



Medical and First Aid Policy

Approved by:	Chair, of BAPD Committee	Date: March 2021
Signed:	Due to the pandemic this policy was agreed virtually at the Full Governors meeting on 7 th July 2021	
Next review due: by:	March 2022 Deputy Head	

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1. PURPOSE

This policy deals with general first aid issues for everyone at School and includes particular sections on pupils with pre-existing medical conditions (Refer to section 4).

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is to ensure that:

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

The Parkside School will implement the policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- This policy meets the school's statutory requirements under section 100 of the Children and Families Act 2014 which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions
- This Policy pays due regard to the Department for Education's statutory guidance Supporting pupils at school with medical conditions

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors, including those pupil with pre-existing medical conditions

- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- The policy also takes into consideration the following legislation in regards to first aid
- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention

2. ROLES & RESPONSIBILITIES

2.1 The Governing Board

The Governing Board must make arrangements to support pupils with medical conditions in school; including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

2.2 The Head Teacher

The Head Teacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand

their role in its implementation. The Head Teacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Head Teacher has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Head Teacher will ensure that contact is made with Norfolk health care professionals (HCP) in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other HCP or organisations.

2.3 Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment please consult the NCC Guidance for managing Children and Young People with complex medical care needs in educational settings.

2.4 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

2.5 School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of

school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

2.6 Norfolk HCP Team

The school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk. Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a health assessment to help explore the impact of their health needs. Where a child is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs. The Children & Young People's Health Services (Norfolk HCP) website also offers a range of online information and resources for children, young people, families and professionals: www.justonenorfolk.nhs.uk/our-services.

2.7 Other Healthcare Professionals

Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

2.8 First Aid

i) Appointed person(s) and first aiders

The school's appointed person is Iain Mills, supported by Angela Dixon. They are responsible for:

- Ensuring Medical training is up to date
- Ensuring statutory guidance, policy and legislation is adhered to
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- First aiders are trained and qualified to carry out the role and are responsible for

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident using CPOMS
- Keeping their contact details up to date
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Taking charge when someone is injured or becomes ill

Our school's first aiders are listed in appendix A. Their names will also be displayed prominently around the school.

ii) The Local Authority and Governing Board

Norfolk County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Head Teacher and staff members.

iii) The Governing Board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Head Teacher and staff members.

iv) The Head Teacher

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

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures

- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

v) Staff

- School staff are responsible for ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (via CPOMS) for all incidents they attend to where a first aider is called
- Informing the Head Teacher or their manager of any specific health conditions or first aid needs

3. STAFF TRAINING & SUPPORT

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Transport will be made aware, and trained where necessary, of pupils with an IHCP who may need emergency medication administered

Iain Mills (SLT lead for Medical) should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

This should include references to staff training on:

- The development or review of individual healthcare plans [IHPs]
- An understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy

- Relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs
- Training for specific conditions may be available via external websites for example: www.asthma.org.uk www.anaphylaxis.org.uk www.epilepsy.org.uk To discuss sources for training for specific health conditions contact the Just One Number (0300 300 0123)
- Awareness of other relevant NCC policies including those for pupils with complex medical care needs/intimate care needs

3.1 First Aid

- All school staff are able to undertake first aid training if they would like to
- All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix A)
- Staff are encouraged to renew their first aid training when it is no longer valid

4. PROCEDURES

4.1 Managing Medicine on School Premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 will be given prescription or non-prescription medicines without their parents written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- The school has clear arrangements in which non-prescription medicines may be administered
- Children under 16 will never be given medicine containing aspirin unless prescribed by a doctor

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- Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents
- Where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours
- Schools will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines should be stored safely. Where appropriate children will know where their medicines are at all times and be able to access them immediately under adult supervision. They will know who holds the key to the storage facility. Each class has a medical cabinet for storage of medicines or in the fridge/freezer (with a thermometer) in the medical room if indicated on the container. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access (this will be the regular class team and not Supply). Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school

- Self-management by pupils; wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines

4.2 Controlled Drugs

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

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure LOCKED cupboard in the classroom and only relevant staff working closely with the pupil will have access.

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

4.3 Personal Care

- Pupils requiring regular personal care will have a care plan
- Pupils requiring emergency personal care will be followed by notifying parents/carers
- Staff administering personal care will do so in the presence of another member of staff (where practically possible). Where this is not possible, staff will make other staff aware of what they will be doing, talk to the pupil throughout as well as take the class radio in case they need support

4.4. First Aid Procedures

In-school procedures

In the event of an accident resulting in injury

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives

- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the relevant member of staff will contact parents immediately
- The first aider will complete an accident report form, using CPOMS, on the same day or as soon as is reasonably practical after an incident resulting in an injury
- Emergency First Aiders at Work (1 day) St John Ambulance: deal with the most common 'emergencies' such as;
 - Not breathing, no pulse, significant loss of blood, unconsciousness, shock, burns and scalds, choking, defibrillator response and seizures until the ambulance arrives
- First Aid at Work (3 Day) ST John Ambulance: These first aiders can perform first aid for the following areas as well;
 - Allergic reactions, bone, muscle and joint injuries, chest pains, eye injuries, fainting, head injuries, diabetes, Poisons, spinal injuries and strokes until the ambulance arrives

Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents contact details
- Risk assessments will be completed by the Class Teacher/Trip Leader prior to any educational visit that necessitates taking pupils off school premises
- There will always be at least one first aider on school trips and visits

4.5. First Aid Equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages

- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Reception (at the desk)
- The school hall
- The Sports hall
- All classrooms
- The school kitchens
- School vehicles

5. RECORD KEEPING

Governing bodies will ensure that written records are kept of all medicines administered to children – including medication refusals or errors. The School Business Manager will ensure that a CPOMS report can be created once a year, showing the Governing body documentation of medicines administered. The business Manager will also provide a yearly report for Governors First Aid provided in School.

