First Aid and Administering Medication Policy

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School	Snow Hill School	**Headteacher**	Sarah Gould
Named First Aiders	Sally Wood (FAW) Gareth Evans (EFAW) Jade Hancock (EFAW) Jessica Mullard (EFAW)		

1. Aims

The aims of our first aid policy are to:

- Provide timely, compassionate and effective first aid which recognises the complex needs of our pupils
- Provide clear guidance on first aid responsibilities, procedures, and record-keeping across all Keys Group schools.
- Ensure all pupils, staff, visitors, and contractors receive appropriate first aid support both on-site and during off-site activities.
- Support pupils with Individual Healthcare Plans (IHPs) and emergency medication needs.
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a consistent division-wide framework with appendices allowing site-specific adaptations.

2. Legislation, guidance and supporting documents

This policy is based on advice from

- The Department for Education (DfE) on first aid in schools and health and safety in schools, and guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation

- The Department for Education (DfE) *Supporting Pupils at School with Medical Conditions* (Dec 2015)
- 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
- The Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- Keys Group First Aid Training Needs Analysis
- Keys Group Emergency First Aid Policy
- Keys Group Health and Safety Policy
- Keys Group Risk Assessment Policy
- Keys Group Infection Prevention and Control Policy
- Keys Group Manual Handling Policy
- Keys Group Personal Protective Equipment Including the use of Natural Rubber Latex Policy
- Keys Group Reporting of Incidents and Accidents Policy
- Keys Group Serious Incident Policy

3. Roles and responsibilities

Keys Group has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the Headteacher of the school/sites and its leadership team along with the responsibility for day-to-day and operational matters.

3.1. Appointed person(s) and first aiders

The school's appointed person is **Sally Wood (Office Manager)**. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Manage the storage and administration of pupils medication
- Making sure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits monthly. Also ensuring that they are in the correct locations.

- Making sure that an ambulance or other professional medical help is summoned when appropriate
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable, after an incident on RADAR
- Keeping their contact details up to date
- Maintaining a valid First Aid qualification

Additional first aiders names will also be displayed prominently around the school site

3.2. The headteacher

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

- Determine the schools requirement for First Aiders and First Aid Materials through a thorough assessment, at least annually.
- Making sure that an appropriate number of trained first aiders are present in the school at all times
- Making sure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Making sure all staff are aware of first aid procedures
- Making sure appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or making sure that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Making sure that adequate space is available for catering to the medical needs of pupils
- Ensure that emergency medication and individual health plans are accessible, correctly stored, and regularly reviewed
- Ensure systems for safe storage, administration, and record-keeping of medicatgion are in place and regularly reviewed
- Ensure staff involved in the administration of medication receive appropriate training and maintain competency
- Maintain up-to-date IHP's for pupils requiring medication in collaboration with pupils, parents / carers and healthcare professionals
- Obtain and record written parental/carer consent for all meducaiton administered in school
- Liaise with The Health and Safety Team as appropriate

3.3. Staff

School staff are responsible for:

- Making sure they follow first aid procedures and know how to summon a first aider
- Know how to summon trained staff if medication administration is needed
- Making sure they know who the first aiders in school are
- Completing accident reports and medication errors on RADAR
- Informing the headteacher or their manager of any specific health conditions or first aid needs relative to themselves or pupils
- Report all injuries or illnesses promptly and complete accident reports when required
- Be aware of pupils with medical needs and medication requirements
- Support pupils in managing their medication responsibly where appropriate.
- Administer medication only when trained, authorised, and following the pupil's IHP and medication instructions.
- Verify pupil identity, medication details, dosage, and expiry date before administration.
- Record every instance of medication administered accurately on the school's medication record system
- Report any adverse reactions, errors, or concerns immediately to the Headteacher and parents/carers.

4. First aid procedures

4.1. In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives where possible
- The first aider will also decide whether the injured person should be moved or placed in a recovery position

- If the first aider judges that a pupil is too unwell to remain in school, the receptionist will contact parents/carers and ask them to collect their child. On the parents/carers' arrival, the first aider will recommend next steps to them
- If emergency services are called, the receptionist will contact parents/carers immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury. All accidents and injuries are recorded in RADAR
- In cases requiring hospitalisation, parents/carers are informed; a staff member remains with the pupil until parents arrive.

4.2. Off-site procedures (Additionally to in-school proceedures)

When taking pupils off the school premises, staff will make sure that they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils (Arbor)
- Parents/carers' contact details (Arbor)
- Any required medication for individual pupils

4.3. In transit (Additionally to In School proceedures)

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box.

Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises.

The In School Proceedures will be followed as closely as possible for any off-site accidents (though whether the parents/carers can collect their child will depend on the location and duration of the trip).

There will always be at least 1 first aider on school trips and visits, consideration will also be given to the requirement to have a staff member who is trained in the administration of medicines.

5. First aid equipment and location

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)

- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

- No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- The school office
- The school kitchen
- School vehicles

6. Administering Medication

Keys Group is committed to the safe, timely, and appropriate administration of medication to pupils during the school day, including prescribed and non-prescribed medicines, in accordance with individual healthcare plans (IHPs) and parental/carer consent.

Medication administration respects pupils' dignity, confidentiality, and specific medical and emotional needs, particularly for pupils with additional needs.

6.1. Storage and Security

Medication must be stored securely in locked cabinets or fridges as required, accessible only to authorised staff.

Emergency medication such as inhalers and epi-pens must be readily available and carried during off-site activities or trips.

Medication must never be stored in general first aid kits.

