

Alder Community High School

Medical Policy

Consisting of:

- 1. Supporting Students at School with Medical Conditions**
- 2. Children with health needs who cannot attend school**
- 3. Supporting students with medical conditions**
- 4. First Aid**

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Statutory Required to be on school website			

This policy is to be read in conjunction with the following statutory guidance and legislation:

- o Alternative Provision: Statutory guidance for local authorities, as well as headteachers and governing bodies. January 2013 (updated June 2016)
- o Children and Families Act 2014
- o Tameside Children and Young People's Privacy Notice
- o Education Act 1996; Section 19
- o Ensuring a good education for children who cannot attend school because of health needs. Statutory guidance for local authorities; January 2013
- o Equality Act 2010
- o SEND Code of Practice: 0 - 25 years. Statutory guidance for organisations which work with and support children and young people with special educational needs or disabilities; January 2015
- o Supporting Students at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England; December 2015
- o Supporting Students with medical conditions – templates; May 2014

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Introduction

Tameside MBC is committed to providing a good education to all students regardless of circumstances or settings. Where a student is unable to attend school for medical reasons the local authority will work alongside schools, health professionals and parents to provide an alternative provision which will meet a student's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

Wherever possible the local authority will look at education provision being provided by school to ensure continuity for students. However, it is recognised that in some circumstances that is not possible and provision for such cases will be considered by a case management panel on an individual basis.

Students' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication or recovering from an illness.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

1. Roles and Responsibilities of Tameside Council

The statutory guidance is clear that there will be a wide range of circumstances where a child has a health need but may receive suitable education that meets their needs without the intervention of the local authority. For example, where the child can still attend school with some support or where the school has planned to deliver suitable education outside of school for the child.

Tameside Council is responsible for arranging suitable full-time^[1] education for children of compulsory school age who, because of illness, would not receive suitable education otherwise. This duty applies to all children and young people who live in Tameside, regardless of the type^[2] or location^[3] of the school they would normally attend and whether or not they are on the roll of a school.

The law does not define full-time education, but children with health needs should have provision which is equivalent to the education they would receive in school.

The LA will provide:

- A contact e-mail for all initial enquiries to be sent. medicalenquiries@tameside.gov.uk
- A referral and tracking process of students who are absent from school for a period of 15 days, where the absence is caused by a medical condition.
- Support to school staff in monitoring & challenging student absence.
- Escalation to case management panel to ensure the student is receiving a suitable education in line with the law.
- When agreed by the case management panel, alternative provision and transport to any base other than the student's main base may be considered.
- Re-integration process that focuses on the child's physical & emotional health and education needs.

1.1 Named Person

It is a statutory requirement that local authorities have a named person responsible for the education of children with additional health needs. In Tameside the named person is:

Name: Julie Waterhouse

E-mail: medicalenquiries@tameside.gov.uk

Telephone: 0161 342 3568

Parents/carers can contact the tracking officer to discuss their child's specific circumstances relating to medical needs education provision. This may be particularly appropriate in instances where they feel their child's educational needs are not being addressed due to a medical condition or ill health.

Schools can contact the tracking officer to obtain support, advice and guidance in relation to medical needs education provision and their own statutory responsibilities in supporting children with additional health needs, both in general terms and in relation to specific cases.

The tracking officer will also liaise with professionals and colleagues within both health and education as appropriate to ensure children with additional health needs are able to access a suitable education.

2. Roles and Responsibilities of Tameside Schools

Schools (including maintained schools, maintained nursery schools, academies, and alternative provision academies) are required by law to support students at their school with medical conditions.

This duty is detailed in Section 100 of the Children and Families Act 2014 and statutory guidance entitled Supporting Students at school with medical conditions has been produced by the Department for Education to assist schools in understanding and complying with this legislation. Governors, proprietors and management committees should make themselves familiar with this guidance.

Independent schools are not obliged to follow the statutory guidance contained within Supporting Students at school with medical conditions. However, the non-statutory advice within this document is intended to assist and guide these schools in promoting the wellbeing and academic attainment of children with medical conditions.

Schools must have a medical policy reflecting statutory guidance (Supporting Students at School with Medical Conditions; December 2015) and will nominate a named person who is responsible for supporting students with a medical need.

School will notify the local authority when a student is absent for a period of 15 days. However, the student must remain on the school roll. The named person should liaise with the local authority and continue to review the IHP. In the event that there is a significant change in the condition of the student, or the attendance declines, school are required to notify EWS.

School remains responsible for all agreed examination entries and ensuring examination fees; arrangements should be made for students to sit GCSE examinations including invigilation & assessment of coursework.

