



CITY OF BIRMINGHAM EDUCATION DEPARTMENT

**BASKERVILLE SCHOOL**

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# **SUPPORTING STUDENTS WITH FIRST AID & MEDICAL NEEDS POLICY**

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## **SUPPORTING STUDENTS WITH FIRST AID & MEDICAL NEEDS POLICY**

**Date Reviewed:** August 2025

**Next Review:** August 2026

Baskerville School, Fellows Lane, Harborne, Birmingham, B17 9TS

Telephone: 0121 427 3191

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## INTRODUCTION

At Baskerville School, we are committed to the care and well-being of all our students. This policy sets out our procedures and guidelines for supporting students who become unwell, injured, or require additional medical support whilst at school.

**Legal Framework:** This policy is developed in accordance with:

- Children and Families Act 2014 (Section 100)
- Supporting pupils at school with medical conditions: Statutory guidance (December 2015)
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Equality Act 2010
- Special Educational Needs and Disability Code of Practice

### Key Principles:

- Students with medical conditions have the same right to education as other children
- No child will be denied admission or prevented from attending school because arrangements for their medical condition have not been made
- All students requiring medical attention will be treated fairly and in accordance with our equal opportunities policy
- Staff will be properly trained to provide effective support
- Emergency procedures will be clearly defined and regularly practiced

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## 1. ILLNESS AT SCHOOL

### 1.1 Immediate Care

Students becoming unwell during the school day are cared for by trained office staff and/or qualified first aiders. A designated medical room is available to support the needs of these students.

### 1.2 Parent Contact Procedures

Parents/carers will be contacted immediately and asked to collect the child. If parents are unavailable, the emergency contact person named on each student's contact details will be contacted.

### 1.3 First Aid Coverage

Baskerville School maintains trained first aiders on site during all school hours, including day and residential provision. All first aiders hold valid certificates appropriate to their role and receive regular refresher training.

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## 2. ILLNESS PREVENTION AND ATTENDANCE

### 2.1 When to Keep Children at Home

Parents are advised that students who are unwell should not be sent to school. Students must be well enough to participate in all activities throughout the school day, including PE and swimming.

#### Exclusion Periods for Common Illnesses:

Illness	Minimum Exclusion Period
Sickness and/or diarrhoea	48 hours after symptoms cease
High temperature	24 hours after temperature returns to normal
Chickenpox	Until all blisters have crusted over (typically 5-6 days)

<b>Illness</b>	<b>Minimum Exclusion Period</b>
German measles	5 days after rash appears
Measles	5 days after rash appears
COVID-19	In line with current government guidance

## **2.2 Supporting Extended Absences**

The school takes an active role in supporting the educational, social and emotional progress of any child absent for prolonged periods due to illness. We work in partnership with parents to ensure the best possible outcomes and a smooth, sensitive return to school.

Students with temporary or recurring medical or mental health needs are valued as full and participating members of the school community.

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## **3. INJURY MANAGEMENT**

### **3.1 Assessment and Treatment**

When a student sustains an injury at school, a trained first aider will assess the situation and administer appropriate first aid. Parents will be informed of actions taken as soon as possible.

### **3.2 Serious Injuries**

For serious injuries, the child may be taken to hospital or an ambulance called. Parents will be contacted immediately and asked to attend the hospital as soon as possible.

### **3.3 Minor Injuries**

Students with minor injuries will be cared for by staff. Younger students will receive a communication sticker to alert parents that a minor injury occurred that day at school.

### **3.4 Head Injuries - Special Procedures**

**Recognition:** Falls are a common cause of head injury in students. Other causes include vehicle crashes, bicycle accidents, sports-related trauma, and other accidents.

#### **Assessment Protocol:**

- Any student sustaining a head injury, even if minor, must be assessed by qualified staff
- Staff may call an ambulance if they consider the injury serious, prior to medical staff arriving
- Students symptomatic of serious head injury or who have lost consciousness should be sent to A&E by ambulance with adult escort
- Parents must be informed immediately of any head injury and possible need for hospital visit

#### **Warning Signs Requiring Immediate Medical Attention:**

- Loss of consciousness (any duration)
  - Student appears dazed, stunned, or confused
  - Altered coordination or balance problems
  - Persistent headache or vomiting
  - Double or blurry vision
  - Sensitivity to light or noise
  - Memory problems
  - Personality changes
  - Slow responses to questions
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## **4. MEDICATION MANAGEMENT**

### **4.1 Short-Term Medical Needs**

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

#### **Requirements:**

- Written parental consent required for all medications
- Medicines must be in original containers with pharmacy labels
- Clear administration instructions must be provided
- No child under 16 should receive medicine without written parental consent
- Aspirin should never be given unless prescribed by a doctor

### **4.2 Long-Term Medical Needs**

Students with ongoing medical conditions require Individual Healthcare Plans developed in partnership between:

- School staff
- Parents/carers
- Healthcare professionals
- The student (where age appropriate)

