maintain oversight, particularly in shared or unsupervised areas (e.g. PE, trips).
- **Trust-Wide Expectations:**
  - Self-administration must be clearly detailed in the **Individual Healthcare Plan (IHCP)**.
  - Parents (and/or students) must have completed and signed the Self-Administering Medication Form
  - Emergency medication must always be **immediately accessible**, with a secondary supply held in the medical room or office.
  - Staff are responsible for ensuring appropriate support and supervision is in place based on the student's age and condition.

Offsite Educational Visits

Medicines must be carried by the named adult in charge for that visit and all pupils must be instructed as to who will carry their medication. If the pupil usually carries their own medication in school and they are considered safe to do so off-site, the same arrangements will be agreed. These decisions will be made in consultation with the family and health care providers.

A template copy of Pioneer's 'Parental Consent Form for ALL Offsite Activities' be found on the link below:
Parental Consent Form for ALL Offsite Activities.docx

Medical Needs on School Trips & Off-Site Activities

All Trust schools must ensure comprehensive planning for **students with medical needs on trips**, accounting for age, medical complexity, and activity risk:

- **General Requirements Across the Trust:**
  - A **named first aider** with relevant training must attend all off-site visits.
  - Medical needs must be a key part of the **trip risk assessment**, with all staff briefed on how to respond to medical emergencies.

A separate risk assessment must be completed for pupils at risk of serious allergy and anaphylaxis.

  - All students with medical needs must have their **IHCP or Allergy/Asthma Action Plan printed and carried** by staff.
  - All trip leads/first aiders on the trips to be issued an 'Administering Medication Trip Pack'
- **Primary & Middle Phase Settings:**
  - Younger pupils are unlikely to manage medication independently.
  - Medication must be administered by a designated staff member trained in medication handling and aware of the child's plan.
  - A familiar staff member should accompany children with complex needs whenever possible.
- **Secondary Phase Settings:**
  - Some older pupils may self-carry and administer emergency medication with consent.
  - Staff must still monitor and **ensure pupils are supported**, especially during physical, remote, or high-risk activities.
- **High-Risk or Residential Trips (All Phases):**
  - **Outdoor or adventure-based trips** (e.g. Duke of Edinburgh, camping, water sports) require at least one staff member with an **Outdoor First Aid Qualification**.
  - The **location of emergency medical services** must be identified, and communication protocols must be in place.
  - Ensure **spare medication** is brought and securely stored.

A link to Pioneer's Risk Assessment templates can be found here:
Risk Assessment.docx
A link to Pioneer's Serious Allergy and Anaphylaxis Risk Assessment can be found here: Allergy Risk Assessment.docx

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Emergency Procedures

Staff understand and are trained in what to do in an emergency for the most common serious medical conditions at the schools within the Trust. Further information on the following conditions are available below:

Epilepsy: Epilepsy - NHS
Asthma: Asthma - NHS
Diabetes: Diabetes - NHS
Anaphylaxis: Anaphylaxis - NHS

Emergency asthma medication

As per the DfE guidance issued in March 2015, all Trust schools will carry emergency asthma medication, specifically Salbutamol inhalers, to be used in the event of a pupil's asthma attack where their prescription inhaler is unavailable or unsuitable, for instance if, the pupil's inhaler is lost, broken, empty or expired. This ensures that all pupils diagnosed with asthma and prescribed an inhaler have immediate access to this life-saving medication during school hours and activities.

Each school within the Trust will maintain at least one Salbutamol inhaler, stored in a secure but easily accessible location, typically in the main office or the Medical Room. The inhalers will be clearly labelled and

accompanied by instructions on proper administration. Lead First Aiders or delegated duty First Aiders will be responsible for administering the inhaler under the guidance provided.

Parents and guardians of pupils diagnosed with asthma will be required to complete a consent form authorising the use of the emergency inhaler if needed – this is now included within the 'Medicine Administration Form' and the IHCPs. Additionally, parents must provide the school with up-to-date asthma action plans and ensure that their child's personal inhaler is also available and in good working condition.