Schools remain responsible for convening Annual Review meetings for those students who have an Education, Health and Care Plan (EHCP).

The key points detailed in the guidance indicate that:

Students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Schools may need to make 'reasonable adjustments' to accommodate students with medical needs. Governing bodies/proprietors/management committees must ensure that arrangements are in place in schools to support students at school with medical conditions.

Governing bodies/proprietors/management committees should ensure that school leaders consult health and social care professionals, students and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

2.1 School Policies

The government guidance Statutory Policies for Schools and Academy Trusts requires school leaders, governing bodies in LA maintained schools and proprietors of academies and independent schools to hold the following policies/documents in relation to students with medical conditions (key section in brackets):

- a) Accessibility plan (7.1)
- b) Children with health needs who cannot attend school (7.3)
- c) Supporting students with medical conditions (7.7)
- d) First Aid in schools (10.2)

The excerpts below are taken directly from the guidance.

Accessibility plan

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies
- free schools, including university technical colleges and studio schools
- independent schools, not state-funded
- sixth-form colleges
- Student referral units (PRUs)
- non-maintained special schools

The Accessibility plan must be reviewed every 3 years.

The governing body is free to delegate approval of the Accessibility Plan to a committee of the governing body, an individual governor or the headteacher.

Non-statutory guidance on accessibility plans to help schools fulfil their duties under the act is included in:

- [Equality act 2010 advice for schools](#)

Children with health needs who cannot attend school

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies
- free schools, including university technical colleges and studio schools
- independent schools, not state-funded
- where a child is not on the roll of a school

We advise that governing bodies review this policy annually.

The governing body must approve the policy and it should not be delegated.

Statutory guidance on education for children with health needs who cannot

attend school:

- [Education for children with health needs who cannot attend school](#)

Supporting Students with medical conditions

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies, excluding 16 to 19 academies
- Student referral units (PRUs)

The governing body, proprietor and management committee is free to decide how often you review this policy. However, it should be regularly reviewed and readily accessible to parents and school staff.

The policy should be approved by governing bodies for local-authority-maintained schools, proprietors of academies, and management committees for PRUs.

Statutory guidance about the support that Students with medical conditions should receive:

- [Supporting Students at school with medical conditions](#)

First aid in schools

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies
- free schools, including university technical colleges and studio schools
- independent schools, not state-funded
- sixth-form colleges
- Student referral units (PRUs)
- non-maintained special schools

Schools are not required to have a specific first aid policy but there is non-statutory guidance you can follow. We advise that governing bodies review this requirement annually.

Non-statutory guidance on first aid provision:

[First aid in schools](#)

3. Students who are not on a school roll

Tameside Council retains responsibility for supporting children who are not on roll at a school (Children Missing Education) whose health needs prevent them from accessing education.

In these instances, parents/carers or professionals working with a child who falls into this category should contact either their SEN Caseworker or alternatively Tameside Council's Medical Tracking Officer to discuss future educational provision.

The children of parents/carers who have registered them as being electively home-educated [EHE] are not regarded as Children Missing Education [CME]. Their parents/carers have elected to accept responsibility for their education. Therefore, home-learning support is not available in these cases. In rare circumstances, referrals may

be considered. Parents/carers should contact the Medical Tracking Officer if they feel that there are exceptional circumstances to be considered.

4. Early years and Post-16

Tameside Council will normally provide support for students who are between the ages of 5 and 16 (Reception to Year 11). However, where students who would normally be in Year 12 are repeating Year 11 due to medical reasons, requests for support will be considered on an individual basis.

For post-16 students attending mainstream provision, Tameside Council would look to the host school, college or training provider to make any necessary reasonable adjustments for students who are unwell over a prolonged period. Schools, colleges and training providers may contact the Medical Tracking Officer for further advice if required.

If the young person is in Y12-13 and has an Education Health and Care Plan [EHCP], the provider should contact the SEN team in the first instance to seek advice.

5. Hospital in-patients

Students who are inpatients in hospitals or other medical settings (e.g. for mental health) are usually educated within schools on the hospital site. In certain instances, young people may be placed in specialist residential hospitals outside of Tameside by the National Health Service (NHS). Many of these facilities have access to an on-site education provision or Ofsted-registered schools that can offer education as part of the package of care. Tameside Council retains responsibility for the education of these children whilst they remain in hospital and upon their return to Tameside following discharge.