#### **Common Conditions Supported:**

- Asthma
  - Diabetes
  - Epilepsy
  - Severe allergies (Anaphylaxis)
  - Other chronic conditions as identified
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## **5. INDIVIDUAL HEALTHCARE PLANS**

### **5.1 Development Process**

Individual Healthcare Plans are developed for students whose medical conditions require ongoing support at school. These plans:

- Are reviewed at least annually or when needs change
- Include clear emergency procedures
- Identify trained staff responsible for support
- Specify medication requirements and storage
- Detail signs and symptoms to watch for

### **5.2 Information Included**

Each plan contains:

- Medical condition details, triggers, and treatments
  - Resulting needs including medication requirements
  - Level of support needed, including in emergencies
  - Who will provide support and their training requirements
  - Emergency contact procedures
  - Arrangements for school trips and activities
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## **6. SPECIFIC MEDICAL CONDITIONS**

### **6.1 Asthma Management**

**Recognition:** Approximately 1 in 7 students have asthma. Attacks are characterised by coughing, wheezing, and difficulty breathing.

#### **Support Arrangements:**

- Blue Alert cards displayed throughout school identifying students with asthma
- Students must have immediate access to reliever inhalers
- Inhalers available during PE, sports, and school trips

- Emergency protocols clearly defined for severe attacks

**Emergency Response:** If medication has no effect after 5-10 minutes, or if the student appears very distressed, unable to talk, or becoming exhausted, call for medical assistance immediately.

## **6.2 Epilepsy Management**

**Recognition:** Students with epilepsy have recurrent seizures, most controlled by medication.

### **Types of Seizures:**

- **Tonic-Clonic:** Muscle rigidity followed by rhythmic movements
- **Absence:** Brief periods of staring or blanking out
- **Partial:** Limited to specific brain areas, may affect consciousness

### **Support Arrangements:**

- Yellow alert cards displayed for all students with epilepsy
- Detailed seizure management plans for each student
- Emergency medication (Diazepam) for some students, administered only by trained staff

### **Emergency Response:**

- Do not restrain or put anything in the student's mouth
- Protect from injury by moving dangerous objects
- Turn onto side in recovery position after seizure ends
- Call ambulance if seizure lasts longer than usual or is followed by another seizure

## **6.3 Diabetes Management**

**Recognition:** Approximately 1 in 700 students have diabetes, requiring daily insulin, blood glucose monitoring, and regular eating.

### **Support Arrangements:**

- Pale green care plans displayed for students with diabetes
- Emergency glucose supplies readily available
- Staff trained to recognise hypoglycaemic episodes
- Arrangements for blood glucose testing and insulin administration

### **Hypoglycaemic Episode Signs:**

- Hunger, sweating, drowsiness
- Pallor, glazed eyes, shaking
- Lack of concentration, irritability

**Emergency Response:** Immediately provide fast-acting sugar (glucose tablets, sugary drink), followed by slower-acting starchy food once recovered.

## **6.4 Anaphylaxis Management**

**Recognition:** Severe allergic reaction requiring urgent medical treatment, commonly triggered by nuts, fish, dairy products, or bee/wasp stings.

### **Signs and Symptoms:**

- Metallic taste or itching in mouth
- Swelling of face, throat, tongue, and lips
- Difficulty swallowing
- Breathing difficulties
- Rapid heartbeat
- Collapse or unconsciousness

### **Emergency Response:**

- Administer adrenaline auto-injector if prescribed
- Call ambulance immediately
- Place student in recovery position if unconscious

- Be prepared to give CPR if necessary

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## **7. FIRST AID REQUIREMENTS AND TRAINING**

### **7.1 Staff Training Requirements**

**Qualified First Aiders:** Appropriate numbers of staff hold full 'First Aid at Work' certificates or equivalent qualifications suitable for the school environment.

**Training Coverage:**

- Basic first aid for all relevant staff
- Specific medical condition training (asthma, diabetes, epilepsy, anaphylaxis)
- Emergency procedures and equipment use
- RIDDOR reporting requirements

### **7.2 First Aid Equipment**

**Location of First Aid Kits:** Designated rooms throughout the school with a full list maintained in the main office (205).

**Maintenance:** All kits are checked and refilled regularly by the Building Services Supervisor.

**Specialist Equipment:** Emergency medications and equipment are stored securely but remain immediately accessible when needed.

