Supporting Children with Medical Conditions & First Aid Policy

Implementation date:		September 2022	
Last review date:		June 2026	
Next Review date:		July 2027	
Statutory Policy:		Yes	
Date	**Version**	**Reason for change**	**Source**
25.02.25 16.06.26	V1.5 V1.6 V1.7	Amendment to Section 8 and Template B Inclusion of Medical Tracker Removal of Appendix G Special School over the counter medication Section 6.2 Allergies and Anaphylaxis awareness Training Section 8.1 Emergency EpiPens	G Smart G. Smart

1. Introduction

1.1 Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because reasonable adjustments for their medical condition have not been made. The Matrix Academy Trust prioritises the safety and well-being of all pupils, ensuring that any staff member, including cover staff, is fully informed about pupils with medical conditions and equipped to respond appropriately if help is needed. The Trust utilises a robust management system called *Medical Tracker*, which ensures that all staff, including long term cover staff, can access up-to-date medical information about pupils when necessary. This system allows staff to be well-informed and confident in responding to any medical emergencies or specific needs, fostering a safe and inclusive environment for all pupils.

1.2 This document sets out Matrix Academy Trust and its schools' policy for supporting pupils with medical conditions. It has the full support of the Board of Directors, Local Governing Bodies, Governors, Headteachers and senior staff. It will be reviewed regularly and will be made readily available to parents/carers and school staff.

1.3 In implementing our policy, we will follow the statutory guidance set out in the Department for Education's document "Supporting pupils at school with medical conditions" (*Last updated 16 August 2017*). In the appendices are template forms provided as advice from the Department for Education (*Templates – supporting pupils with medical conditions Last updated 16 August 2017*). Template forms can be adapted as Trust schools feel necessary.

- Template/Appendix A: individual health care plan
- Template/Appendix B: parental agreement for setting to administer medicine
- Template/Appendix C: record of medicine administered to an individual child
- Template/Appendix D: record of medicine administered to all children
- Template/Appendix E: staff training record – administration of medicines
- Appendix F: Matrix Academy Trust accident/incident investigation procedure

2. Policy

2.1 We will make reasonable adjustments to ensure that pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education, including school trips and physical education, and can access and enjoy the same opportunities at school as any other child.

2.2 We will ensure that arrangements are in place in our schools to support pupils with medical conditions. These arrangements should give parents/carers and pupils confidence in our ability to provide effective support for medical conditions in school.

2.3 We will consult with our health colleagues, social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

2.4 Where children with medical conditions may be considered disabled, we will ensure that we comply with our duties set out in the Equality Act 2010.

2.5 Where children with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan we will comply with the Special educational needs and disability (SEND) code of practice.

2.6 We will ensure that staff are properly trained to provide the support that pupils need.

3. Notification that a pupil has a medical condition

3.1 Once we are notified that a pupil has a medical condition, we will ensure that appropriate arrangements (*staff training and support*) are put in place prior to the start of the relevant school term. The Trust utilises a robust management system called *Medical Tracker*. This system allows staff to be well-informed and confident in responding to any medical emergencies or specific needs, fostering a safe and inclusive environment for all pupils.

3.2 Where pupils have a new diagnosis or join us as a midyear admission, we will make every effort to ensure that appropriate arrangements are in place within two weeks.

3.3 Where pupils transfer between schools, we will liaise with the pupil's previous school to help ensure a smooth transition.

4. Individual healthcare plans

4.1 We will liaise with our healthcare colleagues and parents/carers (*and, if appropriate, the pupil*) to ensure that, where appropriate, individual healthcare plans are developed to support pupils.

4.2 We recognise that responsibility to ensure that healthcare plans are finalised and implemented rests with the school; however, given the input required from health organisations, it has been agreed that our healthcare colleagues will be consulted in writing the plans.

4.3 Healthcare plans will be accessible to all who need to refer to them, but we will ensure that confidentiality is maintained.

4.4 We will ensure that healthcare plans are reviewed annually. It is the responsibility of parents/carers to inform the school promptly of any changes to the child's needs.

4.5 Healthcare plans will consider the following:

- 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, access arrangements for exams or additional support in catching up with lessons, counselling sessions;
- The level of support needed (*some children will be able to take responsibility for their own health needs*) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

5. Roles and responsibilities

5.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support often depends on working co- operatively with other agencies. We will ensure that we engage in effective partnership working with healthcare professionals *(and, where appropriate, social care professionals*), the local authority, parents/carers and pupils.