At times, the NHS places young people in privately funded hospitals. Tameside Council requires evidence of a hospital admission, timetable and attendance records to ensure that all invoices for education in privately funded hospitals are paid. It is the responsibility of the hospital school to provide this, not the parent/carer or home school. Hospital schools are expected to liaise with the young person's home school to ensure a relevant curriculum and reintegration. Parents/carers and home school representatives can contact Tameside Council's Medical Tracking Officer for further support in this area if required.

In advance of a proposed discharge, particularly in the instance that an alternative educational provision is being proposed, parents/carers or professionals working with a child who falls into this category should contact either their SEN Caseworker or alternatively Tameside Council's Medical Tracking Officer to discuss future educational provision.

6. Children with life-limiting and terminal illness

Tameside Council will continue to provide education for as long as the child's parents/carers and the medical staff deem it appropriate. If the Student and parents/carers wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.

7. Pregnant Students

The school's aim should be to keep the pregnant schoolgirl or school age mother in learning; this means keeping the student on the school roll, even if she may not be able to attend for a period of time. A student who becomes pregnant is entitled to up to 18 calendar weeks of authorised absence to cover the time immediately before and after the birth.

Schools have a responsibility to ensure a girl returns to school after no more than 18 weeks leave. Parents of teenage parents are obliged under the Education Act 1996 to ensure their child regularly attends school.

It is an expectation that Students who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the student. Medical Needs referrals for pregnant students will be considered on a case-by-case basis. Evidence of the baby's estimated due date must be provided.

Childcare arrangements should form part of the education planning process. Funding is available through the "Care to Learn" scheme and applications will need the support of the school. Learners under 20 years can access the 'Care to Learn' grant. This provides a sum to meet Ofsted registered childcare and transport costs to and from a childcare provider. More information can be found at <https://www.gov.uk/care-to-learn>

8. Students with SEND

Students with a Special Educational Need or Disability (with or without an Education Health and Care Plan [EHCP]) who are absent for health reasons may require a review of their provision/plan to agree reasonable adjustments, accommodate need and facilitate attendance.

Schools should ensure that all 'reasonable adjustments' have been made for students with medical needs (even if the young person does not have diagnosed SEND). Schools can contact the SEN team for further advice if the young person has SEND. If the school is implementing provision that is 'additional to' or 'different from' that which is already available to meet the needs of most children, is maximising the use of the school's core offer and the Tameside Local Offer, then an application for EHC Needs Assessment should be made.

9. Role of Health

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

10. Individual Healthcare Plan

Not all young people who are medically unfit for school require an Individual Healthcare Plan. Schools should check the statutory guidance (and templates) which are available within [supporting Students at school with medical conditions](#).

11. Things to Consider Before Making a Medical Referral

Prior to making a medical referral, schools should seek advice from the Education Welfare Officer for their area. Schools should seek consent from the parent/carer prior to calling. Schools are encouraged to contact the school nursing team in the early stages of an attendance issue where health needs are cited. Schools are advised not to wait until 15 days of absence have passed before intervening.

School colleagues may find it useful in employing different strategies to support young people with medical conditions and reintegrate Students into school.

These could include:

- GP/School Nurse/Other medical professional e.g. nurse specialist

- Meeting with parent/carer
- Individual healthcare plan if appropriate
- SENCO assessment if SEND identified
- SEN Support for potential strategies
- Mental Health and Behaviour in schools guidance checked (if appropriate)
- Use of SEN notional budget e.g. how has SEN funding been used to support this child as per the statutory SEND Code of Practice. Is an application for additional funding required?
- Contact the SEN team for advice if the young person has SEND
- Provision of key-worker/access to a preferred staff member in school who can support this child
- Attendance action plan
- Safe space/break-out room
- Time-out card/exit strategy
- Temporary reduced timetable; see LA guidance
- Online learning programmes
- Reduced exam offer (KS4-5 only)
- Use of Alternative Provision/off-site education.
- Other support if applicable e.g. Early Help Assessment (EHA)

12. Notifying a Medical Referral

Schools may be able to access additional support for a child who cannot attend school because of health needs where they will be away from school for 15 days or more, whether consecutive or cumulative. To access this service, schools need to make a medical referral in the first instance. During the period between sending the referral form to Tameside Council and any provision being agreed, schools must continue to provide work and carry out any necessary welfare checks.

Where a student is absent for a period of 15 days due to a medical condition, schools are required to notify the local authority tracking officer. All referrals should be accompanied by an individual healthcare plan where appropriate (IHP) and must be supported by medical evidence.

