



*Dynamic, empowered learners who thrive and lead in their communities: locally, nationally and globally.*

# MANAGING MEDICAL NEEDS AND FIRST AID POLICY

THIS POLICY WAS APPROVED:	SPRING 2026
POLICY VERSION:	6.0
THIS POLICY WILL BE REVIEWED:	SPRING 2027
MEMBER OF STAFF WITH RESPONSIBILITY FOR REVIEW:	HEALTH & SAFETY ADVISOR, DIRECTOR OF INCLUSION AND THE DIRECTOR OF HR
THIS POLICY WAS CONSULTED WITH:	TRUST LEADERSHIP TEAM
THIS POLICY WAS DISTRIBUTED TO:	ALL STAFF VIA CONNECT

## **1.0 Introduction**

- 1.1. The policy sets out Anglian Learning's approach to the management of long term and short-term medical conditions and to first aid provision within the schools. This policy should be regarded as detailing the minimum standards required and where individual schools have more stringent and/or detailed approaches these should be maintained. Furthermore, schools are required to amend and adjust this trust policy to suit local context as appropriate.
- 1.2. The policy takes into account the advice from the Department of Education on first aid and health and safety in schools; The Health and Safety (First Aid) Regulations 1981; The Management of Health and Safety at Work Regulations 1999; The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013; Social Security (Claims and Payments) Regulations 1979, Section 100 of the Children and Families Act 2014
- 1.3. First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill.
- 1.4. Should the pupil be suffering from acute illness e.g. throat infections, eye infections, diarrhoea and sickness, they should be kept at home until they are fully recovered and a minimum of 48 hours after the last episode. This policy refers to pupils who are well enough to attend the school with medication or become unwell during the school day.

## **2.0 Aims**

- 2.1 To establish the role that carers and the school will take in supporting pupils and their families in the administration of medicines and managing emergency and non-emergency medical needs;
- 2.2 To establish clear procedures for storage, administering medicines and communicating with parents;
- 2.3 To maximise attendance at school whilst ensuring the pupil's health and wellbeing, and that of other pupils, staff and members of the community.
- 2.4 Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Headteachers must ensure that arrangements are in place in schools to support pupils at school with medical conditions. The Trust should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

### **3.0 Roles and Responsibilities**

3.1 Anglian Learning has ultimate responsibility for health and safety matters within the Trust but delegates the operational matters and day-to-day tasks to Headteachers of the individual schools and staff members.

3.2 The Headteacher of each school is responsible for ensuring that they have an overview on the management of medical needs within the school and are satisfied that the school has sufficient resources and operational procedures in place to manage the medical needs of all staff and pupils. The Headteacher should ensure that the school covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption.

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

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times.
- Ensuring that First Aiders have an appropriate qualification, that their training is kept up to date and remain competent to perform their role
- Ensuring that First Aiders names, locations and contact details are prominently displayed around the school.
- Ensuring that a Lead First Aider is appointed who has the responsibility of ensuring that the First Aid boxes are fully stocked, the First Aid room is fit for purpose and that medicines are stored securely, appropriately and are disposed of properly.
- Ensuring that all staff are aware of the First Aid Procedures.
- Ensuring that adequate First Aid boxes are located around the school and that First Aid staff are aware of their location.
- Ensuring appropriate risk assessments (appendix D) are completed and appropriate measures are put in place.
- Ensuring that the annual overarching First Aid risk assessment is undertaken of the First Aid needs within the school (appendix D).
- Undertaking or ensuring that managers undertake risk assessments, as appropriate, and that appropriate measures are put in place;
- Ensuring that adequate private space is available for catering for the medical needs of pupils
- Reporting specified incidents to the Health & Safety Advisor when necessary.

- Ensuring that adequate records are kept securely on First Aid, accidents, medicine administration, reports made to the HSE and First Aid training with copies of staff certificates and details of the expiry dates.
- Delegating and overseeing the responsibility to a member of staff to organise first aid training as and when required and for new members of staff where the role incorporates first aid.