An emergency asthma inhaler kit must 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 batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- guidance on the use of emergency salbutamol inhalers in schools
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The March 2015 DfE 'Emergency Inhalers in School' guidance can be found in the link:
https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf
To be noted, whilst this is not a statutory requirement; the availability of emergency Salbutamol inhalers is a critical component of our commitment to safeguarding the health and well-being of our pupils.

Emergency anaphylaxis medication

As per best practice guidance from the Department for Health, children at risk of anaphylaxis should have their prescribed AAIs (Adrenaline Auto-injectors, or epipens) on them at all times.

The MHRA recommends that "*those prescribed AAIs should carry **TWO** devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.*
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.
It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school."

Please follow the guidance in the links below:

Guidance on the use of adrenaline auto-injectors in schools

Allergy Safety in Schools - https://www.gov.uk/government/publications/allergy-safety-in-schools

To reduce confusion and assist with training, **schools may wish to purchase the brand of AAI most commonly prescribed to its pupils**. The decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school. Schools may wish to seek medical advice when deciding which AAI device(s) are most appropriate.

AAIs are available in different doses, so schools may wish to use the following guidance from the Department of Health:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15 mg) or • Emerade 150 microgram or • Jext 150 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Jext 300 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Emerade 500 microgram or • Jext 300 microgram

Head Injuries

Due to the potential severity and delayed onset of symptoms from head injuries, all head-related incidents are treated with the utmost caution across all Trust schools.

a. Immediate Actions

- Any pupil sustaining a bump or blow to the head must be assessed by a qualified First Aider immediately using the Head injury response checklist
- If the student displays signs of concussion, loss of consciousness, vomiting, confusion, or visible trauma (e.g., swelling or bleeding), **999 must be called**, and the student must not be left unattended.

b. Communication with Parents/Carers

- Parents/carers **must be contacted for all head injuries**, regardless of severity.
- Parents of pupils with minor bumps (no symptoms) will still receive a courtesy call, letter, email or text.
- Where there is any doubt, pupils will be sent home with a parent/carer for observation and the parent will be provided with the Head injury advice sheet (via email or printed leaflet) for awareness

c. Monitoring and Documentation

- All head injuries must be recorded on the school's management system (e.g. Bromcom/Medical Tracker).
- Monitoring should continue for at least 24 hours post-injury, and staff should remain vigilant for any worsening symptoms.

d. Return to Activity

- Pupils must not engage in PE, sports, or physical play for the remainder of the day.
- For more serious head injuries or those requiring medical assessment, return to physical activity must be cleared by a medical professional.

e. Off-Site and Trip Considerations

- Pupils sustaining a head injury during a trip must be monitored by trained staff, and emergency protocols should be followed as if on school grounds.
- If the injury occurs during residential or adventurous activity, medical attention must be sought locally, and parents contacted immediately.

This protocol must be adhered to across all settings within the Trust and regularly reviewed to align with NHS and DfE guidance.

Appendix 1

Children with Health Needs who cannot attend School

Aims

School leaders will ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs. These health needs include, but are not limited to, mental illness, pregnancy and hospital treatment for a long-term condition.
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority.

Legislation and guidance

This policy reflects the requirements of the following legislation:

- The Education Act 1996 Education Act 1996 (legislation.gov.uk)
- Equalities Act 2010 Equality Act 2010 (legislation.gov.uk)

Support for Pupils with Medical Needs

All schools are expected to fulfill the statutory duties for supporting pupils at school with medical conditions as detailed in the following DfE guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

- Ensure access to appropriate provision and support to prevent unnecessary absence from school following relevant health and safety checks;
- Promote continuity of education to minimise disruption through non-attendance through additional support in hospital or elsewhere as necessary;
- Provide relevant and meaningful support and care and engage outside agencies where required;
- Enhance opportunities for pupils who are restricted by illness and consider reduced or modified timetables and alternative room planning;
- Support timely return and reintegration after absence due to illness;
- Regular review and monitoring of progress;
- Opportunity to be entered into and participate in public examinations and oversee examination procedures to ensure any reasonable adjustments are made.

