



Secondary Medical Needs and First Aid Policy

June 2025-2026

Document Type	Statutory Policy -Published online and available to all staff
Last Revision Date	June 2024
Next Revision Date	June 2026
Owner	Headteacher Group
Author	Head of School IVH & Executive Lead for Governance and Compliance
Version	1.2
Status	Approved by Trust Board

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This policy applies to:

All Trust secondary settings and any secondary school converting into the trust since the last review and approval of this policy.

Where this policy states 'school' this means any of our educational establishments and the wider Trust.

Where this policy states 'Headteacher' this also includes 'Head of School' and 'Centre Manager'.

Mowbray Education Trust (MET).

First Aid Policy

Introduction

This Policy is applicable to all students and staff at Mowbray Education Trust Secondary Schools and is relevant to parents and guardians of students at the schools. It aims to ensure that there is a high standard of medical and first aid provision for students and staff. The Trust Board of Mowbray Education Trust are committed to ensuring that the physical and mental health and well-being of students is promoted and prominent, that all students with medical conditions can access and enjoy the same opportunities as any other student and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

The Trust Board will also ensure that the schools implement and maintain an effective management system for first aid and for the administration of medicines to all students in their care.

First Aid means the treatment of minor injuries which do not need treatment by a medical practitioner, as well as treatment of more serious injuries prior to assistance from a medical practitioner for the purpose of preserving life and minimising the consequences of injury or illness.

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 trustees 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 the advice from the Department for Education on first aid in schools and health and safety in schools, 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

3.1 Appointed person(s) and first aiders

Each school must have a named appointed person. They are responsible for:

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Recording all incidents online and ensuring HSE are informed where necessary.

Physical First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Contacting the emergency services when required.
- Sending students home to recover, where necessary

- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident

Suitable qualifications include:

For treating those ages 18 and over

- First aid at Work (3 days)
- Emergency First Aid at Work (2 days)

For treating those under 18

- Pediatric first aid (2 days)
- Emergency pediatric first aid (1 day)

Mental Health First aiders are trained and qualified to carry out the role and are responsible for:

- helping guide the person in distress to the relevant help that they need
- having the knowledge to be able to spot someone who is developing a mental health issue
- listening non-judgmentally and encourage them to access the professional support that is available
- ensuring it is reported on safeguarding/wellbeing systems

Mental health first aiders are not to diagnose mental health conditions.

Lists of physical and mental health first aiders should be displayed around the school.

3.2 The Trust Board

The Trust board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher(s) and staff members.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy.

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Ensuring they know the location of the nearest first aid kits

- Contacting a first aider in an emergency
- 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 incidence of illness or accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury, provide appropriate treatment and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- If it is deemed that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called parents should be contacted immediately
- The first aider who dealt with the incident will complete an accident report form on the same day or as soon as is reasonably possible 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
- Information about the specific medical needs of students
- Parents' contact details

Risk assessments will be completed by the trip leader prior to any educational visit that necessitates taking students off school premises. These risk assessments will be checked and approved by the Educational Visits Co-Ordinator and headteacher.

There will always be at least one physical first aider on school trips and visits.

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

5. First aid equipment

First aid kits should be stored around the school in accessible locations. All staff should know the location of these.

A typical first aid kit in school will include the following as a minimum:

- A contents list
- A leaflet with general first aid advice
- 6 x medium sterile dressings
- 2 x large sterile dressings
- 2 x triangular bandages
- 6 x Safety Pins
- 2 x sterile Eye Pad dressings
- 20 x sterile adhesive dressings (plasters)
- 3 x pairs of disposably gloves

Treatment specific items such as Ice packs and burn gel will be in high-risk areas.

No medication is kept in first aid kits.

First aid kits are stored around the school. Staff are expected to know the location of their nearest first aid kits. Additional first aid supplies to replenish first aid kits can be collected from reception.

6. Record-keeping and reporting

6.1 First aid and accident recording

- An accident will be recorded 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

- date, time and place of incident
- name of injured or ill person
- details of the injury or illness
- details of what first aid was given
- what happened immediately after the incident (for example, went home, went back to class, went to hospital)
- name and signature of first aider or person dealing with the incident

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Reporting to the HSE

The school 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 school will report incidents to the Health and Safety Executive as soon as it is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - 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 a 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, it must be reported 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 is 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:

How to make a RIDDOR report, HSE <http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

It is recommended that the first aider asks a suitable staff member to inform parents/guardians of significant accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

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.

At all times when the school is open, there will be a suitably qualified first aider onsite. This includes Paediatric First aid when those under 18 are present.

Medical Needs Policy

8. Students with Medical Needs

This policy aims to ensure that:

- Students, staff and parents understand how Mowbray Education Trust Secondary 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 Trust Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Developing and monitoring individual healthcare plans (IHPs)

9. Legal 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's statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

10. Roles and responsibilities

10.1 The Trust Board

The Trust board has ultimate responsibility for health and safety matters in the school, including supporting students with medical conditions, but delegates operational matters and day-to-day tasks to the headteacher(s) and staff members. The Trust Board ensure that policies and procedures are reviewed across the organisation.

10.2 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 to make sure IHPs are in place
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

10.3 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one 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 pupil with a medical condition needs help.

10.4 Parents

Parents 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

10.5 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.

10.6 External healthcare professionals

The school will liaise with healthcare professionals in the management of any medical conditions of students, as appropriate.

11. Equal Opportunities

Mowbray Education Trust 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 and any relevant healthcare professionals will be consulted.