#### 3.4 Qualified First Aiders are responsible for:

- Acting as first responders to any incidents
- Assessing the situation, protecting themselves and the casualty from further danger, dealing with any life-threatening condition and where necessary obtaining medical assistance or referring the casualty to hospital as quickly as possible.
- Ensuring that there is an adequate supply of medical materials in First Aid kits and replenishing the contents of these kits after use.
- Informing parents and sending pupils home to recover when it is considered to be necessary. First Aiders should have undertaken a sufficient examination to satisfy themselves that this is necessary and that the pupil cannot go back to class after a rest or suitable treatment.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident and update SIMS.
- Notifying parents / carers that first aid treatment has been given to a pupil or delegating this task to someone else who has sufficient knowledge of the incident and treatment
- Ensuring that they receive a refresher training course three months prior to the date their certificate expires

#### 3.5 Teachers / Staff are responsible for:

- Ensuring that they know who the First Aiders are in the school (no member of staff should attempt to provide First Aid unless they have been First Aid trained. No member of staff should administer medicine unless nominated to do so).
- Referring pupils to the First Aiders when they are in such discomfort that they need to go home, or discomfort has continued despite appropriate treatment or if they have a visible injury that requires First Aid.
- Ensuring parents are informed if their child has experienced continuing discomfort following an accident.

- Being mindful that sending a pupil home due to sickness, hinders the school from pursuing the absence through the usual procedures, should it become longer term, as the school has made the decision that the pupil is sick rather than the carer.
- Being mindful that if a vulnerable pupil complains of feeling unwell then this may be a referral to Pastoral Support rather than a First Aider as the pupil may require emotional or behavioural support.
- Completing accident forms for all incidents they attend and where a First Aider has been called.
- Informing the Headteacher or their line manager of any specific health conditions that they become aware of in the course of their duties
- Reading and ensuring they have understood the First Aid Policy and signing to confirm.

### 3.6 Parent/Carers are responsible for:

- Providing sufficient medical condition information of the pupil to the school in a timely manner. Information required includes details of the pupil's condition; any special requirements; medication and any likely side effects; what to do and who to contact in an emergency.
- To engage with the school and other health professionals in drawing up individual care plans, if required to manage longer term conditions.
- Providing spare inhalers/auto-injectors that are clearly labelled with the pupil's name and expiry date if applicable.
- Providing health care plans identifying the severity of the pupil's condition, individual symptoms and any triggers, such as exercise or cold air.
- Providing prescription medicine to the school in the original packaging, including the prescriber's instructions.
- In a secondary school the carer may provide non-prescription medicine which needs to be labelled with the pupil's name, DOB and appropriate dosage. Staff will facilitate the pupils taking the medicine.
- Providing consent for medication to be given to their child (**No medicine will be given without parental permission**).
- Where possible carers should try to administer medicine outside of school hours.

### 3.7 Pupils are responsible:

- In a secondary school it is the responsibility of the pupil to come to the office at the appropriate time to be provided with the medicine and to sign to state that they have taken the medicine.
- Taking the medicine as requested. Should the pupil refuse to take medicine, the school staff will not force them to do so. The school will inform the pupil's carers as a matter of urgency or call emergency services.

3.8 Trust H&S Advisor is responsible for:

- To liaise with the Headteacher to ascertain additional details where it is believed an incident meets the threshold for reporting under RIDDOR.
- To submit the report to the HSE for RIDDOR incidents on behalf of the school.
- To periodically audit the arrangements to ensure that school first aid arrangements are in accordance with The Health and Safety (First Aid) Regulations 1981.

#### **4.0 Individual Healthcare Plans (IHP's)**

4.1 The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Kim Norton – Office Manager and PA to SLT.

4.2 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done
- When
- By whom

4.4 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 no consensus, the headteacher will make the final decision.

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

- 4.6 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 an EHC plan, the SEN will be mentioned in the IHP.
- 4.7 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 the headteacher / role of the individual 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 pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
  - Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
  - The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
  - Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
  - Who in the school needs to be aware of the pupil's condition and the support required
  - Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
  - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
  - Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
  - What to do in an emergency, including who to contact, and contingency arrangements

## **5.0 Equal Opportunities**

- 5.1 Our policy is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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 where necessary.

## **6.0 Administering Medicine**

- 6.1 Medicine will be stored at room temperature in a secure place. If applicable, antibiotics, and any other medication with specific temperature controls will be kept in a fridge.
- 6.2 After medicine has been administered the member of staff should fill in the Medicine Administration Record (MAR).
- 6.3 Prior to administering the medicine, the pupil will be asked to confirm their name and the school medicine record will be checked both for the identity of the child and the name of the medicine and the dosage.
- 6.4 Prescription medicines will be returned to the carer when no longer required.
- 6.5 When administering controlled drugs, two members of staff will always be present. Care will be taken that the medicine is handled appropriately and that instructions on the label are not rendered illegible by drippage. A glass of water will also be provided to the pupil after administration.

