



Medical conditions & First aid Policy

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1. Aims

This policy aims to:

- Clarify the support that the trust offers to students and staff with medical conditions.
- Ensure that support is directed effectively to allow those with medical conditions and active an inclusive role in academy life.
- Defines individuals' responsibilities (students, parents and staff)
- Ensure staff understand their duty of care for students in the event of an emergency and that staff are confident in knowing what to do in an emergency.
- Comply with statutory legislation and be confident that a first aid provision is always available to students, staff and visitors on academy premises and during off-site excursions.
- To establish clear procedures for storage, administering medicines and communicating with parents
- To maximise attendance at the academy whilst ensuring the student's health and wellbeing, and that of other students, staff and members of the community.

Some medical conditions can be debilitating and potentially life threatening, especially if they are poorly managed or misunderstood. It is wrong to believe that those with the same medical condition will all have the same needs. Care is required in the administration of medication as directed by healthcare professionals and parents. Parents and students should feel confident in the care they receive from the academy and the level of care should meet their needs.

Students, parents, relevant healthcare staff and any other external stakeholders should be informed of and support the medical conditions policy through clear communication channels. All staff should understand medical conditions that can affect students and that they may be serious, adversely affect a student's quality of life and impact on their ability to learn. All relevant members of staff should receive guidance on the impact medical conditions can have on students.

2. Legislation and guidance

This policy meets the requirements under Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their schools with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils at school with medical conditions at school.

Where we have pupils who are considered disabled under the definition of the Equality Act of 2010, the trust will comply with their duties under that Act.

3. Definitions

References to **Parent** or **Parents** means the natural or adoptive parents of the student as well as any person who is not the natural or adoptive parent of the student, but who has care of, or parental responsibility for, the student (e.g. foster carer/legal guardian).

For the purposes of this policy, a **medical condition** is any illness or disability which a student has. It can be:

- physical or mental
- a single episode or recurrent



- short-term or long-term
- involving medication or medical equipment
- affecting participation in academy activities or limiting access to education

IHP is an 'Individual healthcare plan'.

Medication is any medication that is purchased over the counter.

Prescribed medication is any drug or device prescribed by a doctor.

4. Roles and responsibilities

4.1 Trust board

The trust board will:

- Ensure the policy is compliant with the relevant legislation and statutory guidance
- Review the policy in line with the determined review cycle

4.2 Principal

The principal will:

- Ensure that all staff are aware of the policy and understand their role in its implementation
- Ensure that there are a sufficient number of trained staff available to be able to implement the policy and deliver against all individual healthcare plans (IHP's). Offering ongoing support and guidance to ensure they have the confidence to provide the necessary support required.
- Ensure that systems are in place for the development of IHP's in the academy
- Implement systems for obtaining information about a student's medical needs and this information is updated as required and logged on the relevant system.
- To ensure that there is more than one member of staff who can administer medication and meet the care needs of an individual student.
- Ensure that students with medical conditions are able to participate fully in all aspects of academy life.
- Ensuring records are kept of any and all medicines administered to individual students

4.3 Estates Manager

The Estates manager will:

- Work with the academies in the implementation of procedures
- Offer advice and guidance where required
- Monitor implementation of procedures through use of external audits
- Complete first aid needs assessments with representatives in academies annually
- Track first aid incidents and report to LGC's and trust board.
- Review accident investigations and ensure all required information is captured. Report to Health and Safety Executive (HSE) via RIDDOR where applicable.



4.4 Designated medical conditions & first air co-ordinator/s

The designated member/s of staff will:

- Co-ordinate with the principal the academy's approach to procedures within the policy to ensure compliance.
- Establish, maintain and review academy systems and procedures in line with this policy.
- Liaise with the trust's H&S lead and external competent person for advice and support where required.
- Lead on accident investigations.

4.5 Staff

All staff will:

- Ensure they know who the first aiders are in the academy. No member of staff should attempt to provide first aid unless they have been trained. No member of staff should administer medicine unless nominated to do so.
- Refer students to first aiders when they are in such discomfort that they need to go home, where discomfort has continued despite appropriate treatment or if they have a visible injury that requires first aid.
- Ensure parents are informed if their child has experienced continuing discomfort following an accident
- Inform the principal or line manager of any specific health conditions that they become aware of in the course of their duties.