Pioneer Educational Trust will ensure that sufficient staff are trained to support pupils with medical conditions at school. This may include basic first aid and auto-injector training as well as epilepsy, diabetes and asthma awareness as appropriate and will cover any specific details of other relevant medical conditions as necessary.

Within school, the Lead First Aider will ensure that **all** relevant staff are made aware of a pupil's condition. The lead First Aider will also ensure that cover arrangements are in place in case of staff absence or staff turnover ensuring someone is always available. The school's Cover Manager will ensure that the Lead First Aider is informed of any supply teachers who may come into contact with a pupil with a medical condition so that the Lead First Aider can brief the supply teacher.

Any teacher organising a school visit, residential or other school activity outside of the normal timetable is responsible producing a risk assessment for any pupil with medical conditions. They will be supported by the SENCO and Lead First Aider in completing the risk assessment.

The school's SENCo will take a lead on monitoring individual health care plans for pupils with medical conditions.

The responsibilities of the school

Schools in the trust must ensure that pupils on roll but not at school due to ill health obtain a suitable, full-time education.[1]

If a full-time education is not feasible due to the health condition, focus should be on achieving a good academic achievement in English, Maths and Science.

Schools should put this provision in place as soon as it becomes clear a pupil will be off school for 15 days or more.

[1] It is of note that it is full time equivalent, one to one tuition may achieve the same provision in a fewer number of hours.

Schools should liaise with medical professionals to ensure this provision is suitable to the needs of the pupil following statutory government guidance on alternative provision considering:

i Qualifications
ii Falling behind peers
iii Reintegration
iv Medical needs

Schools should not withhold or reduce provision based on cost.

Once parents have provided evidence from a consultant, the school should not request further evidence from a consultant unnecessarily; ongoing GP evidence suffices.

Schools should make decisions on how to educate a pupil based on discussion with medical professionals, parents and where appropriate, the child.

The school must not remove the child from their roll without parental consent.

How arrangements will be made by the school:

The SENCo will be responsible for making arrangements and the monitoring responsibility will be carried out in collaboration with the Director for Pastoral Support and the Head of Safeguarding in the Trust. Teaching staff and the individual pastoral teams in the school will be asked for their input and assistance in setting relevant work and monitoring engagement.

These arrangements may include the following but are not limited to:

- live lessons through Teams;
- work set and shared via school email and/or SharePoint;
- arrangements for textbooks and relevant material to be made available to the child.

The school will liaise with all other relevant professionals including the local authority, hospital or Virtual Schools and relevant medical teams, where appropriate.

Arrangements will be made and agreed for any dual registration.

Regular consultation with the child and family will be arranged at least every month to ensure that the provision remains appropriate and to determine if any further support is required. This will be conducted by the SENCo or the relevant assigned lead contact for this child.

The child and family will be enabled to stay in touch with school life through emails and newsletters.

When the child is ready to be reintegrated back into school, the SENCo will liaise with medical professionals, the local authority, parents and where appropriate, the child to ensure the reintegration is as smooth as possible.

The SENCO will liaise with the SLT lead, pastoral teams and teacher(s) to ensure that relevant and appropriate reasonable adjustments are in place. These could include but are not limited to:

i. a reduced timetable;
ii. provision for access arrangements (e.g., lift keys), as appropriate;

iii. an agreed rest area and time for this to be taken, as appropriate;
iv. an agreed method to communicate with relevant members of staff and an
v. assigned member of staff who will check in at agreed regular intervals with the child;
vi. regular updates with family and medical professionals.

A pregnant pupil is entitled to up to 18 calendar weeks of authorised absence to cover the time immediately before and after the birth of their baby.

Year 11 pupils who are pregnant may take study leave prior to the examination period, though this should only be the case once the exam syllabus has been completed. If the Year 11 pupil who is pregnant would prefer to come into school when other Year 11 pupils are on study leave, the school will make provision for this. Many pupils choose to take fewer than 18 weeks leave and remain in school until the baby is due, returning soon after the birth. The dates of the maternity leave should be agreed between the school, the pupil, their parents/carers and the Local Authority. The school will consider how they can best support the pupil's education during the period of maternity leave, for example by sending work home. If health allows, the school will encourage the pupil to return to education with the minimum disruption. We will avoid pressuring the pupil to return before they feel ready.