## **7.0 Disposal of Medicine**

- 7.1 Medicines should be checked, by a qualified first aider, at least once a term to ensure that they are still required and in date.
- 7.2 Medicine should be returned to the carer for disposal or taken to the local pharmacy by a First Aider.
- 7.3 Where medicine has to be discarded a period of time after opening, the opening date should be recorded on the container.
- 7.4 Medicine should not be allowed to accumulate and medicine out of date or no longer required should be disposed of in a timely manner.

## **8.0 First Aid Kits**

- 8.1 First Aid kits (including those for trips) should be checked termly to ensure that they are fully stocked (appendix A to C).
- 8.2 A First Aid needs assessment will determine the required provisions for each school, but First Aid kits should include at least the following:

- Leaflet giving general advice on First Aid

- 20 individually wrapped sterile adhesive dressings assorted sizes
- 2 triangular bandages
- 2 sterile eye pads
- 6 safety pins
- 6 medium wound dressings
- 2 large wound dressings
- 3 pairs of disposable gloves
- Schools are advised to consider purchasing a defibrillator as part of the First Aid equipment. Appointed first-aiders should already be trained in the use of CPR.

8.3 The school minibus must have on board a first aid container with the following:

- 10 antiseptic wipes that are foil packaged
- 1 conforming disposable bandage (no less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large (no less than 15cm x 20cm) sterile unmedicated ambulance dressings
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rust free blunt-ended scissors

8.4 Dependent on the location of the First Aid kit, and the risks identified, it may be appropriate to have additional items.

**9.0 Automated External Defibrillators (AED)** (Relevant to all schools with a defibrillator)

9.1 All staff members will be informed of the AED's location and emergency procedures to support an effective response to a patient in cardiac arrest.

9.2 AEDs will always be clearly signposted and accessible when the premises are in use. The location of the AED will be continually reviewed annually as part of the first aid needs assessment review.

9.3 AEDs can be used without training, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened. However, first aid trained staff members will be trained in

cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

- 9.4 Emergency services (999) must be called immediately in the event of a suspected cardiac arrest and whenever an AED is used or is required.
- 9.5 Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight. If unavailable, standard pads may be used.
- 9.6 The school will ensure that AEDs on site are maintained in a serviceable condition. Checks will be conducted weekly and recorded on iAMCompliant.

## **10.0 Emergency Procedures**

- 10.1 A member of the SLT should be informed if an ambulance needs to be called.
- 10.2 The First Aider attending the scene should ensure that SLT is aware of the location of the accident, that an ambulance has been called and that the carers/ next of kin need to be informed. The First Aider should remain at the scene, awaiting the ambulance.
- 10.3 In an emergency, where the ambulance is unable to attend in a timely manner it may be appropriate for the pupil to be taken to hospital in a private car. The member of staff driving should be accompanied by another adult and have public liability vehicle insurance.

## **11.0 Day trips, residential visits and sporting activities**

- 11.1 Schools should consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully and safely.
- 11.2 Individual risk assessments and personal emergency and evacuation plans must be in place.
- 11.3 Trips are recorded using the Evolve system and risk assessments/plans uploaded.

## **12.0 Record Keeping and Communicating with Carers**

- 12.1 All accidents should be reported and entered into the relevant accident book.
- 12.2 All accidents should be investigated and remedial action identified to prevent re-occurrence of the same or similar incidents.
- 12.3 Records should be kept of the administration of medicines in the school Medicine Record including the dosage and who was present.
- 12.4 Should a pupil refuse to take medicine then the carers will be informed as soon as possible.
- 12.5 Should a pupil suffer an injury to the head then a head bump letter will always be sent home to the carer in case symptoms develop later.

12.6 Carers will always be contacted if a pupil suffers an attack of asthma, diabetes, anaphylaxis, epilepsy, anxiety/panic attack or if an ambulance is called.

12.7 Carers will be contacted immediately to come and collect a pupil should the pupil be physically sick or have diarrhoea.

