

First Aid and Administering Medication Policy 2025/26

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Named First Aiders	Natalie Callahan Nadia Rasul (Science Teacher) Megan Austwick (KS2 Teacher) Jane Ashcroft (Admin) Thomas Wormald (PE Teacher) Phillip Rhodes (Assistant Head Teacher) Hannah Harrison (PSHE Lead)		

1. Introduction

Keys Group is committed to providing timely, compassionate, and effective first aid that recognises the complex medical and emotional needs of our pupils, many of whom have SEMH difficulties, ASD, or PMLD. This policy ensures compliance with statutory requirements including the Health and Safety (First Aid) Regulations 1981, RIDDOR 2013, and DfE guidance, while embedding trauma-informed and SEND-sensitive practice.

This policy outlines the responsibilities for each school within Keys Group. The appendixes provide details on how this school implements the policy in its specific context.

This policy is based on the advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:-

- The Health and Safety (First Aid) Regulations 1981 (Revised 2013), 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 1999 (Revised 2006), 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 1987, which set out rules on the retention of accident records

2. Supporting Documents

This policy must be read in conjunction with:-

- Personal Protective Equipment Including Natural Rubber Latex Policy
- Infection Control and Prevention Policy
- Risk assessment policy
- RIDDOR Guidance
- Emergency First Aid policy (Keys)
- Department for Education Guidance - Supporting pupils at school with medical conditions (Dec 2015)
- Department for Education Guidance - First aid in schools, early years and further education (Feb 2022)
- Independent School Standards Part 3 (Welfare, Health and Safety of Pupils) and Part 5 (Premises and Accommodation).

3. Scope and Aims

This policy aims to:-

- To provide clear guidance on first aid responsibilities, procedures, and record-keeping across all Keys Group schools.
- To ensure all pupils, staff, visitors, and contractors receive appropriate first aid support both on-site and during off-site activities.
- To support pupils with Individual Healthcare Plans (IHPs) and emergency medication needs.
- To provide a consistent division-wide framework with appendices allowing site-specific adaptations.
- Ensure that staff and governors 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.

This policy is supported by detailed appendices which provide school-specific implementation details, templates, and procedural guidance. Staff should refer to these appendices for further information.

4. Statutory Framework

This policy draws on:-

- The Health and Safety (First Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

- DfE guidance: Supporting pupils at school with medical conditions (Dec 2015) and First aid in schools, early years and further education (Feb 2022).

5. Roles and Responsibilities

5.1 Keys Group

Keys Group has ultimate responsibility for health and safety matters in the school, but delegate's responsibility for the strategic management of such matters to the Headteacher of the schools and its leadership team, and delegates operational matters and day-to-day tasks to the leadership team and staff members.

5.2 Headteacher and the school's leadership team

- Ensure adequate first aid provision at all times. Ensure the school holds an up to date Emergency First Aid Policy and Appendix 1 – First Aid Provision Record - (HS/FORM/004A)
- Notify parents/carers of any serious injury or emergency treatment.
- Ensure sufficient numbers of qualified first aid personnel are available at all times, including during off-site visits.
- Maintain up-to-date records of first aiders' qualifications and training.
- Oversee risk assessments that inform first aid provision and equipment needs, including site-specific hazards and pupil needs.
- Ensure emergency medication and individual health plans (IHPs) are accessible, correctly stored, and regularly reviewed. The Headteacher must store medicines like inhalers or epi pens appropriately and make them available in emergencies, following DfE guidance and a completed IHP (see template in appendix 2 of the Supporting Pupils at School with Medical Conditions Policy).
- Notify parents/carers promptly of any serious injuries or treatments administered.
- Liaise with Keys Group Health and Safety Team regarding serious incidents and RIDDOR reporting.
- Ensure staff are aware of first aid procedures and trained appropriately.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents on CPOMS.

See Appendix 2 for the current First Aider Register and Appendix 6 for Training and Competency Logs.

5.3 Appointed First Aider(s) and Appointed Person(s)

- Hold a current First Aid at Work or Emergency First Aid at Work certificate.