5.1 First Aid and Accident Record

- An accident form will be completed, using CPOMS, by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form on CPOMS
- The accident report form will be added to the pupils educational on CPOMS
- Records held of First Aid on CPOMS will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

- All injuries/accidents to staff must be reported to First Aiders and recorded on the online system OSHENS
- Any injuries/accidents to pupils or staff will be investigated by the schools in-house Health and Safety Team. They will be responsible for drafting out a report to be brought to the Governors Health and Safety sub-committee's attention if necessary
- If a First Aider feels that a pupil/staff is too unwell to remain in school, permission from a member of the Senior Management team should be sought before making a phone call home

5.2 Reporting to the HSE

- The relevant staff member who performed first aid or was involved will use OSHENS to record any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- The Head Teacher and Norfolk County Council will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia

- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee/pupil is off School or unable to perform their normal School duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion
 - Information on how to make a RIDDOR report is available here:
How to make a RIDDOR report, HSE
<http://www.hse.gov.uk/riddor/report.htm>

6. INDIVIDUAL HEALTHCARE PLANS

- The Head Teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Iain Mills (Senior Teacher for Secondary (Yr7&8))
- Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or

disproportionate. This will be based on evidence. If there is not a consensus, the Head Teacher will make the final decision.

Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP team, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs.

The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person they may provide written guidance or information.

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Iain Mills (Senior Teacher for Secondary (yr7&8) with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupils resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupils educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupils medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupils condition and the support required

- Who outside the school needs to be aware of the pupils condition and the support required (with appropriate consent from the young person and family) - for example school transport provided by local authority
- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments. Please consider large or split school sites
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency (including medication administration errors), including who to contact, and contingency arrangements

7. EMERGENCY PROCEDURES

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. It is important to ensure emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available – this may include consideration of when pupils are off-site but also accessing multiple areas across a large school site for different parts of their curriculum.

Example templates for managing medication, IHP's and contacting emergency services are included in supporting pupils at school with medical conditions.

8. EQUAL OPPORTUNITIES

The Governing Board will ensure that the school enables pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

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

The school acknowledges the Equalities Act 2010 and schools and works proactively to support all its pupils.

9. UNACCEPTABLE PRACTICE

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

10. ATTENDANCE

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition. Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to code this absence appropriately. If a school does not have sufficient information regarding a young persons' health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GP's with parental consent, utilising the NCC Joint Protocol between Health Services and Schools. If absence due to a medical condition is noted to be for more than 15 days, schools should consult the NCC medical Needs Service for advice and support.

11. LIABILITY & INDEMNITY

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

12. COMPLAINTS

The Governing Board will ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

APPENDIX A: FIRST AID TRAINING LOG

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
<i>1 Day First aid</i>	Elle Bellchamber	22.10.2020	21.10.2023
	Judith Bradbury	05.09.2018	04.09.2021
	Elisha Celik	22.10.2020	21.10.2023
	Sharon Chambers	22.10.2020	21.10.2023
	Becky Connolly	22.10.2020	21.10.2023
	Martha Cracknell	22.10.2020	21.10.2023
	Zoe Davies	05.09.2018	04.09.2021
	Frances Dunham	10.08.2018	09.08.2021
	Sarah Dunseath	25.03.2020	25.03.2023
	Lucy Edwards	25.03.2020	25.03.2023
	Samantha Ellis-Holden	22.10.2020	21.10.2023
	Yanoula Fouras	22.10.2020	21.10.2023
	Katie Hall	22.10.2020	21.10.2023
	Rachel Harris	22.10.2020	21.10.2023
	Holly Holden	22.10.2020	21.10.2023
	Douglas Hunt	22.10.2020	21.10.2023
	Mark Hunter-Lines	22.10.2020	21.10.2023
	Sarah Jepp	05.09.2018	04.09.2021
	Helen Love	22.10.2020	21.10.2023
	Iain Mills	06.10.2017	05.10.2020
	Lucia Muffy	05.09.2018	04.09.2021
	Jackie Potter	05.09.2018	04.09.2021
	Amanda Price	22.10.2020	21.10.2023
	Dan Robottom	22.10.2020	21.10.2023
	James Rowett	22.10.2020	21.10.2023
	Sophie Russel	22.10.2020	21.10.2023
Georgia Scotter	22.10.2020	21.10.2023	

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	Kelly Stretton	25.03.2020	25.03.2023
	Jen Templer	25.03.2020	25.03.2023
	Abby Tubby	05.09.2018	04.09.2021
	Mark Waters	22.10.2020	21.10.2023
	Fiona Webster- Lee	25.03.2020	23.05.2023
	Karen Winter	28.02.2020	27.02.2023
3 Day First Aid	Linda Applegate	28.02.2020	27.02.2023
	Abi Bustin	22.10.2020	21.10.2023
	Bushra Parveen	11.03.2020	10.03.2023
	Angela Dixon	03.03.2017	02.03.2020
	Sarah Gamble	05.01.2018	04.01.2021
	Rob Griffiths	19.03.2020	18.03.2023
	Joanna Heads	22.10.2020	21.10.2023
	Loretta Holdsworth	27.03.2019	26.03.2022
	Adam Nelson	05.10.2018	05.10.2021
	Julie Stearman	30.01.2020	30.01.2023

APPENDIX C: PARENTAL AGREEMENT FOR THE PARKSIDE SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	The Parkside School
Name of child	
Date of birth	
Class	
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 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	A member of the class team

Medical and First Aid Policy

The information given is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s).....

Date.....