### **13.0 Reporting an Incident**

13.1 It is a requirement that work-related deaths, reportable injuries, diseases and dangerous occurrences are reported to the Health and Safety Executive without delay. A report must be submitted within 10 days of the incident, or within 15 days if classified as an over 7-day incapacitation (RIDDOR 2013).

13.2 It is imperative that as soon as it is believed the incident meets RIDDOR classification, the school brings this to the attention of the Health & Safety Advisor.

13.3 The Anglian Learning Health & Safety Advisor will be notified of incident reports and will liaise with the school to determine whether it meets the threshold for reporting. If required to report to the HSE, the submission will be managed by the Health & Safety Advisor and a copy of the submission will be provided to the First Aid coordinator for local retention.

13.4 Guidance on what constitutes a reportable incident under RIDDOR 2013 can be found in appendix E.

13.5 Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries (Fractures excluding fingers, thumbs and toes, amputations, injury likely to lead to loss of sight or reduction in sight, crush injuries to the head or torso causing damage to the brain or internal organs, serious burns including scalding, scalping requiring hospital treatment, 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 is away from work or unable to perform their normal work duties for more than 7 consecutive days following the day of the accident, inclusive of weekends and rest days.
- Where an accident leads to hospital admittance.
- Near-miss events that do not result in an injury, but could have done. For example, the collapse or failure of lifts or lifting equipment, the accidental release of a biological agent likely to cause severe human illness, an electrical short circuit or overload causing a fire or explosion. This is not an exhaustive list and if in doubt members of staff should

consult with Senior Leadership Team or the Trust Director of Operations.

- Acts of violence, the HSE definition of violence should be used: "any incident in which a person is abused, threatened or assaulted in circumstances relating to their work."

13.6 Information on how to make a RIDDOR report is available on <http://www.hse.gov.uk/riddor/report.hm>

#### **14.0 Reporting to the CEO, Ofsted and Child Protection Agencies**

14.1 The Headteacher will notify the CEO immediately of any serious incident, illness or injury to, or death of, a pupil.

14.2 The CEO will notify Ofsted on behalf of Anglian Learning of any serious accident, illness or injury to, or death of, a pupil. This will happen as soon as it is reasonably practicable, and no later than 14 days after the incident.

14.3 The CEO will also instruct the Headteacher to notify any relevant local child protection agencies of the situation.

#### **15.0 Unacceptable Practice**

The Headteacher should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

15.1 Prevent a pupil from easily accessing their inhalers and medication and administering their medication when and where necessary;

15.2 Send a pupil 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;

15.3 Penalise a pupil for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

15.4 Prevent a pupil from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

15.5 Prevent a pupil 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;

15.6 Assume that every pupil with the same condition requires the same treatment;

15.7 If a pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.

#### **16.0 Monitoring and reviewing**

16.1 This policy will be reviewed annually by the Health & Safety Advisor, Director of Inclusion and the Director of HR.

## Appendices

### A) First aid box supply checklist

Item	Suggested stock	Current stock	Date Ordered if required?
A leaflet giving general advice on first aid	1	1	
Individually wrapped sterile adhesive dressings (assorted sizes)	20	20	
Sterile eye pads	2	2	
Individually wrapped triangular bandages (preferably sterile)	4	4	
Safety pins	6	6	
Medium-sized (12cm x 12cm) individually wrapped sterile unmedicated wound dressings	6	6	
Large (18cm x 18cm) individually wrapped sterile unmedicated wound dressings	2	2	
Disposable gloves	3 pairs	3	

B)

## B) Travel first aid box supply checklist

Item	Suggested stock	Current stock	Date Ordered if required?
A leaflet giving general advice on first aid	1	1	
Individually wrapped sterile adhesive dressings	6	6	
Large sterile unmedicated wound dressing (18cm x 18cm)	1	1	
Triangular bandages	2	2	
Safety pins	2	2	
Individually wrapped moist cleansing wipes	10	10	
Disposable gloves	2 pairs	2 pairs	

### C) Minibus first aid box supply checklist

Item	Suggested stock	Current stock	Date Ordered if required?
Foil packaged antiseptic wipes	10	10	
Conforming disposable bandage (not less than 7.5cm wide)	1	1	
Triangular bandages	2	2	
Assorted adhesive dressings	24	24	
Assorted safety pins	12	12	
Large sterile unmedicated ambulance dressings (no less than 15cm x 20cm)	3	3	
Rust free blunt-ended scissors	1 pair	1	
Sterile eye pads with attachments	2	2	