6.2. Administration Procedures

Medication will only be administered with clear, written consent from parents/carers and in accordance with prescriber instructions.

Staff must confirm the pupil's identity and follow the IHP and medication label before administration.

Pupils capable of self-administering medication may do so under staff supervision, following assessment of their responsibility.

6.3. Parental and Pupil Involvement

Parents/carers must provide up-to-date information and consent regarding their child's medication needs.

Pupils should be involved in discussions about their medication management, appropriate to their age and understanding, to encourage engagement and responsibility.

7. Record-keeping and reporting

An accident form will be completed on RADAR by the relevant staff member the same day or as soon as possible after an incident resulting in an injury.

As much detail as possible will be supplied when reporting an accident

All medication administered must be recorded on the same day, including date, time, dosage, and administering staff member.

Records are securely stored and regularly reviewed for accuracy and compliance.

Any missed doses or errors must be documented and reported immediately on RADAR.

8. Reporting to the HSE

The Health and Safety Team (Support Services) will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

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

8.1. School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations

- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs

o Any scalping requiring hospital treatment

o Any loss of consciousness caused by head injury or asphyxia

o 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

o Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, The Health and Safety Team (Support Services) will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

o Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health

- An electrical short circuit or overload causing a fire or explosion

8.2. Pupils 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 where 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

9. 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. A record of Basic First Aid (Educare) and Emergency First Aid (OfQual) is held on HRIS.

- 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.

- Staff administering medication must receive appropriate training relevant to the medication and condition, including emergency responses.

- Training records are maintained and refresher training scheduled as necessary.

10. Monitoring arrangements

- This policy will be monitored and reviewed by the Education Director, annually or sooner, if legislation or school circumstances change.

- The first aid provision will be reviewed by the Headteacher at least annually.

11. Equality Impact Statement

All relevant individuals are expected to comply with this policy and demonstrate awareness and competence regarding diversity related to race, faith, age, gender, disability, and sexual orientation. Should you or any group feel disadvantaged by this policy, please contact your line manager. Keys Group will review and address all enquiries accordingly.

Example list of First Aiders (Displayed in school)

STAFF MEMBER'S NAME	ROLE	CONTACT DETAILS

Example first aid training log (Held on HRIS)

NAME/TYPE OF TRAINING	STAFF WHO ATTENDED (INDIVIDUAL STAFF MEMBERS OR GROUPS)	DATE ATTENDED	DATE FOR TRAINING TO BE RENEWED (WHERE APPLICABLE)

Example First Aid Kit inventory

Detailed inventory checklist for standard first aid kits (including minimum contents).

Item	Monthly check (Present and in date)
Leaflet	
Bandages	
Eye pad bandages	
Triangular bandages	
Adhesive tape	
Safety pins	
Disposable gloves	
Antiseptic wipes	
Plasters	
Scissors	
Cold compresses	
Burns dressings	

Example Individual Healthcare Plan (IHP) Example Template

Pupil Information

Pupil Name:	
Date of Birth:	
Year Group / Tutor Group:	
School:	
Date of Plan:	
Review Date:	

Medical Condition(s) and Diagnosis

- Describe the pupil's medical condition(s) and any diagnosis relevant to their healthcare needs.

Medical Needs and Impact on Education

- Outline how the condition affects the pupil's daily activities, learning, behaviour, and participation.
- Include any known triggers or factors that may exacerbate the condition.

Emergency Contact Information

Parent/Carer Name:	
Relationship to Pupil:	
Phone Number(s):	
Alternative Emergency Contact:	
Phone Number(s):	

Healthcare Professionals Involved

Name:	Role:	Contact Details:

Medication Details

Medication Name:	
Form (e.g., tablet, inhaler):	
Dosage and Frequency:	
Administration Route:	
Storage Requirements:	
Side Effects and What to Do:	
Expiry Date:	

Emergency Protocols

- Step-by-step instructions on what to do in an emergency related to the pupil's condition.
- Include signs and symptoms to watch for.
- Specify who to contact and immediate actions to take.

Reasonable Adjustments and Support

- List any adjustments needed to support the pupil's health and learning (e.g., rest breaks, access to quiet space, modified physical activity).
- Describe any adaptations to curriculum or environment.
- Include strategies for managing behaviour related to the condition, if applicable.

Roles and Responsibilities of Staff

Staff Member:	Role/Responsibility:	Contact Details:

- Specify who is responsible for administering medication, monitoring the pupil, and implementing adjustments.
- Include arrangements for training staff if necessary.

Parental Consent and Agreement

I confirm that I have provided the school with accurate information regarding my child's health needs and consent to the school administering medication and implementing this healthcare plan.

Parent/Carer Name:	
Signature:	
Date:	

I agree to inform the school immediately of any changes to my child's condition or medication.

Pupil Agreement (where appropriate)

I understand my healthcare plan and agree to follow it to help manage my health at school.

Pupil Name:	
Signature:	
Date:	

School Agreement

The school agrees to implement this Individual Healthcare Plan and ensure all relevant staff are informed and trained as necessary.

Headteacher / SENCO Name:	
Signature:	
Date:	

Example Medication Administration Record Form

Pupil Name:		Date of Birth:		Year Group:	
Medication Name:		Dose:		Form:	
Prescribed By:		Start Date:		Expiry Date:	

Date	Time	Dose Given	Administered By (Name & Signature)	Notes (e.g., refusal, side effects)

- Ensure all entries are made contemporaneously and signed by the staff administering the medication.
- Report and record any incidents or adverse reactions immediately.