4.6 First aiders

First aiders will:

- Act as the first responders to any incidents
- Assess the situation, protecting themselves and the casualty from further danger, dealing with any life-threatening condition and where necessary obtaining medical assistance or referring the casualty to hospital as quickly as possible.
- Ensure that accident forms are completed for all incidents they have attended. (Minor injuries to recorded on local basis in primary academy). Reportable accidents to be given to the designated academy representative to log on the Every system.
- When dealing with blood or bodily fluids will use handwashing facilities and where required single use disposable gloves.
- Keep up to date with relevant training. Refresher training course to be completed 3 months prior to the date their certificate expires.

4.7 Parents

Parents will:

- Provide sufficient medical condition information of the student to the academy in a timely manner. Information required includes details of the student's condition; any special requirements; medication and any likely side effects; what to do and who to contact in an emergency.
- Engage with the academy and other health professionals in drawing up individual care plans, if required to manage longer term conditions.
- Provide spare inhalers/auto-injectors that are clearly labelled with the student's name. To be replaced as required or out of date.
- Provide prescription medicine to the academy in the original packaging, including the prescriber's instructions.



- Provide consent for medication to be given to their child (**No medicine will be given without parental permission**).
- Where possible try to administer medicine outside of academy hours.

5. Administering of medicines

Upon enrolment with the academy, information will be requested of any medical conditions that students may have. If a condition presents itself whilst the student is already enrolled, it is the responsibility of the parent to let the relevant person know of the new condition. All children with serious long-term medical conditions must have an Individual healthcare plan (IHP). (See section 11).

Medicines will only be administered at the academy when it would be detrimental to the student's health or attendance not to do so. Each academy will ensure that an accurate record of medication administered is kept. This will include dose, time, date and details of staff supervision. If the student refuses to take the medication, then the parents will be informed at that time. A designated person/s within the academy will be responsible for ensuring that records are up to date.

Where possible, we expect that parents should arrange for medication to be given at home and not at the academy. Especially in the case of short-term medical needs such as antibiotics where they are to be taken three times per day and can be taken outside of academy hours.

It is the responsibility of the named person/s delegated by the principal to gain enough information about the illness and healthcare circumstances to make a judgement as to if it is necessary for the student to take medication in the academy. This may require requesting further information from health advisors or paediatricians. This information may be required to be shared with relevant staff.

With reference to short-term medication, if the medicine is required to be administered in the academy, then the parent must give permission, for example through the care plan or a local formal consent form. Academies will not administer any medication to any student under 16 without a parent's written consent.

Where medication is considered by the parent to be able to be self-administered by a student, it is a requirement that the parent inform the academy of the position and the student's healthcare plan should reflect this arrangement. If storage is required in the academy for the medicine, then this should be recorded, and the academy must provide a private place for the student to take the medicine if required. Students must be aware of where their medicines are at all times and be able to access them as required. It is the responsibility of the parent to ensure that the student is only issued enough medication for the academy day.

Wherever possible, students should be allowed to carry their own medicines / devices or should be able to access these quickly and easily for self-medication. Students who are able to take/administer their own medicine may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff should assist. If a student refuses to take/administer their medicine, then the member of staff should not force them to do so. They should follow the agreed procedure that is set out in the individual's healthcare plan. Parents should be informed so that alternative options can be discussed.

Any medicines or devices (such as asthma inhalers, blood glucose testing meters and adrenaline pens) should be readily available to students and not locked away. This is particularly important to consider when the student is outside of academy premises e.g., trips or residential.

Each academy will only administer prescribed medicines as prescribed by a doctor, dentist, nurse or pharmacist or as instructed by parents for items such as ibuprofen or paracetamol (these would be provided by the parent).

Academies will only accept prescribed medication if they are in date, labelled, provided in the original container that they were dispensed in by the pharmacist or authorised by a parent. These must include instructions for administration, dosage and storage requirements. The academy will not give a student under 16 aspirin products unless prescribed by a doctor.