## D)First Aid Needs Assessment Form

<b>First Aid Needs Assessment Form</b>			
<b>Name of School:</b> <i>Stour Valley Community School</i>			
<b>Address of School:</b> Cavendish Road, Clare, Sudbury, Suffolk, CO10 8PJ			
<b>Person(s)/Group at Risk:</b> Staff/Pupils/Contractors/Visitors/Hirers			
<b>Area:</b> First Aid Needs/Provision			
<b>Type of Assessment:</b> Initial Assessment/Review/Following Incident*			
<b>Date of Assessment:</b> 9 June 2026		<b>Assessor:</b> Kim Norton	
Significant Hazard and possible Outcomes/injuries	Control Measures in Place (Delete non applicable control measures or add additional ones)	Are any additional measures or actions required? (if yes put on the Action Plan)	
		Yes	No
<b><u>Environment</u></b> What is the classification of the school? <ul style="list-style-type: none"> <li>Low/Medium risk - Secondary</li> </ul>	<ul style="list-style-type: none"> <li>In general terms, the school is classed as low risk but with certain activities being undertaken or multiple buildings this classification may be raised to a medium risk.</li> <li>Depending on the layout of the building, extra first aid equipment may be required on each floor/building.</li> </ul>	Assign Epi-Pens to Food Room, Humanities Block and Staff Room	No

<p>Are high risk activities undertaken i.e. science, D&amp;T, PE etc.</p> <p>Is the workplace remote from emergency medical services?</p> <p>Is the Site split or on different levels?</p> <p>Are there any hazardous substances or dangerous tools on site?</p>	<ul style="list-style-type: none"> <li>• The ambulance, fire station and hospital are about 18 miles away (approx.30-35 minutes). Local GP surgeries are within 3 minute vehicle journey and on-call doctors are available.</li> <li>• If the site is shared with other organisations, can their first aiders be shared/called upon in an emergency?</li> <li>• The site is split into different buildings and one small area is on a second level</li> <li>• Hazardous substances are used in a controlled environment and stored as per guidelines. Dangerous tools should be used only under supervision and rooms/tools kept locked when not in use. First Aid Kits are sited in both High risk areas</li> </ul>		<p>No</p> <p>Where appropriate and subject to availability</p> <p>No</p> <p>No</p>
<p><b><u>People on site</u></b></p> <p>How many people are present on the site? Remember to include staff, pupils, visitors and contractors.</p> <p>Do they know what the first aid arrangements are for the site?</p> <p>Have they other information available to them (how to contact emergency services)?</p> <p>Are there people with special health needs on the site? Do they have health conditions or illnesses that may require sudden, urgent or specialist attention?</p>	<ul style="list-style-type: none"> <li>• There are a total of approx an average of 638 persons on site. Made up of 81 staff, 537 pupils and 20 of visitors/contractors at any one time.</li> <li>• First aid arrangements are covered on induction training and subsequent changes brought to their attention.</li> <li>• There is a list of local external contacts (GPs, nearest hospital etc.) readily available at Pupil Support for staff to use.</li> <li>• Cleaning staff and contractors, when working outside core hours or in holidays, have been informed what the process for first aid provision is whilst on site.</li> <li>• Members of staff and pupils with special health needs and the first aid provision or additional training accounts for these specific needs are made known to the Full First Aid persons</li> <li>• The first aid arrangements and other information are available to all including supply staff, work experience placements and employees</li> <li>• Lists of all first aiders and appointed persons are displayed in the Staff hand Book</li> </ul>		<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>