5.2 Key roles and responsibilities are set out below:

5.3 **The Headteacher** – has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed and implemented. This includes ensuring pupils with medical conditions are supported to enable their full participation in all aspects of school life and ensuring that staff receive suitable training and are competent to support those children.

5.3.1 The Headteacher will ensure that all staff that need to know are made aware of a child's condition and ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

5.3.2 The Headteacher has overall responsibility for the development of individual healthcare plans and will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school.

5.4 **School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach.

5.4.1 School staff will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.4.2 The Trust utilises a robust management system called *Medical Tracker*. This system allows staff to be well-informed and confident in responding to any medical emergencies or specific needs, fostering a safe and inclusive environment for all pupils.

5.4.3 To maintain consistency in teaching, the Trust does not employ day-to-day or short-term supply staff. However, in instances where a long-term supply teacher is appointed, the teacher is provided with comprehensive information about the medical needs of their pupils. They receive full support and guidance to address individual pupil requirements effectively.

5.5 **School nurses** – The school nursing service is 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 will do this before the child starts at the school.

5.5.1 It is not the role of the school nursing service to ensure that the school is taking appropriate steps to support children with medical conditions, but they may support staff on implementing a child's individual healthcare plan, e.g. by providing advice and possibly training. School nurses can liaise with lead clinicians on appropriate support for the child

and associated staff training needs.

5.5.2 The community nursing team can also be a valuable source of advice and support.

5.6 **Other healthcare professionals, including GPs and paediatricians** – will notify the school nurse when a child has been identified as having a medical condition that will require support at school and may provide advice on developing healthcare plans.

5.6.1 Specialist local health teams may be able to provide support for children with particular conditions (*e.g. asthma, diabetes, epilepsy*).

5.7 **Pupils** – with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their individual healthcare plan.

5.8 **Parents/Carers** – are asked to provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, they will be the first to notify the school that their child has a medical condition. Parents/Carers are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents/Carers are requested to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

5.9 **The local authority** – is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

5.9.1 The local authority will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

5.10 **Others –** DfE guidance makes it clear that other health colleagues have a role to co-operate with schools and the local authority in supporting children with medical conditions. The guidance also notes that Ofsted will expect schools to have effective policies in place (see DfE guidance).

6. Staff training and support

6.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training, appropriate to the individual healthcare plans of children they support.

6.2 All staff in line with DFE guidance and Benedict's Law from September 2026 to be trained in Allergies and Anaphylaxis Awareness through The Key.

6.3 To maintain consistency in teaching, the Trust does not employ day-to-day or short-term supply staff. However, in instances where a long-term supply teacher is appointed, the teacher is provided with comprehensive information about the medical needs of their pupils. They receive full support and guidance to address individual pupil requirements effectively.

6.4 In liaison with health colleagues, we have identified three levels of support and associated training, identified by a traffic light system:

6.5 Staff must not undertake healthcare procedures without training. However, where there are clear directions as to how to apply/administer medication and with written instructions from the parent or clear instructions on the medication container dispensed by the

pharmacist, medication can be administered.

	Green – basic training to allow straightforward support, e.g. giving out medication, asthma support, EpiPen, etc
	Amber – more specialist, bespoke, training for pupils with complex needs. Usually for pupils in special schools, but increasing required in mainstream settings
	Red – care that has to be delivered by trained medical staff

6.6 The School Nursing Service is able to provide training to school staff. The school will ensure that an appropriate number of staff attend this or alternative training and key points will be shared with all appropriate colleagues.

6.7 We will liaise with the school nursing service to ensure that, where necessary to support a child's individual healthcare plan, bespoke (*Amber level*) training is given to staff.

7. The child's role in managing their own medical needs

7.1 After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

7.2 Wherever possible, children will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

8. Managing medicines on school premises

8.1 The school's policy on medicines in school is:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.
- Children under 16 will not be given medicine containing aspirin unless prescribed by a doctor and parents have given written consent by completing template B)
- Medication e.g. for pain relief will never be administered without first checking maximum dosage and when the previous dose was taken. Please note the school will only administer over the counter pain relief medication if prescribed by a doctor and written consent is obtained from the parents as above.
- No non- prescribed medication will be kept on school site.
- For Special Schools within the Trust the designated member of staff for medication will administer over the counter medication with written parental consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still

be in date, but is generally inside an insulin pen or a pump, rather than in its original container.