It is not acceptable for staff to administer prescribed medication by injection unless for life saving, and invasive procedures will only be completed if they are included in the student's healthcare plan. Required training will be given if these procedures are likely to be required.

Medication, e.g. for pain relief should not be administered without checking maximum doses and when the previous dose was given. Medication will only be administered where parents have given prior consent.

If students are found to be misusing their medication, or anyone else's, then parents will be informed as soon as possible, and academies behaviour policy will be followed.

6. Storage of medication / equipment

All medication must be stored safely in a well-defined place within the academy.

Each academy will keep controlled drugs stored securely, but accessible, with only named staff having access.

Each academy will store medication that is in date in its original container and labelled with the student's name, medicine name, dosage and date, with the pharmacy's label in accordance with its instructions. Asthma inhalers are labelled with the owner's name and kept allowing pupils easy access. Students are encouraged to bring spare inhalers into the academy for emergency use. Where possible students should carry an inhaler with them in the academy.

It may be necessary for certain medicines to be stored in the refrigerator. In these circumstances the medicine must be in the original container that is clearly labelled and stored in a refrigerator within a locked room. Antibiotics which are required to be administered will also be kept in the medical room to minimise the risk of a person with an allergy coming into contact with them.

Students should carry their own medication/equipment where it is possible if this is appropriate, or they should know exactly where to access it. Where required, they should know who holds the key to the locked room. Medicines and devices such as asthma inhalers should always be readily available to students and not locked away. Blood glucose testing meters and adrenaline pens will be available to students in secondary schools and in primary schools they will be kept in a secure but accessible location as all staff are aware of where they are stored.

7. Disposal of medication

When medicines are no longer required, they should be returned to the parent to arrange safe disposal. Sharps boxes in the academies will always be used for the disposal of needles and other sharps. Where a student is on an off-site visit and required to use needles or sharps then a sharps box must be taken with them. For individual prescribed student bins, these should be disposed of by parents. Academy bins are to be collected by the licensed waste removal company.

The academy named representative/s will take any medication that is out of date to the nearby pharmacist for safe disposal. They should never be thrown into general waste or down the toilet.

8. Students with health needs who cannot attend the academy.

Each academy is committed to ensuring that they keep in contact with a student when they are unable to attend an academy because of their medical condition. Where a student is unable to attend an academy for 15 days or more, the academy will provide suitable education as determined by lead professionals and families, through the healthcare plan,



ensuring it addresses the individual needs. Academies will not withhold or reduce provision for reasons due to physical or mental health. Where, due to the physical or mental health of the student a full-time equivalent timetable is not suitable, the healthcare plan will address the students needs and priorities. Academies should ensure that academically, the provision is pitched at the right level for the student and includes a broad and balanced curriculum. The nature of the provision must be fluid to the demands of the changing health status of the student. This provision must be reviewed regularly to ensure that it continues to be appropriate.

10. Students returning after a period of alternative provision

Each academy will work in partnership with all relevant parties including the student, parents, academy staff and healthcare professionals to ensure that the student receives the required support they require to reintegrate effectively. Some complex and long-term health issues might be considered disabilities and reasonable adjustments should be made accordingly.

11. Individual healthcare plans

An individual healthcare plan details exactly what care a student needs in the academy, when they need it and who is going to give it. The process of developing an Individual healthcare plan can be found in Appendix 1- Process for developing an Individual healthcare plan. Individual healthcare plans should also include information on any health condition may have on a student's learning, behaviour or classroom performance. Individual healthcare plans should be written with input from the student, parent, academy staff and healthcare professionals. Each academy within the trust must have a centralised register of individual healthcare plans and ensure that an individual/s have responsibility for updating the register. The level of detail in the plan will depend on the complexity of the student's condition and how much support is needed.