When the Local Authority makes arrangements:

If the school can't make suitable arrangements, the Local Authority where the child resides will become responsible for arranging suitable education for these children.

How and when the Local Authority would take over responsibility:

If arrangements are not deemed 'suitable' by either the school or the family, and an agreement cannot be reached, the LA would be contacted.

Following an absence of a child for 21 days from school the LA would be contacted.

The process for referring a child to the Local Authority will be dependent on the LA where the child resides. The relevant process will be followed for the education attendance department at the LA in the locality where the child resides.

In cases where the Local Authority makes arrangements, the school will:

- Work constructively with the Local Authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the Local Authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully

When reintegration is anticipated, the school will work with the Local Authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school

- Consider whether any reasonable adjustments need to be made and, if necessary, prepare a pupil emergency evacuation plan (PEEP)

Policy Monitoring and Evaluation

The School/Trust is aware of the need to monitor and evaluate this policy regularly to ensure that the systems are in place to allow all of our pupils to achieve their full potential in a safe environment with appropriate and relevant support. This policy will be reviewed annually by the Trust Welfare Lead. At every review, it will be approved by the Board of Trustees

To ensure competent, accountable and empowered practice, the focus of planned Local Committee and Trust Board visits is to collect identified evidence, which may be carried out through:

- Interviews with pupils;
- Discussions with staff;
- Observations of classroom practice where this is deemed appropriate and useful;
- Reviews of documentary evidence which will show the following:

  - The identification of our strengths and weaknesses;
  - The assurance that future actions are targeted to address any weaknesses;
  - The recognition of our successes and the assurance that best practice is embedded;
  - The cycle of school development planning;
  - The allocation of resources in the most efficient and effective way to maximise their use;
  - The assurance that there is consistency throughout the school/trust;
  - The Identification of the needs of pupils, staff, parents and the wider community and the assurance that they are met;
  - The assurance that policy and procedures meet the requirements of outside agencies.

Policy References and Government Guidance:

- Allergy Safety in Schools - https://www.gov.uk/government/publications/allergy-safety-in-schools
- Alternative provision (2013, updated 2016):
  Alternative provision - GOV.UK (www.gov.uk)
- The Care Standards Act 2000:
  Care Standards Act 2000 (legislation.gov.uk)
- The Education Act 1996:
  Education Act 1996 (legislation.gov.uk)
- "Education for children with health needs who cannot attend school (2023):
  Education for children with health needs who cannot attend school - GOV.UK (www.gov.uk)
- Disability Discrimination Act 1995:
  Disability Discrimination Act 1995 (legislation.gov.uk)
- First Aid in Schools, Early Years and Further Education 2022:
- First aid in schools, early years and further education - GOV.UKHealth and Safety at Work Act 1974 and H&S Executive:
  http://www.hse.gov.uk/riddor
- Guidance on the use of adrenaline auto-injectors in schools: Guidance on the use of adrenaline auto-injectors in schools – Dept of Health, 2017

- Management of Health and Safety at Work Regulations 1999:
  The Management of Health and Safety at Work Regulations 1999 (legislation.gov.uk)
- Medicine Act 1968:
  Medicines Act 1968 (legislation.gov.uk)
- Royal Society for the Prevention of Accidents:
  http://www.rospa.com
- School Governors - A Guide to the Law:
  http://www.governornet.co.uk
- Special education needs and disabilities (SEND) code of practice 2015:
  SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)
- St John Ambulance:
  http://www.sja.org.uk 08700 10 49 50
- Summary of responsibilities where a mental health issue is affecting attendance (2023):
  Summary of responsibilities where a mental health issue is affecting attendance (publishing.service.gov.uk)
- Supporting pupils with medical conditions at school (2014, updated 2017):
  Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)