Medical referrals will ordinarily be made by the school at which the child is on roll. All referrals should be made using Annex B and sent to Tameside Council's Medical Tracking Officer via medicalenquiries@tameside.gov.uk

Schools should have made reasonable steps to meet the short-term needs of the student. Education provision should continue to be provided by school where possible.

Where a student requires alternative provision, the overall aim, in all cases, is to reintegrate students back into mainstream education as soon as possible, through an individually tailored reintegration plan. The aim will be to increase education provision so as to provide as much education as a student's medical condition allows.

Medical referrals can be made by schools to support students who are too unwell to attend school. The service should not be used as an interim measure for a student awaiting a special school place, or to avoid attendance procedures.

Referrals will only be accepted if all the following documents are submitted:

- Medical referral form
- Medical evidence
- Current Registration certificate (and previous academic year if appropriate)

12.1 Medical Referral Form

Forms must be completed fully to avoid delays in processing. Incomplete forms will be returned. Any questions regarding the completion of the forms can be addressed to the Medical Tracking Officer.

12.2 Appropriate Medical Evidence

Medical evidence should come from a medical professional who has physically seen the young person during an appointment for diagnosis and/or treatment. Appointment cards/letters do not always verify that a child has attended an appointment; schools should use their discretion when accepting these to accurately code a child's absence.

Tameside Council recognises that there are waiting lists for some services, which means that on occasion, GP/practice nurse/surgery confirmation of diagnosis/treatment/referral to a specialist service is appropriate.

However, schools should note (and make parents/carers aware), that repeat referrals based on a GP letter alone will not be accepted. It is expected that a young person who is too unwell to attend school for more than 12 weeks will have been referred to or have had contact with other health services.

Medical evidence may be considered from at least one of the following medical professionals:

- HYM professional (i.e. mental health nurse/mental health practitioner)
- School nurse
- Paediatrician
- Clinical Child Psychologist
- Consultant Child Psychiatrist
- Other specialist NHS service
- Primary Care Health Professional
- General Practitioner

Medical evidence **should not** be in the form of an adult Statement of Fitness for Work ('sick note'). Medical evidence which names SEND but no other illness or medical diagnosis, will not be accepted.

Consent is required to allow the Medical Tracking Officer to contact health professionals for further guidance as required.

Written medical evidence should contain the following in writing:

- Details around the health condition and treatment, so that schools can understand how these may impact on school attendance
- Details of the barriers to the young person attending school
- Information regarding referrals to other services (e.g. HYM)
- How the young person may best be supported to reintegrate into full-time education

12.3. Current attendance certificate

Schools should attach a copy of the young person's attendance/registration certificate for the year to date; this enables the service to correctly assess the referral. If a referral is being made early in the academic year, it may be appropriate to also attach the attendance/registration certificate from the previous year

If schools are unsure how to code absence due to health needs, colleagues can contact the Tameside Council Education Welfare Service by telephone on 0161 342 2112 or by email medicalenquiries@tameside.gov.uk

13. Attendance coding

The guidance in this section is taken directly from [School attendance guidance for maintained schools, academies, independent schools and local authorities](#); July 2019. Typically, young people with medical issues may be coded as follows:

Code I: Illness (not medical or dental appointments)

Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools should authorise absences due to illness unless they have genuine cause for concern about the exactness or frequency of an illness.

Where there are concerns schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if not satisfied that the illness warrants time off school but should advise parents of their intention. Schools are advised not to request medical evidence unnecessarily. Medical evidence can take the form of prescriptions, appointment cards etc. rather than doctors' notes.

Code M: Medical or dental appointments

Missing registration for a medical or dental appointment is counted as an authorised absence. Schools should, however, encourage parents to make appointments out of school hours. Where this is not possible, the student should only be out of school for the minimum amount of time necessary for the appointment and should try to attend before and/or after an appointment.

Code D: Dual Registered - at another educational establishment

This code is not counted as a possible attendance in the school census. The law allows for dual registration of Students at more than one school. This code is used to indicate that the student was not expected to attend the session in question because they were scheduled to attend the other school at which they are registered.

The main examples of dual registration are students who are attending a student referral unit, a hospital school or a special school on a temporary basis. It can also be used when the student is known to be registered at another school during the session in question.

Each school should only record the student's attendance and absence for those sessions that the student is scheduled to attend their school. Schools should ensure that they have in place arrangements whereby all unexplained and unexpected absence is followed up in a timely manner.

Code B: Off-site educational activity

This code should be used when students are present at an off-site educational activity that has been approved by the school. Ultimately schools are responsible for the safeguarding and welfare of students educated off-site. Therefore, by using code B, schools are certifying that the education is supervised and measures have been taken to safeguard students.