- All medicines will be stored safely. Children will be told where their medicines are at all times and will be able to access them immediately. Where relevant, they will be told who has the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important when outside of school premises, e.g. on school trips.
- Where a child has been prescribed a controlled drug, these will be securely stored and only named staff will have access to them; albeit they will be kept easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how much and how it was administered, when and by whom. Any side effects of the medication administered will be noted.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- The only exception to this is pupils suffering from asthma who need inhalers, or EpiPen users. These pupils will be expected to keep these safe and self-administer when necessary. Under no circumstances should a child share his/her inhaler with another child. Parents/Carers must ensure that their children are fully aware of the risks involved in using another child's inhaler.
- In line with Benedicts Law, each school will have x2 spare EpiPens for emergency use.
- If a child refuses to take their medication, the school will not force them to do so. However, the child's parent/carer will be contacted to inform them of the refusal as soon as possible.

9. Record keeping

9.1 The school will ensure that written records are kept of all medicines administered to children (*Appendix C*). Where appropriate parents/carers will be informed if their child has been unwell at school, this will usually be via a call to parents/carers by the pupils Head of House PA (*secondary*) or admin member of staff (*primary*).

9.2 The Trust utilises a robust management system called *Medical Tracker*. This system allows staff to be well-informed and confident in responding to any medical emergencies or specific needs, fostering a safe and inclusive environment for all pupils.

10. Risk Assessments

10.1 Where a child or member of staff is returning to school following illness or injury, it may be necessary to carry out a risk assessment on the employee or pupil. This assessment enables the school to identify if it is safe for the injured person to be present on school site due to their injury or illness and should be completed prior to their return or immediately after.

11. Emergency procedures

11.1 Each school within Matrix Academy Trust has risk management processes and arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within, and outside the UK.

11.2 Where a child has an individual healthcare plan, it should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will, if appropriate, be made aware of what to do in general terms, such as informing a teacher immediately if they think help is needed.

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

12. Day trips, residential visits and sporting activities

12.1 We will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and make reasonable adjustments to allow them to take part. Pupils will always be included; unless evidence from a clinician such as a GP states that this is not possible.

12.2 Our planning arrangements will take account of any adjustments needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers or/and pupils and advice from relevant healthcare professional to ensure that pupils can participate safely.

13. Other issues

13.1 With regard to **home-to-school transport**, where appropriate, transport healthcare plans will be put in place for pupils with life-threatening conditions.

13.2 With regard to **asthma inhalers** held for emergency use. We will hold emergency inhalers in school. We will ensure that appropriate staff are trained in use of the inhalers and will follow the Department of Health's 'Guidance on the use of emergency salbutamol inhalers in school' (*March 2015*).

14. Unacceptable practice

14.1 The school's policy is explicit about what practice is not acceptable. Although staff will 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:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (*although this may be challenged*);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the appropriate office or medical room

unaccompanied or with someone unsuitable;

- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

15. First Aid

15.1 For the purposes of supplying First Aid Treatment, each school within Matrix Academy Trust has trained First Aiders. Some are Emergency First Aid (EFAW) trained and others First Aid at Work (FAW) trained. We also have some Paediatric First Aid trained staff within our Primary settings. This gives each school a first aid presence across their entire school site.

15.2 For the purposes of this policy, there is a distinct difference between Medical Need (detailed earlier in the policy), illness and injury.

16. Illness

16.1 For illness where a child complains of feeling unwell, such as a headache or stomach ache, teachers should send the child to their Head of House or Head of House PA. In primary the child would report to the supervising member of staff. These members of staff are able to assess the child and determine whether they are fit to return to lessons, or, are ill and need to be monitored further in the medical room or need to be collected by a parent or carer.

17. Injury

17.1 Injury is where a pupil, member of staff, parent/carer or visitor to the school requires first aid attention. Anyone requiring first aid attention should, where appropriate be sent to the Medical Room/Reception. If this is not possible due to the treatment required a First Aider will be sent to the injured persons location. Whenever first aid treatment is administered, the Medical Tracker management tracker must be used to record all accident and first aid information. This will be monitored by the Trust and analysed periodically.

17.2 No adult is to be treated in any room where children are present.

17.3 For incidents where first aid is required it may be necessary for an accident form to be completed through Medical Tracker. The form should be completed when any injury has been caused by the following situations:

- Injured person struck by another individual.
- Injured person struck by a piece of the school's fabric.
- Injured person has a slip, trip or fall due to a defect in the school or site fabric.
- Injured person is taken directly to hospital (*due to any of the above*).
- Injured person fractures, breaks or lacerates any part of the body (*due to any of the above*).