Individual healthcare plans are regularly reviewed, at least every year or whenever the student requires change. Any permanent changes made to the student's needs must be documented immediately on the healthcare plan. The student (where it is appropriate), parents and healthcare professionals will hold a copy of the individual healthcare plan. Academy staff will be made aware of and have access to the individual healthcare plans for students in their care. The academy ensures that the student's confidentiality is protected and the academies seek permission from parents before sharing any medical information with any other party. The academy will meet with the student (where appropriate), parents and relevant healthcare services prior to any overnight or extended off-site visit to discuss the plan for any extra care requirements that may be required. This will be recorded in the student's individual healthcare plan which will accompany them on the visit.

12. Communication

Staff need to be made aware of specific medical needs of students in their classes, either through copies on the individual healthcare plan or information recorded on the academies management information system to which staff have access to. It is essential that the information on students is kept up to date by the named member/s of staff in academies and any changes reported to staff through regular communication channels.

Updates on students with serious medical conditions should be communicated to all staff half termly or as and when changes arise. It is a parental responsibility to keep the academy informed of any changes to the student's circumstances. These changes must be recorded on the healthcare plan immediately alongside the management information systems. Reviews of students with significant medical needs and support will be held at regular review meetings with all relevant parties.



13. Emergencies

For all students with individual healthcare plans, it should clearly define what constitutes an emergency and what action is to be taken in that situation. This plan will accompany the student should they need to attend hospital. Permission from parents will be sought and recorded in the individual healthcare plan so the plan can be shared with emergency care settings. Other students in the academy may be informed so they know what to do in general terms, such as informing a teacher immediately if they think they need help.

Emergencies will be treated as far as possible in the academy. In more serious situations an ambulance should be called where onsite treatment is not sufficient. Any medication that has been taken must be recorded and shared with ambulance staff upon attendance.

Parents will be contacted if the student is required to go to hospital to either meet at site or at the hospital. Student will be accompanied in the ambulance by a staff member if parents are delayed in attending. Where staff are taking students to hospital in their own vehicle then relevant driving at work procedures should be followed.

Where an accident has taken place the relevant accident form is to be completed.

14. Trips & visits

The required medication and associated individual healthcare plan will be taken on academy trips / residential. This will be carried by the designated member of staff. The same procedures and responsibilities apply as on academy premises. Prior to a trip or visit taking place the academy will complete a risk assessment (including work experience and educational placements). The needs of the students with medical conditions will be considered during this process and plans implemented for any additional medication, equipment or support required. Each academy will be required to consider the needs of the student with medical conditions to ensure their involvement in activities and residential visits.

Academy trips will have a first aid trained member of staff who has had specific training to support children with serious medical conditions who attending the trip/visit (e.g asthma & severe allergies) where appropriate. First aid kits will be taken on trips. The kit may be required to include spare medication for students with serious medical conditions (such as adrenaline auto-injector, inhaler). Specific risk assessments are to be completed for any student where there is a heightened risk for example due to a physical or mental health condition.

15. Academy environment & physical activities

The trust is committed to offering a physical environment accessible to students with medical conditions. The trust is also committed to accessible physical environment for out-of-academy activities. Each academy understands the importance of students taking part in physical activity and that all relevant staff make appropriate adjustments to sessions to make sure that they are accessible to all students. This includes out-of-academy clubs and team sports.

Relevant staff should be aware that students should not be forced to take part in such activities if they are unwell. Staff should also be aware of students who have been advised to take special precautions during activities, and the potential triggers for a student's medical condition when exercising and how to minimise them. Academies are to ensure that students have the appropriate medication/ equipment with them during physical activity. Relevant staff will understand that symptoms, such as limited concentration or frequent tiredness, may be due to the student's medical condition.



16. Asthma

Parents of students who suffer from asthma are required to notify the academy either at enrolment at the academy or when the condition is diagnosed. Details that will be required will be medication required, incidences of attacks and the factors which may trigger an attack. It is the responsibility of the parents to provide the academy with an up-to date asthma inhaler for their child. There are 2 types of treatments that are currently available for the treatment of asthma. These are relievers and preventers. This policy only refers to the relievers as preventers do not have any immediate effect during an attack which may take place at the academy.