12. Being notified that a child has a medical condition

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

13. Individual Healthcare Plans

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

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence.

Plans will be drawn up in partnership with the school, parents and, where possible, a

relevant healthcare professional, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The school will consider the following when deciding what information to record on IHPs:

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

14. Managing Medicines

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

- When it would be detrimental to the pupil's health or school attendance not to do so

and

- Where we have parents' written consent

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

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents 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 to arrange for safe disposal when no longer required.

14.1 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 pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it on to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school 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.

14.2 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, and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever appropriate. Staff will not force a pupil 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 so that an alternative option can be considered, if necessary.

15. Emergency inhalers

Schools may hold an emergency inhaler and spacer as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015. The emergency salbutamol inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given. A list of children who has permission to use it will be stored with the emergency inhaler.

Parents of children with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. Parents will be informed if their child has used the emergency inhaler. Full details will also be recorded as per standard first aid reporting procedures.

The emergency inhalers will be checked on a monthly basis by our designated first aiders.

16. Emergency Adrenaline Auto-injectors (AAI)

Schools may hold an emergency AAI as per 'Guidance on the use of Adrenaline auto-injectors in schools' 2017.

This medication can only be administered to children whose parents or guardians have given permission for its use. This list is stored with the emergency AAI. Specific staff have been trained to administer the emergency AAI.

Parents of children who are known to be at risk of anaphylaxis are sent a letter asking permission for the emergency AAI to be used in the event that their own AAI is not available. Parents will be informed by telephone if their child has used the emergency AAI. Full details will also be recorded as per standard first aid reporting procedures.

The emergency AAI will be checked on a monthly basis by our designated first aiders.

17. Automated External Defibrillators (AEDs)

Schools may have emergency AEDs. All staff should know where it is located. All first aiders are trained in CPR and Defibrillation.

The AEDs should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and / or his or her heart is still beating. If a person is suffering from a cardiac arrest, the first person on the scene should call for help and immediately call the emergency services and commence CPR.

If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED Machine. The person administering the AED should ensure that the area around the casualty is clear before administering the AED. They should then stay with the casualty until the emergency services arrive.

18. 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 pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

19. 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 the school. 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.

20. Vaccinations and Immunisations

Information about immunisations and vaccines delivered in school can be obtained from: <https://www.nhs.uk/conditions/vaccinations/> and via the school calendar, published on the school website.

A formal communication will be sent home with further details prior to any immunisations being issued in school. Please note that no student under the age of 16 will be given a vaccination without parental consent.

21. Confidentiality and Consent

The appointed person will be responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student's functioning at the school, to the Pastoral team and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a student or other members of the school community. Whilst students over the age of 16 can consent to treatment on their own behalf as they are presumed Gillick competent, those under the age can only do so if they are deemed Gillick competent. If not Gillick competent, consent would need to be obtained from someone with parental responsibility unless in an emergency.

Emergency treatment can be given without consent to save the life of or prevent serious deterioration in the health of a child. If a young person who is Gillick competent asks professionals not to share information about treatment, their wishes can be honoured, unless we feel there are safety issues that require us to share information.

Gillick competent means for a particular decision a young person:

- Understands the problem and implications
- Understands the risks and benefits of treatment

- Understands the consequences if not treated
- Understands the alternative options
- Understands the implications on the family
- Is able to retain (remember) the information
- Is able to weigh the pros and cons
- Is able to communicate a reasoned decision about what their wishes are to ensure a student's safety and welfare during lessons.

22. Recording and Reporting

All first aid, medical condition, accidents or incidents are recorded. These records will be kept for at least three years or if the person injured is a minor (under 18), until they are 21. All injuries, accidents, illnesses and dangerous occurrences must be recorded on the schools reporting system. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness, and what First Aid care was given. What happened to the injured or ill person immediately afterwards should also be recorded.

In respect of any accident-causing personal injury to students or staff, an Accident Investigation Process will be put in place to investigate the circumstances of such accidents. In the event of a serious accident/incident, parents/guardians must be informed by a First Aider as soon as practicable. The school will inform parents/guardians of treatment for any accidents/injury that is given to students the same day, or as soon as reasonably practicable. The school must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.

23. Equality Impact Assessment

The Trust carries out Equality Impact Assessments to ensure that policies, procedures, and practices cater for individuals who share protected characteristics in relation to the Equality Act 2010. The purpose of these assessments is to ensure that policies, procedures, and practices within the organisation are fair to all. If unfairness is highlighted, the assessment will also seek to show how this can be changed and, where it cannot be changed, how it can be improved.

24. Monitoring arrangements

This policy will be reviewed by the Headteachers and first aid teams in schools annually. At

every review, the policy will be approved by the Trust Board.

Links with other policies

This first aid and medical needs policy is linked to the

- Health and safety policy

Log of Changes to Policy				
Version	Page	Change	Approver	Date
1.0		New Policy – new policy formed to consider alignment with practice at both IVH and JFC. All statutory aspects are maintained. Instructional aspects removed for clarity.		
1.1		Section 10.2 inclusion of, as per guidance, Ensure that all staff who need to know are aware of a child's condition Take overall responsibility to make sure IHPs are in place Section 13 This section has been expanded to include itemised bullet points. Section 16 Adrenaline Auto-injectors (AAI) – amended wording to 'may have onsite AAIs' Section 17 Automated External Defibrillators (AEDs)– included school staff should know where AEDs are located in each setting	TDL	May 2024
1.2		Updated job roles	HoS IVH	May 2025