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## **8. RECORD KEEPING AND REPORTING**

### **8.1 Accident Recording**

All accidents involving students, staff, or visitors must be recorded in the appropriate accident book. Records must include:

- Date, time, and location of incident
- Details of injured person
- Nature of injury and treatment given
- Names of witnesses
- Follow-up actions required

### **8.2 RIDDOR Reporting Requirements**

Under RIDDOR 2013, certain incidents must be reported to the Health and Safety Executive:

**Reportable Incidents Include:**

- **Deaths:** Any work-related death
- **Specified Injuries:** Fractures, amputations, serious burns, loss of sight, crushing injuries
- **Over-7-day Injuries:** Injuries preventing normal work for more than 7 days
- **Dangerous Occurrences:** Near-miss events with potential for serious harm

**Reporting Timescales:**

- Fatal and specified injuries: Immediately by telephone, followed by written report within 10 days
- Over-7-day injuries: Within 15 days
- Occupational diseases: As soon as diagnosed

### **8.3 Parent Communication**

Parents must be informed on the same day (or as soon as reasonably practicable) of:

- Any accident or injury sustained by their child
  - First aid treatment administered
  - Any concerns about their child's health or wellbeing
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## **9. EMERGENCY PROCEDURES**

### **9.1 Emergency Response Protocol**

1. **Immediate Assessment:** Qualified first aider assesses situation
2. **Provide Treatment:** Administer appropriate first aid
3. **Call for Help:** Contact emergency services if required
4. **Inform Parents:** Notify parents/carers immediately
5. **Document Incident:** Complete accident report
6. **Follow-up:** Ensure appropriate ongoing care

### **9.2 Emergency Contacts**

- **Emergency Services:** 999
  - **NHS Direct:** 111
  - **Poison Information:** 111 (select poison option)
  - **School Nurse:** [Contact details to be inserted]
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## **10. SCHOOL TRIPS AND ACTIVITIES**

### **10.1 Risk Assessment**

All school trips and activities undergo comprehensive risk assessment including:

- Medical needs of participating students
- Availability of trained first aid personnel
- Access to emergency medications
- Emergency evacuation procedures
- Hospital locations and contact details

### **10.2 Medication Management**

Students requiring medication must:

- Bring sufficient supplies for the duration of the trip
  - Have medication carried by responsible adult (if student cannot self-manage)
  - Have emergency action plans readily available
  - Be accompanied by staff familiar with their medical needs
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## **11. ROLES AND RESPONSIBILITIES**

### **11.1 Governing Body**

- Ensure appropriate policies and procedures are in place
- Ensure sufficient trained staff are available
- Monitor effectiveness of medical support arrangements
- Review policy annually

### **11.2 Headteacher**

- Overall responsibility for policy implementation
- Ensure staff receive appropriate training
- Ensure Individual Healthcare Plans are developed and maintained
- Liaise with healthcare professionals and parents

### **11.3 School Staff**

- Implement Individual Healthcare Plans
- Recognize medical emergencies and respond appropriately
- Maintain confidentiality of medical information
- Complete accurate records of incidents and treatment

### **11.4 Parents/Carers**

- Provide accurate, up-to-date medical information
- Ensure school has emergency contact details
- Provide necessary medications and equipment
- Work with school to develop Individual Healthcare Plans

## **11.5 Students**

- Take increasing responsibility for managing their own medical needs (where appropriate)
- Follow their Individual Healthcare Plan
- Inform staff when they feel unwell or need medication
- Cooperate with medical support arrangements

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## **12. STAFF PROTECTION AND INSURANCE**

### **12.1 Insurance Coverage**

The school maintains appropriate insurance coverage for staff providing medical support to students, including:

- Professional indemnity for first aid treatment
- Protection against claims of negligence
- Coverage for administration of prescribed medications

### **12.2 Training and Competency**

Staff will only provide medical support for which they have received appropriate training and have been deemed competent by qualified healthcare professionals.

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## **13. COMPLAINTS PROCEDURE**

### **13.1 Informal Resolution**

Parents with concerns about medical support should first discuss issues directly with:

1. The student's teacher
2. The SENCO or designated medical needs coordinator
3. The Headteacher

### **13.2 Formal Complaints**

If informal resolution is unsuccessful, parents may make a formal complaint using the school's standard complaints procedure.

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## **14. MONITORING AND REVIEW**

### **14.1 Policy Review**

This policy will be reviewed annually or sooner if:

- There are changes in legislation
- Significant incidents occur
- New medical conditions are identified in the school population
- Training needs change

### **14.2 Effectiveness Monitoring**

The effectiveness of this policy will be monitored through:

- Regular review of incident reports
- Staff feedback on training needs
- Parent and student feedback
- Healthcare professional recommendations
- Inspection outcomes

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## **15. RELATED POLICIES**

This policy should be read in conjunction with:

- Health and Safety Policy
- Administration of Medicines Policy
- Safeguarding and Child Protection Policy
- SEND Policy
- Accessibility Plan



- Emergency Procedures
- Educational Visits Policy

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**Date of Next Review:** August 2026

**Policy Approval:** This policy has been approved by the Governing Body and reflects current statutory requirements and best practice guidance.

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*This policy has been updated to reflect current legislation including the Children and Families Act 2014, RIDDOR 2013, and DfE statutory guidance on supporting pupils at school with medical conditions (December 2015), ensuring full compliance with legal requirements and protection for students, staff, and the school.*