Reliever inhalers are commonly blue. Reliever inhaler works quickly to relax the muscles in your airways so you can breathe more easily. During an asthma attack, the reliever inhaler can be a life saver. Some students may use a spacer device to deliver their inhaler. The aerosol is pressed into the spacer and the student breaths slowly and steadily for approx. 10 seconds. Administration of the inhaler should be on the student's own perception of whether they need it or not. Students with asthma are encouraged to participate in physical activity but relevant teachers need to be mindful that exercise may trigger an asthma attack.

Severe attacks require further actions from the academy. An attack is severe if: The reliever is having no effect after 5-10 mins, the student is distressed / unable to talk, the student is getting exhausted, or the member of staff has concerns about the student's condition. Where the attack is classed as severe, staff should ensure that the student is sat up straight and try to keep them calm. Call 999 and inform the emergency services that a student is having a severe asthma attack and requires immediate attention. Ask the student to take a puff every 30 to 60 seconds, until they have had 10 puffs. Contact parents and inform them of what has happened. If the ambulance has not arrived after 10 minutes and the symptoms are not improving ask the student to replicate the puff every 30 to 60 seconds, until they have had 10 puffs.

17. Allergies

All allergies should be clearly stated by the parent on enrolment at the academy or when the allergy is identified during the student's time at the academy. Information on allergies is to be updated annually.

If a student requires medication, then the parent must complete and sign a consent form. In the case of a severe reaction e.g., to nuts, where a student may require an injection, it is the parent's responsibility to ensure that academy staff are aware of this. Staff will require necessary training on administering of these medications where necessary.

If a staff member believes that a student may be having an allergic reaction, a first aider should examine the student and follow the instructions on the student's individual care plan which is kept with any medication e.g. epi-pen. Academies are to put in place procedures within their catering departments to ensure staff are aware of students and staff's allergies, food where required is labelled with allergen information and preparation areas are managed to eliminate cross contamination.

18. Anaphylaxis

Anaphylaxis is a severe allergic reaction which requires immediate medication treatment. The body's immune system over-reacts to the presence of a substance that it perceives to be a threat by producing the anti-body IgE. The result can be a fall in blood pressure, swelling of blood vessels and difficulty in breathing, which can be fatal.

Anaphylaxis can be caused by a number of things such as: Insect stings, Inhaled substances, particular foods (Nuts, fish, dairy products) and injected or absorbed substances. Where a student has been diagnosed with a severe allergy it is likely that they will prescribe an adrenaline auto-injector (AAI) such as an EpiPen. AAI's contain a measured dose of adrenaline



which is injected into the body. The academy will assist students in avoiding the allergen and managing the risk of a severe allergic reaction by the following controls.

- Ensuring that information on student's allergies is read, reviewed annually by relevant school staff especially catering teams, first aiders and those that are responsible for trips and sporting activities.
- Information on common allergens in academy meals are available upon request.
- Procedures are in place in academy catering departments to ensure that allergens are not cross contaminated to other foods in food preparation areas.
- Regularly review of AAI's to ensure they have instructions with them and are in date. It is the parent's responsibility to ensure academies have an in-date AAI for their child.
- Academies have a designated storage location for AAI's that students and staff are aware of.
- Students have an individual healthcare plan which is agreed with parents, which identifies what the allergen is, any signs and symptoms, how to administer the AAI and who has been trained to do so.

Symptoms can vary depending on the allergen and it is important to identify what a student's previous symptoms have been. Reactions can start within 1-5 minutes but can take up to 2 hours in the case of some foods. In some cases, students may experience an initial mild reaction followed by a severe attack, which may occur up to 6 hours after initial exposure.

Severe symptoms require further actions from the academy. Severe symptoms include:

- Swelling of skin,
- drowsiness,
- loss of consciousness,
- vomiting,
- severe wheezing
- profuse diarrhoea.

Where severe symptoms occur then the following must be completed:

- Call for a first aider,
- call 999 and state anaphylaxis.
- Student to administer the AAI.
- If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

19. First aid

Academies within the trust will identify a staff member to lead on first aid arrangements. They will maintain a list of the qualified staff and the date their training expires, arrange required training / re-training of staff and establish an implement all required first aid procedures within the academy. They will also complete and review on an annual basis a first aid needs assessment to assist in ensuring the academy has sufficient levels of first aid staff and provisions. These will be completed in conjunction with the trust's estates manager.