This code should not be used for any unsupervised educational activity or where a student is at home doing schoolwork. Schools should ensure that they have in place arrangements whereby the provider of the alternative activity notifies the school of any absences by individual Students. The school should record the student's absence using the relevant absence code.

14. Referral acceptance

Once the Tracking Officer receives notification of a student, this will be recorded on the student's record and an Education Welfare Officer (EWO) will be allocated to liaise with school.

The EWO will:

- Ensure school have completed an IHP and that every effort is being made to enable the student to attend school. This may include an element of challenge.
- Ensure there is a date scheduled so that the IHP is reviewed at least termly.
- Ensure that school have made reasonable adjustments to allow the student to access a suitable full-time education (or as much as the child's health condition can manage) in line with the statutory guidance Supporting students at school with medical conditions. This may include arrangements for schoolwork being sent home for short periods of absence, a part-time timetable or online learning.
- Monitor that the student's level of attendance is reviewed regularly and that appropriate codes are being used on the school register.
- Ensure that regular contact is made with the parent/carers and student.
- Where a student's school attendance declines, or at the discretion of any professional involved in the IHP, who is of the opinion that the child may not be receiving suitable education in line with the law, the EWO will escalate the matter to the case management panel.

15. Case Management Panel

Following consultation with school, where the allocated EWO feels that the student may benefit from intervention by the local authority they will complete a referral to the medical case management panel. This panel will be made up of local authority education officers & health professionals.

The panel will consider evidence provided by the child's school, parents/carers & medical professionals and any other information available which details the reasons the student is unable to attend school.

The panel will determine whether alternative provision such as virtual/face to face tuition or online learning should be provided on a temporary basis.

The panel will assign a lead professional who will coordinate the student's temporary education plan in collaboration with the student, home and school.

The type and amount of alternative provision offered will be determined by the health and educational needs of the student.

For all cases requiring alternative provision, the student will remain on the school roll. School will assume responsibility for maintaining regular contact with the student during their absence. The intention in all cases will be to reintegrate the student back into mainstream school on a full-time basis as soon as possible.

Whilst schools are required to maintain a duty of care for students with medical conditions, the local authority is available to support with safeguarding duties for these complex situations.

All alternative provision provided by the local authority will be reviewed on a regular basis no longer than 12 weeks. Where a medical need becomes long term, the school should consider making a referral for statutory assessment.

The local authority may consider recouping some of the student's age weighted student unit funding (AWPU).

ANNEX A

Pathway for supporting Students at school with medical conditions

Schools are made aware of a student with a medical condition from parent or health professional.

School to ensure they meet their statutory responsibilities as set out in the [statutory guidance](#). This will involve liaising with Health professionals to develop an Individual Health Care Plan (IHP). Within the IHP school will need to establish if any absence relating to the medical condition is to be authorised or otherwise.

School must inform the Local Authority Tracking Officer when a student is absent for 15 days over any academic year if the absence relates to the medical condition. This information will be recorded on the ONE system.

An Education Welfare Officer (EWO) will be made aware of the student within 5 days by the tracking officer and will work with the school to ensure that:

- School have made reasonable adjustments to allow the student to access a full time education. This may include arrangements for schoolwork being sent home for short periods of absence, part time timetable, or online learning.
- That an IHP is in place (where appropriate) and has been written having taken the views of the health professionals/ parents or carers / Students.
- There is a date scheduled so that the IHP is reviewed at least termly.
- The level of attendance is reviewed regularly.
- Regular contact is made with the parent/carers and Student.

Where necessary, the case can be referred, via the Senior EWO, to the Case Management Panel. The Panel will consider each case on individual need and will allocate appropriate provision. The school will be notified of the outcome.

ANNEX B

Name of Referrer:	
Email address:	
Contact Telephone:	
Date of Referral	

ABSENCE FOR STUDENTS WITH MEDICAL CONDITIONS Notification Form

Name of Student		Date of Birth		Year	
School Name					
Current Attendance	%	No. of Authorised absences		No. of Unauthorised absences	
<i>Please attach an up to date attendance certificate</i>					
Please provide details of child's medical condition					
Please provide details of any adjustments made at school					
Have school completed an individual healthcare plan for this child? <i>Please attach a copy</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child already have a care plan from a medical professional e.g. asthma, diabetes etc. please attach a copy					Yes <input type="checkbox"/> No <input type="checkbox"/>

Checklist - Have you attached the following? Attendance certificate <input type="checkbox"/> Individual Healthcare Plan (or other care plan) <input type="checkbox"/> Medical evidence (if available) <input type="checkbox"/>
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Please return this form to Tameside Education Welfare Service via medicalenquiries@tameside.gov.uk

¹¹ Unless it is evident that a student's condition means that full-time provision would not be in their best interests.