- Provide immediate first aid response and assess whether further medical assistance is required.
- Ensure all first aid or medication-related incidents are recorded appropriately on RADAR and accident log books where applicable.
- Establish and maintain a system for routine checks of first aid equipment to ensure items remain within expiry, are serviceable, and fit for use; ensure prompt replacement or restocking as necessary. Utilize the designated form available on RADAR HS/FORM/004C Emergency First Aid Policy Appendix 4 – Monthly First Aid Box Checks.
- Take charge when someone is injured or becomes ill.
- Maintain an adequate supply of medical materials in first aid kits, replenishing contents as needed.
- Ensure that an ambulance or other professional medical assistance is summoned when appropriate.
- Act as trained and qualified first responders to any incidents, assessing situations involving injury or illness and providing immediate and appropriate treatment.
- Send pupils home to recover, if necessary.
- Complete accident reports and CPOMS entries on the same day, or as soon as reasonably practicable, following an incident.
- Keep personal contact details up to date.
- Respond promptly to first aid incidents, provide suitable treatment, and determine if further medical support is required.
- Maintain accurate and timely records of all first aid incidents on RADAR .
- Restock and monitor first aid kits and equipment, paying close attention to expiry dates.
- Support pupils with Individual Healthcare Plans (IHPs), recognising their specific medical and emotional needs.
- Participate in refresher training annually or as required.
- Ensure first aid rooms and kits are accessible and maintained.

5.4 All Staff

School staff are responsible for:-

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports via CPOMS for all incidents they attend to where a first aider is not called.
- Informing the Head teacher or their manager of any specific health conditions or first aid needs.
- Be familiar with first aid procedures and know how to summon a first aider.
- Report all injuries or illnesses promptly and complete accident reports when required.
- Inform leadership of any known medical conditions or first aid needs of pupils or themselves.

- Complete an accident report via RADAR when attending a minor incident without first aider involvement. Inform the Headteacher of any health conditions or first aid needs.

6. First Aid Provision

6.1 First Aid Personnel

- A minimum of two qualified first aiders are on duty at all times.
- First aiders' names and locations are displayed prominently in reception and staffrooms.

6.2 First Aid Kits

- Main first aid kit located in the medical room. The school must have an up to date First Aid Provision Record and as a minimum there are kits available in school office, first aid rooms, kitchens, workshops/laboratories and school vehicles.
- Kits contain an inventory list that contains at least gloves, aprons, sterile dressings, bandages, plasters, antiseptic wipes, cold packs and bio-hazard bags.
- No medications (e.g., paracetamol) are stored in first aid kits; prescription medication is only administered in line with the Administration of Medication Policy.

Refer to Appendix 3 for the standard First Aid Kit Inventory and site-specific kit locations.

6.3 First Aid Room

- A dedicated medical room is available on the ground floor with washing facilities and a rest area. A same-gender member of staff must be present if a first aider treats a pupil of the opposite sex.

7. Administering Medication in School

- 7.1 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/carers consent.

- Medication administration respects pupils' dignity, confidentiality, and specific medical and emotional needs, particularly for pupils with SEMH, ASD, or PMLD.
- This policy complies with statutory guidance including the Department for Education's *Supporting Pupils at School with Medical Conditions* (Dec 2015), the Health and Safety (First Aid) Regulations 1981, and British Schools Overseas standards (August 2023).
- Administration policies reflect relevant guidance of the host country where applicable.

7.2 Roles and Responsibilities

• Headteacher and Leadership Team

- Ensure systems for safe storage, administration, and record-keeping of medication are in place and regularly reviewed.
- Ensure staff involved in medication administration receive appropriate training and maintain competency.
- Maintain up-to-date IHPs for pupils requiring medication, developed in consultation with parents/carers and healthcare professionals.
- Obtain and record written parental/carer consent for all medication administered in school.

• Designated Staff (First Aiders and Named Personnel)

- 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 (e.g., RADAR).
- Report any adverse reactions, errors, or concerns immediately to the Headteacher and parents/carers.

• All Staff

- Be aware of pupils with medical needs and medication requirements.

- Know how to summon trained staff if medication administration is needed.
- Support pupils in managing their medication responsibly where appropriate.

7.3 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.

7.4 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.

7.5 Record Keeping

- 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.

See Appendices 7 and 8

7.6 Training

- 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.

7.7 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.