In an emergency, first aid should be provided by whichever qualified staff member is first able to do so. The main duties of a first aider are to give immediate help/assistance to casualties with common illnesses and injuries arising from incidents at the academy. When necessary, upon examination of the person, further medical help may be required including calling an ambulance.

For minor injuries, as student who is injured in a minor capacity such as a graze on a knee will be treated by the nearest first aider. In cases of head injuries, the area is to be cleaned if required and a cold compress or ice pack applied to the area. In Primary academies, after the first aider has checked the injury and administered first aid, if well enough to do so will return to class. The class teacher will be informed to closely monitor the student and at the end of the day the parent



will be issued with a first aid slip stating that the student has had a bumped head incident. In secondary academies the same assessment and first aid will be administered. The first aider will then inform the parent and advise them to keep an eye on their child once they return home from the academy.

In the case of serious injuries, the injured party should not be moved if there is a chance of any head, back or spinal injuries. Assistance from a first aider should be sought as quickly as possible to deal with the incident. The emergency should be treated as far as possible in the academy. If the first aider considers the injury not to be a medical emergency but to require further investigation, they will contact the parent to inform them of the injury and to request that they take the child to hospital if appropriate.

First aid staff will have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood and other bodily fluids and the safe disposal of dressings or equipment. If after an assessment and treatment further medical assistance is required, the first aider will call 999 to request the attendance of an ambulance. If the patient is a child, the first aider will contact the parent. If the child is required to go to the hospital, the first aider will accompany the child in the ambulance (if parents are unable to attend the academy immediately) and wait at hospital until the parent arrives.

Any medication already taken at the academy must be recorded and ambulance staff informed and given a copy of the individual health care plan where applicable.

20. First aid for staff

The academy has a responsibility to provide first aid to all staff.

In case of an accident / incident staff should seek first aid from any of the qualified first aiders. The first aider who treats the staff member must record details of the incident using the accident at work forms and must be reported on the Every accident reporting system by a nominated member of staff. Some accidents / incidents are required to be reported by law.

The estates manager will review the accident / incident and will decide based on the facts if it needs to be reported via RIDDOR. <http://www.hse.gov.uk/riddor/>. The estates manager will work with the academies nominated person to complete an investigation into the accident where required.

21. Recording of first aid incidents

In primary academies, minor accidents will be recorded on the minor accident trackers by a member of staff who administered first aid. Where the accident is more serious or involves a bump to the head the accident will be recorded on an accident form. The staff member will detach the incident slip and send it home with the child. Completed accident forms will be kept in academy main office.

In secondary academies, the first aider must record all first aid incidents which require medical attention on an accident form. Accident forms will be monitored by the nominated person/s within the academy. Any accidents which require further investigation will be uploaded to the Every system and reviewed by the estates manager. Upon review the estates manager will work with the academies nominated person to complete an investigation into the accident if required.



22. First aid supplies

Each academy will ensure a sufficient quantity of, and appropriate locations for, boxes for the storage of first aid materials and equipment. Where possible these are wall mounted and/or out of the reach of students. Their position is clearly visible for all staff and visitors including supply staff.

The academy will nominate a member of staff who will be responsible for implementing a system to maintain the levels of supplies in each first aid box. Academies should regularly ensure that items that require replenishing or that have expired be re-ordered. Care should be taken to discard items safely after an expiry date has passed.

Academies must ensure that all minibuses have a first aid kit which is included as part of their routine checks.

There are defibrillators in accessible locations on all academy sites. Academies will implement a process of checking the operation of this equipment and ensure components are replaced as required. Signs will be located around the academies identifying first aiders, locations of first aid boxes and defibrillators. Defibrillators will be checked as required and logged on the Every reporting system to demonstrate compliance.

24. Monitoring arrangements

This policy will be reviewed by the estates manager annually.

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



Appendix 1 – Process for developing and Individual Healthcare Plan