^[2] Inclusive of Students attending academies, free schools, special schools, independent schools or maintained schools.

^[3] Where a child is ordinarily resident in Tameside but attends school outside the county, Tameside retains responsibility for arranging medical needs provision for that child. Tameside Council may seek to recoup costs.

Children with health needs who cannot attend school

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1. Aims

This policy aims to ensure that:

- Suitable education is arranged for students on roll who cannot attend school due to health needs
- Students, staff and parents/carers understand what our school is responsible for when education is being provided by the local authority (LA)

2. Legislation and guidance

This policy is based on the following legislation:

- The Education Act 1996
- The Education (Student Registration) (England) Regulations 2006

It is also based on the following statutory guidance from the Department for Education (DfE):

- Alternative provision
- Education for children with health needs who cannot attend school

This policy also follows guidance provided by our local authority.

<https://www.tameside.gov.uk/getmedia/07937f90-0a15-4c94-ac89-262cd7d8edf2/Children-with-Medical-Needs-Protocol-Mar-25.pdf>

3. Responsibilities of the school

3.1 If our school makes the arrangements

Initially, our school will attempt to make arrangements to deliver the same high standard of education for children with health needs who cannot attend school.

- At Alder, the responsibility for making and monitoring these arrangements lies with the Senior Leader for Safeguarding and Attendance.
- To support students, we may consider a modified timetable, online remote learning, tutoring and where medical evidence is available, a referral to Medical Panel via the Education Welfare Service.
- Any amendments to timetable will be discussed with all stakeholders and formal documentation will be completed and signed. There will be regular communication and review meetings scheduled to enable, school, parents, other professionals and the young person to review the arrangements.
- A formal reintegration plan will be agreed with all stakeholders. This may include a phased return to school via the SEND support base, meetings with teaching staff prior to a return to lesson and a pastoral support plan.

3.2 If the local authority makes the arrangements

If our school cannot make suitable arrangements, or if it is clear that a child will be away from school for 15 days (consecutive or over the course of the year) or more because of their health needs, Tameside Local Authority will become responsible for arranging suitable education for these children.

When the local authority arranges alternative education, the education should begin as soon as possible, and at the latest by the 6th day of the child's absence from school.

Where full-time education is not in the child's best interest for reasons relating to their physical or mental health, the local authority must arrange part-time education on whatever basis it considers to be in the child's best interests.

Tameside Local Authority are responsible for arranging suitable full-time education for children who – because of illness or other reasons – would not receive suitable education without such provision. This means that where a child cannot attend school because of health problem and would not otherwise receive a suitable full-time education, the LA is responsible for arranging provision and must have regard to this guidance.

It is expected that any alternative provision and the framework surrounding it will offer good quality education on par with that of mainstream schooling, along with the support students need to overcome barriers to attainment. This support should meet a student's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.

- The referral process can be found in the Tameside protocol :
<https://www.tameside.gov.uk/getmedia/07937f90-0a15-4c94-ac89-262cd7d8edf2/Children-with-Medical-Needs-Protocol-Mar-25.pdf>

In cases where the local authority makes the arrangements, our school will:

- Provide to the local authority, at agreed intervals, the full name and address of any students of compulsory school age who are not attending school regularly due to their health needs
- Work constructively with the local authority, providers, relevant agencies and parents/carers to ensure the best outcomes for the child
- Collaborate with the local authority to ensure continuity of provision and consistency of curriculum, including making information available about the curriculum
- Along with the local authority, regularly review the provision offered to ensure it continues to be appropriate for the child and that it is providing suitable education
- Share information with the local authority and relevant health services as required
- When a child has complex or long-term health issues, work with the local authority, parents/carers and the relevant health services to decide how best to meet the child's needs (e.g. through individual support, arranging alternative provision or by them remaining at school, being supported at home and back into school after each absence)
- Where possible, allow the child to take examinations at the same time as their peers, and work with the local authority to support this
- Help make sure that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the child to access the same curriculum and materials that they would have used in school as far as possible, including through digital resources
 - Enable the child to stay in touch with school life (e.g. through newsletters, emails, digital learning platforms, social media platforms, invitations to school events or internet links to lessons from their school), and, where appropriate, through educational visits
 - Create individually tailored reintegration plans for each child returning to school, which includes extra support to fill any gaps arising from the absence
 - Consider whether any reasonable adjustments need to be made

4. Monitoring arrangements

This policy will be reviewed annually by the School Business Manager. At every review, it will be approved by the full governing board.

5. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Supporting students with medical conditions
- First Aid Policy

Supporting students with medical conditions

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1. Aims

This policy aims to ensure that:

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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the School Business Manager.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on [supporting students with medical conditions at school](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support students 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 students 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 students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the Assistant SENDCo and Medical Lead.

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

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers 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.

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

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has special educational needs (SEN) but does not have an 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 the Assistant SENDCo, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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 student'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 student 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 student'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 student's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents/carers' written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents/carers.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 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 student 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 student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff 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.

7.2 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- 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 IHPs
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Assistant SENDCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents/carers will be informed if their student has been unwell at school. IHPs are kept in a readily accessible place that all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents/carers with a complaint about the school's actions regarding their child's medical condition should discuss these directly with the Assistant SENDCo in the first instance. If the Assistant SENDCo cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

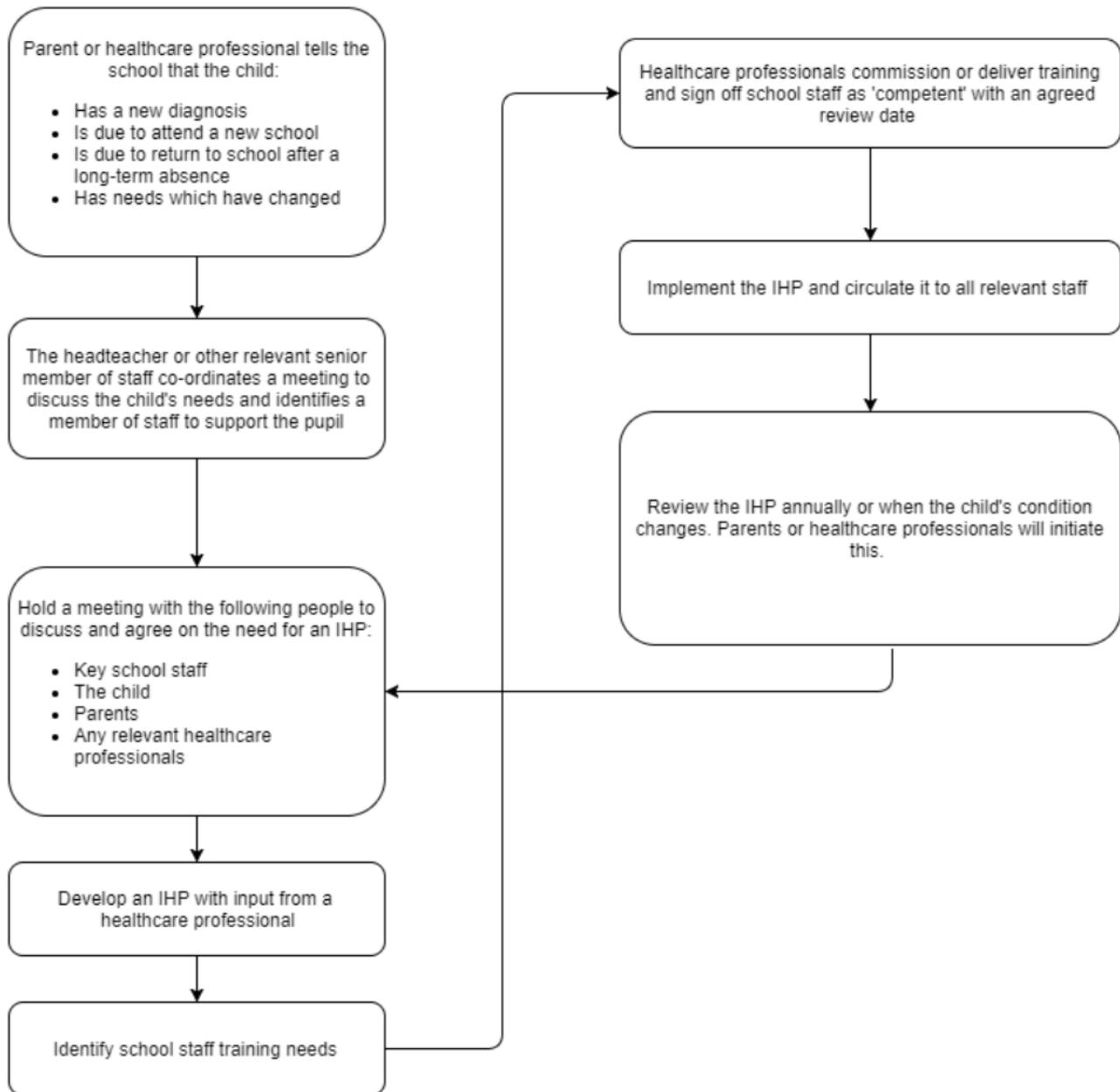
This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