8. In-School First Aid Procedures

In the event of an emergency or accident resulting in injury:-

- The nearest available staff member will evaluate the severity of any injury and, if necessary, request assistance from a qualified first aider, who will administer appropriate first aid treatment. The first aider, upon arrival, will further assess the situation and determine whether additional support from colleagues or emergency services is required, remaining on site until help has arrived. The decision regarding movement of the injured individual or placement in the recovery position rests with the first aider.
- Should the first aider determine that a pupil is insufficiently well to remain at school, parents will be contacted and asked to collect their child; upon their arrival, the first aider will advise on recommended subsequent steps. In cases where emergency services are involved, the Headteacher—or, in their absence, the School Administrator team—will notify parents without delay.
- An accident report form will be completed by the responsible staff member on the day of the incident or as soon as reasonably practicable thereafter. For pupils requiring emergency medication, such as inhalers or epi-pens, the Headteacher will ensure proper storage and accessibility in accordance with DfE guidance, and confirm that an individual health plan (IHP) template (Appendix 2, Supporting Pupils at School with Medical Conditions Policy) is in place.
- Staff members assess injuries and, when necessary, promptly summon a first aider.
- The first aider provides care and determines whether to contact emergency services.
- In cases requiring hospitalisation, parents/carers are informed; a staff member remains with the pupil until parents arrive.
- All first aid incidents are documented on RADAR and the accident/near-miss form, saved in the shared school folder per established naming conventions.
- Serious incidents are reported to the Headteacher, who ensures compliance with RIDDOR requirements as needed.
- A minimum of two certified first aiders will be present during school operating hours. A further certified first aider will be present for every 10 pupils on site at the same time. First aid kits, maintained in accordance with statutory regulations (see Appendix 3), will be available in the medical room and all

classrooms. A dedicated first aid room featuring washing facilities and a rest area will be provided.

- First aid procedures will be administered with sensitivity, upholding the dignity of pupils and adhering to trauma-informed practices. Consideration of pupil behaviour will be in alignment with SEND and Equality Act guidance throughout the provision and follow-up of first aid interventions.

9. Off-site and Educational Visits

- All off-site activities are accompanied by a qualified first aider.
- A portable first aid kit, along with essential medical information such as inhalers and epi-pens, is brought on every trip.
- Staff members ensure they have a mobile phone and access to parents' contact details at all times.
- The visit leader conducts a comprehensive risk assessment that includes all necessary first aid provisions.

When pupils are taken off school premises, staff must always carry:-

- A mobile phone.
- A portable first aid kit.
- Documentation regarding pupils' specific medical needs.
- Required emergency medications (inhalers, Epi Pens).
- Contact information for parents.

Prior to any educational visit involving pupils leaving the school grounds, the designated lead staff member will complete a risk assessment, incorporating all relevant first aid arrangements and considerations specific to individual pupils. A certified first aider will be present during all off-site trips, and portable first aid kits and required emergency medication will be available at all times. Risk assessments will also include provisions for first aid and pupil-specific requirements, ensuring staff maintain access to mobile phones and emergency contact details throughout the visit.

Refer to Appendix 6 for the Off-site First Aid Checklist and Risk Assessment Template.

10. Contents of the First Aid Kit:-

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

- A leaflet with general first aid advice.
- Regular and large bandages.
- Eye pad bandages.
- Triangular bandages.
- Adhesive tape.

- Safety pins.
- Disposable gloves.
- Antiseptic wipes
- Plasters of assorted sizes.
- Scissors.
- Cold compresses.
- Burns dressings.

No medication is kept in first aid kits.

Location(s) of the First Aid Kit	First Aid Room (External Office) All School Vehicles Science Room (Ground Floor) Kitchen (Ground Floor) Main Office (Ground Floor)
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11. Record Keeping and Reporting

- All medical events, accidents, and near-miss incidents must be documented in RADAR on the day of occurrence.
- Physical forms related to accidents or near-misses are to be filed in the designated folder and retained for a period of no less than five years.
- Each record should include: date, time, location, description of injury, treatment administered, as well as the names of the first aider and any witnesses.
- Accidents and first aid treatment for pupils are recorded in RADAR along with incidents involving staff or visitors.
- Comprehensive details should be provided when reporting any accident.
- All first aid occurrences must be entered into RADAR on the same day they take place.
- Records must specify the date, time, location, nature of injury, treatment administered, and the names of all parties involved.

Parents or carers will be notified of all injuries and treatments without delay.

12. RIDDOR Reporting

The Headteacher will mark any potential RIDDOR reportable incident as "Potentially RIDDOR" on RADAR and notify the Health and Safety Team (Keys Group). The Headteacher must not submit the RIDDOR themselves directly to the Health and Safety Executive. Please refer to Keys RIDDOR guidance document on RADAR for further information.