<p><b><u>General Arrangements</u></b></p> <p>Do employees work remotely or work alone?</p> <p>Is there adequate provision for lunchtimes and breaks?</p> <p>Is there first-aid provision for off-site activities i.e. school trips etc.</p> <p>Are people present on site out of hours? Is there a fluctuating need for first aid at different times?</p> <p>Do you have sufficient provision to cover absences of first aiders?</p> <p>What kinds of activity are people using the service involved in? Are these high-risk activities if so, then first aid cover may need to be increased.</p> <p>Are provisions in place for use of the school minibus</p>	<ul style="list-style-type: none"> <li>• The provision of personal communications/mobile phones are used when working alone.</li> <li>• If a first-aider is not on site, there is adequate first-aid provision available.</li> <li>• Consider the need to make different levels of provision for different areas/departments within the site. First Aid provisions are in place for all off site activities.</li> <li>• Adequate first aid provision has been identified for the out of hours/off-site activities.</li> <li>• The cover needed for annual leave and planned absences has been accounted for and a regime established.</li> <li>• The first aider(s) for this premises – see attached list</li> <li>• The appointed person(s) for this premises - See attached list</li> <li>• First aid needs are considered on any risk assessments conducted for the activities undertaken by the establishment.</li> <li>• First Aid kit is situated in the minibus and is checked regularly to ensure provisions are in date and replenished</li> </ul>		<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
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<p><b><u>Record of Accidents and Ill-health</u></b></p> <p>What is your record of accidents and ill health, accounting for all groups?</p> <p>What illnesses/accidents have occurred and where and what time did they happen?</p> <p>What is the school policy for reporting accidents</p>	<ul style="list-style-type: none"> <li>• The number and type of injuries have been adequately dealt with through the existing first aid arrangements and first aider capabilities.</li> <li>• What other arrangements were available and used (did they work?)</li> <li>• Accident statistics that indicate the most common injuries, times, locations and activities in a particular area (trend analysis) are part of the management team meetings held monthly/quarterly/annually.</li> <li>• The school purchase H &amp; S guidance from the local authority. All reportable accidents are done through this system and recorded accordingly</li> </ul>		<p>No</p> <p>No</p> <p>No</p> <p>No</p>
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<p><b><u>Accident Recording &amp; Reporting</u></b></p> <p>e.g. accidents not reported or investigated</p>	<ul style="list-style-type: none"> <li>• All accidents and treatment provided recorded in the school's accident book (I AM COMPLIANT) and SIMS</li> <li>• All appropriate accidents are reported on-line to the H&amp;S Service at Cambridgeshire County Council. The report is to be completed by the person in charge of the area in which the accident occurred.</li> <li>• All accident and near misses will be investigated by the relevant manager in charge of the area where the event occurred.</li> <li>• Accident information to be reviewed as a minimum monthly/quarterly/annually in order to minimise future accidents and reported to Governors</li> </ul>		<p>No</p> <p>No</p> <p>No</p> <p>No</p>
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<p><b><u>Calculating the number of First Aiders Required</u></b></p>		
<p>NB. Appropriate numbers of additional qualified first aiders should be established based on each schools specific staffing arrangements to cover absences.</p>		
<p><b>Type of School</b></p>	<p><b>Number of people on site (Staff, Pupils etc)</b></p>	<p><b>Number of first aiders Required</b></p>
<p>Nursery/Primary</p>	<p>0 - 100</p>	<p>1 qualified first aider and 1 relief to provide cover for absences Thereafter 1 additional first aider for every 100 persons on site</p>

Secondary	0 - 100	1 qualified first aider and 1 relief to provide cover for absences Thereafter 1 additional first aider for every 100 persons on site Plus 1 qualified first aider for each high risk area i.e. Science, D&T, PE, Food Technology
Special	0 - 100	1 qualified first aider and 1 relief to provide cover for absences Thereafter 1 additional first aider for every 100 persons on site Plus 1 qualified first aider for each high risk area i.e. Science, D&T, PE, Food Technology

**Conclusion:**

*The above assessment has highlighted:*

- *The additional actions documented below are required to ensure suitable first aid provision is available.*

## Assessor's Recommendations – Additional Control measures or Actions

Assessor's Recommendations - Additional Control Measures or Actions		
List Actions / Additional Control Measures	Date action to be carried out	Person Responsible
<ul style="list-style-type: none"> <li>In addition to statutory equipment, adrenaline Epi pens at kept in an agreed point in the College - (Epi pens)</li> </ul>	1 September 2026	Kim Norton
<ul style="list-style-type: none"> <li>Depending on the layout of the building, extra first aid equipment may be required on each floor/building. – (Epi pens)</li> </ul>	1 September 2026	Kim Norton
<b>Signed Headteacher: RKE</b> <i>pp K Norton</i>	<b>Date: 9 June 2026</b>	

## E) What should be reported to the Anglian Learning Health & Safety Advisor for RIDDOR consideration?

### What does “Work Related” mean?

Work-related incidents are incidents that occur during an activity being carried out or organised by an employee in the course of their work.

For example:

- Incidents that occur during school trips or public events organised by an employee.
- Incidents where employees visit or are working at another workplace are harmed.
- Incidents that occur on premises or grounds that are owned or let by the school. (I.e. incidents that may be related to premises defects).