First Aid

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students and visitors
- 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

2. Legislation and guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- 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 of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of students

3. Roles and responsibilities

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have enough suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an ‘appointed person’ to take charge of first aid arrangements, provided your assessment of need has considered the nature of employees' work, the number of staff, and the layout and location of the school. The appointed person does not need to be a trained first aider.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

3.1 Appointed person(s) and first aiders

The school’s appointed first aiders are listed in Appendix 1. They are responsible for:

- Taking charge when someone is injured or becomes ill
 - Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
 - Ensuring that an ambulance or other professional medical help is summoned when appropriate
- First aiders are trained and qualified to carry out the role (see section 7) 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 students home to recover, where necessary
- Filling in an accident report on Evolve the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date

3.2 The local authority and governing body

Tameside Metropolitan Borough 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 body.

The governing body delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

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

- Ensuring that an appropriate number of first aiders 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 students
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Informing the headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 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 by calling reception (1301) or radioing for support, 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 the 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 student 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 Receptionist will contact parents immediately

- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

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

- A school mobile phone
- A portable first aid kit including, at minimum:
- A leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages – individually wrapped and preferably sterile
- 2 safety pins
- Individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves
- Information about the specific medical needs of students
- Access to parents' contact details

When transporting students using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

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

Risk assessments will be completed by the Assistant SENDCo prior to any educational visit that necessitates taking students off school premises.

Where possible there will always be at least 1 first aider on school trips and visits, depending on the number of students in the group. Where there are students with medical conditions, a first aider will always accompany the visit. As part of the risk assessment, transport services and visit destinations will have appropriately trained first aiders.

5. First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The main office (C1)
- With the duty first aider
- The science prep room
- The design and technology office
- The creative and expressive arts prep room

First aiders are responsible for ensuring their first aid kits are fully stocked and replenished after use. First aid supplies are available in the main office.

6. Record-keeping and reporting

6.1 First aid incident recording

- The incident will be recorded on Evolve 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 in Evolve.
- The incident report form will be stored on the student/staff member's record on Evolve.
- Records held on Evolve and 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.
- Accident reports and associated investigations All records relating to the reporting of accidents where the person concerned is over 18 will be held for 6 years from the date of the accident.
- Accident reports and associated investigations - All records relating to the reporting of accidents where the person concerned is under 18, will be held until the persons 21st birthday. If their age is unknown they will be held 18 years from date of accident.

After the retention period, all records will be securely disposed of.

6.2 Reporting to the HSE

The Business Manager will keep a record of 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 Business Manager will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
 - 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
- 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Business Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- 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

Students and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

- <https://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The First Aider will inform parents of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents may not be informed of minor incidents.

The First Aider will use their professional judgement in this situation. Parents will always be informed in the event of a head injury and if emergency services are called.

Parents will be notified via Evolve and by telephone (in the case of a more significant injury) as deemed appropriate by the First Aider.

7. Training

All school staff can 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. This information will be recorded in Evolve.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

8. Monitoring arrangements

This policy will be reviewed by the Business Manager annually.

At every review, the policy will be approved by the Safety and Welfare Committee of the Governing Body.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Education visits policy
- Section on supporting students with medical conditions

10. Appendix 1: Appointed First Aiders for 2025/26

Staff member's name	LOCATION	Contact details
C Hood	C1	1209
N Birch	F7	1350
G Sugden	C1	1249
J Oliver	F7	1296
J Scott	F3	1201
S White	F5	1281
S Smyth	C18 office	1238
S Wardle	Science Prep room (am only)	1245
D Leslie	Creative and Expressive Arts	1297
K Howell	A6	1293
J Allford	LSC	1342
L Holland	Reception	1301
L England	Reception	1301
D Baines*	Various classrooms	
W Godber*	Various classrooms	
H Carlisle*	L5	1365
J Churchill*	PE	1256
H Foxton*	PE	1257
C Gilligan*	PE	1257
A Graham*	C19	1345
A Haigh*	B3	1210
M Lenahan*	PE	1256
S Simpson*	A8	1216

*Usually in lesson but can be called upon in an emergency and can also support on school trips.