Reportable injuries, diseases, or dangerous occurrences include:

- Death

- Specified injuries such as:-
 - Fractures (excluding fingers, thumbs, toes)
 - Amputations
 - Permanent or reduced loss of sight
 - Serious head or torso crush injuries
 - Serious burns or scalds
 - Scalpings needing hospital care
 - Loss of consciousness from head injury or asphyxia
 - Injuries from enclosed spaces causing hypothermia, heat illness, or requiring resuscitation/hospital stay over 24 hours
 - Absence from work for more than 7 consecutive days (excluding day of incident)
 - Non-employees taken directly to hospital from school for treatment (not including scans or diagnostic tests).

Near-miss events are incidents that do not result in injury but have the potential to do so. Examples of near-miss occurrences pertinent to educational environments include, but are not limited to:-

- The collapse or malfunction of load-bearing components in lifts and lifting equipment.
- The unintentional release of a biological agent that could cause serious illness.
- The accidental discharge or escape of substances that may lead to significant injury or health hazards.
- An electrical short circuit or overload resulting in fire or explosion.

13. Notifying Parents

The class teacher or teaching assistant will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

14. Training Requirements

- First aiders must complete an HSE-compliant course and refresh their training annually to stay qualified.
- The Headteacher schedules refresher training before certificates expire.
- All staff receive basic first aid familiarisation at induction and may choose to undertake full training.
- Familiarisation with this policy is included in staff probation.
- The school maintains a central register of trained first aiders and the validity of their certification.

- Retraining is arranged before certificates expire; if expired, the full course must be retaken before reinstatement.
- Training records are centrally managed and monitored by school leadership and Keys Group Health and Safety.

15. Supporting Children with SEND and Complex Needs

- Pupils with ongoing medical conditions have an Individual Healthcare Plan (IHP) completed in consultation with parents, medical professionals, and the Designated Safeguarding Lead (DSL).
- IHPs outline emergency medication protocols, list designated first aiders, and specify any required reasonable adjustments.
- First aiders and staff receive training on trauma-informed practices and Special Educational Needs and Disabilities (SEND) awareness.
- Adjustments are made to first aid procedures and behaviour-related sanctions in accordance with the Equality Act 2010 and SEND Code of Practice.
- Individual Healthcare Plans (IHPs) specify medical conditions, emergency procedures, and necessary adjustments.
- Collaboration among parents, healthcare professionals, and safeguarding leads is conducted to provide comprehensive support.

Individual Healthcare Plans should be completed and maintained as per the template in Appendix 4.

16. 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.

17. Review

This policy is reviewed annually by the Education Director or Regional Director, or sooner, if legislation or school circumstances change.

Schools may add site-specific appendices to reflect local arrangements and contextual needs.

Appendices will be reviewed and updated as needed to reflect changes in practice or legislation.



Appendix 1: Named First Aid Coordinator and Contact Details

- Name, role, contact information of the designated first aid coordinator for the school.

Name	Role	Contact Information	Liaison Responsibilities
Natalie Callahan	Head Teacher	077613434160 Natalie.Callahan@keyseducation.ac.uk	Liaison with Keys Group Health and Safety, local authority health needs officers, relevant multi-agency partners.

Appendix 2: First Aider Register

- List of all qualified first aiders, including:-

Name	Role	Qualification type	Date of qualification	Certificate expiry date	Contact details
Natalie Callahan	Head Teacher	EFAW	19/02/2024	19/02/2027	
Nadia Rasul	Science Teacher	EFAW	14/03/2025	14/03/2028	
Jane Ashcroft	Admin	EFAW	14/03/2025	14/03/2028	
Megan Austwick	KS2 Teacher	EFAW	14/03/2025	14/03/2028	
Phillip Rhodes	Assistant Head Teacher	EFAW	31/01/2025	31/01/2028	
Thomas Wormald	PE Teacher	EFAW	21/03/2025	21/03/2028	
Hannah Harrison	PSHE Lead	EFAW	01/09/2023	01/09/2026	

Appendix 3: First Aid Kit Inventory and Locations

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

Item	Description
Leaflet	General first aid advice
Bandages	Regular and large
Eye pad bandages	
Triangular bandages	
Adhesive tape	
Safety pins	
Disposable gloves	
Antiseptic wipes	
Plasters	Assorted sizes
Scissors	
Cold compresses	
Burns dressings	

Map or list of kit locations on site (e.g., medical room, classrooms, kitchens, vehicles):-

- Main office
- Kitchen
- First Aid Room
- Science Room
- Each School Vehicle.

Procedures for monthly checks and restocking:-

Office Manager to carry out monthly checks on first aid boxes



Appendix 4: Individual Healthcare Plan (IHP)

Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.