### What incidents classify as RIDDOR?

Incidents concerning the death, specified injuries, diseases and dangerous occurrences which arise out of, or in connection with, work activities:

- **Deaths** – Regulation 6 of RIDDOR 2013 requires Anglian Learning to report work-related deaths.
- **Specified injuries** - Regulation 4.1 of RIDDOR 2013 requires Anglian Learning to report fractures (other than fingers, thumbs or toes), amputations, permanent loss or reduction of sight, a burn that covers more than 10% of the whole body’s total surface area; or causes significant damage to the eyes, respiratory system or other vital organs, a penetrating injury to the eye, any injury or acute illness resulting in unconsciousness, requiring resuscitation or requiring admittance to hospital for more than 24 hours.
- **Over 7-day incapacitation** – Regulation 4.2 of RIDDOR 2013 requires Anglian Learning to report injuries that lead to an employee being away from work, or unable to perform their normal duties for more than 7 consecutive days (excluding the day of injury but including weekends, bank holidays and rest days). These injuries must be the result of an occupational accident or incident, and the report must be made within 15 days of the accident / incident occurring.
- **Dangerous occurrences** – Schedule 2 of RIDDOR 2013 requires Anglian Learning to report cases of dangerous occurrences, these can be considered near misses, but not all near misses are reportable to the HSE. A list of occurrences that would be reportable can be found: *The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013*

- **Diseases** – Regulation 8 of RIDDOR 2013 requires Anglian Learning to report cases of certain diagnosed reportable diseases, linked to exposure to specified hazards at work. A list of diseases that would be reportable can be found: *The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995*. Diseases such as coughs and colds, stomach bugs etc., or where people with an existing health condition are taken ill (e.g. a fit in a person known to have epilepsy), are not typically reportable. However, the manager may need to monitor increases in such incidents where the work is safety critical, as they may prompt a need for an occupational health review.
- **Non-workers** – Regulation 5 of RIDDOR 2013 requires Anglian Learning to report injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school, if the accident results in the death of the person, and arose out of or in connection with a work activity; or an injury that arose out of a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

*N.B. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for several days, the incident is not reportable.*

### **Do road traffic collisions (RTCs) need reporting?**

Incidents resulting in the death and injuries of persons, from a road traffic collision, involving a school vehicle travelling on the public highway are not reportable under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

If, for example, another vehicle strikes the school bus while pupils are getting on or off, and pupils are injured and taken to hospital, this will typically be reportable under RIDDOR.

### **Do Sporting Injuries need reporting?**

Sporting activities will have an inherent level of risk by the nature of movement and contact, therefore, not all sports injuries to pupils are reportable under RIDDOR. Organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity, the essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples of reportable incidents would include:

- The condition of the premises or sports equipment being a factor in the incident, for example a pupil slips and fractures an arm because a member of staff had used the wrong polish and left the sports hall floor too slippery for sports.
- There was inadequate supervision to prevent an incident, or failings in the organisation and management of an event. For example, a pupil's arm being

struck by a trampoline whilst folding the equipment away and a member of staff was not actively involved.

### **Do incidents that occur during overseas educational visits need reporting?**

Incidents that would ordinarily meet the requirements for reporting under RIDDOR, that occur whilst on an overseas trip, are not reportable as the HSE has no jurisdiction overseas. However, the incident should be logged internally.

### **Minor / superficial injuries?**

Bumps, bruises, grazes etc. arising from play/leisure activities (i.e. whose inherent nature means that non-preventable minor injuries are common) do not need reporting on the RIDDOR Reporting Form. However, such injuries should be recorded in a local Incident Log, including details of:

- The injured person's name.
- The injured person's address (unless they regularly attend the establishment e.g. as a pupil or service user).
- Date, time and place of the incident.
- Nature of the injury/illness.
- How the injury occurred.
- First aid given or other action taken. (e.g. informed parents).
- Name and signature of person dealing with the incident.

Information in the log should be treated as confidential. It is good practice to review the local incidents log occasionally, as a pattern of accidents may indicate a weakness in how a play or leisure activity is being managed. For instance, if a high number of accidents occur on play equipment, it may be necessary to restrict numbers using the equipment or improve supervision.

## F) Model process for developing individual healthcare plans