- Injured person requires treatment due to an activity, experiment or game organised by the school or a school department, e.g. PE, Design Technology or Science.

17.4 Where first aid treatment is administered and an accident form is used, an investigation should be undertaken. This should be carried out by the person as designated by the Headteacher. This should be completed via Medical Tracker.

17.5 Should an ambulance be required, the Headteacher is to be informed immediately. In the absence of the Headteacher, the next most senior staff member should be informed. If the injured person is taken directly to hospital via ambulance an investigation should occur and where appropriate a RIDDOR Report (*Reporting of Diseases and Dangerous Occurrences Regulations*) must be completed, this form can be found on the Health & Safety Executive Website. The person investigating the accident should undertake this role.

17.6 Whenever it is necessary to investigate an incident, statements should be gathered from witnesses and staff who have played a role in the incident. The investigation file should be kept as a whole and a copy kept on the pupil's/staff member's file.

18. Procedure for Contacting Parents/Carers should Medical Attention be required

18.1 Should a pupil/employee/visitor need to be collected following an accident/incident, or be taken to hospital, whether by ambulance or by a parent/carer, the following procedure must be followed -

1. First aider to assess the injured person for nature of injury
2. Headteacher informed of requirement for ambulance by First Aider (*if possible*).
3. Receptionist to inform relevant Head of House PA (*or alternative PA, if house one unavailable*) or member of admin staff of situation.
4. House PA/admin staff to contact parent/carer informing them of the situation and actions to be taken –
5. PA/administrator to confirm whether parent/carer will meet ambulance at school or at hospital.
6. How long parent/carer will take to arrive.
7. If parent/carer is unable to attend school to meet pupil, the pupil will be accompanied by a member of school staff in the hospital and will stay with the pupil until a parent arrives.
8. If visit to hospital is non-emergency inform parent/carer of such, ensuring it clearly stated that it is the recommendation of the first aider that the injured person seeks medical attention.

19. Contagious Infections

19.1 It is Matrix Academy Trust's position that whilst every encouragement should be given to children to attend school, a child who is clearly unwell should not attend. A child who is infectious or contagious must not attend. For further information or guidance please see the see the poster entitled "Guidance on Infection Control in Schools and Nurseries" or refer to the Department for Education guidance: Health protection in schools and other childcare facilities (*5 May 2022*). Staff must report any knowledge of contagious infection to the Headteacher immediately so pregnant staff can be informed where relevant.

20. Liability and indemnity

20.1 Staff are assured that when providing support to pupils with medical conditions, they are covered by the school's insurance.

21. Complaints

21.1 Any complaints regarding the school's support to pupils with medical conditions should be made in the first instance to the Headteacher. If, for whatever reason, this does not resolve the issue, parents/carers and pupils may make a formal complaint via the school's complaints procedure.

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing	

support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

NB. Only prescribed medicines will be administered. They must be in the original container as dispensed by the pharmacy

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [*name of member of staff*] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [*name of member of staff*].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix F

Matrix Academy Trust Accident/Incident and Investigation Procedure –This should be completed via Medical Tracker

1. Pupil Informs staff member of incident
2. First aider called to attend injured person/injured person taken to medical room if able, by wheelchair if necessary
3. Ambulance called if required
4. Medical Tracker log started
5. Headteacher (*or in absence of Headteacher, The Associate Headteacher or most senior deputy*) informed that incident requires involvement of Police, Paramedics or hospital treatment
6. Headteacher decides on appropriate action
7. Parent contacted by Head of House PA or Admin staff (*Primary Schools only*)
8. Statement from injured person (*if possible*)
9. Pupil taken to hospital (*if necessary)*
10. First Aider to complete Medical Room Treatment Log
11. First Aider to complete first half of Accident Form (*stop before investigation section*)
12. Injured person to sign Accident Form (*if possible*)
13. Injured person collected and signed out on Reception medical log sheet by parent (*if no ambulance required*)
14. Investigator (*as designated by the Headteacher)* to obtain statements from all involved (*staff and pupils if appropriate*)
15. Photograph the cause of injury (if part of school fabric)

16. Collect statement from injured person (*if not gained at time of incident*)
17. Address and amend Risk Assessment if necessary
18. Draft RIDDOR report completed if incident reportable (*www.hse.gov.uk/riddor/report.htm*)
19. Investigator to discuss outcome of investigation with Headteacher
20. Submit RIDDOR report (*within 10 days)* if required
21. File investigation recorded on staff/pupil file on Medical Tracker.