Who is responsible for providing support in school

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when



Form copied to





Appendix 5: Off-Site First Aid Checklist and Risk Assessment Template

- Pre-visit checklist including first aid staffing, kit contents, pupil medical information, emergency contacts.
- Risk assessment template covering health and safety considerations for trips:

Template for Risk Assessment

Risk assessments are to be reviewed following relevant UTE's – risk assessments must remain live documents and be communicated to all staff.

Location Risk Assessments <u>must</u> be location specific		Initial Assessment Date		Review Date (no greater than 12 months)	
Completed By					
Information/References/Policies					

			<i>As of today, with current controls in place</i>					
Hazard Description <i>Hazard – something with the potential to cause harm for example risks of Fire, Electricity etc.</i>	Who may be harmed? <i>For example Service users, staff, visitors etc.</i>	Existing Control measures in place <i>What controls are currently in place that reduce the risk?</i>	<u>Consequence</u> <i>(1-5)</i> <i>If this hazard were to harm someone, how severe would their injuries potentially be?</i>	<u>Likelihood</u> <i>(1-5)</i> <i>What is the probability of the hazard causing harm?</i>	<u>Risk Rating</u> <i>(Consequence X Likelihood)</i>	New measures required to reduce the risk <i>What are the new controls required to ensure this risk is lowered?</i> <i>Actions must be clear to identify what needs to be</i>	Action required by who? <i>Who is responsible for completing this action?</i>	Action required by when? <i>When must these actions be completed by?</i> <i>This date must be proportionate to level of risk.</i>



						done to reduce the risk.		
		•	Click to select Consequence	Click to select Likelihood	Click to select Risk Rating			
•								
		•						
		•						
		•						
		•						



Risk Assessment Review and Communication

Reason for Review <i>This could be periodically or following an incident</i>		Date of Assessment Review		Signature	
Did you amend any risks in the review, if so were any risks lowered or increased?					
Reason for Review		Date of Assessment Review		Signature	
Did you amend any risks in the review, if so were any risks lowered or increased?					
Reason for Review		Date of Assessment Review		Signature	
Did you amend any risks in the review, if so were any risks lowered or increased?					

Where and when has this risk assessment been discussed with your teams?

Location/Meeting	Date	Signature



How have you involved the young people/service users in creation or review of this risk assessment and were there any comments from the young people? (If the young persons does not wish to comment please indicate below)

Comments	Action required?

Sign Off

I have read and understood the contents of this risk assessment (e.g. Staff; Social Worker; Young Person; YOT & School including date shared)			
Name	Role	Sign	Date



Risk Matrix

LIKELIHOOD	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	0	1	2	3	4	5
CONSEQUENCE						



LIKELIHOOD DESCRIPTORS			CONSEQUENCE DESCRIPTORS		
Rating	Description	Likelihood of occurrence	Rating	Description	Harm/ injury
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen, but probably never will.	1	Insignificant	No or only minor personal injury; No lasting impact. Resolved quickly. No impact on others or environment.
2	Unlikely	Not expected, but there's a slight possibility it may occur at some time.	2	Minor	Minor injury/harm ; First aid needed, temporary impact, minor damage
3	Possible	The event might occur at some time as there is a history of casual occurrence at the service	3	Moderate	Injury; Possible hospitalisation or attendance at hospital, police involvement, impact on others, harm may have implications for the future
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the service	4	Major	Single death &/or long-term illness or multiple serious injuries, multi-agency involvement, major damage requiring long term recovery, levels of company exposure
5	Almost certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the service	5	Catastrophic	Fatality(ies) or permanent disability or ill-health, profound and enduring effects on others and environment, criminal acts, high level of company exposure

Key Terms:

Hazard – Is anything that has the potential to cause harm

Consequence – The extent of the injury, ask yourself – if this hazard were to harm someone, how severe would their injuries potentially be?



Likelihood –What is the probability of the hazard causing harm if no controls are in place?

Risk Rating – This is a numerical value that indicates whether the hazard is a low, medium or high risk which will assist you in implementing proportionate control measures.

Appendix 6: Training and Competency Log

Staff	Initial Qualification Date	Refresher Training Date	Monitoring Schedule	Responsible Persons
Record of all staff first aid training	Dates of initial qualification	Refresher training	Monitoring schedule	Responsible persons



Appendix 7: Medication Administration Record Form

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

Staff signature _____

Signature of parent _____

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

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

Record of medicine administered to an individual child (Continued)

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

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

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

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

Appendix 8: Parental Consent for Medication Form

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

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

Medicine

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

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

Contact Details

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the

school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____